



Speech by

## Robert Messenger

MEMBER FOR BURNETT

Hansard Thursday, 30 March 2006

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### MEDICAL PRACTITIONERS REGISTRATION AMENDMENT BILL

**Mr MESSENGER** (Burnett—NPA) (5.16 pm): I rise to speak to the Medical Practitioners Registration Amendment Bill 2006. I first want to address some comments made by the parliamentary secretary to the minister for health. She said, 'Why don't we come on board and sign up for a bipartisan approach to health?' The very simple reason is that the experience in Bundaberg shows that the government continues to fail the patients of my electorate. It fails the patients and the victims of Patel. They do not trust the government. Its actions do not match its words. These are very simple reasons why I do not sign up to its bipartisan view of the world. There are no additional beds or doctors or nurses at the Bundaberg Base Hospital. We still have 120 beds. In 1989 we had 216 beds. The first thing the current health minister did on becoming health minister was close 16 acute care mental health beds. They have been closed ever since, and I look forward to the day when they will open again.

**Mr ROBERTSON:** I rise to a point of order. That is untrue and offensive, and I ask him to withdraw. I did not do that.

**Mr DEPUTY SPEAKER** (Mr Lee): Order! We are not going to have a debate. If the minister finds it offensive the member for Burnett will withdraw.

**Mr MESSENGER:** I withdraw. Adults are still being mixed with children in paediatrics. Elderly men are mixed with young children in paediatrics because the hospital does not have space. It does not have enough beds in surgical or medical wards. The lives of babies and mothers are being placed at risk at Bundaberg because the government will not open extra birthing suites. There were five birthing suites; we are down to three now. Just the other day I went on a tour of the hospital and it was confirmed to me by one of the maternity nurses that there were six women giving birth and staff had to share those six women amongst the three birthing suites, not to mention the fact that there has been the closure of the private hospital in town. Therefore, the Bundaberg Base Hospital has received an increase of 350 births per year. So the Bundaberg Hospital has received an increase of around a third of the total number of births in Bundaberg, yet still there have been no additional resources given to the maternity ward in Bundaberg.

They are just some of the reasons why we do not sign up to this 'bipartisan' view of the world of health according to the ALP. We have to ask ourselves this question: would we be here today debating this amending legislation if the worst medical disaster in Queensland history—and probably in Australian history—had not occurred at the Bundaberg Base Hospital under Labor administrations? Would we be here today debating this legislation if 17 deaths linked to the overseas trained doctor Jayant Patel had not occurred under this Labor administration at the Bundaberg Base Hospital? Would we be here today if the crisis that existed and continues to exist under the Labor administration in Queensland Health had not been discovered and analysed by the Morris and Davies royal commissions? Of course, the answer to those questions is no. That is why we find ourselves debating reactive legislative measures that are designed to 'enable prompt implementation of an anticipated national approach to streamline the registration of international medical graduates'—or overseas trained doctors—'and to expedite processes for registration of medical practitioners and to protect the public and uphold the standards of practice within the medical profession'.

It is timely and relevant that all members of the House reflect on the lessons given by the Davies royal commission, which picked up from the Morris royal commission. We have paid an extremely high price to learn these lessons: at least \$6 million from the public purse and unimaginable human suffering experienced by Patel's victims—by Doris, by Lisa; by all the victims of Patel and their families—and, of course, the Queensland medical staff: the doctors and all the nurses who are on stress leave because the Queensland health system under a Labor administration failed them terribly.

The first lesson that we should learn from this royal commission is that Peter Beattie did not want the royal commission. Not one member opposite wanted a royal commission. It was only through people power that the Premier was forced to establish the inquiries—both the Morris and the Davies inquiries. The Premier wanted to do everything else except find out the truth about overseas trained doctors and their training, their hiring and their firing within Queensland Health. The Premier wanted the CMC to investigate but, no, the CMC did not want to investigate it. Then after the Morris royal commission was stopped by the Supreme Court, did we move directly to the Davies royal commission? No, we did not! We had a period in which the victims of Dr Patel and their families were put through absolute sheer hell while Premier Beattie, his ministers and his backbenchers all thought about a five-point plan, a six-point plan—or whatever; it was one of their action plans of some points. They did not want the Davies royal commission, the report of which I have right here.

When it comes to a true understanding of why Queensland Health is sick and why we do not have enough doctors, the Davies *Queensland public hospitals commission of inquiry*—this document right here—is the bible. It holds the truth and I recommend its reading to all members of this House.

The Labor Premier would prefer that the people of Queensland believed that the problems of his health department could be summed up as the following: a rogue overseas trained surgeon acting in isolation and, even worse, the simple solution to our health crisis is providing more doctor training places at universities. That is what the Premier has distilled this whole document and all the lessons that we have learned down to. We have not seen the Premier in state parliament waving around a copy of the royal commission report, because it is a damning document for the Premier and his Labor Party. Peter Beattie has tried to bury the definitive document, which was produced as a result of two royal commissions, in a torrent of government publicity about the report he commissioned. We have seen him waving around the Forster report.

**Mr WALLACE:** I rise to a point of order. I believe that the bill we are debating today is the Medical Practitioners Registration Amendment Bill, not the Davies royal commission bill. Mr Deputy Speaker, I ask you to rule on the relevance of the member's speech today.

**Mr DEPUTY SPEAKER:** Order! The member for Thuringowa is correct. I ask the member for Burnett to confine his comments to the substantive matters contained in the bill.

**Mr MESSENGER:** Mr Deputy Speaker, thank you very much for the direction. Of course, I can understand why the member for Thuringowa does not want to hear what the report of the Davies royal commission has to say about overseas trained doctors and their employment. I might be wrong, but I thought we were debating a bill that relates directly to the matter of the hiring and firing of overseas trained doctors, which I am about to get to.

Commissioner Davies states on page 345 of his report under the heading 'Part B—A grossly inadequate budget and an inequitable method of allocation'—

In his final submissions to this Commission, Dr Buckland said:

...it is impossible to address the circumstances of the Queensland Health workforce, and, in particular the pressures under which hospital administrators were required to operate, without addressing:

- (a) the budget constraints on Queensland Health in general and on public hospitals in particular; and
- (b) the entrenched culture of financial compliance—

**Mr WALLACE:** I rise to a point of order. Mr Deputy Speaker, I refer to your earlier ruling about the debate on this bill. I ask you to—

**Honourable members** interjected.

**Mr DEPUTY SPEAKER:** Order! I would like to hear the member for Thuringowa's point of order.

**Mr WALLACE:** I ask you to rule on the member's speech and whether it is relevant to the particular bill before the House today.

**Mr DEPUTY SPEAKER:** Honourable members, there has been a reasonable degree of latitude so far in the debate. I think the member for Burnett has indicated that he will confine his comments more appropriately to the content of the bill. I imagine that the remainder of his speech will refer quite specifically to the content of the bill.

**Mr MESSENGER:** Mr Deputy Speaker, once again, thank you for your direction. I was under the impression that I was speaking to the bill. The minister's second reading speech states—

It is in everyone's interest that suitably qualified overseas and interstate doctors who accept jobs in our public hospitals are registered and working as soon as possible. This bill introduces a number of measures to improve Queensland's capacity to recruit and register these doctors. I will address these measures in turn.

I am talking—and, of course, Commissioner Davies talked—directly about the measures to improve Queensland's capacity to recruit and register these doctors. It all comes back to how much we pay the doctors and what sorts of conditions the doctors work under. The report states further—

- (b) the entrenched culture of financial compliance which focuses on throughput and revenue rather than outcomes for the patient and the community.

Commissioner Davies states—

I agree with those statements.

He states further—

Consequently, while I have made findings and recommendations against Mr Leck and Dr Keating at Bundaberg, and Mr Allsopp and Dr Hanelt at Hervey Bay, I have borne these matters in mind in making them. These constraints also adversely affected the conduct of other administrators.

Commissioner Davies goes on to state—

Moreover, evidence given in this Commission proved that a root cause of unsafe operation of surgery and orthopaedic surgery units at Bundaberg and Hervey Bay, respectively, was that their budgets were grossly inadequate to enable them to provide adequate, safe, patient care and treatment, including surgery. Lack of sufficient funds also contributed to the employment of Mr Berg in Townsville, the tragedy in Charters Towers, the dysfunctional emergency department at Rockhampton and the reduction in—

**Mr WALLACE:** I rise to a point of order. Mr Deputy Speaker, for the third time I implore you to rule on whether the member for Burnett is addressing the facets of this bill.

**Mr DEPUTY SPEAKER:** Order! Honourable members, I have sought some advice from the Clerk. My understanding of that advice is that the bill that we are debating is amending the Medical Practitioners Registration Act 2001 and the Medical Practitioners Registration Regulation 2002. As such, I understand that members are entitled to speak about any matters that relate to that act and that regulation. I think there has been a fair degree of latitude so far in the debate. I suggest that there should be no more points of order. The member has eight minutes left in which to speak. As long as he confines his comments to matters contained in the Medical Practitioners Registration Act and the regulation, there should be no more problems.

**Mr MESSENGER:** Thank you, Mr Deputy Speaker, for that ruling. I can understand why the member for Thuringowa does not want to hear the truth which has come out of the Davies royal commission.

**Mr WALLACE:** I rise to a point of order. I find those comments offensive and untrue and I ask them to be withdrawn.

**Mr DEPUTY SPEAKER:** Order! The member finds the comments offensive. You will withdraw.

**Mr MESSENGER:** I withdraw. Out of the last 16 years in Queensland we have had 14 years of Labor government and one does not need to be a genius to work out which political party has created and nurtured our toxic and dysfunctional health culture. Under the heading 'Under-funding of Queensland Health by successive Governments', Davies writes—

The 2005 *Queensland Health Systems Review*, Final Report, using extrapolated Australian Bureau of Statistics data, suggests that Queensland's expenditure on health services per head is 14 per cent (\$200 per person) below the national average of \$1444. Dr Buckland expressed the view that the gap may be as high as \$400 per person. This is not a recent problem. It is of long standing, spanning successive Governments.

They are Davies's words, not mine. He goes on—

Because of the rapid growth in Queensland's population, in the years from 2000 to 2003, Queensland recorded annual reductions in health expenditure per person. Professor Stable, former Director-General of Queensland Health, gave evidence that he had had an ongoing argument with Government since 1996 about the under-funding of Queensland Health.

What Mr Davies is suggesting here is that significant damage was done to Queensland Health in the years from 2000 to 2003 because of underfunding. This is one of the reasons Queensland became reliant on overseas trained doctors. Overseas trained doctors were compliant and cheap compared to Australian doctors. Australian doctors would not put up with the toxic work environment that overseas trained doctors would. If Australian doctors found that they did not like working within the system, they would say, 'See you later,' and walk out. An overseas trained doctor does not have that luxury. They must work within the Queensland public health system. That is why they were compliant.

Davies states that another reason is that Queensland expenditure per person on public hospitals is below the national average. He writes in paragraph 6.15—

A more compelling analysis of comparative funding, for present purposes, is public hospital funding. The Commonwealth Productivity Commission, which seeks to compare government services across jurisdictions, highlights a growing gap between Queensland expenditure per person on public hospitals and national average expenditure. The 2003 Productivity Commission report records that in 2000-01, Queensland recorded the lowest government real recurrent expenditure per person on public hospitals (in 1999-00 dollars) at \$660 per person, well below the national average of \$776 per person, a gap of \$116 per person.

Davies goes on to quote many different reasons why the Queensland health system has failed. Another reason is that Queensland is the most decentralised state. Davies writes—

Queensland is the most decentralised state in mainland Australia. More than 48 per cent of the population of Queensland resides outside our major cities. The decentralised nature of Queensland's population necessitates some duplication of health services infrastructure and dilution of the medical workforce across the State.

Davies also writes in paragraph 6.22—

Queensland has recorded the largest percentage increase, 14.3 per cent, in age-weighted population between 1999 and 2004 compared to a national average of 10.2 per cent.

I am at liberty to say that between 1999 and 2004 the Queensland government was caught with its pants around its ankles. It did not spend enough money on medical funding. Davies also said that one of the reasons was that Queensland has a lower than average number of medical practitioners. He writes at paragraph 6.23—

The shortage of doctors and nurses in Australia, and indeed world-wide, is well documented. For a number of reasons, these staff shortages are more acute in Queensland than in other states.

Why are they more acute? Because the doctors do not want to work for Queensland Health. I was speaking to a constituent of mine whose son is a medical graduate of JCU. Out of a class of around 50 students, guess how many want to work in Queensland Health as an intern, as an RMO? None—zero—because of the work conditions of Queensland Health. They still have not improved. You go and ask an RMO in any accident and emergency ward how much a first-year RMO is receiving on an hourly basis. It is about \$23.50, and a second-year RMO gets about \$25.50. I might be out by about 50c. A third-year RMO working in an accident and emergency centre gets around \$28. I think it is around \$28—\$27.50 or so.

Is it any wonder that we have a staffing shortage in Queensland hospitals when we compare our hospitals with the rest of Australia? It is diabolical the way Queensland Health treats its staff. It is diabolical the way it treats its nurses. It is diabolical the way it treats its doctors. It is diabolical the way it treats its patients. There is no respect for patients. I have a constituent who has to wait until October for an appointment to see a specialist and then they have more than a year's wait, maybe a couple of years wait—

Time expired.