



Speech by

Jann Stuckey

MEMBER FOR CURRUMBIN

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HEALTH LEGISLATION (HEALTH PRACTITIONER REGULATION NATIONAL LAW) AMENDMENT BILL

Mrs STUCKEY (Currumbin—LNP) (4.09 pm): I rise to join the debate on the Health Legislation (Health Practitioner Regulation National Law) Amendment Bill 2010, which was introduced into the Queensland parliament by the Deputy Premier and Minister for Health on 25 March 2010. We indicate from the start that the LNP will be supporting this piece of legislation. As I have reported in debate on other health legislation that involves health practitioners and in particular GPs, I once again state that I am a former registered nurse and am married to a medical practitioner. Together we own a medical practice in Coolangatta.

This bill is the third and purportedly last piece of legislation—I repeat the word ‘purportedly’ here because there may well be more—towards the creation of a national scheme that would see all Australian health practitioners who fit into a range of professions—some 14 professions—fall under the same system.

This legislation is due to commence on 1 July 2010 and is the result of an intergovernmental agreement signed by the Council of Australian Governments, COAG, on 26 March 2008. Ten professions will be affected as of 1 July and others will shift across in 2012. I understand that there are no issues with those moving across at that time. Just why the minister needs to bring this piece of legislation forward from government business order of the day No. 10, at the bottom of the *Notice Paper*, to No. 1 in less than 24 hours is beyond me. This legislation could easily have been debated in May or June, allowing legislation that purports to better protect Queensland’s children from paedophiles to be debated. The Dangerous Prisoners (Sexual Offenders) and Other Legislation Amendment Bill has languished on the *Notice Paper* since 1 September 2009. Perhaps the minister has brought this bill forward just because he can.

In relation to the previous health legislation, the LNP opposed the first piece and gave guarded support to the second piece. The Health Practitioner Regulation (Administrative Arrangements) National Law Bill was debated in November 2008 under the proclamation from the minister that Queensland was hosting this the first step in a national scheme. Once again, this legislation was hurried through the parliament so the minister could claim he was the first to implement it. The LNP opposed this legislation. The Scrutiny of Legislation Committee in *Alert Digest No. 12 of 2008* identified concerns that elements of intergovernmental legislative schemes might undermine the institution of parliament. The committee also warned of a perception of a reduced need for legislative scrutiny of an intergovernmental agreement proposed for ratification.

The AMA were worried about patients being put at risk by the removal of parliamentary and medical scrutiny from the mix. They said that the bill allowed decisions to be made in the name of expediency rather than sound medical judgement. It is still the opinion of many key stakeholders that accreditation of education and international standards occur without interference. Of key concern in the Health and Other Legislation Amendment Bill and the Health Practitioner Regulation National Law Bill debated in October 2009 were amendments relating to mandatory reporting and privacy and information-sharing

arrangements where doctors were going to have to break any manner of confidentiality to report misconduct by fellow doctors.

I placed a number of arguments with regard to this in previous legislation debate. This parliament is meant to be a house of debate—robust debate—where members on both sides can put forward varying views on different subjects. At lunchtime today the Treasurer espoused this very principle when he launched the innovative Left Right Think-Tank in the Premier's Hall. I hope he was being genuine, as he sounded so. It really is a pity that members cannot represent the view of others in this place without a minister attacking them for merely expressing the view of other stakeholders, for bothering to give these views the oxygen that they so deserve—views that are held by a percentage of our citizens.

The minister's own inadequacy in the Health portfolio saw him resort to personal criticisms. Perhaps it is because he does not have the capacity to understand or digest the portfolio that he is supposed to be leading. To twist comments I made in relation to the role nurses play in the provision of health care is underhand behaviour and not fitting of a minister of the Crown. Let us look at what I did say in that debate of health legislation in 2009. I said—

As a former nurse, I am well aware of the critical role that nurses play in the care continuum. So before members opposite bellow at me for not standing up for nurses, let me place on the record my enormous admiration for the work they do. It is emotionally, physically and mentally draining and there are rotten hours to boot. Quite rightly, nurses are held in high regard by the community at large, rating as one of the most trusted of all workers—way above politicians, who rank near the bottom of the popularity list.

For that I had the minister in his reply twist my comments. We on this side of the House consider it paramount to listen to opinions and experiences of those who are the key stakeholders—respected professionals, front-line workers and, yes, the patients at the receiving end of these facilities.

Whilst the contents of the end piece of this legislation that is before us today do not present any serious concerns for the LNP, it is what went before them in 2008 and 2009 that set off the alarm bells amongst key stakeholders around the nation. The previous legislation was going to force all of the abovementioned health professionals who are mentioned in this bill to fit into a national accreditation and registration process. A significant number were not happy. Not everyone was consulted and not everyone was convinced it was good legislation.

There are some well-founded concerns as well as to how this new national scheme will work. Health bodies have been writing to their members telling them of the changes that will be coming in on 1 July. Many of those providers involved with these changes have expressed doubts as to the efficacy of the new scheme. Given the hopeless efforts of the Queensland government to implement computer systems here in Queensland, one can only hope that the federal government will be able to do a better job in coordinating this national list and getting the details right. Despite several years of promises and many millions of dollars, what we saw in recent weeks, with health workers from Queensland Health being deprived of their hard earned wages, was nothing short of disgraceful. I do hope there will be some guarantees that this behaviour will not be extended at a federal level. The much touted SAP computer system that pays our health workers, developed and implemented by IBM, has created a monster for countless thousands of Queensland Health staff who certainly did not have Easter eggs for Easter, some of them not even having enough to pay their rent or purchase necessities.

Madam DEPUTY SPEAKER (Ms O'Neill): Order! Could you return to the purpose of the bill, please.

Mrs STUCKEY: The current AMA president, Mr Andrew Pesce, comments that the healthcare system should not be determined by costs alone, that the quality of patient care should be uppermost. In many of these debates, unfortunately, it is the quality of patient care that is last on the list and which suffers. The reform of our health system as we see before us today is well overdue. If one looks around Australia at the state of our healthcare and public health system, it is little wonder that the federal government has decided to become involved in this legislation. The three pieces of legislation, which will see a streamlining of health care, will no doubt have some benefits but there is also the potential for failure, as I have mentioned in earlier legislation.

There really cannot be one piece of legislation without the other two, which is why it is so important that members address the legislation that came before us before today. However, the blame game that we are seeing being played out between the Commonwealth and the states, the majority of which are still Labor, has very little to do with the quality of our health and our education systems and everything to do with control and political advantage. Perhaps this national approach to health that we are seeing here today is in truth Labor's long-term strategy of eliminating the states. Whitlam took over universities on the specious grounds that the Commonwealth was better placed to finance them and indeed bypassed the states to fund local government projects.

Mr Lucas interjected.

Mrs STUCKEY: Now Gillard is taking over the direction of primary and secondary education in both operational terms and indirect capital funding while Rudd is busily taking over the state's authorities in controlling health.

Mr Lucas interjected.

Mrs STUCKEY: It is very difficult to argue anything but the fact that the Prime Minister is in fact controlling health, because this legislation is about just that.

Ms Grace interjected.

Madam DEPUTY SPEAKER: Order! The member for Currumbin has the floor.

Mrs STUCKEY: Thank you very much. I have a very sound argument here because what else is COAG unless it is an intergovernmental agreement with the Commonwealth? What role does that leave for the states? How long before there is a referendum to abolish them?

Mr Lucas interjected.

Madam DEPUTY SPEAKER: Order! Minister, I would ask you not to keep interjecting.

Mrs STUCKEY: Madam Deputy Speaker, I am used to this minister interjecting when he does not like what I have to say, but I would like to continue. What role does that leave for the states? How long before there is a referendum to abolish them, leaving Australia run by a unicameral organisation based in Canberra?

Government members interjected.

Madam DEPUTY SPEAKER: Order!

Mrs STUCKEY: As the Prime Minister takes control of our state's public health system, the Premier must stand up for Queenslanders and give us a guarantee that she will not sell us out behind our backs as she did with asset sales. The general complexity of the national scheme was described by some stakeholders as more of a headache than a panacea, in that the provisions therein could place an increased burden on the area of administration and raise registration fees. Whilst the notion of national registration is warmly received—and I do suggest that people opposite listen, because I am giving them a bit of an accolade—other components of the tranche of legislation are not. They can dish it out, but they cannot take it. These interruptions are just another example of that. As I have said, the LNP will be supporting this national law, and we will be watching very closely to see how provisions in earlier legislation pan out.