Speech by

Robert Messenger

MEMBER FOR BURNETT

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MEDICAL BOARD (ADMINISTRATION) BILL; HEALTH SERVICES AMENDMENT BILL

Mr MESSENGER (Burnett—NPA) (9.14 pm): It is a pleasure to rise to speak in this cognate debate on the Medical Board Administration Bill 2006 and the Health Services Amendment Bill 2006. It is important to note that, if it were not for the deaths and injuries suffered by the people of Bundaberg and Burnett—which are outlined in two royal commissions: the Queensland Public Hospitals Commission of Inquiry conducted by Commissioner Davies and the Bundaberg Hospital Commission of Inquiry conducted by Commissioner Tony Morris—and if it were not for the bravery shown by Australian of the Year awardee nurse whistleblower Toni Hoffman as well as the bravery of the victims of Queensland Health, the victims of Peter Beattie, for finding the will and the energy to come forward and tell their story, we would not be in this place discussing this legislation that has been designed to so-called fix our state health system, a system that has been absolutely mismanaged, corrupted and run into the ground.

This Beattie Labor government has made our public health system a prime example of institutional dysfunction. Make no mistake: nothing much has changed since April Fools' Day 2006 last year when Peter Beattie paid for Patel's airfare to America—and has failed to bring him back, I might add. We only have better spin doctors and a minister who is more capable of delivering their propaganda and is marginally better looking on the TV.

The Medical Board Administration Bill 2006 is legislation which affects one of the most important health governing bodies, the Queensland Medical Board—an organisation which played a starring role in the Bundaberg Hospital crisis. It is a role that is often misunderstood, and during the course of this debate I intend to help highlight the functions of that board. At the very beginning of the Davies report, the commissions of inquiry order states—

The role and conduct of the Queensland Medical Board in relation to the assessment, registration and monitoring of overseas-trained medical practitioners, with particular reference to Dr Jayant Patel and persons claiming to be overseas-trained medical practitioners.

While I know that we conservatives will be supporting the overall general thrust of this legislation because it will help the Medical Board do its job better—and if it does its job better then perhaps it will weed out incompetent or sociopathic medical practitioners or both before they can weave their wicked ways with our constituents—I am still a little uneasy when I think about supporting legislation which will also employ more health bureaucrats. One of the fundamental problems with our public health system is that we have too many bureaucrats and not enough doctors and nurses. This government insists on wasting taxpayers' money on special project officers while our waiting lists get longer and, more importantly, while people die on those waiting lists. Tony Morris, the commissioner of the first Bundaberg Hospital Commission of Inquiry, has some very strong views on the make-up of the public medical workforce. He expressed those views in a speech he addressed to the Whistleblowers' Australian National Conference last weekend. I table the speech given by Tony Morris.

Tabled paper: Paper titled 'Whistleblowers Australia National Conference 2006, What have we learned about whistleblowing?' by Anthony J H Morris, dated 25 November 2006.

In that speech ex-Commissioner Morris talked about the size of the bureaucracy. He said—

Bureaucratic over-administration, and indeed mal-administration, is at the heart of the problem. It takes some 9,250 bureaucrats—9,250 bean-counters and pen-pushers—to run Queensland Health. That is more than double the number of hospital beds provided by Queensland Health, and more than two and a half times the number of medical practitioners employed by Queensland Health.

It is not simply the case that every dollar spent on administration is one dollar less that is available to spend on patient care. I have been told that as little as 20 per cent of Queensland Health's budget actually reaches the coalface of health treatment. Even then, I would be the first to accept that 9,250 bureaucrats serve a useful purpose, if their presence in the system had the effect of making the delivery of health services more efficient—the effect of relieving some of the burden on healthcare providers. But, frankly, every indication is to the contrary; every indication is that these 9,250 bureaucrats simply create more red tape to impede, and ultimately to strangle, the clinical staff who provide primary health care services.

It is a truism to say that decision-making, unlike almost every other form of human endeavour, is retarded rather than accelerated by the number of people involved. A hole may be dug more quickly if there are 10 workers involved rather than one; but the decision where to dig the hole will be made much more quickly if it is left to one person rather than a committee of 10.

Commissioner Morris also makes the point that there is a crisis in decision making, and I wholeheartedly agree with him. He said—

However, the problem is not simply that there is too much bureaucracy. If the bureaucracy were merely bloated, that would be a bad thing in itself, to the extent that a bloated bureaucracy soaks up resources which should be expended on health treatment. But the bureaucracy is not merely bloated—it is incapable of making decisions. The problem is not simply that there are too many people; the problem is also that they are the wrong people. They are the people who appear to lack either the intellectual capacity, or at least the self-confidence, to lead.

One clear manifestation of this is the committee system which exists within Queensland Health. No issue of any significance can be, or is, decided, unless it has been considered by a committee—or, as is more often the case, a myriad of different committees, examining the same issue from different viewpoints.

A cogent example of this emerged during the Inquiry. It involved a minor set of legislative amendments which the higher echelons of the bureaucracy regarded as essential. The evidence revealed that these amendments had been under consideration by the so-called 'legislative projects unit' for some eight months. As I commented at the time (and I stand by my comment) 'that project would take anyone—any competent lawyer—about half a day to finalise'.

Both the Medical Board (Administration) Bill 2006 and the Health Services Amendment Bill 2006 are crucial legislative agents of change in this government's policy of health reform agenda. This government thinks it has fixed the health problem with its plan, and I will read a passage from the health minister's speech. He said—

In the first instance, this Government implemented the Action Plan—building a better health service for Queensland, October 2005 to attract new health professionals, not only from within Queensland's existing pool of health practitioners but also from interstate and overseas, into the Queensland public hospital system. Early indications are that this initiative will significantly increase the number of health practitioners in Queensland. For example, since implementing the Action Plan, 448 extra doctors, 1,826 extra nurses and 636 extra allied health staff have been recruited.

After reading that and taking on board that wonderful good news, if one did not know better one would say, 'Gee, this Labor government has got it all under control. This action plan is really sexy stuff. We have 1,826 extra nurses, 448 extra doctors and 636 extra allied health staff. These National Party members must have it all wrong. What are these Liberal Party members saying? That people are actually dying while on waiting lists? That there are not enough hospital beds? That there are access blocks in the emergency rooms? That the dental waiting list in Bundaberg Hospital is six years? That there are people filling the aisles leading from casualty up to the wards? That there are not enough beds? I have heard that children are having to share the children's ward with adult patients. That does not happen, surely not in Queensland!' Well, think again. It is right, it is dead right.

Once again, I will quote Commissioner Tony Morris, whom I am sure members will agree is an eminently qualified professional to comment on the dysfunctional state of health in Queensland. Commissioner Morris compared the crisis in Queensland Health to the days of the pre-Fitzgerald inquiry. He said—

Let us compare the pre-Fitzgerald Queensland Police Force with Queensland Health before Jayant Patel. It has not been suggested that a single bureaucrat at Queensland Health was "on the take"; that a single bureaucrat misappropriated public funds or property; that a single bureaucrat abused his or her position for personal advantage, or to benefit family or friends. Yet the death-toll from corruption in the pre-Fitzgerald Queensland Police Force remains at nil; the death-toll from institutional dysfunction in Queensland Health, solely from the incompetence of a single surgeon, stands at seventeen.

Commissioner Morris said—

As I have said, even in the darkest days of pre-Fitzgerald—

Madam DEPUTY SPEAKER (Ms Jones): Order! I will ask you to come back to the bill. I have given you a lot of latitude, but I think it is about time you started going back to the bill.

Mr MESSENGER: Thank you for your direction, Madam Deputy Speaker. I refer you to page 7, part 2, division 1(7)—the establishment of the office, looking at the Medical Board. I will continue on giving a snapshot—

Madam DEPUTY SPEAKER: I am a very generous person and I have given you a lot of latitude, but I will ask you to come back more specifically to the purpose of the bill. I have read the aim of the bill and the purpose of the bill, and I will ask you to address that a little bit more specifically.

Mr MESSENGER: In speaking to the purposes of the bill, I would like to deliver a snapshot of what the reality is in Queensland Health. I am sure the minister would not mind because he would like the truth

to get out there and he would like that truth spoken in this chamber. Thank you, Madam Deputy Speaker. Morris continued—

As I have said, even in the darkest days of the pre-Fitzgerald Queensland Police Force, the institution was still effective.

Contrast that with what is happening in Queensland Health right now. He said—

Contrast that with:

- a health system in which something like one-in-thirty of the Queensland population is currently on a waiting list for heath treatment, and a significant proportion of those will die before they reach the top of the list;
- a health system in which more than 6,000 people, already approved for surgery, have been waiting more than 12 months for their operations;
- a health system in which, according to reports as recently as February of this year, the numbers of patients requiring semi-urgent surgery (known as "category two" patients), and who have been kept waiting for longer than the 3-month maximum recommended by their treating doctors, had increased by more than 2½ times, whilst there has been a increase of more than 500% in the numbers of patients requiring urgent surgery (known as "category one" patients), who have been kept waiting for longer than the 30-day maximum recommended by their treating doctors;
- a health system which, despite increasing waiting lists, actually performed less surgery following a budget increase of almost $500 million in October last year, than in the corresponding period of the preceding year—

That is a doozy. That is $500 million. All this money has been thrown at a problem and the system actually becomes less efficient. Who would have believed it? But it is Queensland governed by Labor. Commissioner Morris continued—

- a health system in which the number of hospital beds in virtually every major hospital—from Cairns and Townsville in the North, to Rockhampton and Bundaberg in the central region, to the Princess Alexandra, Royal, and Prince Charles Hospitals here in Brisbane—has actually been downgraded over the last two decades;
- a health system which, according the 2006 Productivity Commission "Report on Government Services", had the lowest per capita recurrent health expenditure in the country—

I repeat: the lowest per capita recurrent health expenditure in the country. Commissioner Morris also said—

... the lowest number of employed medical practitioners per capita, and, behind Western Australia, the second lowest number of employed nurses per capita;

- a health system which has, historically, paid its doctors and nurses less than healthcare professionals at equivalent levels almost anywhere else in Australia;

... ...

- a health system which has become the subject of almost daily reports in the local media—genuine and real-life horror stories—of toddlers dying due to delayed transfers from regional hospitals; of patients left in the backs of ambulances because public hospital emergency departments are overcrowded; of road accident victims turned away from public hospitals because of inadequate staffing.

Commissioner Morris said—

A cynic might well say that, if these are the consequences of institutional dysfunction, give me good, old-fashioned individual corruption any day!

In his second reading speech the minister says—

To meet the medical needs of Queenslanders in areas where there are insufficient medical practitioners operating we have improved the administrative processes surrounding the declaration of areas of need through recent amendments introduced last year to the Medical Practitioners Registration Act 2001 and the Health Practitioner Registration Boards (Administration) Act 1999. Those amendments enable the Minister for Health to delegate the decision about areas of need to the Executive Officer of the OHPRB.

I have concerns about the manner in which areas of need are determined. It appears to me that this legislation is insulating the minister from the decision to declare an area of need. If that decision is wrong, then the minister can stand in this place and say, ‘It was not my responsibility. It was the fault of an executive officer at the OHPRB. It was an independent authority’s decision; it was not me.’

How can a simple little thing like an area of need declaration have such a profound effect on health service delivery? The fact is that prior to the Bundaberg Hospital crisis, Beattie’s Queensland Health was hooked on overseas trained doctors employed under the conditions of areas of need like a junkie is hooked on heroin. Queensland Health chose overseas trained doctors for two reasons: they were cheap and they were compliant. Remember, an Australian trained doctor was available for the position that was given to Jayant Patel.

We need to understand the history that precedes those changes and how important that declaration of area of need is to the safety and wellbeing of patients. The best history can be found in the Davies royal commission. Commissioner Davies writes—

The Commission has been informed that, where Area of Need Registration was sought for a specialist position, it was the practice of the Board to apply the Australian Medical Council national guidelines and require the involvement of the relevant specialist college and the Australian Medical Council before granting registration.

That is a very important point. Commissioner Davies goes on—

The colleges, for their part, normally examined the applicant's history, required that the applicant work under supervision, and stipulated that the person undergo training towards obtaining a fellowship so that there was significant quality protection in the process. In effect, the overseas trained doctor would satisfy the Australian college that his or her qualifications were substantially equivalent to the Australian fellowship but would also agree to work for a time under supervision, and would take steps towards a full fellowship.

Unfortunately, the reality is that this path has not always been taken. Instead, even if Queensland Health anticipates that an overseas trained doctor will perform the role of a specialist in a department, it might seek an area of need declaration only for a Senior Medical Officer position or as a senior medical in a designated specialty. The then President of the Australian Medical Association in Queensland, Dr David Molloy, gave evidence, which was not contradicted, that Queensland Health 'mostly avoided' the two pathways for ensuring quality, namely fellowship or deemed specialisation. Mr O'Dempsey of the Medical Board lent some support for this view when he gave evidence that, in April 2005, of the 1,760 overseas trained doctors who had received special purpose registration, only 94 had obtained 'deemed specialist' positions.

In other words, Queensland Health saw a loophole in the system and exploited it. It established positions that would not require the more rigorous investigation and examination of qualifications of overseas trained doctors. The problem that I have is that we still have the same—

Time expired.