




Speech By
Hon. Yvette D'Ath

MEMBER FOR REDCLIFFE

Record of Proceedings, 19 April 2023

HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Hon. YM D'ATH** (Redcliffe—ALP) (Minister for Health and Ambulance Services) (2.58 pm), in reply: I thank members for their contribution to the debate on the Health and Other Legislation Amendment Bill 2022. It is refreshing to have support across the House for the bill and to hear members opposite describing amendments as common sense and practical. These comments are consistent with positive feedback from stakeholders who considered the bill was workable and contemporary and would implement best practice. The bill will support initiatives that promote the health of Queenslanders and prioritise the health and wellbeing of our frontline public health workforce. The bill also makes technical amendments to ensure health portfolio laws are up to date and effective.

I firstly want to echo the sentiments from across the House about the amazing work done by our frontline clinicians, nurses, midwives, allied health care workers and, for that matter, every single person who works across the health service. We know how challenging the work can be day in and day out. That is why this bill ensures staff wellbeing is front and centre in health service planning and delivery.

We have heard members opposite say that they support the staff wellbeing amendments in the bill but that the bill will not solve every issue our health system is facing, and that is stating the obvious. This is not a bill that seeks to wave a magic wand and fix everything overnight. In fact, if there was such legislative possibility to fix the pressures of the health system in Queensland and what is happening nationally through a piece of legislation, I look forward to seeing the opposition's private member's bill that does that. I really look forward to seeing that bill and how that is going to solve all of the pressures and demand issues, including the failing of the primary healthcare system, access to GPs, affordability of GPs, shortage of international doctors and national doctors and not enough placements at universities held back by the Morrison government. In fact, he took university places off us in Queensland and gave them to regional New South Wales. I am really keen to see that private member's bill when it eventually arrives.

We all know the pressures facing our health system. These issues are not unique to Queensland. In the wake of the global pandemic, countries across the world have experienced health workforce issues. There is no silver bullet for these issues and of course no one piece of legislation will alleviate these global pressures. This bill is just one of many measures that the Palaszczuk government is taking to ensure our health system continues to provide world-class health care to all Queenslanders.

Some members have noted that hospital and health services already have obligations to protect staff health and safety. Yes, of course HHSs have existing obligations under general work health and safety legislation. The bill does not duplicate or displace work health and safety obligations. Instead, it amends health legislation to make it clear that staff wellbeing is a core consideration for boards and hospital and health services. It requires boards and hospital and health services to proactively consider ways of supporting the wellbeing of our public sector health workforce. It sends a clear signal to our health workforce that we value the contribution they make every day, we understand the pressures they face and we are committed to prioritising their health and wellbeing.

I note that this amendment has been supported by the Australian Medical Association Queensland. These amendments will support the many initiatives that Queensland Health already has in place to support staff. For clinical staff and students, this includes wellbeing workshops, a statewide wellbeing and resilience program, a mental health and wellbeing summit and a wellbeing working group. This year a new online wellbeing education and training program has started for junior doctors across Queensland thanks to a partnership with Mater Education Ltd. There are also employee assistance services, peer support programs, staff wellbeing check-ins, wellbeing monitoring programs, nutritional food options, end-of-trip facilities, health education programs and leadership development programs. I also want to acknowledge what our other health stakeholders do—the colleges, ASMOF, the unions and the AMAQ, which also has initiatives to support its membership base in terms of wellbeing.

The member for Southport also mentioned that local hospitals need local solutions for their staff. Let me assure the member for Southport that the bill will further encourage HHSs and boards to meet their staff wellbeing obligations in a way that complements their unique operating environments, staff make-up and geographical locations.

Turning to the amendments for the Queensland Cancer Register, sadly cancer is something that affects all Queenslanders. The high incidence of cancer in Queensland is why it is so important for Queensland Cancer Register notification requirements to be modernised. More accurate data about cancer and treatment of cancer will inform efforts to prevent cancer and minimise the huge burden it imposes on our community. A number of members opposite have noted the submission made by the Australian Diagnostic Imaging Association, or ADIA, to the Health and Environment Committee. This association supports the bill and has been working closely with Queensland Health since 2021 on the expansion of Queensland cancer registration notifications. In its submission, ADIA noted that there is still work to be done to finalise the technology that will support radiology practices to comply with their new notification requirements.

The development of technology to assist diagnostic imaging practices to notify is well underway. Queensland Health has been supporting a large private radiology practice to trial technology developed by the CSIRO to help radiology practices comply with their new notification obligations. Queensland Health has also tested the technology and radiology reports from the public health system. In total, the technology has processed around 16,000 reports so far. It is extremely accurate in detecting notifiable information. Queensland Health is about to assist two other private radiology practices to trial and install the technology.

If the bill is passed, the amendments relating to the Queensland Cancer Register will commence by proclamation. It is intended that there will be an implementation period of approximately 12 months before the new notification requirements start to allow Queensland Health to engage with and educate all notifiers. Over these 12 months Queensland Health will continue to work closely with radiology practices and the ADIA to ensure radiology practices can confidently comply with their new obligations. Queensland Health will be taking an educational approach to supporting radiology practices and other notifiers to comply with their notification requirements. The notification methods for the other notifiers will be the same as they are now and will therefore have minimal operational impacts. For example, hospitals will continue to provide notifications by submitting relevant extracts of information from patient management systems on a shared hospital database. The new treatment data that hospitals will have to notify is already submitted to Queensland Health for auditing purposes.

The member for Mirani expressed some reservations about the Mental Health Review Tribunal being able to record proceedings other than electronically where there are compelling reasons. While the Recording of Evidence Act requires that evidence, rulings, directions, addresses, summings-up and other matters must be recorded, it does not prescribe the mechanism by which they must be recorded. The bill applies the same approach to the Mental Health Review Tribunal. It is intended that electronic recording will be the tribunal's default position. However, it is important to ensure that the tribunal has the flexibility to deal with the complexities that arise in mental health proceedings which are therapeutic in nature.

In some cases, the tribunal may have compelling reasons for not recording proceedings electronically. For example, in a small number of cases, a person appearing before the tribunal may become very distressed about recording devices and may say that they refuse to participate in the hearing if it is electronically recorded. Each case is different, but generally speaking it is not desirable from a health perspective for a person to disengage from proceedings that relate to their own health care. If the tribunal is not electronically recording a proceeding, it will need to record proceedings in another way such as in writing. The tribunal will document any reasons for not electronically recording a particular proceeding. The approach in the bill aligns with the approach currently taken in courts and larger tribunals under the Recording of Evidence Act and allows the Mental Health Review Tribunal discretion to consider the diverse and complex circumstances of individual patients.

The member for Gregory asked whether the amendment to the definition of 'primary producer' in the Medicines and Poisons Act is creating more red tape for farmers. In short, the answer is no. The bill amends the definition of 'primary producer' to clarify that persons who are producing or both producing and storing agricultural products on their land for commercial purposes are exempt from needing a licence from Queensland Health for pest control and fumigation activities. This is the department's existing policy position that already applies to commercial farmers. The bill is simply clarifying it. This means that there will be no change to commercial farmers. They will continue to be exempt from needing a licence. The member also asked if stakeholders had been consulted on this change. I am pleased to advise that AgForce supported this change when Queensland Health consulted with it on the draft bill.

Queensland's health system is world-class, despite the unavoidable and continued impacts of the COVID pandemic and the other complex demands on our health system. In the 2021-22 financial year, Queensland public hospitals continued to exceed other jurisdictions in most performance metrics.

Before I finish and thank the committee and those stakeholders who contributed to the process of this bill, I also want to reply to the member for South Brisbane, and I again find her comments quite offensive in terms of simply playing cheap politics in relation to the health workforce. With regard to her comments around the wages and conditions of our workforce, particularly nurses and midwives, the fact is that they significantly endorsed the enterprise bargaining agreement that has recently been voted on which gives them one of the largest wage increases in the country. We have the best nurse-to-patient ratios in the country. We are supporting our nurses and midwives in the roles that they do. We have also significantly increased the nurse and midwife graduate intake for the next two years to boost their numbers as well as the other measures that we are taking to increase this workforce, not just graduates but also trying to attract more experienced nurses and midwives to Queensland to work.

We have to attract them to Queensland because many of them moved away between 2012 and 2015 because they lost their job. The LNP sacked experienced nurses and midwives. You cannot build that experience with graduates. You cannot bring in extra graduates without having the experienced staff to mentor them in their roles. That is the challenge we have. We are limited in our graduate intakes based on the experienced staff we have on the floor in the wards and in the emergency departments across our hospital system who can support them in their roles. Many people—I still talk to them today—left this state to find employment. They uprooted their families. Some have come back to Queensland. Thankfully some came back to Queensland Health to work in our system. It is so shameful that we lost all of those people. There would have been 5,035 fewer frontline health workers and over 3,200 fewer nurses and midwives over this term of government if the LNP had got into government. I fail to see how the LNP can, with a straight face, talk about a workforce shortage when under them there would be a larger problem when it comes to that workforce shortage.

The member for South Brisbane raised issues of resourcing and funding going into health. The Palaszczuk government has provided the biggest investment in funding that this state has ever seen. The Palaszczuk government has delivered the largest capital investment that has ever occurred in relation to Queensland Health in this state when it comes to new hospitals and expanded hospitals, replacing health facilities that are ageing and are no longer fit for purpose and building brand new ones in regional and remote communities. We are just as committed to delivering state-of-the-art health facilities in our rural and remote communities as we are in the big metropolitan areas in Brisbane. This government funds the biggest operating budgets each year for our hospital and health services and for Queensland Health. I note that that would never be acknowledged by the Greens. When they stand in this chamber in this debate and talk about housing—and we are building staff housing and student accommodation—at the same time their party is blocking funding for housing at a federal level, it is shameful and pure politics. The member for South Brisbane will not go back into her community and honestly tell them what they are doing. This is a cheap stunt by the member for South Brisbane.

I again thank the members of the Health and Environment Committee and the secretariat for their consideration and report on the bill. I thank those who took the time to provide feedback and make submissions on the bill and officers from Queensland Health and the Department of Justice and Attorney-General who have been involved in developing the bill and supporting the committee process. The bill is the result of significant discussions and consultation over time. This bill will build our knowledge about the impacts of cancer and inform efforts to address the burden of cancer; it will alleviate the administrative burden on school and health staff involved in the vision screening program, helping to ensure more Queensland prep students can be screened for preventable vision issues; it will improve the efficiency of the organ donation consent process in private hospitals, increasing the chance of successful tissue and organ donations; and it will ensure that the health and wellbeing of our public health workforce is prioritised. I commend the bill to the House.