




Speech By
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MEMBER FOR MOGGILL

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PRIVATE MEMBERS' STATEMENT

Health Workforce, Planning

 **Dr ROWAN** (Moggill—LNP) (2.31 pm): I rise to raise a number of serious issues, firstly on health. With the introduction of QScript, which is the real-time prescription monitoring system for schedule 8 and other specified medications in Queensland, there was a resultant loss of staffing with respect to the Monitored Medicines Unit, previously known as the medicines regulation and quality unit or drugs of dependence unit, in Queensland Health. Whilst QScript is very important because it gives real-time data for clinicians when they are prescribing those medications, what is also needed is comprehensive clinical advisory support provided to frontline health professionals about complex and high-acuity alcohol and drug clinical presentations both within hospitals and community health clinics as well as in primary healthcare services. I certainly encourage the Labor state government and the Minister for Health and Ambulance Services to work collaboratively with health professionals and consider appropriate resourcing given these changes, because it is important for providing optimal evidence-based health care to those individuals.

When it comes to health workforce planning, specific challenges are re-emerging, in particular with respect to obstetrics in rural and regional Queensland. We know of the matters that have been canvassed in this place with respect to Gladstone Hospital and the Chinchilla maternity service. More needs to be done to recruit and retain rural generalists, particularly those with advanced specialised training in anaesthetics and obstetrics and also those who have emergency medicine, surgery and mental health qualifications. Significant implementation work has been progressed since 2006. I have to acknowledge the work of former Labor health ministers Stephen Robertson and, subsequently, Geoff Wilson, and also former deputy premier Paul Lucas, Lawrence Springborg and other health ministers. However, we are seeing emergent issues again with respect to the health workforce. We need to be ever vigilant with the modelling for future needs based on population and demographic changes, combined with the statistical evaluation of population health changes, to ensure proper sustained infrastructure investment in Queensland.

As a former president of both the Australian Medical Association of Queensland and the Rural Doctors Association of Queensland, I am continually contacted by medical health professionals who are very concerned about workforce planning in Queensland and what is going to be needed into the future. There is no doubt that we need a system redesign. There are workforce challenges. Models of care need to be looked at as do scope of practice reforms, openness and transparency on data, industrial relations reform and proper modern management principles within Queensland Health. This will be a significant challenge into the future, particularly for communities across Queensland needing to access care, whether that be emergency medicine support, primary care or access to rural maternity services. It is very important that the government plans ahead and undertakes due diligence, particularly with respect to health workforce planning.