



Speech by

Robert Messenger

MEMBER FOR BURNETT

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL AND HEALTH PRACTITIONER REGULATION NATIONAL LAW BILL

Mr MESSENGER (Burnett—LNP) (12.36 pm): I note that the minister in his second reading speech stated that the Health and Other Legislation Amendment Bill 2009 was introduced into this place to enhance the safety of all Queenslanders. In the course of this debate I will be speaking about ways of enhancing the safety of my constituents in the Burnett in the public health system. In introducing the Health Practitioner Regulation National Law Bill 2009 he said—

... amendments seek to boost public safety protection by ensuring health practitioners are suitably trained and qualified to practise in a competent and ethical manner;

I note that our shadow minister indicated that we will be supporting both bills. I commend him for his analysis of both pieces of legislation. I note also that we will have reservations in supporting this. After rigorous examination, I am happy to join with other members of the LNP in supporting this legislation.

The shadow minister made comment during the cognate debate that 21 acts will be amended. One of the key objectives of this legislation, as stated by the minister, is to safeguard patients from the professional misconduct of medical practitioners with the introduction of mandatory reporting. Unlike the minister who made an extraordinary outburst during the shadow minister's speech during this debate, I understand how careful we have to be in discussing the Bundaberg health crisis as there are matters before the court. However, in the context of this debate, I think that it is timely to remind the House that, in the lead-up to the public exposure of the Bundaberg health crisis, there were 22 official complaints by doctors and nurses to the director of medical services—Dr Darren Keating—at the Bundaberg Base Hospital. Retired Supreme Court judge and royal commissioner, the honourable Geoffrey Davies, made 14 adverse findings and four recommendations of legal action and criminal proceedings against Dr Darren Keating, who was the director of medical services at the Bundaberg Base Hospital. Even the independent Butler legal report commissioned by the Queensland Police Service confirms that there is sufficient evidence to support a prima facie case against Dr Keating under the Criminal Code of attempted fraud. Under this government's management of legal matters surrounding Dr Keating, he escaped all charges.

The point that I am making is that people think that there was silence from the medical community of the Bundaberg Base Hospital. There was not silence. Many people here may be thinking that the mandatory reporting set out in the legislation before the House will somehow fix the culture.

Opposition members interjected.

Mr MESSENGER: I am here to remind the House and those opposite who are interjecting that it will not. History shows us that the medical community has a long and proud history of speaking out when patients' wellbeing and safety are at risk.

Mrs Sullivan interjected.

Mr MESSENGER: I suggest those members who are interjecting read page 417, paragraph 6.270 of the report of the Davies royal commission. It states that 22 incidents or issues were formally reported in one form or another. Those 22 official complaints lodged with Keating regarding a doctor's performance included multiple complaints from eight doctors, three nurses and patients as well.

During this debate it is worthwhile reminding ourselves that, as we pass legislation mandating the reporting of professional misconduct, we cannot just sit back on our heels, pat ourselves on the back and say, 'Job well done. Problem fixed.' This government actively spreads the myth that Queensland healthcare professionals are breaking their code of conduct if they confide in members of this House. I would simply remind healthcare professionals that if they do not trust the reporting system that we are debating today that this government has set up, they are still allowed to take their concerns to their local member of parliament. Is that not right, Minister?

Mr Lucas: This is a report to a national independent body. It is not a report—

Mr MESSENGER: The minister avoids the question. I understand that, because if he had answered truthfully he would have to confirm that it is still legal for workers of Queensland Health to come to members of this chamber if they have concerns. They can go through the mandatory reporting process and they can come to members of this chamber. They would not be breaking any code of conduct of Queensland Health.

While the government has the public believing that it is the medical practitioners who they should be scared of, in reality when it comes to medical incompetence the persons they should be scared of are the Labor politicians who have been responsible for the underfunding and underresourcing of our health system over an extended period: Beattie, Edmond, Nuttall, Robertson and now Minister Lucas. One of those was a convicted criminal. Three voted in this House, if you include former Premier Beattie, to protect him from a CMC recommendation that he face a tribunal of fact over lying to the parliament.

Mr DEPUTY SPEAKER (Mr Ryan): Order! Member for Burnett, that word you used is unparliamentary.

Mr MESSENGER: I withdraw. I apologise. The minister says in his second reading speech—

This bill represents a quantum leap forward in improving Australia's health care system for the better.

If the government wants to produce a quantum leap forward in improving Queensland's health system, I suggest that we have a better chance of achieving that goal—that quantum leap forward—if we put the character and the performance of Labor health ministers under the microscope rather than that of healthcare professionals. Year after year, decade after decade in Queensland we have been burdened with health ministers who have been inept, arrogant, out of touch, criminals—official criminals—or all of the above. The Labor Party of Queensland has produced health ministers who have not had the courage, strength, ability or influence to properly fund and manage our public healthcare system.

The Davies royal commission, which took a broad look at the Queensland health system, found underfunding of Queensland Health and particularly identified underfunding in the late 1990s and at the beginning of the 21st century—all periods when this government had tenure and control of the public healthcare system. Davies said at 6.14—

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.

I acknowledge that over the last 20 years there has been 18 years of Labor rule and Labor mismanagement of the health department. Queensland expenditure per person on public hospitals is below the national average. What is the expenditure now per person on public hospitals? Is it below the national average? Davies continues—

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 ... at \$660 per person, well below the national average of \$776 per person, a gap of \$116 per person. This trend has continued. For the 2004 financial year, Queensland again recorded the lowest government real recurrent expenditure per person on public hospitals (in 2001-02 dollars) at \$712 per person—

Mr DEPUTY SPEAKER: Order! Member for Burnett, I draw your attention to the purpose of the bill. The bills are for particular purposes. These are not appropriation bills. I draw your attention to the purposes of the bill and I ask you to come back to the purpose of the bill.

Mr MESSENGER: I note that one of the key purposes of the bill is to enhance the safety of all Queenslanders. A properly funded and resourced health system in Queensland, of course, enhances the safety of all Queenslanders in relation to this public service. It boosts the public safety protection by

ensuring health practitioners are suitably trained and qualified. We cannot have suitably qualified and trained health practitioners without proper funding. I am sure honourable members will agree with that.

Underfunding of public hospitals, Davies says, is exacerbated by several factors. First of all, Queensland is the most decentralised state. Secondly, Queensland has the highest level of population and of ageing population growth. Thirdly, Queensland has a lower than average number of medical practitioners. This was at the time of the Davies royal commission. There is also the problem of defective allocation process and historical budgets. Davies writes—

As a result, these increases in labour and non-labour costs allowed by Treasury never kept up with the real increases in costs.

...

These budgets were further eroded through an 'efficiency dividend'.

Those opposite talk about an efficiency dividend, but they had an in-built efficiency dividend within one of their largest systems, as Commissioner Davies found out. Davies went on—

This was not a dividend but a reduction made each year on the assumption that increased efficiencies would be made during the course of the year. This was invariably a reduction of one or two per cent each year.

...

This was in addition to the pressure placed on District Managers, like Mr Leck and Mr Allsopp, to maintain budget integrity. A budget overrun was viewed very seriously, and little flexibility was permitted. District Managers had been dismissed for over-running budget. The Queensland Nurses Union summarised the practice accurately in the following submission:

Staying within budget (while at the same time having to meet unrealistic performance objectives) is the overriding imperative in Queensland Health: All else appears to take second place to this. The primacy of the budget bottom line is demonstrated again and again. In 1999 the whole District Executive at Toowoomba Health Service District (HSD) were removed for failing to come in on budget. Not long after that the District Manager in Cairns HSD was dismissed for reportedly failing to come in on budget. These dismissals were powerful symbols for the rest of the system and helped achieve better budget compliance by instilling fear of job loss on senior management across the agency, a fear that was in turn passed down to middle management and beyond.

Mr Lucas: All he is doing is reading slabs from a report that has nothing to do with this bill.

Mr MESSENGER: I am very sorry that the health minister does not see the relevance of a budget to a significant piece of legislation.

Mr LUCAS: Mr Deputy Speaker, I rise to a point of order. I find that offensive and I ask that it be withdrawn. But it does not relate to the content of this bill. He, unlike anyone else in this House, cannot understand how to speak to a bill.

Mr DEPUTY SPEAKER (Mr Ryan): Order! Member for Burnett, the Deputy Premier finds the statement offensive and I ask you to withdraw.

Mr MESSENGER: I withdraw. What we have seen from the Davies royal commission is that there is a culture of fear within senior management of the Queensland health system. In introducing this legislation, we have to consider it very, very carefully because we are introducing legislation that will exacerbate that level of fear.

Mr Lucas: Well, oppose it.

Mr MESSENGER: As I said, we have to consider this legislation very, very carefully and in a balanced way.

In the years since early 2005 this government has been forced to address the underlying funding for Health. The state Health budget has increased from around \$4 billion to \$9 billion. I am sure that the health minister will correct me if I am wrong. It is probably closer to \$10 billion now. The government has more than doubled the allocation of funds. I remind the minister that it was from the courage, pain and suffering of our medical professionals and the patients at Bundaberg Base Hospital that the rest of the state benefited from the overall increase in the state Health budget. Given our history, the government should have provided enough funds to deliver the best resourced and the best funded healthcare facility in Australia. I am here in the chamber today to tell the health minister that we in the Burnett and Bundaberg region have not received our fair share of that increase. Our medical professionals work miracles every day without enough resources. A recent AMA report showed that the average number of beds in Queensland, expressed as a ratio of per thousand head of population, was 2.5 public hospital beds per 1,000 head of population.

Mr DEPUTY SPEAKER: Member for Burnett, I have been very tolerant. I have been listening a long time to what you have been saying. I draw your attention to the purposes of the bill. The bill is for particular purposes. I do not want you to debate the point with me. The bill is for particular purposes and I ask you to come to the purposes of the bill.

Mr MESSENGER: I return to the cognate debate of the Health and Other Legislation Amendment Bill 2009 and the Health Practitioner Regulation National Law Bill. Once again, I remind this place that Bundaberg Hospital has not received its fair share of funding in the Health budget. Mr Deputy Speaker, I am sure that you will agree with me that one of the central purposes of this bill is mandatory reporting of incidents that could endanger public health and safety. Recently we had an incident there, in February this year, where a nurse who would be covered by this particular piece of legislation reported serious—

Mr Lucas: You have not got the capacity to debate the bill, unlike just about everyone else in this chamber.

Mr MESSENGER: It is sad that the Deputy Premier and Minister for Health does not want to hear about what is happening at the hospital that was the centre of a meltdown—

Mr LUCAS: Mr Deputy Speaker, I rise to a point of order. I find that offensive and I ask it to be withdrawn. I am happy to hear these issues in the appropriate forum. The member is an experienced member of parliament. Everybody else in this chamber on both sides can address the bill. He has taken some latitude. He does not have the capacity to do it. I ask that he be required to speak to the bill.

Mr DEPUTY SPEAKER: The Deputy Premier has taken a point of order that he found that remark offensive. I ask the member to withdraw.

Mr MESSENGER: I withdraw. I am giving the Deputy Premier a practical example of where this legislation would apply. This nurse reported serious offences that happened at Bundaberg Base Hospital. Her report generated four to five independent reports. One was sent through to the CMC. It was referred to the Ethical Standards Unit. If this legislation were in place, there would have been mandatory reporting requirements. Her work colleagues would have also been covered under the mandatory reporting requirements.

In the short time left to me I would like to praise this nurse, because this nurse forced this government to spend a quarter of a million dollars on the upgrade of the emergency department at Bundaberg Base Hospital. This is a practical example of what happens when people speak out. I think this report should give confidence to the families of the Burnett and Bundaberg region. It is a big pat on the back for our dedicated medical staff.

There are a number of things wrong with the Bundaberg Base Hospital, as I have just said, and it relates to underresourcing and underfunding. We have half the number of beds that we should have. We should have 160 hospital beds. The lack of funding and the underresourcing—not having enough resourced and equipped hospital beds—are causing extra pressure to be placed on our medical staff. That is what causes all the problems—this constant pressure of patients coming in and not having enough beds. This minister does not appear as though he would like to address those problems. Every time this is raised in this place he likes to shout people down and stop people from talking about it. I think he is being a little bit precious about it all.

We have to learn a lot of lessons. I note that the Health Practitioner Regulation National Law Bill 2009 talks about the registration of dentists. I take the short time left to me to note that we have a dental waiting list in Bundaberg-Burnett of seven-plus years. This must be addressed.

Mr DEPUTY SPEAKER: Order! The member's time has expired.

Mr Lucas: That is the worst contribution of anyone I have heard.

Mr Messenger: Thank you, you round mound of socialist sound.

Mr DEPUTY SPEAKER: Order! The member for Burnett does not have the call.