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WEEKLY HANSARD

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51ST PARLIAMENT

Subject **CONTENTS** Page

Thursday, 30 March 2006

BY AUTHORITY
L.J. OSMOND, CHIEF HANSARD REPORTER—2006

THURSDAY, 30 MARCH 2006

Mr SPEAKER (Hon. T McGrady, Mount Isa) read prayers and took the chair at 9.30 am.

PETITION

The following honourable member has lodged a paper petition for presentation—

Prince Charles Hospital, Emergency Department

Dr Flegg from 1,652 petitioners requesting the House to immediately honour the Beattie Government's commitment and open a full emergency department at the Prince Charles Hospital.

MINISTERIAL STATEMENT

Cyclone Larry

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.32 am): Today I have some important information for the communities affected by Tropical Cyclone Larry. Firstly, people who have been unable to return to their homes due to the damage inflicted by Cyclone Larry will soon become the first recipients of funds donated by individual Australians, companies and governments.

The chair of the fund, Terry Mackenroth, is presently in Innisfail meeting with the mayors of Johnstone Shire Council, Cairns City Council, Cardwell Shire Council, Mareeba Shire Council, Herberton Shire Council, Atherton Shire Council and Eacham Shire Council. He is asking each of the mayors to join local subcommittees which will consider applications for assistance from the cyclone relief fund and make recommendations on the distribution of funds. I hope that we will shortly be able to direct residents to our one-stop shops, the council chambers and other locations to collect an application form. This process cannot begin until the local committees are established, but I hope it will be finalised in just a matter of days.

The chairman has recommended—and, as trustees of the fund, the Deputy Premier and I have accepted—that the first round of grants of up to $2,000 in cash will be available to people whose homes are uninhabitable. Further information about the process and a broader call for applications will be made soon. Today the fund stands at a little over $10 million, and I want to again thank everyone who has donated. I also want to acknowledge the donation provided by my colleague Clare Martin, the Northern Territory chief minister, whom I spoke to yesterday, and the Darwin City Council who have so generously donated $250,000 and $50,000 respectively. I know that many people living in Darwin are still haunted by the impact of Cyclone Tracy, and I thank them for making this donation to the victims of Cyclone Larry.

I also want to announce that on the chairman's recommendation, and with the Prime Minister's agreement, I am changing the name of the relief fund to reflect the national nature of this appeal. It will now be known as the Prime Minister and Premier's Cyclone Larry Relief Appeal. The devastation wreaked by Cyclone Larry on Monday, 20 March is of such severity that only a national effort can rebuild the affected communities. I believe the name change will help reinforce the fact that we need assistance from all Australians at this time.

In another important step, again, upon the advice of the emergency managers, I will be recommending to the Governor in Council today an extension to the disaster situation regulation. Those powers are strong and governments ask for their implementation with caution, but the emergency managers believe an additional week will ensure that they can continue to protect people who may be living or working in unsafe structures. My government first implemented the regulation on the day before Cyclone Larry hit our coast. The experts tell me that this declaration allowing police to enforce a mandatory evacuation of low-lying areas helped save lives during the cyclone's fury. The power to move people away from dangerous situations will under this extension continue in the Innisfail, Cairns and Mareeba disaster districts until 9 April 2006. In other words, we have reduced the area covered by the declaration.

Finally, I would like the House to note General Cosgrove's announcement today that he has formed the Operation Recovery Industry Action Group. The general believes this group will be a great step forward in the recovery for industries and the whole region affected by the cyclone. Their priority will be to ensure that government agencies working with Operation Recovery listen to industry and get the recovery and rebuilding right. The general has asked Geoscience for information and for the industry action group to report back within weeks with detailed information on damage to primary industry. Members of the Operation Recovery Industry Action Group are General Cosgrove, as the chair; Bruce

Turner, from the Department of Primary Industries and Fisheries, as the deputy chair; Professor Steve Turton, of James Cook University; Matt Hayne, of Geoscience Australia; Allan Dale, of FNQ NRM Ltd; Eddie Gilbert, from DPI; and Gerard Byrne, from DPI.

Very shortly in a ministerial statement the Attorney-General will announce that from Monday, 3 April people in Tully, Babinda and Innisfail will be able to access free legal advice through Legal Aid Queensland and the Department of Justice and Attorney-General. I thank the Attorney-General for putting that together.

MINISTERIAL STATEMENT

Gladstone Pacific Nickel Ltd, Environmental Impact Study

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.36 am): The Coordinator-General has approved the terms of reference for an environmental impact study for a significant project proposed by Gladstone Pacific Nickel Ltd. The company proposes establishing a modern nickel and cobalt laterite mine in Marlborough and a high-pressure acid leach plant in the Gladstone state development area. The project is aimed to fill a widening gap between existing global nickel metal production and worldwide demand. The estimated capital cost of the proposal is $2.5 billion, with employment to be provided for up to 1,200 direct employees during construction and 400 during operations. These projects involve the development of major infrastructure to further enhance Queensland's mining, processing and export capabilities and capacities.

The company's stage 1 will initially produce approximately 64,000 tonnes of nickel and nearly 5,300 tonnes of cobalt per annum sourced from both Marlborough and imported ore from Pacific rim countries such as New Caledonia. I seek leave to have the remainder of my ministerial statement incorporated in *Hansard*.

Leave granted.

About 2.5 million tonnes of ore per annum from the Marlborough mine—approximately 45 kilometres north west of Rockhampton—will be transported to Gladstone via a dedicated 175 kilometres of ore slurry pipeline.

The development of the Wiggins Island Terminal—to be operational by 2010—will additionally cater for its wharfing needs, along with that of the State's booming coal industry.

The Terms of Reference for the Environmental Impact Study set out requirements under section 29 of the State Development and Public Works Organisation Act 1971.

Gladstone Pacific Nickel Ltd will now commence preparation of the Environmental Impact Study. It will include baseline studies to establish the qualities of the existing environment, and specific studies to determine the potential impact of the proposed development on them.

Once the Environmental Impact Study has been prepared to the satisfaction of the Coordinator-General, it will be released for public review and comment. Community consultation, of course, forms an important part of this process.

The company has scheduled completion of the Environmental Impact Study for late 2006, with a construction target start date of mid-2007 and the plant being commissioned in 2009 using only Marlborough ore initially.

On a related matter, the Coordinator-General is currently considering the merits of securing a multi-use infrastructure corridor between Gladstone and Rockhampton.

This is part of a Statewide review to identify the need for and possible locations of multi-use corridors. It will increase certainty for infrastructure providers and reduce disruption to land owners.

In recent times, there has been increasing interest in providing these corridors between Gladstone and Rockhampton to provide water, gas and slurry pipelines.

The review of the Gladstone-Rockhampton multi-use corridor is expected to be completed by the Coordinator-General by the end 2006.

The Gladstone Nickel project represents one of a large number of mining projects underway in the State. Demand for both metallurgical coal (primarily used in steelmaking) and thermal coal (primarily used for electricity generation) has experienced substantial growth over the last two years. The emergence of rapidly growing markets in China, Brazil and India are expected to ensure on-going strong growth of coal exports. Queensland coal production and exports are predicted to increase by between 5% and 13% per annum in the five years to 2009-10, and more recent predictions show growth to 2015.

The north-west mineral province is one of the richest in the world and has significant future potential especially with the high prices for copper, lead and zinc again prompted by hungry demand from China and India to fuel their industrial development. This buoyant situation is expected to be sustainable in the medium to long term.

MINISTERIAL STATEMENT

Western Corridor Recycled Water Scheme

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.37 am): On the issue of water, one major example of our work to ensure that we have water for Queenslanders and that we drought-proof Queensland as much as we can is the Western Corridor Recycled Water Scheme in the south-east corner. Stage 1 will tackle recycled water from waste water treatment plants at Oxley, Wacol, Goodna

and Bundamba to power stations at Swanbank and Tarong. Stage 2 will link the Luggage Point treatment plant into the scheme. It is the largest recycled pipeline project in the Southern Hemisphere. The scheme will save more than 110 million litres a day from Wivenhoe Dam in stage 1 alone. This represents almost 15 per cent of the region's current daily water consumption.

The project will require almost 200 kilometres of pipeline up to 1.8 metres in diameter through south-east Queensland. Tenders have been called for the supply of these pipes. This scheme could potentially make use of almost all of Brisbane and Ipswich's treated waste water, thereby reducing nutrient input to Moreton Bay and offering the potential to increase environmental flows in the region's catchments.

I can announce today that the project manager, SEQWater, has selected its preferred tenderer for the design of the scheme. The successful consortium includes leading international water services and project manager company GHD, Singapore based Black and Veatch, one of the world's largest water and waste water design and construction companies, and the state government owned rural bulk water supplier and manager, SunWater.

Members of the consortium have now started work. SEQWater expects to finalise the selection of manufacturers and suppliers to the project to be announced next month. Pipe orders covering the first section of the pipeline from Bundamba to Swanbank are expected to be placed by May. The Coordinator-General, along with representatives of SEQWater, is currently meeting will all affected landholders in the key Bundamba to Swanbank section. Advertisements are being placed in newspapers this weekend inviting community input on proposed land management arrangements in this section of the pipeline corridor. The project is due to be completed in March 2008.

MINISTERIAL STATEMENT

Public Housing

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.40 am): The Leader of the House and minister for housing is in Sydney today addressing the *Australian Financial Review*'s housing congress. The reason he is doing that is to send a clear message that we want more money for public housing. As we all know, over the past 10 years there has been a dramatic increase in the cost of housing, squeezing many middle to low income earners out of the private market. This has placed extreme pressure on social housing authorities across the country as supply cannot meet demand.

This morning Mr Schwarten will be proposing to some of the country's key leaders on housing issues a new housing product called Home Link which connects government assistance and private investment. Home Link provides a strong rate of return for private investors while increasing the supply of private housing at more affordable rents for thousands of Australian families. Using the Home Link model, 1,000 new rental units could be provided for $31 million compared with the $337 million investment required if the government was to provide this accommodation directly.

The reality is that no state government in Australia has that sort of money. We are already stretched beyond our means in this regard. In Queensland alone a record 1,800 new applicants put their names down for public housing in the last month.

The current federal government spends $2 billion a year on rental assistance, but it is clear that this investment is not addressing Australia's housing crisis. The private market is failing. While my government accepts—

Mr SPEAKER: Order! Can members please keep their voices down. It is difficult to hear.

Mr BEATTIE: I would have thought that public housing was a matter of importance to all members, Mr Speaker. While my government accepts the reality that the federal government is not going to change its rent assistance policy, we believe that the only way forward is to work with property investors to fill the current void in the private market.

Mr Rowell interjected.

Mr SPEAKER: Order! Member for Hinchinbrook, please have some manners if nothing else.

Mr BEATTIE: Through Home Link the Queensland government calculates that property investors will get a return of around six per cent, which in today's market is very attractive. At the same time the market rent for someone on an income of $380 a week will reduce from around 50 per cent of their income to 43 per cent, which is a $30 a week saving.

Housing is the cornerstone of people's lives and all levels of government have a moral obligation to sit down at the table and address the chronic housing problem that is affecting communities across Australia. Once again, my government has shown leadership on a national issue which has been put into the too-hard basket by the federal government. I now table a copy of the speech the minister will be delivering in Sydney this morning. I highlight to the House that it has full cabinet approval and is the government's position.

MINISTERIAL STATEMENT

China and Hong Kong, Trade Delegation

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.42 am): I would like to inform the House that I have approved the parliamentary trade delegation to China and Hong Kong from 5 April to 13 April 2006. I have asked the Hon. Tony McGrady MP, Speaker of the Queensland Parliament, to lead the delegation. The delegation will comprise both government and non-government members including: Ms Cate Molloy, Dr Lesley Clark, Desley Scott, Jason O'Brien, Marc Rowell and Dorothy Pratt. Mr Speaker, under the rules established for your travel, I table the two letters of authority required.

The Delegation will strengthen government networks with China and Hong Kong and support an increase in business outcomes from Queensland's Sister State Agreement with Shanghai.

Importantly, it will also provide support for Queensland companies to win projects in the marine, aviation, mining and construction sectors, especially associated with the 2010 Shanghai World Exposition.

The Delegation will also have the opportunity to meet with the Shanghai People's Congress, which is the equivalent of Queensland's Parliament.

Parliamentary delegations provide the perfect opportunity for the advancement of Queensland's Smart State strategies internationally—by developing and enhancing bilateral relationships and alliances at a government to government level.

It is crucial to recognise the importance of these broader, strategic relations, as they are essential for Queensland to cement its place as a world leader in innovation, smart industry, and emerging technologies.

The specific details of the itinerary are being finalised this week. However, the Delegation will hold meetings with key Government officials and businesses in Shanghai, Beijing and Guangzhou before travelling to Hong Kong.

China and Hong Kong are important markets for Queensland. Trade figures for 2004-05 place China as our third largest merchandise export destination and our third largest source of merchandise imports with bilateral trade valued at A$3.98b.

Exports were valued at A$1.89b with major merchandise items being iron ore, textiles, coal and copper ores.

Hong Kong is a significant trade partner and is an important entry point for Queensland firms seeking access to the China market.

In 2004-05 our bilateral trade with Hong Kong was worth A$389m, comprising merchandise exports worth A$287.9m and imports of A$101.1m.

This Parliamentary Delegation demonstrates the high-level and broad reaching support for these relationships on behalf of all Queenslanders.

MINISTERIAL STATEMENT

Premier's Drama Award

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.43 am): Last week I announced the finalists of the biennial Premier's Drama Award. A record 51 scripts were entered in the third round. The three finalists have written exciting and inspiring scripts which explore different facets of our Queensland cultural experience, history and people. This is part of our Smart State Strategy.

I'm sure all Members will join me in congratulating Antony Funnell for The Tram, Michael Riordan for String, and David Brown for The Estimator.

As finalists, they will each receive a six-month internship at the Queensland Theatre Company where they will collaborate with leading artists and have the opportunity to develop their scripts for final judging.

The internships are much prized, and the three scripts that come out at the end will feature in The Works—a festival of play readings produced by Queensland Theatre Company in August.

The finalists are already winners in many respects, with the chance to now work with some of the best in the theatre business at QTC, as well as have their scripts on show to an audience.

This award is the only one of its kind in Australia that guarantees a full production of the winning script, which after selection by a judging panel, will be premiered by Queensland Theatre Company during next year's Queensland Week celebrations.

Administered by the Queensland Theatre Company on behalf of the Department of Premier and Cabinet, the Queensland Premier's Drama Award is supported by $230,000 in funding.

Along with the Queensland Government's strong support, the Award is sponsored by BDO Kendalls and Griffith University, and I thank them for that support.

This is a wonderful opportunity to nurture some home-grown talent and I look forward to seeing the finished product from the winner.

MINISTERIAL STATEMENT

Mooloolaba Triathlon

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.43 am): I want to report that the 2006 Mooloolaba Triathlon was held over the weekend. Despite the best efforts of Cyclone Wati, it was a great success.

I'd like to congratulate Bevan Docherty and Annabel Luxford who were the respective Men's and Women's winners in the ITU World Cup race.

The Mooloolaba ITU Triathlon World Cup is Australia's only world cup event, and 2006 has confirmed its place on the international calendar yet again.

I'm sure that the Members for Kawana and Noosa and the Gold Coast MP's will agree when I say that we are well and truly on track towards our ultimate goal: to take our Big Three—Noosa, Mooloolaba and the Gold Coast—to the pinnacle of this great world sport in four years and make south-east Queensland the No 1 destination of the world's elite triathletes.

The 2009 ITU Triathlon World Championships, to be held here in Queensland, will be the icing on the cake.

I'd like to acknowledge the efforts of festival organiser USM Events; the International Triathlon Union; Maroochy Shire Council; and Queensland Events, through which the Queensland Government is delighted to fund the Big Three.

I thank the 600 or more volunteers who helped ensure yet another successful festival, and I'm sure all Members will join me in also congratulating the more than 4500 participants this year—a 50 per cent increase on last year.

MINISTERIAL STATEMENT

Griffith University, Doctor Training

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.44 am): The Gold Coast is playing a crucial role in my government's efforts to help tackle the national doctor shortage with 35 additional students this year starting their medical training at Griffith University's Southport campus. I visited the Gold Coast recently with the Minister for Health to meet the first intake of new state government funded medical students.

The students are part of a ground breaking $60 Million State Government training and support package to get 235 new doctors ready to work in Queensland public hospitals.

The State Government is paying for a complete training package for the 35 trainees, and for 50 more each year for the next four years.

These students will train in Queensland and work in Queensland—they are our doctors of tomorrow.

We will pay the students' fees, scholarships and assistance to obtain postgraduate qualifications, and when the first intake graduates in 2009, they are bonded to work for Queensland Health for six years.

That will allow us to send doctors to places in the greatest need, particularly in rural and remote Queensland and Indigenous communities.

This innovative doctor training program is part of the State Government's massive $6.4 Billion Health Action Plan to build a better public health system in Queensland.

Doctor training is not a State Government responsibility, however there is a shortage of doctors around the nation and if we don't step in and do whatever we can to fix the situation it will only get worse.

We want to get on with the job and build a better public health system in Queensland and the simple fact is we need more doctors to help us do that.

The Queensland Government is working on a number of fronts to help tackle the national doctor shortage.

For example we have provided a record $1 Billion improved pay and conditions package for doctors, including visiting medical officers, working in Queensland public hospitals.

In addition we have undertaken an extensive recruitment program both interstate and overseas, and our 325 Campaign resulted in a Commonwealth commitment to provide more medical student places at universities to boost locally-trained doctor numbers.

These initiatives are starting to pay dividends. In the past eight months Queensland Health has employed an additional 190 doctors.

The Health Action Plan is the most significant reform of the Queensland health system ever undertaken.

Queenslanders have made it clear they want a better health system, and we are doing everything we can to make that happen through initiatives such as the ground breaking doctor training program at Griffith University.

MINISTERIAL STATEMENT

Cairns CBD Revitalisation

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.44 am): I recently joined the Cairns City Council Mayor, Kevin Byrne, and the Cairns Port Authority CEO, Brad Geatches, to officially open the $3.3 million redevelopment of Wharf Street and celebrate the completion of the Cairns CBD Revitalisation Strategy. I was joined by the local members and ministers. I seek leave to incorporate the remainder of my ministerial statement in *Hansard*.

Leave granted.

In 1999 my Government promised the people of Cairns we would develop and implement a revitalisation strategy to integrate the CBD with the $70 million Cityport development and $44 million Esplanade transformation, to which the State contributed $11.5 million.

The Queensland Government has invested almost $10 million in the Cairns CBD Revitalisation Strategy and we've worked very closely with Cairns City Council and Cairns Port Authority on the many individual projects—projects including the Forgarty Park Amphitheatre, the new-look City Place and the redevelopment of Shields and Spence streets.

The completion of the newly-rejuvenated Wharf Street, to which we contributed $1.1 million, was the final piece of that puzzle; the last stretch that links together the world-class facilities Cairns CBD has to offer its residents and its visitors.

The Cairns CBD Revitalisation Strategy is already achieving its goal of attracting new investment in order for the city to remain a competitive and world-class tourism destination.

A report released by the Northern Industry Development Association in December highlights almost $1 billion worth of new investment that is planned or already under construction in Cairns, including projects such as the $90 million Trilogy on the Esplanade and the $160 million Cairns Harbour Lights development.

There's no doubt the revitalisation strategy will entice new holiday makers to the region and keep the regulars coming back.

More than that, this revitalisation strategy will benefit the local community—not just the 30,000 Tropical North Queenslanders directly and indirectly employed by the tourism industry—but also the local residents.

Speaking of tourism in North Queensland, I know that there have been concerns raised about the impact of Cyclone Larry.

Despite the devastation that has been caused to parts of our beautiful north, the tourism industry is continuing to operate and it's important that the travelling public understand this.

The message I have for anyone considering coming to Queensland and, in particular, north Queensland is that we are still open for tourism business.

MINISTERIAL STATEMENT

Airport Link and Northern Busway

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.44 am): Together with the Brisbane Lord Mayor, Campbell Newman, and the transport minister, Paul Lucas, I recently released the concept designs for the airport link and northern busway. I seek leave to incorporate the remainder of my ministerial statement in *Hansard*.

Leave granted.

These two projects will relieve peak-hour traffic congestion for years to come and change the face of public transport on Brisbane's northside.

Imagine travelling on a bus from Kedron to the Royal Brisbane Hospital in just six minutes in peak hour—that's a tremendous timesaving.

We're planning a first-class public transport corridor for commuters.

We want the people who'll be using the busway and the Airport Link to let us know what they think. The plans aren't set in concrete and we want to hear what people think about these designs before reaching any decision.

Lutwyche Road currently carries 65,000 vehicles a day. Our traffic studies show that without Airport Link, this will increase to more than 100,000 by 2026, which is why we're planning now, for our future needs.

The State Government and Brisbane City Council are jointly funding a $21 million detailed feasibility study into Airport Link.

Both the Airport Link and the busway are part of the South East Queensland Infrastructure Plan and Program (SEQIPP), while Airport Link is a major part of Council's TransApex plan.

We have also provided $530 million under SEQIPP for the northern busway, with a further $120 million to join the new busway to the existing Inner Northern Busway at Herston.

I say again—we want to hear what people think about these designs before reaching any decision, but this is about is building the modern Brisbane and we need to get it right for the future.

MINISTERIAL STATEMENT

Laurie Carmichael Conference Centre

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.44 am): Recently I had the pleasure of officially opening the Laurie Carmichael Conference Centre at Union House in Brisbane which has been named in honour of the union leader renowned for promoting training and education reforms, which is close to the minister's heart—indeed, his old union. I seek leave to incorporate the remainder of my ministerial statement in *Hansard*.

Leave granted.

Laurie worked hard to develop seamless pathways from work to learning and to break down the artificial barriers between school, TAFE and higher education.

Importantly today, as Australia grapples with serious skill shortages, we should remember Laurie's enduring contribution to the agenda for skills development, training and lifetime learning.

I'm sure Laurie would approve of our Queensland Skills Plan White Paper, which (Employment, Training and Industrial Relations Minister) Tom Barton and I released during the last Parliamentary sitting.

Laurie is a living legend in the Australian trade union movement.

He started as a fitter and turner in Melbourne in 1940 before joining the air force and returned to his apprenticeship after the war.

He went on to rise through the trade union movement, and in 1983 he played a major part in drafting the famous Accord between the ACTU and the new Hawke Labor Government.

In 1987, Laurie became assistant secretary of the ACTU, and that same year he was the key author of "Australia Reconstructed", the ACTU's seminal document on workplace reform.

In 1991, Laurie became chairman of the Employment and Skills Formation Council, and in 1992, he authored the Carmichael Report.

This led the push for new national training arrangements that became known as the Australian Vocational Training System, which in turn led to the establishment of the Australian National Training Authority.

I congratulate AMWU State Secretary Andrew Dettmer, CFMEU State Secretary Wally Trohear, and BLF State Secretary Greg Simcoe, for their initiative in driving the project.

For a room that will be used to help educate trade unionists, there is no better person to name it after than Laurence Norman Richard Carmichael.

MINISTERIAL STATEMENT

Coal Industry

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.45 am): I recently announced the creation of a special Smart State board to ensure that Queensland continues to lead in developing clean coal technology to cut greenhouse gas emissions. We are doing this because Queensland's energy intensive economy will continue to rely on coal for the major share of its electricity well beyond the 21st century. I seek leave to incorporate the remainder of my ministerial statement in *Hansard*.

Leave granted.

As the Smart State, we have to ensure that we make coal as marketable as possible by developing clean coal technology in the shortest time possible.

Already, Queensland has a critical mass of intellectual property in the development of clean coal technology at academic institutions and government agencies that is world class.

The Queensland Centre for Advanced Technologies, the Co-operative Research Centre for Mining, the Process Engineering and Light Metals Centre in Central Queensland and the University of Queensland's Sustainable Minerals Institute are all involved in this research and development.

At the same time, Queensland's abundance of high-quality, low-cost coal and good geological sites for potential CO2 storage are a major positive in providing power generation systems with lower emissions, lifting Queensland's competitive edge.

Internationally, near-zero emission initiatives using clean-coal technologies are being developed which will enhance the environmental performance of coal options.

We must ensure our place at the forefront of these developments.

We have supported the establishment of research and development infrastructure to support the mineral resource sector for many years.

The board will be chaired by Co-ordinator-General Ross Rolfe, and will work with industry and other government agencies at State and Commonwealth levels to drive the commercialisation of clean-coal technologies and develop associated major infrastructure projects.

MINISTERIAL STATEMENT

Population Growth

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.45 am): Queensland's fast rate of population growth has been an important driver of our impressive economic performance. According to ABS data released last week, our population grew at an annual rate of 1.9 per cent in the September quarter 2005—nearly double the one per cent rate of growth in the rest of Australia and faster than any other state or territory during the same period.

One of the key factors contributing to Queensland's faster population growth relative to other states has been our high rate of interstate migration. Over the year to the September quarter 2005 a net inflow of more than 30,000 interstate migrants settled in Queensland. This compares with a net inflow of only 2,000 interstate migrants in Western Australia and less than 100 in Tasmania during the same period. In fact, New South Wales, Victoria and South Australia recorded net outflows of interstate migrants during the past year. Queensland additionally recorded a net inflow of 17,500 overseas migrants over the year to the September quarter 2005.

Taken together, Queensland has experienced an average net inflow of more than 900 interstate and overseas migrants per week over the past year. This is one of the reasons we need a very high share of the GST in Australia. We are looking after New South Wales and Victorian residents. I notice my colleagues interstate complain about it from time to time. I also notice the running advertisements in the Sydney press today in relation to the GST distribution. I say to my colleagues in New South Wales that one of the reasons we need our share of the GST is to fund their former residents who are moving here.

Government members interjected.

Mr BEATTIE: It is a true story. They complain about it. But they are all moving here. We are getting 900 of them a week. Who is going to pay for it? We are. I say to my colleagues in New South Wales, 'Just keep sending the money and we will keep looking after your former residents.' I seek leave to incorporate the remainder of my ministerial statement in *Hansard*.

Leave granted.

Our State's lower cost of living, such as lower petrol prices and house prices, as well as a competitive taxation environment, have been major reasons why we have experienced these high rates of interstate and overseas migration.

Our climate and relaxed lifestyle also have special appeal.

Strong population growth has helped Queensland continue to lead the nation in terms of economic growth, by supporting high levels of business and consumer spending.

The latest ABS State Details indicate economic growth in the domestic economy reached an annual rate of 6.5% in December quarter 2005—well above the growth rate of 4.2% in the rest of Australia.

Consumer spending in Queensland grew by 4.2% over the year, compared with 2.5% in the rest of Australia.

At the same time, private sector business investment in the State surged by 17.4%, while public sector investment rose by 16.7%.

This strong growth in investment reflects both the infrastructure requirements of a rapidly growing population, as well as efforts to increase trade sector capacity due to strong global demand for Queensland's resource exports.

In addition to strong population growth driving the domestic economy, recent upgrades to global economic growth should also benefit Queensland's export performance.

Following the recent March 2006 Consensus Economics release, major trading partner growth in Queensland has been revised up to 4.0% for 2006. This compares with a growth forecast of 3.6% in December 2005.

This overall upgrade reflects higher growth forecasts for all major trading partners, including Japan, South Korea, China and India.

Indeed, the nominal value of Queensland's overseas merchandise exports (net of non-monetary gold) increased at an annual rate of 46.7% in the three months to January 2006—more than double the 17.7% annual growth in the rest of Australia.

The Smart State is indeed the State on the move.

MINISTERIAL STATEMENT

Muscular Dystrophy Bow Tie Day

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (9.46 am): I want to acknowledge the muscular dystrophy Bow Tie Day which we have been supportive of. I seek leave to incorporate the detail in *Hansard*.

Leave granted.

Since it's inception in 1992, "Bow Tie Day" has been helping build community awareness of muscular dystrophy, as well as helping raise funds for the Muscular Dystrophy Association of Queensland.

This year the Queensland Government donated $24,100 to the annual Bow Tie Day appeal.

The Association is aiming to raise enough money to buy 15 early intervention packages for children with Duchenne Muscular Dystrophy, with each package containing a manual wheelchair, hoist, electric-powered adjustable bed, electric wheelchair, laptop computer, ramps, bedroom air-conditioner and v-pap ventilator.

These packages cost $24,100 each, which means the Queensland Government has effectively bought one through our donation.

I commend all those involved in the Muscular Dystrophy Association of Queensland, and I encourage all Queenslanders to support the annual Bow Tie Day appeal and their other activities.

MINISTERIAL STATEMENT

United States and Canada, Trade Delegation

Hon. AM BLIGH (South Brisbane—ALP) (Deputy Premier, Treasurer and Minister for State Development, Trade and Innovation) (9.47 am): On Sunday I will lead a Smart State trade, biotechnology and investment mission to the United States and Canada. The key focus of this mission is BIO 2006 in Chicago. BIO 2006 is the world's largest international biotechnology convention and members of my mission and I will be meeting as many people as possible among the 20,000 scientists, policy makers and academics from all areas of the science industry who will be in attendance. As a measure of the growing strength of this industry in Queensland, I am happy to advise the House that more than 70 Queensland biotechnology and business leaders will be part of the mission.

Along with the government, a number of our Smart State companies will be part of BIO, including Alchemia, Progen, the Queensland Clinical Trials Network, QUT, Griffith University and BioPharmaceuticals Australia. UQ is also represented with its Institute for Molecular Bioscience, Australian Institute of Bioengineering and Nanotechnology, and the Queensland Brain Institute.

The main purpose of the mission to BIO 2006 is to advance the Smart State's position as a leading regional hub for biotechnology. During the conference I intend making some important announcements, particularly in relation to the latest round of our Smart State innovation funds. I will attend meetings in Los Angeles, Seattle and Chicago before attending the conference.

During this time I and members of the delegation will be promoting Queensland's biodiversity and the exciting research being carried out in Queensland, such as the pioneering work of Professor Ian Fraser from the University of Queensland whose work has led to the world's first vaccine for cervical cancer. During the last leg of my trade mission I will visit Canada, chiefly to attend the Canadian Council of the Federation and Australian Premiers meeting, although I will also be meeting with senior management from the Aerospace Division of Bombardier in Toronto. As well I will, as always, continue to push our Smart State advances when it comes to clean coal technology.

This morning the Premier, the Minister for Energy and I were on hand for the signing of a memorandum of understanding aimed at producing near zero greenhouse gas emissions from coal-fired electricity generation. Queensland government owned electricity generator, CS Energy, a Japanese consortium led by JPower and Schlumbert, a world leader in geosequestration technology,

unveiled how they will be working together to demonstrate clean coal generation. This project is a world first and it has the potential to eliminate carbon dioxide emissions from electricity generation. The state government has already committed $9 million towards the development of clean coal technology through the establishment of the Centre for Low Emission Technology in partnership with CSIRO, which has also committed $9 million. Other partners include Stanwell Corporation, Tarong Energy, the University of Queensland and Australian Coal Research Ltd which are providing $2 million each, bringing the total commitment to the centre of $26 million so far. The development of clean coal technology is not only a serious concern for a state like Queensland, it has national and, much more importantly, international significance. Queensland is spearheading the development of clean coal technology, and the signing of the MOU this morning is an important step in furthering our activity in this regard.

MINISTERIAL STATEMENT

Cyclone Larry, Legal Advice

Hon. LD LAVARCH (Kurwongbah—ALP) (Minister for Justice and Attorney-General) (9.50 am): I am pleased to inform the House of an initiative to assist communities affected by Cyclone Larry. As of next Monday, 3 April, residents in Tully, Babinda, Innisfail and now also Atherton will be able to access free legal advice through Legal Aid Queensland and the Department of Justice and Attorney-General. This is a practical and meaningful way to assist residents. Immediately after the cyclone, most affected communities were concerned with basic facilities such as water, power and sewerage. Now that people have had time to assess their personal circumstances, other issues are arising, including legal matters.

I am informed that residents of the cyclone affected areas now are asking agencies for legal type advice. That is why the Department of Justice and Attorney-General and Legal Aid Queensland have put together a scheme to provide lawyers at the four locations from Monday. We expect questions from residents about home and contents insurance and business insurance and whether individuals are covered for damage to their property or their business caused by the cyclone. There may also be a range of other legal issues, including matters relating to the signing of contracts for repairs to their homes. Details of how residents will be able to access this service are currently being finalised and will be released shortly. Most importantly, residents can call Legal Aid for the cost of a local call on 1300651188 to access legal advice over the phone or arrange an appointment.

To complement this initiative and ensure that there are sufficient lawyers to assist these communities, I have also spoken to the President of the Queensland Law Society, Rob Davis, who has offered to contact member lawyers, in particular insurance law specialists, to also volunteer their services to assist in providing legal advice. Finally, where possible, staff at the State Penalty Enforcement Registry will not take action against people from cyclone affected areas who have not paid traffic and other fines. People who have already suffered so much from the cyclone need practical help as they rebuild their lives and their community. The Department of Justice and Attorney-General, with the assistance of Legal Aid Queensland, is very pleased to help.

MINISTERIAL STATEMENT

Cyclone Larry, Electricity Supply

Hon. RJ MICKEL (Logan—ALP) (Minister for Energy and Minister for Aboriginal and Torres Strait Islander Policy) (9.52 am): In Innisfail this afternoon I will inspect the extensive damage inflicted by Cyclone Larry on the electricity transmission and distribution system. There has been severe structural damage to the Kareeya to Innisfail high-voltage transmission line which Powerlink has been seeking to replace with a new line from Tully to Innisfail. This is a critical issue. Initial inspections have revealed that the existing line from Kareeya has four towers totally collapsed and at least two others unserviceable. This line travels an inland route and traverses the World Heritage listed Wet Tropics rainforest which makes it more difficult to access than the coastal lines. Indeed, the country is so difficult that I am advised the structural integrity of dozens of towers along this route has not been able to be assessed yet. In contrast, Powerlink and Ergon Energy were able to replace the one damaged tower on the much more accessible transmission line on the coastal plain from Cairns which enabled bulk power to be restored to Innisfail last Friday afternoon, just four days after this destructive category 5 cyclone.

Three years ago Powerlink prepared a detailed environmental impact statement on two routes for a line to replace the Kareeya to Innisfail transmission line—one near the existing line through the Wet Tropics and the other along a much more accessible coastal route. The EIS was submitted to the Commonwealth Department of the Environment and Heritage in May 2003 and approved by that department for public release in December 2003. On 8 March 2005 the Commonwealth Minister for the Environment and Heritage announced approval of the coastal route. It took the Commonwealth 15 months to approve the coastal route. However, it then imposed conditions that created further hurdles to

the timely development of this essential infrastructure. Following the extensive cyclone damage to the existing transmission line in the inland area between Kareeya and Innisfail, it is now time to stop the delays and get on with the job. There is currently no backup high-voltage power supply into Innisfail. On Sunday Powerlink and Ergon Energy will install a temporary backup supply to Innisfail to provide at least some measure of security for that community.

But this is not a long-term fix. The region needs a new transmission line. Without this line there is limited capacity to provide reliable and secure bulk electricity supply to Innisfail, to Cairns and the other towns in the region in the event of any other transmission line in the region being out of service due to breakdown or maintenance. Rather than applying more bandaids to the extensively damaged line from Kareeya, we need to focus on moving ahead with a new transmission line which has already been approved along a coastal route. I call on the Commonwealth environment minister to step in now and take a common-sense approach to this matter. More than ever the new Tully to Innisfail line needs to be expedited. The minister needs to provide the final approvals urgently so that the people of Innisfail, Mission Beach and other towns in the region can have a safe, secure and reliable bulk power supply to underpin the redevelopment of the region.

MINISTERIAL STATEMENT

Tilt Train Derailment; Gold Coast, Transport

Hon. PT LUCAS (Lytton—ALP) (Minister for Transport and Main Roads) (9.56 am): As the House would be aware, the city of Townsville tilt train derailed on 15 November 2004 north of Bundaberg with 157 passengers and staff on board. The Australian Transport Safety Bureau and Queensland Transport conducted a joint independent Commonwealth-chaired investigation into the incident, and I tabled that report last October. I said at the time that we would use what we learnt from this incident to build on QR's safety record, and that is what Queensland Transport and QR are doing. Whilst there is no statutory requirement to do both, the interim response has been considered by cabinet and I now table it for the record.

The interim response from Queensland Rail contains an implementation plan, including time frames. Queensland Rail will report back to the Queensland Transport Rail Safety Unit every six months about its progress. I also ask members to note a minor amendment that has been made to the final joint independent Commonwealth-chaired ATSB/QT investigation report. The minor change is considered necessary to ensure the report contains accurate factual information. The change relates to the time the co-driver left the cabin prior to the accident—that is, from about 2351 to about 2354. I am advised it does not impact on the findings or recommendations in the report, which are unchanged. For the sake of completeness, I table those changes. Notification of the amended text will be advised on the Queensland Transport and Australian Transport Safety Bureau web sites.

It can truly be said that all roads lead to Gaven, and it is a Beattie Labor government that is building them. We have fast-tracked the building of a new link to the Pacific Motorway at Oxenford to ease congestion and boost safety. Some $2 million has been specially set aside to allow work to start a year ahead of schedule in the next financial year. Planning and consultation is also about to start on two projects worth $34 million. This will lead to the completion of four lanes on one of the Gold Coast's most important arterial links, Hope Island Road. The first of these projects, worth $7.5 million and which runs from Oxenford to Gracemere Drive on Hope Island, will connect with a new deviation on the other side of the motorway. It will mean better, faster travelling times and a big boost to safety on the northern end of the Gold Coast. Planning will start midyear. The new four-lane link will take traffic away from the busy commercial centre. We can now roll up our sleeves and get on with the job. Consultation is set to start on the $120 million duplication of Hope Island Road. Last year I commissioned the first section worth $11.5 million on a first-rate four-lane section from Columbus Drive to Lae Drive with the member for Broadwater present, and it was a pleasure as usual. The next project will see four lanes from Seganto Drive to Gracemere Drive for $19 million. Designs should be finished by August, with final plans out on public display for construction to start early next year.

Then $15 million will be spent on the final stage, the construction of 2.8 kilometres of four lanes near Coombabah Creek. Design should be finished this year with construction set to start by the middle of next year. Motorists will reap the benefits: better, faster travelling times and a big boost to safety on the northern end of the Gold Coast. The entire stretch is expected to be four lanes by 2012. This is a landmark for the northern end of the Gold Coast and it will make a huge difference to the way people travel. We are spending $177 million of state money on Gold Coast roads this financial year alone.

But we are building more than roads. We are also making tracks with rail. Bridge construction is well underway for the second rail track—6.9 kilometres between Ormeau and Coomera. This $184 million project is expected to be finished in October. On top of that, a third track between Salisbury and Kuraby is expected to be finished in early 2008. We have also set aside $310 million for extra tracks from Coomera to Helensvale, Kuraby to Kingston and Salisbury to Park Road with work scheduled to start next year.

There is more: $280 million is being spent on the southern extension of the rail line from Robina to Elanora through Reedy Creek. That work will start this year. We are also spending $92 million on new rolling stock for the Gold Coast line. That is eight sets of three-car carriages. That means room for an extra 2,500 passengers. The first of the 24 extra carriages of those 72 that are being built in Maryborough will be track tested in January next year and will be up and running on the Gold Coast the following May. The EDI workshop in Maryborough is building the carriages. At the moment people can see them built. They started work on those carriages late last year. That means jobs, jobs and more jobs for the workers in that region.

The opposition has a bad track record in relation to the Gold Coast. It ripped up the rail line to the coast in 1965 and sold the right of way. We are putting the needs of the Gold Coast people first. Our commitment to rail is real.

MINISTERIAL STATEMENT

Federal Industrial Relations Laws

Hon. TA BARTON (Waterford—ALP) (Minister for Employment, Training and Industrial Relations and Minister for Sport) (10.00 am): Even at this early stage, we have seen the draconian federal government industrial relations legislation used to hurt workers. The outcry from workers is only going to get louder.

In Queensland we have the report that Ms Mila Kent, the hotel housekeeper on the Sunshine Coast, was sacked only to be offered a casual position in the same workplace. In Sydney there are reports of a worker being sacked due to overstaffing issues and ordered to leave at the end of her shift. That is despite reports from the same worker that the company she worked for hired someone only the week before. In Victoria eight workers have been sacked by Triangle Cables. It has been reported that the company advertised these jobs on a web site the day before the workers were given their marching orders. These new laws that were brought in by the federal Howard government are clearly being used to the disadvantage of the workers of Australia. That is why the Beattie government is challenging the federal legislation in the High Court.

In August, I introduced legislation amending the Industrial Relations Act to enshrine minimum conditions in Queensland legislation. This was a clear attempt by the Beattie Labor government to safeguard Queenslanders. I would like to take the opportunity to remind the House that the Leader of the Opposition vehemently opposed this move by the Beattie Labor government. But we then heard Barnaby Joyce make noises about opposing John Howard's reforms. This only served to give the people of Queensland and Australia false hope. Then we saw the state Leader of the Opposition attach himself to the bandwagon, again giving people false hope.

In November, the Premier moved a motion in this House calling on the Queensland senators to reject WorkChoices. We saw a lot of chest beating by the Leader of the Opposition and the Queensland Nationals on this motion. We even saw the Queensland Nationals crossing the floor to vote with this government, leaving the Queensland Liberals voting against the motion. Yet another example of a very strong coalition! But since then, the Leader of the Opposition has been silent on this issue. He has been in hiding.

I would also like to remind the House that I wrote to the Leader of the Opposition on 23 November 2005 asking him to state clearly his position on the WorkChoices legislation. One would think that in the four months since I sent this letter he would have been able to give a clear indication of his position. To date, I have not received a response. I repeat: he has been virtually silent on his position on the WorkChoices legislation. I think it is about time the Leader of the Opposition finally comes clean with Queenslanders. The people of Queensland and, in particular, the people of Gaven deserve to know whether the Leader of the Opposition will back the state's workforce or follow the federal coalition's lead and completely undermine Queensland workers.

MINISTERIAL STATEMENT

Gaven Electorate, Small Business

Hon. CP CUMMINS (Kawana—ALP) (Minister for Small Business, Information Technology Policy and Multicultural Affairs) (10.03 am): Earlier this month in the electorate of Gaven I launched the Beattie government's new discussion paper on small business in the Smart State at a well-attended breakfast for local businesses. Local small businesses in Gaven know that it is this government that understands their needs and the importance of fostering creativity and innovation. Whose strategy was the Smart State? I am proud to say that it was ours. What state would small business operators in Gaven and elsewhere on the Gold Coast be in if we had a coalition state government, which has no policy at all for this very important sector?

A government member interjected.

Mr CUMMINS: That is right: sell Telstra and impose the GST. Small business accounts for 96.5 per cent—

Mr Horan interjected.

Mr SPEAKER: Member for Toowoomba South! I am going to start naming people now.

Mr CUMMINS: Small business accounts for 96.5 per cent of all Queensland businesses and employs more than half of all private sector workers. Since 2001 in Gaven there have been nearly 5,000 business registrations and nearly 80 people with businesses or home offices have attended seminars and workshops at the Gold Coast State Development Centre. We are very proud of those numbers. Thanks to the Beattie government, these business operators now have access to a range of programs to help them with planning, growth strategies and exports. We developed these innovative programs to support small business because we know that they are driving the state's economic prosperity and jobs growth.

At that business breakfast I was delighted to present a $4,950 cheque under the Small Business Accelerator Program to Don Smith from Shredda Advanced Steering Systems to help the company develop a growth plan and export strategy. Shredda developed and now manufactures a revolutionary stabilising device that is an alternative to fins for surfboards and other watercraft—something that is very important to the people of the Gold Coast.

Don is a keen surfer with more than 25 years experience in the surfing industry and spent six years developing his patent, which is now ready for worldwide distribution. Shredda has a workshop in Helensvale and Don is working with a marine design company, SuperYacht Technologies at Sanctuary Cove, to develop his system for application to boats from four to 50 metres. SuperYacht Technologies has offices in America, Europe and Australia and Don is working with the company to design and manufacture the Shredda system for the Australian boating industry and export market.

To date, test results have shown that boats are faster, more fuel efficient, more stable and easier to turn when fitted with the Shredda. Don is currently negotiating with some Australian professional surfers to use the device in competition. I am told that this invention can increase the speed and manoeuvrability of watercraft by up to 30 per cent. That is an example of Smart State innovation at its best.

Since 2004 when the Beattie government introduced the Small Business Accelerator Program to help well-managed, fast-growing, small companies, 17 companies in the Gold Coast region have received more than $77,000. That is money well spent. It is a smart investment for our future. I encourage all small businesses to get on board and make this program a high priority for small business in the Smart State.

MINISTERIAL STATEMENT

Lifehouse Project

Hon. D BOYLE (Cairns—ALP) (Minister for Environment, Local Government, Planning and Women) (10.07 am): The Queensland government has helped Gold Coast teenagers make better decisions about their future. In 2005 a $20,000 grant from the Office for Women's Partnership Grants program helped a Gold Coast based community initiative, the Lifehouse Project, to reach out to local teenagers. It's Voices and Choices program trained a group of young mothers as peer educators and helped them to develop a presentation that gave a realistic insight into what it was like to be a young mum.

Between June and December 2005 the young mothers made 26 presentations to 1,184 young people in years 9 to 12. They told high school students their own stories, complete with details about how a child changes your life, including the significant financial challenges and lifestyle changes that having a child brings: little or no sleep, having to provide constant care and the difficulty in continuing school or work while also being a parent. Of course, they also talked about the unconditional love and feelings of joy and purpose that go with motherhood.

The presentations included discussion on healthy relationships, domestic violence and sexually transmitted diseases. Students were encouraged to think more carefully and to make informed choices about sexual relationships and contraception. Feedback showed that the presentations were well received and beneficial not only to the students but also to the peer educators themselves. They increased their self-confidence and developed presentation, communication and event management skills.

I was in Gaven the other day at Pacific Pines State High School and was able to pass on direct congratulations to the chairperson for this project, Ruth Knight, and through her to Lisa Condon and Robyn Evans and others and to thank them for their initiative and their efforts. I pass on my congratulations to all involved, including the peer educators. This is a great example of how modest financial contribution through the Partnership Grants program of the Office for Women can really make a difference.

MINISTERIAL STATEMENT

Cyclone Larry, Primary Industries

Hon. TS MULHERIN (Mackay—ALP) (Minister for Primary Industries and Fisheries) (10.09 am): Primary industries are the lifeblood of the north Queensland region devastated by Cyclone Larry. While essential services such as water, electricity and shelter were rightly the first priorities of the state and federal governments, the necessity to rebuild primary industries such as bananas, cane, dairy and exotic fruits cannot be overestimated. Two invaluable days last week of face-to-face meetings in the cyclone affected area with key stakeholders, including industry and community leaders and the member for Tablelands, have provided me with a far greater understanding of the effect this natural disaster has had on these resilient north Queenslanders.

This government has not and will not stand idly by. The Premier already has spoken of whole-of-government assistance being provided. The Department of Primary Industries and Fisheries has established a seven-day-a-week helpline to assist producers. This helpline will operate from 8 am to 8 pm. DPIF has also relocated specialist staff, including financial counsellors, to offices at Innisfail, South Johnstone, Tully, Malanda and Mareeba to assist growers with issues such as assistance package advice and biosecurity services. While this type of short-term assistance is necessary to enable the primary producers to get back on their feet, the common theme at meetings last week and again on Sunday night with industry leaders was ensuring their long-term future. Making assistance packages more flexible and retaining skilled and unskilled labour in the region are key areas on which this government is now focusing.

Following meetings in Innisfail, my department in conjunction with the Department of Employment and Training announced that we would fund a full-time representative from the different industries to act as a liaison between government and producers to ensure the rebuilding process. DPIF also has a dedicated person on the State Disaster Management Committee. We also are committed to an ongoing relationship with the federal government. In times of disaster such as that created by Cyclone Larry, there is no room for politics. Certainly, my federal counterpart, the Hon. Peter McGauran, who flew north with me last week, appreciates this. Mr McGauran was to report to the Prime Minister and his federal cabinet colleagues on Tuesday, as I did with the Premier and my ministerial colleagues on Monday, on the issues facing our primary producers. We will continue to work together. The recovery and rebuilding of those areas affected by Cyclone Larry won't happen overnight, but it will happen. This government is in for the long haul.

MINISTERIAL STATEMENT

Cyclone Larry, Emergency Services

Hon. PD PURCELL (Bulimba—ALP) (Minister for Emergency Services) (10.12 am): The grinding hard work continues by thousands of dedicated workers in the area affected by Cyclone Larry. In emergency services alone, more than 1,500 personnel have been involved in the relief effort so far. They include more than 100 staff from the Counter Disaster and Rescue Service, 600 State Emergency Service volunteers, 100 Queensland Ambulance Service staff and 600 staff from the Queensland Fire and Rescue Service. In addition, of course, there have been hundreds of personnel from the Queensland Police Service, local councils, and state departments including Communities, Energy, Transport, Health and Public Works. The list goes on. I thank them all.

As well as our own volunteers, of course, there have been hundreds more volunteers and staff from organisations such as the Salvation Army, Lifeline, the Red Cross and St Vincent de Paul. I would like to acknowledge the efforts of agencies and their leaders who continue to make a huge difference to the recovery effort. I acknowledge shire employees, led by their mayors Neil Clarke of Johnstone Shire; Ray Byrnes, Eacham Shire; Jim Chapman, Atherton; Anne Portess, Herberton; Mick Borzi, Mareeba; Mike Berwick, Douglas; Joe Galeano, Cardwell; and Kevin Byrne, Cairns City Council. I acknowledge the Police Service personnel, and particularly the district disaster coordinator, Steve Wardrobe, and his team who have worked tirelessly to see that people were looked after. I acknowledge the Counter Disaster and Rescue Service, lead by Frank Pagano and regional director Wayne Coutts, and also the Queensland Ambulance Service and the Queensland Fire and Rescue Service. I take this opportunity to also express my appreciation to Peter Roberts, Chief Executive Officer of the Johnstone Shire, who works tirelessly day and night. He never got a proper night's sleep for the first week after the cyclone.

I thank these thousands of workers who have left comfortable homes behind, working to bring normality back to these communities. I extend my gratitude to each of their families, who have to keep a home running without their valued partner or family member. I say thank you, thank you, thank you. It is the many and random acts of kindness that you remember most from witnessing disasters like Cyclone Larry. Only two days after Larry hit, insurance company IAG showed the way for all insurance

companies and had a caravan in the centre of town for people to start sorting out their claims. Well done, state manager Brett Robinson. Then there was the chef from Port Douglas who brought his own food, after working all day, and cooked for some 30 people at the TAFE shelter and then came back and did it all again the next night. Husband and wife team Vince and Lisa Cronin gave away beautiful coffee outside the Innisfail town hall. I thank Bruce Paige for the very substantial donation. I also thank the Barrier Reef Motel and their employees, who have been giving fantastic support to Ergon workers, providing cut lunches and meals round the clock. And a big pat on the back for Bunnings and Rod Caust, whose famous sausage sizzles have become part of the region's fundraising efforts.

Let me say again that the Queensland spirit of mateship and rolling up your sleeves in the tough times is once more on display throughout the cyclone region. Finally, and not least, I thank every person who has dug into their pockets to boost the Prime Minister's and Premier's Cyclone Larry Relief Appeal. We have a long way to go yet, but I am sure we are going to get there. With the spirit of Queenslanders and Australians, that area will come back bigger and better than ever.

NOTICE OF MOTION

Paediatric Services

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (10.15 am): I give notice that I will move—

That this parliament:

1. acknowledges the excellent work and dedication of the clinicians and all staff involved in providing paediatric services at the Prince Charles, the Royal Children's and the Mater Children's hospitals;
2. rejects calls to close the Mater Children's Hospital and supports the ongoing delivery of paediatric services through the Mater Children's Hospital;
3. acknowledges that future services for the north side of Brisbane need to be resolved though consultation involving clinicians and parents through the newly established task force;
4. opposes the decision of the coalition health spokesperson that they 'will work towards establishing a single paediatric hospital' which would mean the closure of the Mater Children's Hospital.

ORDER OF BUSINESS; PAEDIATRIC SERVICES

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police and Corrective Services) (10.16 am), by leave, without notice: I move—

That, notwithstanding anything contained in standing and sessional orders, the Premier be permitted to move at 3.30 pm today the motion of which he has given notice this morning. The time limits for speeches in the debate are as follows:

Premier—10 minutes

Leader of the Opposition (or nominee)—10 minutes

All other members—five minutes

Total debate time before question put—one hour

Motion agreed to.

IMPACT OF PETROL PRICING SELECT COMMITTEE

Extension of Time to Report

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police and Corrective Services) (10.17 am), by leave, without notice: I move—

That the date for the Impact of Petrol Pricing Select Committee to report to the House in accordance with its order of appointment, dated 25 August 2005, be extended from 31 March 2006 to 7 April 2006.

Motion agreed to.

STANDING RULES AND ORDERS

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police and Corrective Services) (10.17 am), by leave, without notice: I move—

That standing order 31 of the *Standing Rules and Orders of the Legislative Assembly* be amended in accordance with the amendment circulated in my name.

Motion agreed to.

STANDING RULES AND ORDERS

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police and Corrective Services) (10.18 am), by leave, without notice: I move—

That the amendment to the standing rules and orders, as recommended in the Members' Ethics and Parliamentary Privileges Committee Report No. 71 and circulated in my name, be adopted.

Motion agreed to.

STANDING RULES AND ORDERS

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police and Corrective Services) (10.18 am), by leave, without notice: I move—

That the amendments to the standing rules and orders, as recommended in the Members' Ethics and Parliamentary Privileges Committee Reports Nos 67 and 70 circulated in my name, be adopted and binding from 30 June 2006.

Motion agreed to.

OFFENDERS (SERIOUS SEXUAL OFFENCES) MINIMUM IMPRISONMENT AND REHABILITATION BILL

First Reading

Mr SPRINGBORG (Southern Downs—NPA) (Leader of the Opposition) (10.19 am): I present a bill for an act to provide for a minimum term of imprisonment and for rehabilitation of persons convicted of committing serious sexual offences, and for other purposes. I present the explanatory notes, and I move—

That the bill be now read a first time.

Motion agreed to.

Second Reading

Mr SPRINGBORG (Southern Downs—NPA) (Leader of the Opposition) (10.20 am): I move—

That the bill be now read a second time.

No-one can deny that there is now heightened sensitivity in the Queensland community about issues of sexual molestation, particularly of children. This behaviour is totally abhorrent and must be stamped out to protect the innocent victims of these predators.

This bill, by imposing minimum terms of imprisonment for those persons convicted of serious sexual offences as defined in the schedule of the bill, will ensure that not only is the perpetrator punished for their offence but also the community is protected from further recurrence of similar offences by the perpetrator whilst they are in prison. However, the Queensland coalition acknowledges that such an approach of itself will not be totally effective, for in all but the most extreme situations persons guilty of serious sexual offences will be eventually released back into the community with the consequent potential for ruining the lives of even more innocent victims by reoffending.

At present there is no real incentive for serious sexual offenders to confront their actions and take consequent action to undergo rehabilitation programs that will remove or lessen their potential to reoffend. The opportunity for release on parole subject to undergoing rehabilitation no longer provides any significant incentive towards reformation. More and more offenders are choosing to do their time and then be released without effective controls and without ever having attempted to confront their actions and undergo training to overcome their propensities to reoffend. I seek leave to have the remainder of my speech incorporated in *Hansard*.

Leave granted.

Accordingly the Bill will require the Chief Executive of the Corrective Services system to determine appropriate rehabilitation programs for persons guilty of serious sexual offences. Where such programs are ordered and the offender does not successfully complete them the Director of Public Prosecutions will be able to apply to the Supreme Court for a declaratory order that will hold such offender within the prisons system until the program is successfully completed. In this way the community will have enhanced protection and the offender will be offered a real incentive to confront their offending behaviour and successfully overcome it so that their chances of re-offending will be substantially reduced. In that way the community and particularly young victims of sexual predators will have enhanced protection.

I commend the bill to the House.

Debate, on motion of Ms Spence, adjourned.

PRIVATE MEMBERS' STATEMENTS

Paediatric Cardiac Services

Mr SPRINGBORG (Southern Downs—NPA) (Leader of the Opposition) (10.21 am): In the past 24 hours we have seen this Labor government walking away from the most significant report that we have ever seen into paediatric cardiac services in Queensland. Today the state Labor government is in absolute denial over the significance and the seriousness of this report.

The report clearly points out that there were unnecessary and preventable infant and child deaths within our paediatric cardiac services in Queensland. A review panel of eminent Queenslanders who have a real understanding of this issue has made some serious recommendations about what needs to be done. This morning we have already heard from the Premier an absolute repudiation of this report. We must all consider that we are talking about a review panel that looked at the issue of paediatric cardiac services in Queensland and their fragmented nature, and the fact that a number of those infant and child deaths may have been preventable.

What is this government scared of? Why is the government not prepared to take the hard medicine and do the right thing by families in Queensland to prevent further unnecessary infant and child deaths in this state? The questions that need to be asked are: why is this government so quick to deny, why is this government so quick to cover up and why is this government so quick to refer this very important report to yet another committee?

What is the point in having experts who are prepared to point out that we have a dysfunctional paediatric cardiac system in Queensland, that there is low morale, underperformance and a lack of appropriate resources, and that the systems are not coordinated and working well together? I can tell the House that the coalition stands for looking after our kids, unlike this government.

Time expired.

Suncorp Stadium

Mr FRASER (Mount Coot-tha—ALP) (10.23 am): As someone who grew up in north Queensland, I know only too well the travails of living with the threat of tropical cyclones. As we all know, last Monday that threat became an ugly reality. Yesterday the Premier announced that a benefit concert will be held for the people and communities affected by Larry. The concert is to be held at Suncorp Stadium, within my electorate. The site where Suncorp Stadium stands today has been used as a graveyard, a dump, a football field and, at times, a venue for concerts. In fact, John Denver, David Bowie, Bob Dylan and Kiss have all played at the site.

When the stadium was first proposed, many people predicted disaster. The reality has been quite different—a point conceded by some of the stadium's harshest initial critics. I place on the record my support for Suncorp Stadium being used as a venue for the benefit concert and my support for the bill the Premier will introduce later today to facilitate this.

At the time of the redevelopment the former minister for sport and the former Lord Mayor both opposed concerts, cultural and religious events being held at the stadium. While at this point we are talking about permission for the cyclone benefit concert, I do question why this public facility should be closed to the enjoyment of some sections of the community. I am a season ticket holder, but should the stadium really be restricted to football fans only?

The word's greatest band, Radiohead, has skipped Brisbane in the past, as has Robbie Williams, and the Rolling Stones are passing us by later this year. Mumblings exist that the decisions to bypass Brisbane are in part due to the lack of a suitable venue. As a city and state, should we miss out on such events, not for the lack of a venue but for the lack of permission to utilise that venue? Why should thousands of Rolling Stones fans who do not like football miss out? We should ask ourselves those questions at the end of next month.

I have enormous regard for the progressive and enlightened citizenry I represent in this place. Their compassion and commitment to their community and the broader public good are amongst their highest virtues. I know that they will be overwhelmingly supportive of the use of the stadium for the cyclone benefit concert.

QVAX

Mrs PRATT (Nanango—Ind) (10.25 am): Meat producers across Queensland have received a letter from Queensland Health regarding the future availability of QVAX, a vaccine against Q fever. The letter raised grave concerns for those businesses. The letter dated 13 March 2006 states—

Queensland Health will be unable to provide any further subsidy payments under the program (effective from close of business 13 March 2006).

Because there will be no further subsidy and because of the closure of the Commonwealth Serum Laboratories for refurbishment, there will be none or at best a limited supply of QVAX in the future. No QVAX will be produced until May 2007, while current supplies are expected to run out in May this year. There will be 12 months without QVAX.

A very critical question is: how are employers, who are required under the workplace health and safety legislation to provide a safe work environment for all employees, supposed to properly protect their new workers, replacing those lost to natural attrition? If the employers are currently committed to expansion, how can they expand their workforce and meet their commitments if the vaccination of new employees cannot be undertaken?

A more important question is: how long has Queensland Health known that there was a shortage and why were industries not advised earlier than 13 March this year so that predicted QVAX requirements could be stockpiled to meet industry need for the period CSL was out of production? Will businesses that suffer economic loss because of any future unavailability of QVAX due to the lack of foresight and planning by Queensland Health be compensated?

Employing people who are not vaccinated is not an option that any abattoir would be willing to take. The inability to vaccinate new employees contravenes workplace health and safety laws. To employ without vaccination opens the employees to high health risks and possible death. It also exposes employers to litigation and large WorkCover claims and subjects the employer to extremely high insurance premiums, all of which impact on the short-term or even long-term viability of the plant.

A couple of days ago I asked the Minister for Health a question and he replied that he would get back to me soon. I await the answer impatiently, but not as impatiently as those whose lives and livelihoods depend on the availability of QVAX.

Time expired.

Gold Coast City Council

Mr LAWLOR (Southport—ALP) (10.27 am): In recent times various groups and individuals have demanded the sacking of the Gold Coast City Council—I have been in two minds on the issue—and various allegations have been the subject of a CMC inquiry. However, recently I have been presented with the best reason for the sacking of the council—that is, the absolute contempt the council has shown for its 3,500 workers in enterprise bargaining negotiations. It has not negotiated in good faith, and union officials representing the workers have been met with a brick wall. Obviously, the council negotiators have delayed and sandbagged until the introduction of the Howard IR legislation, which became effective on Monday—the Americanisation of the Australian workforce.

Unions offered the council a simple option to transfer the contents of the awards into an agreement that would comply with the legislation. The council is not interested and intends to reduce and remove allowances and conditions that have been fought for and won over decades. The message to those loyal workers will be: if you don't like it, leave. Australian workers will be able to see how they will be treated under the new WorkChoices legislation by simply watching how the Gold Coast City Council treats its workers. It will not be pretty.

Councillors, many of whom are friends of mine, should demand a report from their CEO and other negotiators as to why conditions and allowances will be reduced or removed. It is ironic that recently the CEO and departmental heads were granted a pay rise of about $50,000 a year. That is more than most of the workers that the council has declared war on earn in a year. There was no drama or delay with that. Councillors should not accept the sanitised and self-serving explanation offered by the Gold Coast City Council officers. They should seek the views of the union officials as to how the negotiations were progressed or, more appropriately, were not progressed by the council.

The council should be sacked for the despicable way it has treated its workers and the fact that there are two rules: one for the council management and one for council workers. Nothing demonstrates the dysfunction of this council more than the way it treats its workers. There will be no tears shed should the council get what it rightly deserves—the sack.

Time expired.

QUESTIONS WITHOUT NOTICE

Paediatric Cardiac Services

Mr SPRINGBORG (10.30 am): My question without notice is to the Minister for Health. After eight years of his government's administration of our health system, this damning report—and he has seen it and he has repudiated it already—into paediatric cardiac services in Queensland concludes that the system is unsatisfactory, unsustainable, dangerous, lacks infrastructure and clinical leadership, suffers dysfunctional governance, unsympathetic line managers, dissatisfaction and low morale. I ask: how many more children have to die before the minister will finally act on reports such as this?

Mr ROBERTSON: I listened to the opposition spokesperson for health on the radio this morning. He said something rather interesting—that this issue had been subject to a number of reports over many years. Indeed, he is quite right. In fact, I remember 10 or 12 years ago when a report called the Booz Allen Hamilton report into how paediatric services should be organised across Brisbane was released. I went back to find out what people had actually said back then as to whether the situation should change. I came up with this quote from when it was considered that we should consolidate paediatric services in Brisbane to one hospital. That meant closing down paediatric cardiac services at the Prince Charles Hospital. The quote states—

One really must consider why this decision is being made and why anyone would want to shift a hospital from a site that has space and parking, is pleasant and is really loved by the people who use it—that is, the parents of the cardiac kids and the families associated with heart patients—and move that hospital with those new facilities, its associated teams and high standards of excellence into a crowded site like the Royal Brisbane Hospital.

The person who said this goes on to say—

... This is one of the most stupid and ridiculous decisions that this Government has ever made.

Who said that? The member for Toowoomba South. When we made the decision not to consolidate paediatric cardiac services, the government then changed and what happened? Members opposite hard-wired that into the redevelopment of Prince Charles Hospital. When they hard-wired the new cardiac paediatric facility at the Prince Charles Hospital, what did that come at the expense of? It came at the expense of the emergency department. Not only did they hard-wire in the current arrangements with respect to how cardiac paediatric services are arranged here in Brisbane; they actually cancelled a plan by the then Labor government to build an emergency department at Prince Charles Hospital—the very emergency department about which the Liberal candidate for Aspley is now out there saying how disappointed she is that it will not be open on time for the people of Aspley.

Mr Terry Sullivan interjected.

Mr ROBERTSON: It is not 12 months late; it is actually 12 years late.

Mr SPEAKER: I warn the member for Stafford under standing order 253.

Mr ROBERTSON: I say to the Leader of the Opposition that it is about time we took the politics out of this. If anyone is to stand condemned, then we should all share the blame. The then shadow spokesperson for health, the then future minister for health who hard-wired the current arrangements for paediatric cardiac facilities into Brisbane, was the member for Toowoomba South.

Mr SPEAKER: Before I call the Leader of the Opposition, I welcome and acknowledge the presence in the gallery of staff and students of the St Bernard's School in Upper Mount Gravatt in the electorate of Mount Gravatt, which is represented in this parliament by Judy Spence.

Paediatric Cardiac Services

Mr SPRINGBORG: I again refer to this report that was conducted into paediatric cardiac services in Queensland by a very distinguished review panel, which has made a number of significant recommendations to fix the system. I ask the Minister for Health: how could he claim that the health system had 'turned the corner' when Queensland children are still dying unnecessarily because of Labor's run-down, underresourced and fragmented health system?

Mr ROBERTSON: Unfortunately, what this report does not acknowledge is the increase in funding we provided for paediatric services here in Queensland. It does not acknowledge the extra $2 million that we have invested in paediatric services in Queensland to do what so many of the recommendations call upon us to do. For example, it does not acknowledge the two additional paediatric cardiologist positions that have been funded. It does not acknowledge the two additional training fellow positions. It does not acknowledge the additional paediatric anaesthetic training fellow that will be split between the Prince Charles Hospital and Royal Children's Hospital.

Honourable members interjected.

Mr SPEAKER: I know that it is the last day of parliament before a certain event. I want everyone to understand that the next 55 minutes are going to be run in peace. If anybody wants to make a fool of themselves they can do it outside.

Mr ROBERTSON: As I was saying, it does not recognise the funding for an additional paediatric registrar. It does not recognise the funding for an additional paediatric cardiac surgeon. It does not recognise the extra funding for an additional 10 nursing positions across paediatric cardiac services.

Mr Messenger interjected**.**

Mr SPEAKER: I warn the member for Burnett under standing order 253. If there are any further actions such as this I will ask him to leave the chamber.

Mr ROBERTSON: It does not recognise the additional 10 nursing positions across paediatric cardiac services. It does not recognise the additional one speciality nurse for case management and complex patients. It does not recognise the 3½ full-time equivalent allied health professionals across various positions. It does not recognise the additional nurse educator in paediatric intensive care. It does not take into account the $480,000 in additional equipment that we are investing in paediatric services, particularly paediatric cardiac services at Prince Charles Hospital.

In answer to the question from the Leader of the Opposition, to that extent we are actually getting on with the job. In terms of recognising problems, we are putting our money where our mouth is, and that is improving services, hiring additional clinicians and staff, and putting in place more equipment to improve services across-the-board. That is the issue with respect to this report. In relation to many of the recommendations contained in this report, we are already getting on with the job and we are actually implementing them.

As we have seen—and the Leader of the Opposition must be clearly embarrassed by not understanding his own history in terms of what his then shadow spokesperson for health and then coalition minister for health did with respect to paediatric cardiac services—he was as responsible as anyone in terms of hard-wiring the current arrangements and ensuring that paediatric cardiac services at Prince Charles remained there. He did so at the expense of the emergency department that had already been announced by the Goss government. The opposition stands condemned for not listening to what the experts were saying 12 years ago. The Leader of the Opposition would rather engage in cheap politics, and he continues to do so today.

Cyclone Larry

Dr LESLEY CLARK: My question without notice is to the Premier. Life is beginning to return to normal in Innisfail and the surrounding communities, thanks to the tremendous efforts to date. I ask the Premier: can he please update the House regarding the ongoing efforts in the Cyclone Larry relief and recovery efforts, in particular the work being done to restore essential services such as power?

Mr BEATTIE: I thank the honourable member for the question. Before I answer, let me make it clear that my government will never close the Mater Children's Hospital. We will never close the Mater Children's Hospital. It would be over my dead body. We will never do it. Let us get that on the record right now.

I thank the honourable member for Barron River for her question. The first meeting of the task force overseeing Operation Recovery was held on Tuesday, as I have reported. I can provide a further status report on what has occurred on the ground. To date, more than 4,000 properties damaged by Cyclone Larry have been rated unsafe to reconnect to the power supply. It is hoped that by the end of the week 95 per cent of all consumers who lost power as a result of the cyclone will be reconnected. This is an extraordinary effort and I again pay tribute to the hundreds of power workers and their suppliers who have worked around the clock since Monday, 20 March.

In the tablelands zone, 600 customers were connected to supply yesterday and a further 500 were connected in the Hinchinbrook zone. In addition, approximately 700 customers are now being supplied by 90 generators. In the Mareeba district, 80 per cent of normal production is being reported in the milk industry. I understand that there are some ongoing problems with loose and ill livestock. Vets from Brisbane and Victoria are now working in the district to treat injured and distressed animals.

In relation to accommodation, I can report that the Department of Housing has found accommodation for 447 people including 127 families. Most of the people assisted come from the Babinda and Innisfail areas. To date, people in urgent need have received approximately $3.5 million in emergency payments. The one-stop shops are operating and have reported nearly 2,500 contacts with people seeking help. All major Innisfail sewerage pumping stations are now also operating.

Of course, these are early days for Operation Recovery. There is so much to do in terms of rebuilding communities and their industries. The large task of electricians inspecting premises, for example, continues. Hospitals are reported to be coping across the region. There is an increase in the number of minor injuries such as cuts and bruising being presented. These are related to the large clean-up operation, and while they are regrettable they are understandable.

It was pleasing yesterday to see schools beginning to return to normal. Some students will be learning in temporary school buildings, but things are returning to normal. The recovery phase is well underway and I, along with my task force, will be monitoring progress.

I also want to thank Emergency Services workers, police and others for their tireless work. They are still there day after day, slogging away and trying to do their best to help this community. There is a wide range of people whom I have acknowledged before, and I want to acknowledge them again. This will be a long, hard road but the work has started. We have the people, we have the dedication and we have the commitment. We will continue to work with the federal government.

Health System

Mr QUINN: My question is directed to the Minister for Health. Just weeks ago the Premier declared that the health system had turned the corner, as he ticked off on his own self-declared checklist so that he would not have to resign. Yet yesterday a report released on specialist medical care for children in Queensland stated, 'This service is characterised by chronic understaffing, dysfunctional governance, lack of infrastructure, lack of clinical leadership and unsympathetic line managers as well as being dangerous and unsatisfactory.' I ask the minister: how can people have any confidence in receiving quality medical attention under this government when we have a Premier more interested in political stunts than reality?

Mr ROBERTSON: Obviously the Leader of the Liberal Party was not listening to my previous answer, so I will go through it again. What this report does not acknowledge is that we are investing more money than ever before in staff and equipment at the Prince Charles Hospital, particularly in the area of paediatric cardiology. I will go through what the additional $2 million that has been invested in that area is delivering, because it is not recognised in this report.

When we talk about turning the corner, those opposite need to be balanced in their approach to these things. I know that they have been caught out again by the member for Toowoomba South. I suggest this to the opposition: in its tactics meeting in the morning it should really bring in the member for Toowoomba South to fess up as to what he said and what he did when he was in government. Time and time again those opposite are caught out trying to attack this government on decisions taken when they were in office. There is no clearer example than the example that we highlighted today. He got on his high horse and he backed the petition of 22,000 Queenslanders tabled in this House to retain paediatric cardiology services at Prince Charles. The member for Toowoomba South backed that petition, and he went on to say what he said. I have quoted extensively from *Hansard* about calling it the most stupid decision ever in terms of any consideration of moving those services away from Prince Charles. Yet today we have the Leader of the Liberal Party committing himself to ignoring everything that was done before when they were in government.

They got caught out again today with a lack of research and a lack of understanding of what the member for Toowoomba South did when he was minister when he cancelled the construction of the emergency department at Prince Charles Hospital—the one that they are now out campaigning about. As I said, it is not 12 months too late; it is 12 years too late. It was the coalition that cancelled the emergency department at Prince Charles Hospital.

Mr Seeney interjected.

Mr SPEAKER: Order! Member for Callide, I warn you under standing order 253.

Mr ROBERTSON: I will go through what the additional $2 million will provide in terms of additional clinicians and additional nurses who will improve services, increase the throughput and increase the number of high-dependency beds at Prince Charles Hospital. That is what $2 million for additional staff gets you, that is what half a million dollars in additional equipment gets you, and that is what is not reflected in this report.

Gaven By-Election

Mrs SMITH: My question without notice is directed to the Premier. There have been many claims made about what is being offered to the people of Gaven in this by-election campaign. Will the Premier give us the facts?

Mr BEATTIE: I am only too delighted to do so. Before I do, though, I want to make it absolutely clear that my government will never close down the Mater Children's Hospital. Let me make that very clear. I put that on the record today, and I will do it again and again. The Mater has just had its 100-year celebration and the coalition wants to close it down. I will stand by the Mater.

Let me come to the question. On the Gold Coast, my government has more than doubled the health budget since coming to office from $142 million in 1998-99 to a record $292 million in 2005-06. The state government's interstate and overseas recruitment campaign is also producing dividends for the Gold Coast, which has 157 more public hospital doctors and nurses than it had in June 2005. We have increased the number of public hospital doctors on the Gold Coast from 351 in June 2005 to 396 in February 2006—an increase of 45 doctors. We have also increased the number of nurses working in Gold Coast public hospitals from 1,488 in June 2005 to 1,600 in February 2006—an increase of 112 nurses.

Let me talk about the Gold Coast university hospital master plan. We have seen the launch of community consultation on the new Gold Coast university master plan, which will deliver a world-class university teaching hospital for the Gold Coast to be co-located with Griffith University's Parklands campus.

Let me talk about the Robina emergency department. We are starting excavations on the new Robina emergency department as part of a $40 million redevelopment at Robina Hospital which also includes the new intensive care, coronary care unit and renal building. The new emergency department will treat about 30,000 people in the first year, growing to more than 50,000 people early next decade. The emergency department will include 26 bed bays for acute treatment, a 10-bed short-stay unit, a patient transfer lounge and a fast-track area for minor injuries and treatments, and a support area for mental health clients.

With respect to elective surgery, in the state government's health action plan last October an extra $9 million in recruitment funding was made available to both public hospitals on the Gold Coast to perform around 1,100 additional elective surgery operations in the region each year as part of the massive $259.7 million elective surgery boost. Through this funding measure we are targeting long-wait category 1 and 2 elective surgery patients, and we hope to cut the waiting list by up to 25 per cent. The funding will allow the Gold Coast district to perform more surgery immediately. We will provide the hospital with a one-off $3.7 million to be spent between now and the end of June. That is what we are doing in health alone, and there is a lot more.

Time expired.

Mr SPEAKER: I welcome into the public gallery staff and students of the Gladstone State High School in years 11 and 12 studying legal studies. They are in the electorate of Gladstone, which is represented in this parliament by Mrs Liz Cunningham.

Paediatric Cardiac Services

Dr FLEGG: My question without notice is directed to the Minister for Health. I refer the minister to the report on paediatric cardiac services in Queensland that describes these services as barely functioning today. The high-level report warns that, if this report is ignored, the minister will leave conditions ripe for dangerous underperformance. Given the fact that the minister has been warned it would be dangerous to ignore this report and that the consequences have been laid out for him in the report, how can the minister justify referring this report to a yet-to-be-formed Queensland Health committee?

Mr ROBERTSON: What a ridiculous suggestion. The fact is that upon receipt of this report in the middle of last week I immediately had it taken to cabinet as part of a cabinet submission to determine the way forward. Rather than what has been suggested—that we are ignoring these recommendations—we are actually getting on with the job. Part of our commitment to get on with the job was the release of this report yesterday. We did not do it because, as the Leader of the Opposition suggested, we have been under sustained questioning for this. He has never asked me a question about this in my life.

We have taken a proactive position with respect to this report. As soon as it was received by me I took it to cabinet and then publicly released it. Our response is not to ignore it and not to shelve it but to take it forward in a way that involves all interest groups—the Mater, Royal Children's and Prince Charles. That is the responsible thing to do.

What we said all along in terms of the reformation of Queensland Health was that there should be much greater involvement by clinicians in the decision-making process. We need only look at a letter to the editor by Chris Davis in the *Courier-Mail* yesterday.

Mr Springborg: Did you see the cartoon today?

Mr SPEAKER: Order! I warn the Leader of the Opposition under standing order 253.

Mr ROBERTSON: If the Leader of the Opposition is so clever, I take it he knows who Chris Davis is. No, he clearly does not. Chris Davis, as one of the senior representatives of the AMA—

Mr SPEAKER: Order! Leader of the Opposition, you are sailing very close to the wind. You have been warned under standing order 253. One more explosion from you and you are out the door.

Mr ROBERTSON: What Dr Chris Davis does is outline quite clearly the history of how we arrange our current services for paediatric cardiology across Brisbane. What he actually calls for is much better developed clinical networks. The issue here is much greater cooperation between the three sites and much closer cooperation between the clinicians involved in this particular area of paediatrics. That comes from the mouth of Dr Chris Davis from the AMA. He is one of the senior clinicians out at Prince Charles.

Dr Flegg interjected.

Mr SPEAKER: Order! Member for Moggill.

Mr ROBERTSON: Based on the asinine comments that I heard earlier from those in the opposition, I think it is important to place on the record what was not found. It is important to note what was not found by this report. The review panel found no evidence of professional incompetence, professional incapacity or negligence among the responsible clinicians. On the contrary, the current

senior staff are well trained, generally well experienced and held in high repute by their peers. The attempts by the opposition to drag down and smear very good clinicians is not warranted and frankly disgusting.

Dr Flegg: That is rubbish and you know it.

Mr SPEAKER: Order! Member for Moggill, I warn you under standing order 253.

Investment Attraction

Mr HOOLIHAN: My question without notice is to the Deputy Premier, Treasurer and Minister for State Development, Trade and Innovation. Recently the minister launched a major 'Invest Queensland' marketing and advertising campaign in Melbourne. Can the minister give the House an update of the progress of the campaign so far?

Ms BLIGH: I thank the honourable member for the question and for his ongoing interest in attracting new jobs, new businesses and new companies to Queensland, particularly to regional Queensland and areas such as the one he represents. As members of the House know, along with the Premier and my parliamentary secretary, the member for Nudgee, I launched a campaign early in March to reinvigorate our investment attraction strategies for Queensland.

The function launch was held in Melbourne. Many businesses attended, including the likes of BHP Billiton CEO Chip Goodyear; executives of Macquarie Bank, Tenix and Boeing; and many representatives of Victoria's legal and investment community. This is a $1 million national campaign. That includes $13,000 for the Melbourne launch. The campaign sings Queensland's praises and it does so unashamedly and enthusiastically. The campaign has actually drawn very favourable comment in this week's *Business Review Weekly.* When comparing Queensland's attitude to that of another state it says—

Compare this shuttered attitude to the open-for-business cocktail party thrown in March by Queensland.

This campaign highlights our very strong economic growth and continued expectations of that growth. It also highlights our high business confidence, the quality, skilled workforce available to companies here in Queensland, our competitive costs and competitive business tax regime and, most importantly, the active and enthusiastic support of a government which is unashamedly pro business. The campaign is critical to ensure that Queensland is in a position to continue to create new jobs and to see the sort of jobs growth that we have seen in the last five to 10 years.

With 54,000 people moving here from New South Wales alone, we want to make sure that there are continued opportunities in the labour market. All of this is part of our Smart State Strategy to establish Queensland as a leading world economy by attracting national and international investment.

It is very early days to assess this campaign, but I am pleased to report that early progress is very positive. Media Monitors independent analysis indicated that the total audience launch had an exposure of 4.24 million people. When we compare the web site usage with the same period in 2005 we see that last March our web site received 1,049 page views and 1,247 user sessions. Since the launch that has grown to 5,017 page views and 15,233 user sessions. We have 60 new users signed up for our online newsletter from countries such as the United States, the UK, Colombia, Germany, the Cook Islands and New Zealand. We have received 300 per cent more online inquiries in the 24 days since the 6 March launch than we did for the six-month period February to July 2005. So on any indicator the launch has been a great success so far. The challenge is to translate that into new business.

Sunshine Coast, Bridges Land

Mr WELLINGTON: My question is to the Deputy Premier, Treasurer and Minister for State Development, Trade and Innovation. I understand that significant parcels of land in the Bridges area of the Sunshine Coast have been sold, are under contract or have options over them as a result of an expectation that this government will support the current use of this land being changed from rural to future industrial purposes. Will the minister give an assurance to the parliament that state government staff or consultants engaged by the government to investigate industrial land needs for the Sunshine Coast will give no weight to the fact that speculators, for whatever reason, have invested significant dollars in the Bridges area on the expectation that this government will support the Bridges area preferred use being changed from rural to industrial purposes?

Ms BLIGH: I thank the member for the question. I think this is the second or third time he has raised this issue in the parliament. I do know how much he cares about it and how much work he has been doing with the department of state development and his local community to make sure that we get the planning for industrial growth in his electorate right.

The short answer to the question is: yes, I can give the member that guarantee. There is absolutely no way that land speculation that might be going on there will in any way influence the decision of government about whether or not the Bridges land is the most appropriate place for the further location of general light industry.

As the member would know, the Sunshine Coast area is a rapidly growing one. We do want to make sure that we have in place at this early planning stage some appropriate industrial land, but we want to make sure we get that right. As I have done in the past, I assure the member and his constituents who have an interest in this that a number of processes have to be gone through and a number of investigations have to be conducted before the government will make any decision about this land.

The investigation that is required under the SEQ plan is about to commence shortly. I can also tell the member that he should be aware that any proposed development would also need to meet the nine criteria outlined under the SEQ Regional Plan before any development could be considered. If and only if all of those investigations stacked up and all of the nine criteria could be satisfied and there was then to be some development at Bridges, it would then require an amendment to the SEQ Regional Plan and the local planning scheme—both of which would require consultation with the local community.

So I just assure the member that if there are people buying land on a speculative basis, taking punts on whether or not this land is ultimately going to be suitable for light industry, it is nothing more than that—speculation. Speculators take the risks that speculation brings with it. I can certainly give an assurance to the member and his constituents whose interests he represents that we certainly will not be taking any land speculation into account as part of our decision-making process. I thank the member for his continued interest in this and assure him that officers of my state development office in his area are always available to work with him and his constituents on this issue.

Mr SPEAKER: Before I call the member for Ipswich, I recognise and welcome in the public gallery students and staff of St Bernard's school in the electorate of Mount Gravatt, which is represented in this parliament by Judy Spence.

Gold Coast, Schools

Ms NOLAN: My question is to the Minister for Education. Minister, with the rapid population growth on the northern Gold Coast, what is planned to ensure there are sufficient schools in the area to serve the community?

Mr WELFORD: I thank the honourable member for her question and her interest in this important issue. The sufficiency of infrastructure to meet the growing population in the Brisbane-Gold Coast corridor is a priority of our government. The northern Gold Coast is experiencing strong residential growth from families and is growing faster than most of the areas along the Brisbane-Gold Coast corridor. Our government is committed to providing services for the many families who make this area their home. This includes schools, and I am pleased to advise the member that we will be building a new primary school in the area to cater for the growing demand for student places. We have a couple of possible sites in mind for the new school in the Pacific Pines area, but there will be consultation with the local community before we finalise the location. I expect construction to get underway early next year and the doors to be opened for the first intake of students in 2008.

The new school is a continuation of our commitment to provide quality education facilities for the Gold Coast and in particular the fast-growing northern part of the Gold Coast. Since 2000 we have in fact opened three new schools in this area. These are the Pacific Pines State High School, the Upper Coomera State College, which is a prep to year 8 school, and the Pacific Pines State School, which is a prep to year 7 school. Planning and design of the new school will commence later this year. It will incorporate modern design principles and include a resource centre, administration block, tuckshop, a covered play area and sports ovals. At the same time we are providing enhancements at two of the existing local schools, including a new ramp at the Pacific Pines State School to improve disability access from the street. This will also improve accessibility for parents of children in prams when attending meetings, functions or other activities at the school. There will also be an $80,000 investment in upgrading security, including closed-circuit TV cameras and sensor lights, at the Nerang State High School.

This financial year our government is investing a record amount of funding in new and upgraded school facilities. Some $455 million is being invested in new facilities in 2005-06, including some 1,600 new classrooms being built in readiness for the prep year. The new school in the Pacific Pines area and the upgrades to existing schools are part of our ongoing commitment to modern public education facilities for all communities in Queensland.

Paediatric Cardiac Services

Mr SEENEY: My question without notice is to the Minister for Health. I refer the minister again to the report that was released yesterday, the review of paediatric cardiac services in Queensland. It is worth reminding the House that this report was prepared by Professor Craig Mellis, Professor Tim Cartmill, Professor Annette Dobson, Dr Tom Gentles and Professor Frank Shann. Given that the Premier has decided that he does not have to resign because he has fixed the health system because, by his own judgement, he has met four benchmarks that he set for himself, would the minister not agree

that this report would be a better benchmark against which the Premier's performance could be judged and the need for him to resign could be judged?

Mr ROBERTSON: That certainly would be the case if the report had actually recognised the additional $2 million that we have invested in increasing staff at the Prince Charles paediatric cardiac unit and the Royal Children's. The fact that it does not makes your question quite a ridiculous one, because it does not even recognise the half a million dollars in additional equipment that is being provided with respect to that particular unit. I do not think the opposition has much in the way of claims to make about this report, and you just rattled off the names of the people involved. Five minutes ago we had the Leader of the Opposition saying that this was a group of eminent Queenslanders. Well, they are not. Most of them have come from interstate and overseas, but we will let that one go past.

But that is on top of the other claim that the Leader of the Opposition made yesterday that at present paediatric cardiac services are carried out at three major Brisbane hospitals—Royal Children's, Mater and Prince Charles. The review found that to be unsatisfactory and unsustainable. Well, again that is not the case. The Leader of the Opposition has it wrong. There is only one hospital that provides paediatric cardiac services in this state, and that is Prince Charles. So you are hardly in any position to be lecturing this government about the kinds of services that should be offered to the children of this state. The question for today based on what the member for Moggill said earlier on radio is: why do those opposite hate the Mater Hospital? Why have they got Mater Children's in their crosshairs? Why have they got it in their sights? Why do they want to close that service down?

Mr SEENEY: I rise to a point of order. My question was about the benchmarks which the Premier and the government are using.

Mr SPEAKER: There is no point of order.

Mr SEENEY: Mr Speaker—

Mr SPEAKER: It is no point of order. I have ruled, as previous Speakers have ruled before me, that the member asks the question and the minister responds.

Mr ROBERTSON: Well might you be embarrassed. Well might you try to deflect attention from the real issue here today, and that is based on the announcement by your spokesman for health—

Mr SEENEY: I rise to a point of order. I find the minister's suggestion that I should be embarrassed offensive. He is the one who is obviously embarrassed—

Mr SPEAKER: Sit down.

Mr SEENEY:—because he cannot or will not answer the question.

Mr SPEAKER: Member for Callide, take your seat! Minister, will you speak through the chair please.

Mr ROBERTSON: It is true: he should not be embarrassed but he is embarrassing.

Mr SEENEY: I rise to a point of order. I sought a withdrawal and the minister did not withdraw.

Mr SPEAKER: You did not seek a withdrawal.

Mr SEENEY: Well, I do so now.

Mr SPEAKER: Take your seat.

Mr ROBERTSON: I withdraw the comment about him being embarrassed, but he is embarrassing in terms of the performance that he has put on today, because yet again the National Party is in denial. It is in denial about its part in the arrangement of paediatric cardiology services in this state. In fact, it is in denial about the part it played—

Time expired.

Prince Charles Hospital, Emergency Department

Mr LAWLOR: My question is to the Minister for Health. I refer the minister to comments made by the member for Moggill in this chamber last night when he criticised the decision of doctors to delay the opening of full services at the Prince Charles Hospital's new emergency department, and I ask: exactly how long have residents of Aspley, Stafford and Everton waited for a new emergency department to be opened at the Prince Charles Hospital?

Mr ROBERTSON: One only needs to go to last night's *Hansard* to see how the opposition spokesperson for health has been caught out yet again lying about the Prince Charles Hospital. We heard it today on radio. We saw it last night in this place, and he continues to distort the facts, to mislead the media and to mislead the people of Queensland.

Dr FLEGG: I rise to a point of order. I find the minister's remarks offensive, in particular in relation to the lying, and I ask that they be withdrawn.

Mr ROBERTSON: I withdraw, but the fact remains, as we have seen here today, that the very reason that the Prince Charles Hospital does not have a fully functioning emergency department is as a result of a decision by the coalition government when it was in power in 1996. Let me table some documents to back that assertion up. I table a copy of our health service plan of 1994, which says—

Emergency medical services will also be established—

this is for the redevelopment of Prince Charles Hospital back in the mid-nineties—

together with general medicine and general surgery services.

What did we see in 1997—after those opposite had brought out the knife, after they instigated the capital works freeze and after they had hard-wired in the arrangement of paediatric cardiology services to remain at Prince Charles Hospital despite the recommendations contained in the Booz Allen report? We saw the review of role delineation! We saw the existing emergency department announcement by the Goss government downgraded from a category 4 to a category 3 emergency department! So why does Prince Charles Hospital not have a topnotch emergency department? Because the coalition government cancelled it. It cancelled it! We announced it; it cancelled it. It is not 12 months late; it is 12 years too late, member for Moggill. What we now have is a Liberal candidate deliberately misleading the constituents of Aspley, the people whom she seeks to represent. She needs to withdraw this letter immediately, because the proof is in the pudding in terms of the documents that I have tabled here today. Those opposite are the ones who cancelled the emergency department at Prince Charles Hospital and they must now apologise to the people of Aspley and have this letter withdrawn or forever and a day from now until election day their candidate will be branded a liar.

Paediatric Services

Miss SIMPSON: My question is to the Minister for Health. Once again we have a report damning his government's administration of Queensland Health which calls for essential interim measures. How many interim measures have been implemented? Why has the minister already ruled out even considering a recommendation for the government to build a purpose-built single central tertiary Queensland children's hospital, which the report identifies as the first urgent matter to be addressed? Does this ill-considered and hasty decision mean that more children will die?

Mr ROBERTSON: The premise of this question is wrong, because I have not ruled it out. If the member can point to anything that I have said over the past 24 hours ruling that out, will she please present evidence of that and table it? If the member is going on the report in today's *Courier-Mail*, then she needs a bit more evidence. The member would be well advised not to take her lead from every article she reads in the *Courier-Mail*. Over the past 24 hours I have never said that that would be ruled out.

I have said that consideration will be given to that issue by the task force that has been established. I will not abandon the Mater Children's Hospital. Too many kids have been born at the Mater to see us reduce services there. The Premier's children were born there.

Miss SIMPSON: I rise to a point of order.

Mr Reynolds interjected.

Mr SPEAKER: Minister for Child Safety, please be careful of what you say.

Miss SIMPSON: The minister is misleading the House. I draw to his attention to the motion that his government tabled in this parliament.

Mr SPEAKER: There is no point of order.

Mr ROBERTSON: If the member had any understanding and had read this report, she would know that one of the issues discussed in this report was a range of options for how to arrange paediatric services in this state, including a stand-alone hospital or relocating cardiac paediatric services from Prince Charles Hospital to either the Mater Children's Hospital or the Royal Children's Hospital, or to consolidate services from those three hospitals at an existing site, not a new site. If the member had one shred of honesty in terms of this debate, she would acknowledge that in her question.

Miss SIMPSON: I rise to a point of order. The minister's comments are offensive and untrue and I ask that they be withdrawn.

Mr SPEAKER: Minister, will you withdraw the comment.

Mr ROBERTSON: I will withdraw that. They may be offensive, but they are not untrue.

Mr SPEAKER: Minister for Health—

Mr ROBERTSON: I withdraw. The simple fact is that today we have seen the Mater Children's Hospital put in the crosshairs of a desperate opposition. Because they will say anything and will do anything, they have put at risk a service. The Mater Children's Hospital has served Queensland so well and for so many decades. The members opposite stand condemned for that. They have sent a shiver through so many mothers who have looked to the Mater Children's Hospital for so many years to provide valuable paediatric services. We will not let that happen.

Paediatric Services

Mrs REILLY: My question is to the Premier. Could he inform the House of the implications of the hasty commitment made this morning by the opposition spokesman for health to establish a single paediatric hospital?

Mr BEATTIE: I can. Let me be absolutely clear about this. Basically, it means the closure of the Mater Children's Hospital. Let there be no doubt whatsoever about what it means. I give a very clear commitment to this House that my government stands behind the Mater Children's Hospital.

Members have asked questions about why we have adopted that position. Because it is one of the best hospitals in the world. I stand by the clinicians and the nurses who work there and who daily save people's lives. I make no apology and nor does my government for standing by the Mater Children's Hospital.

I would like to know whether the member for Toowoomba South or the member for Gregory agree with the opposition's proposal. Neither of them are in this place. I have a feeling they might agree with me. I would like to know whether this is coalition policy. It is claimed to be by the opposition health spokesman. Is it coalition policy? How can he possibly close down the Mater Children's Hospital?

The opposition is proposing this on some grounds of supporting the health economists' report, which I tabled in the parliament yesterday. We transparently released that report. I stand by the Mater Children's Hospital. I stand by the world-class services that it provides. I do not know why today those in the coalition attacked the Mater Children's Hospital. Members should not be in any doubt. That is the consequence of what the opposition spokesman is saying. He can smile and leer over there. He is trying to close down the Mater Children's Hospital. Let me tell members: over my dead body.

I make no apology for standing up for the Mater Children's Hospital—none at all. Not only is it their 100th anniversary; my government has also given significant money to the Mater hospitals rebuild. I stand by that decision as well. I say to the Mater hospitals from one end of this state to the other—and there is a long list of them—at Townsville, Mackay, Rockhampton, Gladstone, Redlands, Yeppoon and Bundaberg and the Mater Children's Hospital: well done for the services you provide to save lives every single day. I have no idea why those opposite hate the Mater hospitals. Let me tell members: we love them. Do the members opposite want to know why we are going to reject any recommendations to close them down? Because they are world class.

I want the Mater hospitals to know that while my government is in office we will stand by them.

Dr FLEGG: I rise to a point of order. We have never mentioned the Mater Children's Hospital.

Miss Simpson interjected.

Mr SPEAKER: Member for Maroochydore, you have already been warned under standing order 253. One more word and you are out.

Mr BEATTIE: Let me read the honourable member's words. He said—

We would take the advice of the—

Interruption.

PRIVILEGE

Comments by Member for Moggill

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (11.16 am): I rise on a matter of privilege suddenly arising. The member has misled the House. He said—

We would take the advice of the experts who know how to provide care for children. We will work towards establishing a single paediatric hospital and ensuring that we find the funds to do so.

That means the member will close the Mater.

PRIVILEGE

Comments by Premier

Mr SPRINGBORG (Southern Downs—NPA) (Leader of the Opposition) (11.17 am): I rise on a matter of privilege. Earlier, in an answer to a question from a government member, the Premier misled this parliament when he said they had specifically released policies on the electorate of Gaven. I refer to teambeattie.com where it says—

Review Peter Beattie's latest policies in key areas including education, health, jobs, fighting drugs and crime, tourism and families.

It states further—

To view policy details, click on the image, the title or the 'More' link.

When you put in 'Gaven' as the key word to search it says, 'No items matched search parameters'.

QUESTIONS WITHOUT NOTICE

Resumed.

Mr SPEAKER: Member for Maryborough.

Mr Springborg interjected.

Mr SPEAKER: Leader of the Opposition, you have been warned twice. This is your final warning.

Mr Welford: That was a killer punch!

Mr SPEAKER: Minister for Education, I warn you under standing order 253.

Maryborough Base Hospital, Maternity Services

Mr CHRIS FOLEY: My question without notice is to the Minister for Health. A lady who lives 10 minutes from Maryborough recently went into labour and called the Hervey Bay Hospital. She was told, 'Come straight to Hervey Bay Hospital', which is 40 minutes away, as there are no paediatricians at Maryborough Base Hospital, which is 10 minutes away. While they were driving, she delivered the baby on the front seat of the car. The husband then rang 000 and spent around 25 terrifying minutes trying to make sure the baby was okay whilst being coached by a call centre operator. If the mother had been haemorrhaging or the cord had been wrapped around the baby's neck or had been in a breech position, this could have been a tragedy. What are the minister's plans to re-establish birthing facilities at Maryborough Base Hospital, as this case obviously underscores the need?

Mr ROBERTSON: As the honourable member would be aware, we commissioned a major review of birthing facilities and birthing procedures throughout the state, headed by Dr Cherrell Hirst. I think it is fair to say that her report was one of the most important reports this government has ever received in terms of the future of maternity and birthing services in this state. I encourage the member for Maryborough to read that report. So good was it that I was determined, in terms of the working party established to implement many of those recommendations, that Dr Hirst would head that committee. I was pleased to advise the House, I think it was late last year, that she had agreed to do so. That committee, bringing under the one umbrella the significant diversity of opinion about how maternity services, both prenatal and postnatal services, should be provided, is working away diligently, I am pleased to say. I actually met with the committee last month at one of its meetings.

Let us take the politics out of this issue. In this state, as a result of increasing standards for the way maternity services are provided, some of our historical and long-term services can no longer be deemed sustainable. We have seen the closure of some of those services over many years, dating back to even when the opposition was in government. They have been very difficult decisions, and I am the first to acknowledge that. They have particularly had an impact in rural and regional Queensland. But these decisions have been taken not by hard-hearted governments that do not want to provide those services but by putting patient safety first.

I know that is very difficult in some circumstances to get through when members point to cases like the one that affected the member's constituent. I am pleased to hear that everything eventually did turn out well. But because of the increasing standards that are applied to how birthing services are provided, we have seen a reduction in the locations.

What we have to do is find a way forward. We know as a result of insufficient doctors historically coming through our universities that we do have a national doctor shortage. Therefore we have a shortage of obstetricians, as we have shortages right across a whole range of medical disciplines. We have to find alternative services but services that maintain standards and maintain the commitment to put patient safety first. I know we would have a consensus position on that, member for Moggill. I know it is a difficult area. But we have to find new, innovative ways to provide those services, particularly into rural and regional Queensland.

Gold Coast, Police Resources

Mr FINN: My question without notice is to the Minister for Police and Corrective Services. Can the minister outline the Beattie government's policing initiatives on the Gold Coast?

Ms SPENCE: I thank the member for Yeerongpilly for the question. Yesterday I was pleased to talk about Queensland's police to population ratios. I mentioned that we had a police to population ratio of one police officer to every 438 Queenslanders. Yesterday afternoon a lot of people asked me what was the police to population ratio when we came to government. What was the police to population ratio under the National Party?

Mr Rowell interjected.

Mr SPEAKER: Order! Member for Hinchinbrook, I warn you under standing order 253.

Ms SPENCE: I am very sad to inform the House that when the National Party was in government the police to population ratio was one police officer to every 507 Queenslanders. We have gone from a situation of one police officer to every 507 Queenslanders under the National Party to a situation of one police officer to every 438 Queenslanders under the Beattie Labor government—

Ms Bligh: At the same time we have had population growth.

Ms SPENCE: At the same time we have had population growth. I know the National Party is desperately trying to make itself look tough on law and order for the Gaven by-election but the facts speak for themselves. We on this side of the chamber have done more to make the Queensland community safe by providing extra police numbers than any other government in this state's history. What has this meant for the Gold Coast? The Gold Coast district has an approved police strength of 689 positions today. In 2002, for example, it had 581 positions, which was an increase of 81 positions in three years. In 1988, the approved strength was only 537 positions.

As well, we are rebuilding police stations and creating new police stations on the Gold Coast. We are spending in the vicinity of $7 million as we speak, building a new police station at Southport. That will be open in the near future. Last year I opened a brand new police beat at Elanora and we are presently establishing new police beats at Arundel, Biggera Waters and Pacific Pines. Last year I opened Queensland's largest scenes of crime laboratory at Nerang. CSI Nerang has 20 scenes of crime officers plus a fingerprint expert. We are committed to policing on the Gold Coast and making sure our police have the tools that they need do their work. Recently the Gold Coast received two LiveScan machines. These are the new computerised digital fingerprinting machines that go into watchhouses that will mean that police will no longer have to use the old ink pad to take fingerprints.

The opposition was very keen for me to table things yesterday. Today I would like to table crime statistics for the Gold Coast district. When you study these crime statistics, you will see some wonderful downward trends of crime on the Gold Coast.

Time expired.

Paediatric Services

Mr CALTABIANO: My question without notice is to the Minister for Health. I refer to the minister's decision to sweep the latest damning report of Queensland Health under the carpet by engaging in yet another review by another committee. The minister is quoted in the media today as saying that he has already appointed a task force to assess the recommendations in this report. Who is on the task force that the minister has now established?

Mr ROBERTSON: That announcement was made yesterday. In fact, I made that announcement in a ministerial statement to this chamber yesterday morning, at the time that I released the report. The member for Chatsworth really has to keep up. He has to listen, because if he does not then he misses out and wastes a question. I would have thought the opportunity for him today would have been to ask a question about Gaven. There has been not one question about services on the Gold Coast. We are two days out from a by-election and opposition members have not asked one question about Gaven. Rather, they have asked me a question that I have already answered in releasing the report yesterday. Who is on the committee? It is headed by my director-general. It will have senior representatives from the Mater, Prince Charles and Royal Children's.

Mr Seeney interjected.

Mr SPEAKER: Order! Member for Callide, I will be naming you shortly.

Mr ROBERTSON: It will have representatives from the mums and dads whose children use those services, particularly from that wonderful organisation HeartKids. And they will be consulting widely with clinicians in the area of paediatric medicine. That is what I said yesterday in the ministerial statement that I presented to this House at the time that I tabled that report. I cannot be any clearer than that. I cannot provide the member for Chatsworth with any further assistance in terms of what I have already announced. I can only recommend that he try to keep up.

Pacific Motorway Upgrade

Ms STONE: My question is to the Minister for Transport and Main Roads. The Department of Main Roads is consulting with residents along parts of the Pacific Motorway about progress on plans to upgrade the vital road link between Brisbane and the Gold Coast. Can the minister inform the House about this upgrade and when work may be ready to begin?

Mr LUCAS: Isn't it amazing that we have a member of parliament here, such as the member for Springwood, who is actually interested in the people of her electorate and in the corridor to the Gold Coast. We are almost an hour through question time and not one question has been asked about the Gold Coast. This is a Liberal and National opposition that deserted the people of the Gold Coast and deserted the people of Gaven. This is an area that votes 50 per cent for the Liberal Party in the Senate

and two per cent for the National Party in the Senate, yet the coalition has nothing, nothing, nothing to offer the people. Every federal seat from Beenleigh to the Gold Coast is a safe Liberal seat, yet the coalition ignores them. It does not deserve to be returned in Gaven on Saturday. It does not deserve it.

This honourable member and many other Labor members in the Gold Coast corridor know that we need to do something about the Pacific Motorway. Most of the M1 is of a modern motorway standard but there are two parts—one in Logan and one on the Gold Coast from Nerang to Tugun—

Mr Johnson: Thanks to this side of the House.

Mr SPEAKER: Order! Member for Gregory, I warn you under standing order 253.

Mr LUCAS: The early project is. I take that interjection from the former minister for transport and main roads, but since that time there has been deathly silence when it comes to putting pressure on the federal government.

As the former minister, Vaughan Johnson put it on the feds when he had to, as he should have. However, there are other people on this side of the House now and why would anyone reward the shadow minister for transport, the Liberal Party which deserted Gaven or the National Party, because they have dumped the people of the Gold Coast when it comes to the motorway.

There is $1 billion worth of work to be done on the Pacific Motorway. Why is it that $160 million a year over 10 years can be devoted in New South Wales on a matching dollar-for-dollar basis but federal Liberal members, supported by people like the shadow minister for transport, are not prepared to publicly call on the federal government to meet its responsibilities. A sum of $14 billion a year has been collected in fuel excise, and only 16 per cent has been returned to roads. It is an utter disgrace.

A lot of people live in the corridor to the Gold Coast. We have $392 million of our 50 per cent allocated. In fact, in parts such as the Neilsens Road interchange and a number of other interchanges we have finished the planning work. In the area of Springwood, we are ready to announce the design layout for the work that we want to do on the interchange at Springwood.

We do not want to let the grass grow under our feet, but ultimately we need a commitment from the federal government so that when the tap is turned on for money we can go. Three years ago was the last time there was big federal money for the Gold Coast, with an allocation of $120 million for Tugun. There has been very little since then.

The opposition does not deserve their vote. The member for Currumbin sits in this House and lectures us, yet her party has deserted the people of Gaven. Her lot are not even running. They have given it to the National Party. We have gone back to the days of Russ Hinze and the south coast. That is the sort of environmental policy they want to inflict on people. We will not and we will work hard for the vote.

Mr SPEAKER: Order! The time for questions has expired.

PERSONAL EXPLANATION

Nerang, Ambulance Station

Hon. PD PURCELL (Bulimba—ALP) (Minister for Emergency Services) (11.30 am), by leave: Yesterday I answered a question from the opposition spokesman about the Nerang fire station site. This morning on reading *Hansard,* I realised that I spoke about the Nerang fire station. I said, 'I would like to take this opportunity to talk about the Nerang fire station.' I was actually referring to the Nerang ambulance station. If one reads the rest of the transcript, one will notice mention of the opposition leader and his deputy standing at the ambulance station. That is what I spoke about in the rest of my answer. If I did say 'fire station', it was inadvertently.

Hansard do a good job of making me sound very good. If they could check the tape, I might have said 'station' and not 'fire station'.

Mr MALONE: I rise to a point of order. We forgive him.

Mr DEPUTY SPEAKER (Mr Fouras): There is no point of order.

MAJOR SPORTS FACILITIES AMENDMENT BILL

First Reading

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (11.31 am): I present a bill for an act to amend the Major Sports Facilities Act 2001. I present the explanatory notes, and I move—

That the bill be now read a first time.

Motion agreed to.

Second Reading

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (11.31 am): I move—

That the bill be now read a second time.

The bill before the House today is seeking to amend the Major Sports Facilities Act 2001. As I informed the House yesterday, the efforts from the emergency services, public and corporate community in supporting the communities in far-north Queensland since 20 March have been extraordinary. I thank them again. Since the disaster, the generosity of the public and business in donations to the Cyclone Larry Appeal Fund has resulted in over $10 million being raised.

The Operation Recovery Task Force, led by General Cosgrove, whom I appointed, has begun the rebuilding process. But it will be a long road to rebuild the communities affected by Cyclone Larry. The more money raised the quicker will be the recovery for the people of north Queensland.

Yesterday I informed the House about the proposal to hold a major concert featuring Australian and international performers at Suncorp Stadium to raise more relief funds to help the community. Details are still being finalised regarding dates and performers, but I understand that the concert could possibly be held in late April. The concert at Suncorp Stadium will be the first concert, with a number of regional events also planned.

Suncorp Stadium is without a doubt the finest football stadium in Australia. It has successfully hosted fixtures in the Rugby World Cup, State of Origin and Rugby tests. The stadium is a world-class venue and has a proven track record with sporting events. The stadium could easily be utilised for concerts and other community events, just as it now caters so well for football matches.

The stadium's capacity of 52,500 provides the opportunity to raise as much money as possible from a concert for the north Queensland communities affected by Cyclone Larry. I know that other venue suggestions have been made, including the open-air facility at the botanical gardens. However, as I understand it, that facility only caters for about 9,000 people. We want to get the largest crowd that we possibly can to raise the greatest amount of funds.

The success of Suncorp Stadium in hosting football events has been due not just to the stadium's superb facilities but also to its central location and excellent supporting infrastructure. The stadium's proximity to the CBD and public transport mean that a concert there will be accessible to a wider range of people. Indeed, the number of people using public transport to the stadium is phenomenal. It has realised the full vision and dream that we had of how many people would use public transport.

Since it opened, the stadium has demonstrated its ability to deal with the movement of capacity audiences. The traffic management plans have been successfully implemented to move the majority of patrons. As I was saying, a large number use public transport. In fact, over 80 per cent are moved via public transport, lessening the impacts on the local community. These management arrangements currently used to facilitate sporting events could be put in place to host a major concert at the stadium.

Today I introduce a bill into the House to amend the Major Sports Facilities Act 2001 to enable concerts, in particular a proposed fundraising event for Cyclone Larry, to be held at Suncorp Stadium. The reason for presenting the bill to the House today is so that appropriate notice can be given and it can be debated when we return in April. The bill will also enable the stadium to be used for religious events and public assemblies if Brisbane gets the opportunity to host something like a papal visit.

The development approval for the Suncorp Stadium provides for its use for sporting events. As many members may recall, a restriction on concerts and other events was initially placed on the development approval by the Brisbane City Council. The bill will enable concerts to be held at the stadium by overcoming the restraint in the current development approval to allow for a prescribed special event.

The bill provides for 'special events' to be held which will be in addition to the uses under a development approval and community infrastructure designation over the stadium site. The bill provides that a regulation may prescribe a special event. A regulation may also be made to place conditions on the use of the facility for special events to address issues associated with that use, such as traffic management. When drafting that regulation, obviously I will consult the local member for Mount Coot-tha, who made a statement to the House this morning.

Suncorp Stadium is a world-class sporting venue, with world-class amenities. This bill will enable the Suncorp Stadium to host a major concert to raise funds badly needed for cyclone-affected north Queensland. Even more Queenslanders will be able to use this magnificent stadium and its facilities.

Finally, for the first 16½ or 17 years of our married life, Heather and I lived in Moffat Street, Milton, which is just up the road from Suncorp Stadium. I can remember attending a number of concerts there. In fact, I saw the second half of the David Bowie concert there, because you could get in free at half time.

Honourable members: Ha, ha!

Mr BEATTIE: I do have Scottish ancestry. Like you, Mr Deputy Speaker, I respect my ancestors.

Mr DEPUTY SPEAKER (Mr Fouras): What about my Greek Jewish one?

Mr BEATTIE: That is not bad either. The biggest problem that affected my residence was people parking across the driveway. The local member for Mount Coot-tha has talked about this with me in discussions. Therefore, I know that if 80 per cent of people are using public transport to get to this facility, we are overcoming those sorts of problems. I hope that we will get bipartisan support for this proposal. I want to do it openly and transparently. I hope that this bill will be passed into law before the concert is held in late April. I commend the bill to the House.

Debate, on motion of Mr Lingard, adjourned.

MINISTERIAL STATEMENT

Cyclone Larry, State Penalties Enforcement Registry

Hon. LD LAVARCH (Kurwongbah—ALP) (Minister for Justice and Attorney-General) (11.38 am), by leave: I wish to reiterate my earlier comments today regarding the State Penalties Enforcement Registry and the collection of fines in the aftermath of Cyclone Larry. The State Penalties Enforcement Registry will delay, in the short term, any enforcement action against people from cyclone affected areas who have outstanding traffic and other fines. The moratorium on enforcement for payment of the fines will be reviewed in six weeks time.

Any Queenslander affected by Cyclone Larry who has any outstanding fines who wishes to discuss their fine should contact the State Penalties Enforcement Registry on 1300365635 between Monday and Friday from 8 am to 5.45 pm.

I also wish to advise cyclone affected communities that Legal Aid can be contacted on 1300651188 for the cost of a local call. Advice can be accessed over the phone, or an appointment can be made to see the lawyers who will be visiting the four communities next week.

MINISTERIAL STATEMENT

Wide Bay Brickworks Pty Ltd, Member for Maryborough

Hon. LD LAVARCH (Kurwongbah—ALP) (Minister for Justice and Attorney-General) (11.39 am), by leave: On 22 November last year and on 8 March this year the member for Maryborough made statements in this House about the National Australia Bank and Mr and Mrs Troiani, the former owners of Wide Bay Brickworks Pty Ltd. In his statements, the honourable member referred to a Mr John Salmon as a senior banking expert and investigator, and he tabled certain reports by Mr Salmon. The member for Maryborough said—

Mr Salmon, with more than 40 years banking experience with the NAB, asserts that the Troianis have been the victims of 'a deliberate sting operation by the National Australia Bank.'

The honourable member also said—

... Mr Salmon raises very grave allegations of misconduct ... against senior counsel and the top echelons of the Queensland Supreme Court judiciary.

While the disappointment of the Troiani family whose members have lost their business is understandable, it is important not to lose sight of the facts of the case. In 2000 the NAB brought an action against Sante and Rita Troiani and other defendants to enforce a bank guarantee. The Troianis gave a personal guarantee for Wide Bay Brickworks Pty Ltd. Judgement was given by the Chief Justice, the Honourable Paul de Jersey, in favour of NAB in the sum of $5.3 million. This decision was appealed by the Troianis. The Court of Appeal allowed an appeal and reduced the original judgement to $3.4 million.

If the Troianis were unhappy with this outcome, it may have been open to them to appeal their case to the High Court of Australia. I cannot, as Attorney-General, intervene in the litigation of private citizens. Also, having considered the information provided, I can advise that there are no plans to review the matter raised by the member for Maryborough on behalf of Mr Salmon with respect to the judiciary.

I table today a detailed refutation by the Chief Justice, the Honourable Paul de Jersey, of the allegations made by Mr Salmon. His Honour the Chief Justice rejects all allegations of impropriety made in the material tabled in the House by the member for Maryborough. He states that he writes this letter lest the baseless and scurrilous allegations made against him go unanswered and respectfully requests that I table this letter, which I have just done.

I wish to say that I have the utmost respect for and confidence in the Chief Justice of the Supreme Court of Queensland and also in his colleagues on the Supreme Court bench. I am confident that I speak for all members of this House when I say that Chief Justice, the Honourable Paul de Jersey, has provided outstanding leadership to our independent Queensland judiciary.

WORKERS' COMPENSATION AND REHABILITATION AMENDMENT BILL

Second Reading

Resumed from 29 March (see p. 1013).

Ms STRUTHERS (Algester—ALP) (11.43 am): It is no state secret that under the Beattie Labor government Queensland has achieved the best and fairest workers compensation system in Australia. We are proud of it and we are the envy of other states. I commend Minister Tom Barton for his efforts in getting the balance right—in balancing the need for fair and timely benefits to injured workers and the need for imposts on employers to be reasonable and affordable. This bill is further evidence of the minister's commitment to get this balance right.

When the Court of Appeal in the matter of Australia Meat Holdings Pty Ltd v Douglas & Ors made a finding that was inconsistent with the intent of the WorkCover Queensland Act 1996, the minister took steps to make sure all workers have equal rights before the Medical Tribunal. The amendments in this bill make it very clear that an insurer or an employer will not have an entitlement to be present and heard at a Medical Assessment Tribunal hearing. Where insurers or employers have a right to be heard, the tribunal process is at risk of being adversarial and costly, with legal representation being more common—not that I have anything against lawyers. We have some great lawyers in this parliament, but it certainly adds to the costs. It makes it difficult for workers to be heard in a fair, reasonable and low-cost manner. It simply is not good enough.

The Beattie government is determined to keep the workers compensation system fair and accessible. In fact, over the last 12 months, the minister has made a number of legislative changes to improve benefits to injured workers and their families. He has certainly taken steps to increase the maximum statutory lump sum payments to permanently incapacitated workers. He has extended the first step-down in weekly compensation payable during a worker's incapacity to between 26 weeks and 52 weeks. Last year he brought in amendments that also increased death benefits payable to a workers' dependants and next of kin. He introduced new entitlements for dependent spouses if a worker dies because of an injury. He also introduced a new benefit for non-dependants, including spouse, children or next of kin where a worker has no dependants, which is payable to the deceased worker's estate. He has put this record on the line. The minister is certainly a strong defender of workers' rights. He has done that in a way that has balanced the needs of employers and small businesses across the state as well.

I have enjoyed my role as parliamentary secretary to the minister for employment, training and industrial relations and now sport. I am very keen to continue working with him in this role. At a time when we see the Howard federal government stripping away workers' rights, stripping away the entitlements for which unions and others have worked hard and long over many years, it is important that we have a minister like Tom Barton who is taking it up to the federal government on many of these workers' issues. I say again to the minister in this House today: well done on this bill. I commend the bill to the House. I understand that it has the support of all members in the House.

Mr JOHNSON (Gregory—NPA) (11.46 am): I rise to speak to the Workers' Compensation and Rehabilitation Amendment Bill 2006. I believe that any workers compensation legislation that comes before the House is important legislation. We hear members from both sides of the House argue the case on workers compensation. Having been an employer of many people myself over a long period, I can see the merits in having a fair system and a just system. While there have been anomalies in past legislation, this bill is a correction of some of those anomalies. It is good legislation. I know that the shadow minister the member for Hinchinbrook is looking at moving an amendment in relation to some of the structuring of this legislation.

The most important aspect of this legislation is the Medical Assessment Tribunal. The Medical Assessment Tribunal can either make or break an organisation; it can make or break a small operator; and it can make or break somebody who thinks they are doing the right thing but then finds out the tribunal goes against them. I say to the minister today that the tribunal must comprise honest and fair-minded people—people who go about their business without fear or favour and people who can see the issues from both the employer's and the employee's side.

I am an employer myself. I remember once I had a shearer who said he injured his back at work. However, I know he did not injure his back at work; he injured his back before he came to work. He went to the local doctor in my town who said there was nothing wrong. He came back and sheared for a week and then went to Charleville and got another doctor to give him time off work. At the time his work colleagues said this is an unfair system. That, again, results in increases in premiums. I think the minister with his union background would agree that there are many people who do violate the agreement. We are trying to get a fair and equitable outcome for the employees and also the employers. That is why I say we have to have fair-mindedness in the medical tribunal.

I have said in this House before that I am not anti-union. I believe unions have a very responsible role to play with their organisational representation. There are many people out there who cannot speak for themselves and need somebody to represent them.

I want to refer to the case of Australia Meat Holdings v Douglas & Ors. AMH has private WorkCover, and we have to respect the rights of an organisation like AMH. It is a very big employer and an integral part of the industrial relations program in Queensland. There will always be injuries in the meat industry, regardless of what the organisation is—whether it is AMH, Teys Brothers, Borthwicks or whatever. At the end of the day, people in those workplaces are using knives and in such situations there can be a serious injury without a minute's notice. Therefore, there is always the likelihood of premiums going through the roof. It is absolutely paramount that those companies are present at those hearings so they can state their case themselves. It is important to remember that this is about getting equity back into the debate.

I want to quote some comments made by Minister Barton in his second reading speech. He stated—

The tribunals' medical specialists have helped to improve the medical assessment tribunals' process, including:

- a transparent selection and recruitment process by a tripartite committee that includes medical representatives;
- a greater emphasis on natural justice, supported by information sessions for tribunal members; and
- continued opportunities for workshopping and progressing the methods that are used to assess permanent impairment.

I think the third comment by the minister in his second reading speech is very important. There can be huge payouts in some situations if we do not get a fair assessment. Without fairness and without equity in assessments, sometimes we have to get outside assessments. As I said at the start of my speech this morning, there are many people who will try to abuse the system so they can get payouts, whether they cut a finger off on purpose or whether it is accidentally. Members might think I am pushing the truth, but that is a fact. We have to make absolutely certain that we protect those companies—whether it be AMH or others—which are trying to create a magnificent economic environment and are trying to create employment and productivity in the meat industry in Queensland and, ultimately, Australia. I know what the great work that AMH does—and that of other companies, too, for that matter—is worth to the people in my area.

As the minister said, these measures refine an already good system. There is probably always going to be room for improvement. The real issue here, as the minister said on page 5 of his second reading speech, is that it has not been considered appropriate for insurers and employers to make submissions or attend tribunal hearings. There is another side to this equation. Whilst employees can argue their case, it is also fair that employers can argue their case. If we have equity in the system, I think we will get a fairer outcome for all and sundry.

I say to the minister today that the Medical Assessment Tribunal must be made up of fair-minded people—people who genuinely give an honest outcome, whether on behalf of the employee or the employer. The minister openly stated in his second reading speech that premiums are coming down. I think they have come down by 23c—$1.43 or $1.44 down to $1.20. This is good news. We need that to happen in the interests of productivity. Again, I come back to AMH and the productivity of that company in terms of the number of cattle that it kills there per week. It is trying to improve its system all the time. It is trying to get an outcome which will enable it to keep that employment chain going. AMH is no different from any mining company or any other company, for that matter. On most mining sites there is a board up there on walking into the mine: 'This mine has been free of accidents for so many days, months or years.' 'There have been no serious accidents over a long period of time.' 'There have been no fatalities ever.' This is what we want to see at every workplace. At the same time, we need to make certain that we do not have one organisation working against another.

Whether we are talking about meat companies, mining companies, plumbers or builders, there will always be accidents on work sites. At the same time, we have to make certain that the system is fair. I support the legislation in that line. I thank the minister for making these adjustments, but at the same time I ask the minister to keep his hand on the wheel in relation to further improvements. If we can make certain that people are honest in their dealings with WorkCover, then we can get those premiums down further. It is always in the best interests of productivity if we have people at work, regardless of what the workplace is, so we can keep this state moving forward in the productive and quality manner that we know it can.

Mr SHINE (Toowoomba North—ALP) (11.55 am): I also congratulate the minister and his department and, indeed, the management of WorkCover on the splendid position in which WorkCover finds itself. We have this marvellous position in Australia where our WorkCover scheme is the most efficient, it is the most financially stable and its premiums, I believe, are the lowest in all of Australia. What a contrast it is to the Santo Santoro days of 1996, 1997 and 1998. So congratulations go to those people for what they have achieved.

I also support the remarks of the member for Algester in praising the minister on his determination to maintain a balance and to keep his eye on the ball when it comes to changing circumstances, particularly those that might be imposed by court decisions. So we have this amendment that we are debating today.

The Medical Assessment Tribunal was inaugurated in the 1960s. It has been part of our system for well over 40 years. It was set up to provide an independent medical assessment for workers' injuries. It was not only an independent medical system but a system operated by medical specialists—specialists in their particular field relating to the various injuries to be examined. The tribunals were formed to make a decision about work related injuries. Where there was a disagreement as to whether the injury was in fact work related at all, they had a part to play in a dispute which might have existed as to whether there was any ongoing impairment as a result of a work related injury. They also have a part to play where it is necessary to make an assessment to determine the degree of permanent impairment resulting from the relevant injury.

What follows when those determinations of permanent impairment are made? Well, it can and does affect what a worker may or may not receive by way of compensation or payment. It might affect the worker's ability to receive periodic weekly payments. It would affect the worker's right to a statutory payout or payment. It would affect, at least in a persuasive manner, the decision of a court with respect to the assessment of common law damages as well. So they do provide a very important role in terms of personal injury matters relating to workers' injuries.

This bill is before the House today because of a decision by the Court of Appeal in 2005 which has been referred to in the House, and that is Australia Meat Holdings v Douglas & Ors. For 40 years there has been an unchallenged understanding that legal representation or representation at all by the employer or by the insurer or by the self-insurer was not to be allowed before these medical assessment tribunals.

Up until the 2005 decision workers could appear by themselves or with a friend, a union representative or their own legal representative. It has to be clearly understood that lawyers have always been allowed to appear before the Medical Assessment Tribunal but only on behalf of the injured worker, the claimant himself or herself, and not on behalf of people like the employer, the insurer or the self-insurer.

The decision in AMH and Douglas changed all that. On the basis of the arguments put before the court it was decided to change the practice that had been in operation for 40 years. It upset the applecart quite considerably. The decision by the court was based on the concurrence with an argument that preventing the employer or the insurer from appearing was in breach of a common law rule which stated that a statutory authority must hear a person before affecting his or her rights unless it has been made unambiguously clear in legislation that the opportunity to be heard has been excluded.

Clearly, on reflection we would have to agree that in this instance the rights of an employer or a self-insurer or, more particularly, an employer who is a self-insurer are obviously affected. The Medical Assessment Tribunal will determine whether or not they have to pay compensation or common law damages. It was not an earth-shattering argument. Therefore, it was not an earth-shattering decision. Nevertheless, this had not been put before the courts in Queensland for a period of 40 years.

The bill before the House, in complying with that common law rule, makes it unambiguously clear that the rights of an employer who is a self-insurer to appear and indeed obtain copies of certain medical reports are negatived. In summary, the proposed amendments will apply to all Medical Assessment Tribunal hearings. They will apply from the date of the commencement of this bill. They will apply regardless of the date of the worker's injury but, as I understand it, will not upset the decision of the Court of Appeal in the case of AMH and Douglas. As the minister said in his second reading speech—

This bill will preserve the independent and adversarial role of medical assessment tribunals in this system.

Without this it would become adversarial, more legalistic and less efficient with increased costs all around. As I said at the outset, I am pleased to congratulate the minister for preserving a practice that has operated for over 40 years. From my many years of experience of appearing for injured workers before medical assessment tribunals, I consider that there was never any occasion where representation on behalf of the insurer or the self-insurer was necessary. The medical assessment tribunals have universally had the reputation of being most conservative in their approach. I believe that this explains why there was no challenge to the right of audience from employers or self-insurers. The results did not warrant any consideration of enforcing such rights. I commend the bill to the House.

Mr WILSON (Ferny Grove—ALP) (12.04 pm): It is my very great pleasure to stand and speak in support of the Workers' Compensation and Rehabilitation Amendment Bill 2006. I commend the minister and the departmental officers and ministerial officers for the work that they have done in preparing this legislation which, whilst narrow in compass, is nevertheless vitally important as a way of building an even stronger workers compensation system in Queensland. The Labor Party can proudly stand behind this system and say to the public of Queensland that we are 100 per cent committed to retaining, building and ensuring a very robust workers compensation system in Queensland that is fair and balances the interests of injured workers and employers.

Medical assessment tribunals have always been regarded as a success because they provide an efficient and expert determination of medical issues in an inexpensive and non-adversarial manner. In conjunction with providing injured workers with adequate statutory benefits, the present successful

Medical Assessment Tribunal framework contributes to keeping scheme costs low. Among other things, the medical assessment tribunals provide injured workers with a stepping stone to readily accept and access statutory lump sum payments which minimises the number of claims proceeding to common law.

Medical assessment tribunals have worked very effectively over the years. Addressing the specific trigger for this legislation—namely, the recent court case—I can say from my personal experience as assistant secretary of the FEDFA and later the CFMEU in Queensland that the medical assessment tribunals are effective for a number of reasons. One of the key reasons they are effective is that it is a non-adversarial system. It is a tribunal made up of medical experts who are focused on what the medical condition is and not focused on other factual matters that might be under serious contention and argument between employer representatives or worker representatives.

Many a time in my former capacity I attended a medical assessment tribunal hearing not in any advocacy capacity but rather as a best friend, as it were, of the worker who was to appear before the tribunal and to provide moral and personal support and encouragement to that worker to help them participate in a process which was certainly unfamiliar to most of them and not a common experience for most of them. Because it is a foreign experience, many workers are somewhat daunted by going before three doctors on a panel and being questioned about the precise details of their medical condition.

Often we would appear not so much as a representative of the worker but as a friend of the worker and the tribunal. This assists the tribunal. Never was it the case that submissions were actually made by anyone—whether it be me or someone else—attending in the capacity that I have just described. In my experience it would not have been accepted—indeed, it would have been rejected—by the tribunal if one had tried to make submissions. It has worked well. It is a rather curious decision that has come from the courts that has prompted this legislation. I think we are taking the right step here.

I will complete my brief contribution by turning to another important aspect of the workers compensation system in Queensland. The medical assessment tribunals are very important and do an especially good job in the Queensland system. But they are only one aspect of Queensland's soundly performing workers compensation scheme. The news just gets better here in Queensland. For the sixth conservative year Queensland continues to maintain the lowest average premium rate of any state in Australia at $1.43 per $100 of wages.

Mr Shine: Extraordinary!

Mr WILSON: It is extraordinary. I take the interjection from the member for Toowoomba North. This compares with the rate of $2.14 that we inherited when the government was elected to take over in 1998 after the National Party-Liberal Party coalition—when they did in fact have a coalition. The Queensland workers compensation scheme is fully funded and maintains full statutory sovereignty. Of course, that remarkable improvement on the condition of the workers compensation scheme came after the Santo Santoro-led attack on the workers of Queensland by trying to gut the workers compensation system by altering the legislative prescriptions that underpinned the then operating scheme and virtually made the workers compensation scheme applicable to very few workers within Queensland. It drastically limited the number of workers who were entitled to seek compensation and then it drastically limited the physical condition that had to be established before a person was entitled to any workers compensation.

Mr Shine: And they wanted to sell it off, too.

Mr WILSON: That is right. The third area was to try to sell it off. Fortunately for Queensland workers, the coalition government was thwarted in that endeavour. But as I said, it is good news here in Queensland, and it gets even better. In January this year Minister Barton announced a further reduction in the average workers compensation premium rate of $1.20 for every $100 in wages paid to $1.43 from July this year. This puts Queensland's average premium rate at a record low and the lowest in Australia. Currently for each $100 of wages paid, Victoria charges $1.80, New South Wales charges $2.44, Western Australia charges $2.32, South Australia charges $3 and the federal government charges $1.77. The average premium rate reductions are especially good news for employers who trade interstate; they not only get lower premiums but also are provided with a greater competitive advantage over their interstate competitors. This reduction provides a further incentive for Queensland employers to continue to grow their workforce and a further incentive to start businesses here.

It is good evidence that totally demolishes that right-wing philosophy that took hold in the Borbidge coalition that we could not have a profitably operating workers compensation scheme that covered all of the workers that it should cover and covered them for all of the injuries that it should cover. The evidence is clearly to be seen since 1998 how terribly, terribly wrong the coalition government was in its far too long two years and four months in government in Queensland. Under the Beattie Labor government employers and workers have achieved the nation's best and fairest workers compensation system in Australia, balancing the rights of injured workers against the need for competitive and affordable premiums for employers while maintaining a secure and viable workers compensation scheme.

This bill will preserve the independent and non-adversarial role of medical assessment tribunals in the system. Without the bill's legislative changes, the Medical Assessment Tribunal process would become adversarial, more legalistic and less efficient. It would lead to increased costs for workers, insurers, employers and the scheme in general. My guess is that the National Party and the Liberal Party would actually be quite happy if a growing legalism was applied to the Medical Assessment Tribunal and indeed if there were more and more legalistic obstacles to workers accessing the workers compensation scheme, because in the 1,000 pages of new industrial relations legislation that the Howard government has promulgated as of Monday just gone—totally redefining the rights of workers and minimising them in comparison to those of employers—there are so many legal obstacles now placed in front of workers to access fairness and justice in the workplace, either directly on their own behalf or through their agents and representatives through trade unions. The conservative view of how to treat workers in Australia is to build more and more legalistic edifices that are barriers to ordinary working people getting fairness and justice in the workplace, whether it be on workers compensation or access to wages or overtime or penalty rates or anything like that. I commend Minister Barton and all of his staff for this excellent piece of legislation and commend the bill to the House.

Mr LANGBROEK (Surfers Paradise—Lib) (12.14 pm): I rise today to speak to the Workers' Compensation and Rehabilitation Amendment Bill, a bill that has two major concerns for me—one relating to the self-insured employers and the other to small business which has no choice with regard to self-insurance but has to subscribe to WorkCover. My first serious reservation is with regard to the unfair situation self-insured employers will continue to be put in when workers compensation is applied for. This bill has been prepared to address implications arising from the Queensland Court of Appeal decision, as mentioned by other members, of Australia Meat Holdings Pty Ltd v Douglas and Others.

The bill aims to reaffirm that an employer or any other person other than the worker or their representative has no entitlement to be present or heard before a Medical Assessment Tribunal. The Justices of Appeal in the Meat Holdings case noted that the legal position has had to change since 1996 when the statutory monopoly of the state as the insurer of claims for industrial injuries to workers was brought to an end and employers were allowed to become self-insurers of their liability for damages arising from injuries sustained by their own employees. The 1996 act also conferred on the employer a statutory immunity against action for damages at common law that survived until it was removed by a tribunal decision favourably assessing an employee's injury as satisfying the act. It is important, though, to note what Justice Mason of the High Court has said—

> Any statutory power must be exercised fairly, in accordance with procedures that are fair to the individual considered in the light of the statutory requirements, the interests of the individual, and interests and purposes, whether public or private, which the statute seeks to advance or protect or permits to be taken into account as legitimate considerations.

Let us revert back to what our 1996 workers compensation act sought to advance. I refer to the explanatory notes of the legislation in bill form which state—

> The Bill effects a total rewrite of workers' compensation legislation in Queensland in a modern drafting style and is structured in a way to simplify administration of the legislation. Key elements of the Bill are designed to, amongst other things, strengthen employer and worker obligations in a number of areas, ensure workers and employers participate in effective rehabilitation and return to work programs and provide modern and more flexible insurance arrangements for Queensland employers. Accordingly, the Act seeks to strengthen, as it would for workers, the obligations of employers.

I concede that the providing of an opportunity to all employers in tribunal hearings would be a costly exercise. It would be administratively costly as well as financially. I also note that self-insured employers are not particularly keen to pursue a right to be involved as it could add thousands of dollars to the cost of a hearing and make the process more lengthy. But what should be recognised is that this bill should provide the opportunity to employers to be involved in circumstances that warrant it. Discretionary inclusion is what this bill should be trying to achieve to find true balance between the interests of workers and employers.

This leads me to the disadvantage that small business has been put under. This House needs to address situations where an employer who has not had the chance to present their side of the story wears the amount of a successful claim by an employee in the form of increased premiums for the next three years. For example, if an employee receives a $50,000 settlement, the employer has to deal with a premium that reflects a third or up to a third of that settlement for each of the next three years. The financial and often emotional burden that these ongoing and often significantly large premiums can have on small business owners is crippling. With regard to small business, the workers compensation scheme is not dealing with insurance anymore; they have a prepayment schedule. I know of at least one small business, a florist, on the Gold Coast who had to shut up shop for good because it could not afford to continue running after a workers compensation claim was awarded to a contractor who was injured whilst delivering flowers and then the compensation was claimed back in high premiums. Small businesses are stuck with WorkCover and the resulting premiums. Unlike big business, small businesses have no provision to go elsewhere for insurance and to a more competitive insurer.

Mr Shine interjected.

Mr LANGBROEK: It is cheaper, member for Toowoomba North, because the employer is the one who has to pay what the person gets paid. They pay it back in a premium over the next three years, so it is not really insurance. As I said, small businesses have no provision to go to a more competitive insurer. They are trapped into paying this third of a successful claim for three years.

I want to read to the House a letter—

Mr Barton: Are you supporting this bill or opposing it?

Mr LANGBROEK: We are supporting the bill, but we are entitled to have reservations. I want to refer to the House—

Mr Barton: That's the opposite to what you're saying.

Mr LANGBROEK: We support it, but I want to read to the House a letter that I received from a constituent of mine who has a plumbing company on the Gold Coast. I am going to read that, because it relates to a significant matter that deals with this particular issue of WorkCover compensation. The plumbing company wrote to me and stated that they had paid between $18,000 and $24,000 in premiums. The letter states—

Only ... when we had a major claim were we made aware that it is not an insurance policy per se but a pre-payment schedule. Therefore, if your claim is high then the employer has to pay a vast percentage of the difference. In our case, the claim was $198,000.00 to the employee and we had to repay approximately $150,000.00 over three years plus the annual calculation.

The employee who lived in Broadbeach went to a doctor in Upper Beechmont who was not his regular doctor. We were then informed by the employee after the doctor's visit that he had hurt himself on two job sites ... His claims included what he was doing and which job sites he was apparently on. We discovered, through our records that he was not even on one of those sites ... On the other site ... We obtained statutory declarations from the Project Supervisor and the Backhoe Operator that stated their scope of works that were in contradiction to the employees's claims.

This employee had another job dragging go-carts around in the evening but that employer didn't have a WorkCover policy.

The letter goes on to state—

WorkCover were contacted immediately after the employee initially made his claim of injury to us. The organisation was made aware of all the aforementioned events and documentation of proof of an invalid claim. (As we and others involved saw it).

The case was taken to Civil Court and WorkCover decided to settle without consulting us ... and settled on an amount of $198,000.00 with the employee. This apparently settled the following January and we were never consulted or kept up to date with the proceedings. We only became aware of our now incredible debt when we received our assessment the following September.

Another thing we have noticed is that when employees go to the doctors a WorkCover claim is given no matter what the circumstances. In one case we knew about an employee's injury on a Saturday (while not at work) and when he went to the doctors on the Monday he came back with a WorkCover claim form. Obviously, we did not acknowledge it but at the same time reported this to WorkCover.

That is quite an interesting anecdote from a small businessperson who believes that there are issues relating to WorkCover that should be addressed by the minister. I raised this matter two years ago at an estimates committee hearing but at the time the minister said that he did not think there were any issues.

In conclusion, the trapping of employers into an unfair legislative WorkCover scheme is demonstrated by the inability for small business to engage with more competitive insurers. Small business should be afforded this opportunity when the workers compensation process can blatantly ignore its business, which is indeed small and possibly unable to deal with large compensation payouts. Those small businesses are not buying insurance; they are just getting part of the prepayment schedule.

Mr ENGLISH (Redlands—ALP) (12.24 pm): It gives me much pleasure to rise to speak to the Workers' Compensation and Rehabilitation Amendment Bill. This bill was brought about as a result of a Queensland Court of Appeal decision in the matter of Australia Meat Holdings Pty Ltd v Douglas & Ors and the potential impact that that decision could have on the conduct of the medical assessment tribunals.

The potential impact of this decision is that the time frame in which the medical assessment tribunals make their decisions could be extended. That could also result in an increase in the cost of accessing the medical assessment tribunals. The central purpose of this bill is to keep the medical assessment tribunals operating as they are now. These medical assessment tribunals are designed to make medical decisions and not legal decisions. They assess the nature of the injury to the worker and the percentage incapacity of the worker as a result of that injury. These are medically based decisions and not legally based legislation decisions.

Currently, because of the nature of the decisions they are making and the way in which they go about that decision making the medical assessment tribunals operate very much in a non-adversarial way. The fact that lawyers cannot appear at the medical assessment tribunals helps keep costs down. The non-adversarial nature of the tribunals also leads to a more negotiated, more conciliatory outcome as compared to what occurs quite often in this House and in other legal tribunals.

I would have concerns if the government did not introduce this bill. I think the risk of blowing out the time frames of workers receiving compensation for their injuries should not be contemplated. The risk of increasing the cost for workers to access the medical assessment tribunals should dare not be thought of.

Prior to the changes to the federal industrial relations law, if a worker was dismissed and if they believed that they were dismissed unfairly they could, without having to dip into their own pocket, access a fair and independent appeals mechanism. Now, under the new Howard government industrial relations legislation, yes, workers can still access the court system if they believe they were dismissed unfairly, but at what cost? If a worker believes they have been dismissed unfairly, he or she will now have to dip into their pocket and try to find $20,000 or $30,000 plus in order to go to court to prove their case.

I would hate to see the same thing happening in the workers compensation system whereby a worker who wanted to access the medical assessment tribunals to receive a payout for their injuries, at a time when they are weak, at a time when they are vulnerable and at a time when they are hurting financially, might have to dip into their own pocket and find $20,000 or $30,000. That seems to me to be quite an onerous requirement.

Hence I compliment the minister on bringing this legislation into the parliament to effectively keep the medical assessment tribunals operating as they do now, that is, in a non-adversarial manner and not based on the amount of dollars that the worker may have to spend. I certainly commend the minister and the department on their hard work in getting this bill before the House. Without hesitation, I commend the bill to the House.

Mrs LIZ CUNNINGHAM (Gladstone—Ind) (12.27 pm): I rise to speak in support of this bill. Injured workers go through quite a traumatic time, particularly those who have serious injuries, and any assistance to them at this time of difficulty is certainly welcome. The intention of the medical assessment tribunals was never to be adversarial. The need for this legislation came about, as I am sure other speakers have said, after a Court of Appeal decision in the matter of Australia Meat Holdings Pty Ltd v Douglas & Ors. The upshot of that decision was that the employer—in that case a self-insured business—was able to receive standing in a medical assessment tribunal hearing that was never intended.

This bill will reaffirm the independence and non-adversarial nature of the medical assessment tribunals. It will clarify that an insurer, an employer, or any other person other than the injured worker or their representative has no entitlement to be present or heard at a medical assessment tribunal. I think it needs to be kept in mind that the injured worker potentially attends that tribunal after a protracted period of recuperation.

Although the original legislation never intended the tribunals to be of an adversarial nature, on the basis of what workers have said to me over time it is my understanding that they still feel disempowered in that environment. They rely heavily not only on the objectivity but also on the compassion of the medical assessment tribunals to understand that, sometimes in responding to questions and issues at the tribunal, they still may feel at a disadvantage. The injured worker may have been liaising—and I use that word loosely—with the workers compensation authorities and at times that interaction could be less than amicable. It can be quite stressful not only for the injured worker but also for the injured worker's family. If it has been a protracted period of recuperation from an illness, that family has often been through a period of reduced payments because of the injury which occurred—in most cases, through no fault of their own.

Another objective of this bill is to ensure that natural justice is accorded by safeguarding all parties' rights to full disclosure and the opportunity to comment on written materials submitted to the Medical Assessment Tribunal before the matter can be considered by a Medical Assessment Tribunal at a hearing. There will be no disadvantage in terms of the employer who is self-insured in particular. They are not going to suffer any loss of rights other than one more recently conferred in November 2005. So the status quo will not alter over time as far as the employers are concerned and, as has been said previously, it will ensure that an injured party at a hearing before the Medical Assessment Tribunal is not intimidated in any way by having the employer present.

I commend the minister for responding as quickly as he has to this situation. It was only in November 2005 that the decision was handed down. I believe that it will clarify the situation promptly. It will ensure that all parties know what rights they have and what obligations they have. I support the bill.

Mr NUTTALL (Sandgate—ALP) (12.31 pm): I am pleased to speak to the Workers' Compensation and Rehabilitation Amendment Bill given that at some stage in my life I was actually a minister who had some responsibility for workers compensation.

Mr Barton: And you did it very well, too.

Mr NUTTALL: I thank the minister for that. I want to commend the minister in all sincerity for addressing a problematic issue very, very quickly. I also note that there are some departmental officers here today. Paul Goldsbrough is here. It is good to see you, Paul. I know it is not normal for members of parliament to mention our bureaucrats but Paul was involved in workers compensation when I was a minister, and I am sure he is still providing the same excellent service to the current minister. To the current minister, who has been a long-time friend of mine, these pieces of legislation, given our background, are something we can be really proud of, particularly when it is about looking after workers.

Since the Labor government came to office in 1998 we have been committed to restoring the balance and equity in the Queensland's workers compensation scheme, and these amendments obviously continue this balance. The bill will continue to build on the beneficial nature of Queensland's workers compensation scheme in protecting the interests of employers and injured workers. As well as applying to the Workers' Compensation and Rehabilitation Act 2003, the amendments in this bill will apply to referrals to the medical assessment tribunals made under former acts, and that has been raised by previous speakers in the debate today.

In doing so, it aligns the operations of the medical assessment tribunals for all workers regardless of the date of injury—that is, all injured workers coming before a Medical Assessment Tribunal will be treated fairly and in a consistent manner. As has been said, I think the importance of the medical assessment tribunals and the reason for their success is that they have been non-adversarial, and it is important that we continue that.

In the event of doubt, the bill provides a regulation-making power to declare certain provisions of a former act applicable to the reference. This will allow for the quick resolution of any anomalies which may arise in the application of the bill to references made under a former act. As previously stated, for workers these amendments ensure that everyone is treated in the same manner irrespective of the date of the injury and the act under which the reference to the tribunal is made. For employers and insurers, the bill provides certainty in three ways: it provides the right to full disclosure and allows a party whose interests may be affected the right to know the evidence before a hearing, the right to respond to that evidence prior to the tribunal making a decision and certainty by setting out the process and time lines for the disclosure of information.

This government continues to maintain the balance between improving worker entitlements and employer's premiums while maintaining the financial stability of the workers compensation scheme. As the honourable member for Ferny Grove indicated, in the 2006-07 financial year the average premium will be cut from $1.43 per $100 in wages to $1.20 per $100 in wages, which will be a saving of around $100 million for employers in this state. Again, that has to be attributed to good governance and to the Workers Compensation Board doing all it can to ensure that we remain competitive with other states.

This is the sixth successive year that we as a government have been able to deliver reductions in premium rates and the sixth successive year that we have maintained the lowest average premium rates for employers in any Australian state. That is something we should be particularly proud of and something that the board should be proud of, and it deserves some accolades for that. The bill provides a win-win situation for all parties and is obviously beneficial not only for workers but also for employers. I commend the bill to the House.

Mr DEPUTY SPEAKER (Mr Lee): Order! Before calling the honourable member for Bundamba, I welcome to the public gallery students, teachers and friends of Jandowae State School in the electorate of Darling Downs, represented in this parliament by Ray Hopper.

Mrs MILLER (Bundamba—ALP) (12.36 pm): I rise in support of the Workers' Compensation and Rehabilitation Amendment Bill 2006. A decision was made in the Queensland Court of Appeal on 25 November 2005 in Australia Meat Holdings Pty Ltd v Douglas & Ors concerning the right of a self-insurer to be present to hear, see and comment on submissions made by a claimant to a Medical Assessment Tribunal. This was pursuant to the WorkCover Queensland Act 1996. The Court of Appeal found that a self-insurer was entitled to attend such a hearing and make comments before the Medical Assessment Tribunal before it reached its conclusion.

This decision of the Court of Appeal, dependent on where the decision applies, makes medical assessment tribunals more legalistic, inefficient, more costly for workers and far more adversarial for all involved. The impact on workers is potentially more stressful, which is something that our government does not want, and workers may request legal advice as well as legal representation. The decision flies in the face of the historical role of medical assessment tribunals. These amendments serve to reaffirm that an insurer and employer has no entitlement to be present or heard before a Medical Assessment Tribunal, and that would include AMH; to ensure that natural justice principles apply; and to clarify transcript and record-keeping requirements to ensure confidentiality during personal examinations.

In relation to natural justice safeguards, the Court of Appeal's decision has implications for the way the Medical Assessment Tribunal hearing is conducted beyond a right of appearance. This includes allowing a party whose interests may be affected the right to know the evidence before a hearing and the right to respond to that evidence prior to the Medical Assessment Tribunal making a decision. While information is generally exchanged, currently the act does not provide any guidance on the exchange of written submissions and evidence prior to, or following, a Medical Assessment Tribunal hearing.

The bill ensures natural justice by providing the opportunity for insurers and employers to have input prior to the commencement of the Medical Assessment Tribunal hearing. The bill provides that where a worker wishes to submit further medical information to the tribunal they must do so at least 10 working days prior to the hearing. Furthermore, this new information is provided to the insurer to provide their response at least three days prior to the hearing. For fairness, any documents not exchanged in accordance with these requirements cannot be considered by the tribunal. The proposed amendments

provide greater accord with natural justice principles by safeguarding all parties' rights to full disclosure and the opportunity to comment on written material submitted to a Medical Assessment Tribunal before the material can be considered by a Medical Assessment Tribunal at a hearing. The bill does this without impacting on the effectiveness and efficiency of the Medical Assessment Tribunal's decision-making process and/or adversely impacting on the rights of insurers, employers and workers.

AMH's main abattoir is located in my electorate. The company has a mixed reputation in the community—from being a big US multinational giant uncaring of its workforce to being a reasonable employer. Whilst over recent years it has tried to become a good corporate citizen by, for example, giving awards and scholarships in state schools such as Dinmore and Riverview primary schools, it has a long way to go in respect of its industrial relations and community relations. When there was high unemployment in my electorate people would line up at the gate seeking a job. They simply wanted to get some work. Now with relatively low unemployment I understand that AMH is finding it difficult to recruit and retain staff.

The company needs to realise that it is not just about money, it is not just about wages and it is not just about its economic impact in the city of Ipswich. It is about its corporate reputation. It is about whether or not it looks after its workers, particularly injured workers, and it is about whether it is willing to interview and employ local people and give them a go in life. It is about the company putting its hands in its own pocket and paying for training, not necessarily putting its hand out all the time asking for the government to pay for training. It is about giving back to the community in a major way. And I am not talking about thousands of dollars; I think we could expect AMH to contribute hundreds of thousands of dollars to our local area. I am talking about AMH becoming a real and effective party in our community development as Ipswich grows. I must say that sometimes it gets it right, such as with university weekend shifts and its donations of meat patties to fetes, but it still has a long way to go in our community.

In many ways, this profitable company sits on the river, separate from the community in which it operates. That is a great shame as I believe it does have the potential to be a good corporate and community citizen. Perhaps it is the personnel involved. Perhaps the company represents the typical Yankee Doodle values, but it is a great pity that the resources and real legal costs spent on this legal action were not spent in our local community.

Corporate reputation and good corporate citizenship are priceless. Respect for its workforce should be a given, and caring for injured workers is part of that respect. Over the years I have spoken with AMH officials about these matters. I am willing to keep this dialogue going, but I must say that local management has shown little interest in its potential role in community development. Maybe it is simply a blokey attitude.

Where the community and corporate sectors work together for the betterment of all, the whole community wins. To give in money, in time, in training and in product builds reputation. It also builds corporate goodwill and a solid workforce. AMH still needs to understand these basic values and that to give means to receive back tenfold. Our government has supported AMH in many ways, both financially and in training programs. In a similar spirit, I ask AMH to be more active in supporting our local community.

I thank the minister for the amendment bill before the House. I thank all the staff in Workers Compensation and the minister's department for their hard work. I commend the bill to the House.

Mr CALTABIANO (Chatsworth—Lib) (12.42 pm): I was driven to speak on this bill after the statements made earlier by the member for Ferny Grove. He took a very narrow view of history when it comes to the provision of WorkCover, the WorkCover bill before the House and, indeed, the act and how it got here. He presented a poor reflection on a great Queensland identity—a former member and minister in this place who is now a senator and minister in the federal parliament, the Hon. Santo Santoro.

Mr Barton: Ha, ha!

Mr CALTABIANO: Well may the minister laugh. He is a greater man than the minister will ever be. Many honourable members will have read a curious piece in the *Courier-Mail* of 26 January this year which was a precursor to this bill. The article lauded the achievements of 'Labor Party identity Ian Brusasco and offsider Tony Hawkins'—

Mr Barton: He's the one who fixed it.

Mr CALTABIANO:—in raising WorkCover from a 'corporate basket case' with an alleged $321 million deficit to a national leader with a $723 million surplus.

I take the minister's interjection that Mr Ian Brusasco was the one who fixed It. Never has a greater falsehood been stated in this parliament than that which the minister has just stated. The essence of the article is that Messrs Brusasco and Hawkins have engineered a $1 billion turnaround over the past 7½ years in the process of kicking a much-needed goal for the Beattie government.

Mr Barton: They did.

Mr CALTABIANO: But they have not, Minister. He does not know his facts. I will come to the facts in a moment.

Certainly, there is good news here. Over the life of this government the management of WorkCover is a rare corner of public administration where excessive ministerial micromanagement and political interference have not destroyed any prospect of the public good. The drop in workers compensation premiums to $1.20 per $100, the lowest in the country, is a real achievement for the government and its identity Mr Brusasco, contrary to its performance in areas such as health, fleet management, child protection, water safety, road building, access to roads and the list goes on.

Government members interjected.

Mr DEPUTY SPEAKER (Mr Lee): Order! I would like to hear the member who is on his feet.

Mr CALTABIANO: As I said, there is achievement in this field. I do not want to deny the government its moment in the sun. However, I suggest that those interested in the full story behind this unique managerial miracle look a little further into the history—

Mr BARTON: I rise to a point of order. I raise the question of the relevance to the bill in relation to what the member is speaking about.

Mr DEPUTY SPEAKER: Order! There is no point of order. There has been a reasonable degree of latitude in this debate. I ask that members stop referring to each other in derogatory terms across the chamber. Members will be so kind as to allow us to hear the member on his or her feet. In general terms, the member on his or her feet will refer specifically to the bill.

Mr CALTABIANO: I will do my very best, Mr Deputy Speaker. Thank you for your latitude, which you have given also to previous speakers today.

There is achievement here, and I do not want to deny the government its moment in the sun. However, I suggest that those interested in the full story behind it need to have a look at the history of what the government inherited.

If one were to believe the tale told by the *Courier-Mail* earlier this year—doubtless the Labor induced spin in the *Courier-Mail* earlier this year—in 1998 the Beattie government faced a WorkCover year zero, requiring a complete revision of the mistakes of the previous administration. The traditional line that is put out by the minister, and we heard it again a moment ago, is that the government allegedly inherited a $321 million deficit in mid-1998.

However, three fundamental issues have been glossed over and one very bold misrepresentation has been made. The latter is that in June 1998, some months before Mr Brusasco's august appointment, WorkCover was only $43 million in deficit. The $321 million referred to by the minister was in fact the deficit left to the coalition government by the Goss Labor government on 30 June 1996. I will not be so cynical as to suggest that the government is deliberately confusing those dates. I will allow honourable members to draw their own conclusions.

From this lapse in history, the three glossed issues come into play. The first is that the Kennedy inquiry, which has been responsible for the innovations on which the current Labor government and its identity have relied to build their inherited surplus, was instigated by and reported to the last coalition minister for industrial relations, the Hon. Santo Santoro.

Changes from the Kennedy inquiry included the corporatisation of WorkCover, tougher fraud enforcement, transparency and accountability and a new system rewarding safety. Initially this was onerous, requiring employers to pay average initial contributions of 2.145 per cent to create a solvent entity. However, this was transitional and was already down to 1.85 per cent upon Mr Brusasco's arrival, which is another piece of incorrect data that the government has neglected to correct. The design, like the surplus, is an inheritance contrary to the spin currently being purveyed.

The second issue relates to Mr Tony Hawkins, who has been the most able CEO of WorkCover and in the contemporary version of events is referred to so unkindly as Mr Brusasco's 'offsider'. He preceded Mr Brusasco by some eight months, having been appointed under the Borbidge government in January 1998. Again, the professional administration of WorkCover is an inheritance glossed over as part of this government's traditional way of dealing with public servants.

The third issue which I wish to take up today which the January *Courier-Mail* piece of historical revisionism most conveniently and most tellingly glossed over is, of course, the role of the Labor Party in allowing the collapse of WorkCover prior to 1996. We could not reach the position today where we are discussing the bill today and looking at changes, particularly with respect to the MAT process, unless we understood where the bill came from. We know from this dark period of Queensland history that, as with so many other structural problems faced by Labor and its return to the treasury benches, the answers to the WorkCover compensation fund were well known to government but unpalatable to its union base. Way back in the early 1990s the problems in WorkCover were well known, but members opposite did not have the guts to sort the problems out because they were reliant on their union base. In relation to WorkCover it is a fact that difficult decisions were taken by a conservative administration and were gratefully inherited at the time by Minister Braddy, who recognised and retained the quality of the reforms and the executive team who were already well about the business of implementing them.

As for the other claims made in the article in the *Courier-Mail* earlier this year, which preceded this bill, that technology was outdated and morale was low in 1998, we can only congratulate the Beattie government on not reinstating outmoded union friendly systems and practices which have only compounded the necessary pain of an organisation in transition.

I offer those observations today to set the record straight. Having been in the game for a couple of years, I am well aware that much of the practice of politics, whether in this chamber or through the media, involves hyperbole and gilding of lilies, mostly by the ALP through its self-confessed media tart, and often leads to misrepresentations in the media. On matters of importance, such as the WorkCover bill, we need to make sure that those things are set straight. It was Edmund Burke, who I am sure is no favourite of this government, who observed in 1796 that 'as in all virtues, there is an economy of the truth.'

The government, in celebrating the achievements of WorkCover, is keen to assert the removal of a deficit. Instead, it might address its deficit in its economy of truth and accord credit where it is genuinely due, and that is at the feet of the previous government and the system that it inherited. I will certainly be supporting the bill. As the shadow minister has been pointed out, we on this side will support this bill. However, it is important that we reflect on the history of how we came to reach this point today.

Mr FINN (Yeerongpilly—ALP) (12.51 pm): I rise to make a brief contribution in support of this bill. I might restrict my comments in the main to the legislation before us and not be sucked into the opportunity to run the dogma in response to the previous speaker's dogma that he just presented to us.

It is no wonder that we get a bit schizophrenic in here. Last night I had the joy to hear the contribution of the member for Hinchinbrook in which he spoke in glowing terms about the workers compensation scheme. He said the scheme was in good shape. He said that the scheme was essential to workers' welfare and essential to the competitiveness of Queensland enterprise. I recognise and support those comments. I think they were quite accurate comments. However, I get a bit schizophrenic when I listen to the contribution of the member for Surfers Paradise, who comes in here and says, 'We on this side of the House support this bill because the scheme is okay, but we actually oppose a whole lot of other aspects to it,' and members opposite speak in opposition to it. They take the opportunity to run a political line and not address the issues of the bill. I commend the shadow minister for his contribution, which was about the relevance of the bill.

This bill is about maintaining the fundamental integrity of a key element of the workers compensation scheme. Many members have made contributions to this debate. There is not a great deal new I can add to that except to make a few brief comments of support. The medical tribunals have evolved in a very specific way to be dealing with medical matters. That has not only been important historically; that is important today in ensuring that we have a non-adversarial system of medical assessment of injured workers.

As many members have mentioned, a case in the appeal court triggered the need for this legislation. That case had the potential to take the tribunals out of their neutral environment and put them in a situation in which they risk becoming far more adversarial bodies. The best way to explain this is that, if we allow self-insurers to be present and to comment on the findings of the tribunal, we will end up with tribunal decisions taking into account the input of parties who have a vested financial interest in the outcome of their decision. That is the fundamental change to the tribunals that that appeal court decision was going to bring about. The end result of that, of course, is legal representation of all parties in the tribunal and a great blow-out of costs. It is a significant change to a system that currently focuses on medical matters only.

This is not to say that insurers need to be overly concerned about this bill. There are protections in here. A worker appearing before a tribunal must provide all relevant documentation to an insurer at least 10 days prior to attending the tribunal. This ensures that the insurer knows about the worker's case that is going before the tribunal. The insurer then has an opportunity to provide a written statement in response to that documentation to the tribunal addressing the matters that have been raised in the documentation. I trust that the tribunals will take a good, hard look at whatever is said in response and ensure that the matters that they consider are restricted to the medical matters in the documentation provided by the worker. It is a protection for both parties that with the exception of a few medical documents as specified in the bill, the tribunal cannot rely on a document that both parties have not seen. That is a protection for both sides.

I should say at this stage that I have received some feedback from people who work in the industry—and I have had an opportunity to mention this to the minister—who raised concern with me that the minimum requirement of three business days prior to a hearing for an insurer to provide their documentation to a worker may not be sufficient. While I recognise the need for tribunals to have the most up-to-date information possible, and need to be able to consider documentation by affected parties that is recent, I am not aware of examples where the notice period may have been insufficient. I would like to suggest to the minister that these provisions be monitored and that in the normal review process

of workers compensation legislation consideration be given to whether that three business days is sufficient or whether it has caused difficulties. I am sure there is enough in-built flexibility in the system to ensure that people's rights are protected in the process.

The legislation is a good outcome for all involved in the process. The tribunal remains neutral and limited to medical matters. It means a worker gets an assessment based on the most critical matter, which is their health, and the insurers get a ruling from the tribunal that is about where their key liability is.

Very briefly, there are other aspects of the bill on which I will not comment in detail. They include greater protection of natural justice principles, limitation of cost blow-outs and ensuring that all workers are treated equally, regardless of the date of injury. The legislation continues the Beattie government's delivery of the best workers compensation scheme in Australia with the lowest average premium rate and increased benefits for injured workers. I commend the bill to the House.

Hon. TA BARTON (Waterford—ALP) (Minister for Employment, Training and Industrial Relations and Minister for Sport) (12.58 pm), in reply: In the minute or two available to me before lunch let me first of all thank all of the members who have spoken to the legislation. I particularly want to thank my colleagues from the government, most of whom are members of my parliamentary committee who have worked with me as we have prepared this legislation. As has been said, this is legislation that had to be prepared very quickly. However, it has been consulted on very thoroughly, not just amongst my colleagues from the government but also with businesses that are impacted upon. We did brief the opposition very thoroughly.

I thank the members of the opposition who spoke in support of the bill and, in particular, the shadow minister. He is always available to be briefed, to have his questions answered and to make value judgements. I do not want to belabour the point but I think it is sad when several of the Liberal members come in here—

Mr DEPUTY SPEAKER (Mr Lee): Order! Minister, in light of the time, we might come back after lunch. The House will resume at 2.30 pm.

Sitting suspended from 1.00 pm to 2.30 pm.

Mr BARTON: As I was saying before I was rudely interrupted by the luncheon adjournment, I thank the various members who have spoken in this debate. I do not really thank two of the Liberal members, the member for Surfers Paradise and the member for Chatsworth, for the nonsense that we heard run from them. Quite frankly, they come in here when the opposition says that it is supporting a bill and they then spend a disordinate amount of time either mouthing issues that are opposed to the bill or, in the case of the member for Chatsworth, trying to rewrite history about something that he has absolutely no knowledge of whatsoever. At the time that all of the events he was speaking about were occurring, he was a little boy in short pants somewhere else, not even in the Brisbane City Council.

I return to the substance of the bill. I really do thank the members who spoke in support of the bill. This is a very straightforward piece of legislation to protect the integrity of what is an exceptionally good workers compensation scheme. Various government members and indeed various opposition members stressed in their contributions how well the fund was running and how it was a good, balanced scheme. The shadow minister has made that point. It is an incredibly well-run scheme. I do not see a lot of value in traversing history about who did what, when and where.

The reason we are here today is to make sure that the integrity of the medical assessment board system that began as far back as 1960 and that has served the state well, that has served injured workers well and that has served employers well is maintained. I do not always understand how various courts reach decisions. We are here because there was a decision of the appeal court. I guess this is what happens when there are provisions in legislation that are so prescriptive. If it is not prescriptive to the extreme, then someone can find something that is silent and say, 'The very fact that this is written and that is not can mean they must intend that.' I think this is one of those decisions that we got on this occasion.

So we have come in here with the full support of the opposition, the full support of employers and the full support of all the interested groups in the state to correct the anomaly that has been created by that particular decision of the appeal court—again, to stress the need to protect the integrity of our medical assessment boards that have worked for some 46 years in the interests of the people of this state. This bill does that.

I note that a few members made the point that the Scrutiny of Legislation Committee has raised some issues. They tend to be issues that I hear about very regularly with respect to the legislation that I bring forward, and that is whether or not doing certain things by regulation is appropriate. I understand why there are those concerns. I was naturally advised of the Scrutiny of Legislation Committee's position on Monday night. I think the report was provided to the parliament on Tuesday. I wrote back to Ken Hayward, the chair of the Scrutiny of Legislation Committee, on Tuesday. I will table for the benefit of members a copy of the letter that I have forwarded to the chair of the Scrutiny of Legislation

Committee. Suffice it to say, we believe the issues that have been traversed are covered not only in the letter but also very thoroughly by the explanatory notes that I put forward at that point in time.

I will not go into the substance of the amendment. I have been made aware of the amendment that the opposition spokesperson will move. I will leave my comments about that amendment until we get to that point in time, suffice it to say that this is good legislation. It is there to protect the integrity of the medical tribunals. It is there to do what the member for Gregory said: to ensure we get the right specialists on these tribunals, to ensure that it is all fair and aboveboard, to ensure that decisions about the nature of injuries and, in turn, whether compensation is payable and, if so, what level of compensation should be paid are determined on a proper medical basis, not on the basis of who has the financial capacity to hire the best lawyer who can run the best case.

Sadly, that is where we were headed. It would have meant major delays in the assessments of the medical tribunals. It would have imposed very high additional costs. Those additional costs would not have been borne only by injured workers. They would have ultimately meant increases in the premiums that employers had to pay to make this fund sustainable. As has been said, we have the lowest cost scheme in the nation. I know, strictly speaking, that this is not part of the bill, but the member for Chatsworth rabbited on about it for 20 minutes saying who did it. He is deluding himself, as he usually does, in the comments that he made. In today's national press we saw that New South Wales has just dropped its premiums by 10 per cent. New South Wales premiums from midyear this year will be $2.17 per $100, while Queensland's will be $1.20, Victoria's will be $1.80 and then every other state in the nation is higher than that. So we do have a very low-cost scheme. We have benefits that are equal to or better than any other workers compensation scheme. We are able to do that because of the substantive efficiencies that are there, brought about by the current board, led by Ian Brusasco, the current chief executive, and his very good team of men and women who manage and perform the work in WorkCover.

This bill is all about correcting an anomaly that was created by that appeal court decision to ensure that we did not become adversarial before medical tribunals, to ensure that decisions continue to be made on the proper medical position of the injured worker and to ensure that there is no change in what was always the practice which would disadvantage people—that is, the practice whereby people were made aware of what was to be considered before the tribunal met. We are putting that in very clearly by way of regulation so that we formalise a process that has been in place for some 46 years. We are also putting some time frames on it as to when people have to provide additional information to be considered and the time for which people have to respond to that.

My colleague the member for Yeerongpilly raised some concern as to whether three days was adequate in those circumstances. I have certainly taken note of that. We think it is, but it is like everything: practice will determine whether it is adequate. As I have shown, particularly on workers compensation over the past two and a bit years, if we find that something needs an adjustment then we will consult with all of the major interest groups related to workers compensation, brief the opposition and bring it back to this parliament for consideration. I commend the bill to the House.

Motion agreed to.

Consideration in Detail

Clauses 1 to 8, as read, agreed to.

Clause 9—

Mr ROWELL (2.38 pm): I move the following amendment—

1 Clause 9—

At page 7, line 24—

omit, insert—

'applies.

'(4) A regulation made under subsection (3) expires 1 year after it is made.

'(5) Subsections (3) and (4) and this subsection expire 2 years after they commence.'.'.

The amendment provides for regulation making under section 3 to expire one year after it is made. The regulation-making power itself is under section 3. It will expire two years after the section commences.

This will ensure that any regulation made under subsection 3 within the first 12 months after commencement will be able to remain in place for a full 12-month period. The amendment ensures greater consistency with the fundamental legislative principles, in particular section 4(4)(c) of the Legislative Standards Act 1992. A regulation made under subsection 3 would effectively result in an act being amended by a regulation.

The existence of the regulation-making power for only two years should be sufficient time for the identification of further cases affected by the provisions of former acts. To allow the regulation-making

power to remain in place for an indefinite period is not considered to have sufficient regard for the institution of parliament.

It is important that we acknowledge that from time to time there will be people who will fall within the provisions of this legislation, particularly those who were injured before 1 July 2003 and lodged a claim before 2 November 2005. That is of some concern. If we allow an amendment to the legislation that enables this to go on ad infinitum I believe we could have the situation where there is no particular need for the provision. I believe that provision is not warranted. To date the provision is three years and then there will be another two years, which makes it five years. That is ample time for anybody to make a workers compensation application and to ensure that they are adequately dealt with by the Medical Assessment Tribunal. That is the principal reason the opposition has introduced this amendment.

Mr BARTON: The government will oppose this amendment. I would like to express my reasons for that opposition. I know the amendment moved by the shadow minister is well intentioned. In relation to the amendment, I highlight that the bill ensures consistency for workers in relation to the operation of medical assessment tribunals regardless of the date of injury or the act under which a referral to a tribunal is made. This will ensure that all workers attending a tribunal will be treated fairly and in a consistent manner.

The bill clarifies that where an insurer makes a referral to a tribunal under a former act—and we do have former acts; there have been a number of amendments to this legislation over recent years—the provisions relating to that referral as stated in the former act apply. This bill provides a regulation-making power to declare certain provisions of a former act applicable to the referral. That is why it is needed to act in that way.

This approach was taken as it may take many years for a worker's injury to become stable and stationary and be finally assessed by a tribunal. This is the experience. Sometimes it takes many years for an injury to stabilise. This is particularly the case where a person is receiving treatment. This time delay when coupled with the complex relationship between the current act and former acts means that any anomalies which may be discovered in the application of this bill may not be identified for a considerable period of time.

The amendment that has been moved in good faith by the member for Hinchinbrook on the basis that the regulation-making power provided by the bill is not sufficiently limited in scope and provides adequate levels of scrutiny, I must say, sadly, is simply not correct. The provisions of the former act have already been subject to parliamentary consideration. The regulation-making power does not allow for these to be amended in any way. Any new regulation made would also have to be tabled in parliament and open to scrutiny.

The government does not support this amendment as it has the potential to result in workers who are referred to a tribunal being treated differently to a worker in another similar situation but in a different time frame under an earlier act. Through Queensland's workers compensation scheme this government has worked hard to put in place beneficial arrangements that provide good benefits for injured workers and competitive premiums for employers that assist in growing the state's economic base. This amendment would be an impediment to the equal treatment of workers which must be a central tenet of any successful workers compensation scheme.

Accordingly, the bill was made sufficiently broad to pick up any missed claims under former acts. Furthermore, the two-year expiry period proposed by the member for Hinchinbrook will not allow for the timely resolution of any relevant procedural issues that may arise. I really cannot add more than that. I do appreciate the sentiment and the intent of the amendment that has been proposed. As I have just expressed, we could run the risk of having unequal treatment for workers in similar circumstances depending on when the injury occurred and depending on the various changes we have made to the act over the years. We simply cannot support that amendment.

Mr ROWELL: I understand what the minister is getting at. This was an anomaly in the first place. It only happened as a result of a court case. We would just like to tidy the legislation up. The intent was that after five years surely to goodness a person would have had an opportunity to launch an application through the Medical Assessment Tribunal. I believe if there was an ongoing issue as far as the injuries are concerned it is highly likely that that would be taken into account any way.

I believe that because of the anomaly and loopholes that were created by the legislation it would be timely if we tidied it up in a reasonable time. We do not want to see any worker disadvantaged. We have looked at this fairly closely. We thought that the two-year period was adequate.

Question—That Mr Rowell's amendment be agreed to—put; and the House divided—

AYES, 17—Caltabiano, Flegg, Hobbs, Johnson, Knuth, Langbroek, Lingard, Malone, McArdle, Messenger, Rowell, Seeney, Simpson, Springborg, Stuckey. Tellers: Hopper, Rogers

NOES, 49—Attwood, Barton, Boyle, Choi, E Clark, L Clark, Croft, Cummins, E Cunningham, N Cunningham, English, Fenlon, Finn, Fouras, Fraser, Hayward, Hoolihan, Keech, Lavarch, Lawlor, Lee, Livingstone, Lucas, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, Palaszczuk, Pearce, Purcell, Reeves, Reilly, Reynolds, Robertson, Scott, Smith, Stone, Struthers, C Sullivan, Wallace, Welford, Wellington, Wells, Wilson. Tellers: T Sullivan, Nolan

Resolved in the **negative**.

Clause 9, as read, agreed to.

Clauses 10 to 14, as read, agreed to.

Schedule, as read, agreed to.

Third Reading

Bill read a third time.

SITTING DAYS AND HOURS; ORDER OF BUSINESS

Hon. TA BARTON (Waterford—ALP) (Minister for Employment, Training and Industrial Relations and Minister for Sport) (2.55 pm): I advise honourable members that the House can continue to meet past 6.30 pm this day. The House can break for dinner at 6.30 pm and resume its sitting at 7.30 pm. The order of business shall then be government business followed by a 30-minute adjournment debate.

MEDICAL PRACTITIONERS REGISTRATION AMENDMENT BILL

Second Reading

Resumed from 7 March (see p. 577).

Dr FLEGG (Moggill—Lib) (2.56 pm): I rise to speak to the Medical Practitioners Registration Amendment Bill. I note that the minister is not in the House, but hopefully he will turn up shortly. I hope he has that much interest in his own bill at least.

In many respects this is a very unusual bill to have before the House. To be legislating that the Medical Board must speed up the applications for registration of doctors but at the same time uphold the standards and quality of doctors practising within Queensland seems to me a very odd measure to have to legislate for. In fact, we are legislating the Medical Board to do its business efficiently. I wonder if it represents a degree of government frustration with the Medical Board. It seems to imply that there is considerable inefficiency at the Medical Board and the legislation has the effect of directing the board to be faster but to maintain quality. It imposes the requirement on the Medical Board that if it has not processed an application within 25 days it must give reasons to the minister for the delay and outline the actions taken to avoid this delay in the future.

Given the current delays in medical registration, this is a strong measure in relation to the Medical Board. I believe that all Queenslanders would want to be convinced that the Medical Board could achieve this objective without cutting corners. We have seen so many corners cut in this state with damaging consequences to the health, wellbeing and life of Queenslanders that we cannot permit these corners to continue to be cut. Innately, I want to see some assurance from the Medical Board that these objectives can be met without cutting corners.

Mr Lucas interjected.

Dr FLEGG: I take the interjection from the minister for transport, because this bill is about cutting corners. He should not be surprised that I would be very concerned about cutting corners with doctor registration in Queensland. In fact, we had 12 months of the consequences of cutting corners with doctor registration last year.

I guess that we are not going to see a reassurance from the Medical Board that it can achieve the 25 days without cutting corners. There are a few measures in this bill that will assist the board in speeding up the process, such as being able to delegate to individual members in straightforward cases rather than requiring a full meeting of the board. I support this simplifying measure, but I say very emphatically that the government cannot just impose an arbitrary deadline without having resourced adequately the Medical Board to safely achieve this objective and without careful review of the Medical Board to indicate that it can achieve it safely.

I note that the reports of overdue registrations will be used by the government to identify administrative and legislative changes that could improve the speed of the regulating system. In cautioning the government in relation to these provisions, I draw an analogy with the problem we have had in Queensland Health where district managers were told to 'bring it in on budget', which they almost invariably did, but at the cost of severely damaging morale, of bullying and intimidation and of massive loss of medical and nursing staff. If the criteria is to bring registrations within 25 days, that is what the Medical Board will attempt to do. I know that the instruction to the board is that it should not lower standards of safety. But at the end of the day, the criteria that is set is a time based criteria that one would expect the board will strive to achieve.

I understand the importance of streamlining these cases if Queensland is to be competitive in the attraction of medical practitioners. That is why the opposition will support this provision. But I note that it is an odd provision to legislate for someone to do their job properly or to run their operation efficiently. One wonders if this objective could not have been achieved in another way with additional resources and without presenting the danger that we now pressure the Medical Board to meet a time limit rather than a safety limit.

I note the requirement in the bill that a businessperson or person with expertise in organisational management or customer service must be on the board. The opposition does not object to that but, again, it is a very clear indication that the government feels that up to this point the board has not been run efficiently at an organisational level. There seems to have been a cone of silence. If the government has had these concerns for a lengthy period—in fact, lengthy enough to have prepared and introduced legislation—then perhaps some sort of public comment about the level of inefficiency and the impact that has had on Queensland patients would have been appropriate in an open and accountable system.

I note the requirement in the bill for applicants to pass an English test. The opposition has consistently supported the idea of an English test. However, it is concerned that that test is not sufficiently accessible to doctors and that the waiting period between opportunities to sit the test is too great. I suspect issues relating to the English test need to be addressed further by the government. I note the requirement for doctors to continue to produce certificates of good standing. Clearly, that should be a criteria for every single doctor without exception entering the state of Queensland.

The opposition has serious reservations about new sections 44(c) and 44(d) that are inserted by this bill. In fact, after a careful reading of this complex area I get the impression that the government has either been somewhat lax in the preparation of this legislation or has intentionally opened a Pandora's box that could result in declining standards and potential dangers to Queensland patients. Section 44(a) of the act does not present us with any difficulty—that the applicant has to successfully complete a medical degree accredited by the Australian Medical Council. We have no problem with that. That allows the AMC, which is currently the Australian standards body for medical qualifications, to accredit non-Australian courses other than its own AMC exam. Clearly, our system needs that sort of flexibility. I suggest that perhaps the AMC has moved too slowly in accrediting some of the clearly high-standard overseas qualifications.

There is a huge variance throughout the world in the standard of medical qualifications and medical training. That comes as no secret to people living in Queensland. There are enormous dangers if we become lax. By the same token, medical practitioners are a highly skilled and mobile workforce. If our registration procedures are not efficient and they do not adequately recognise the high-quality qualifications that can be achieved throughout the world, we run the risk of being a second or third choice destination for these highly skilled and trained health professionals. Clearly, accreditation of suitable medical courses by the AMC, along with the usual requirements of the Medical Board of Queensland for certificates of good standing, recency of practice, criminal history checks and so forth, is a measure that we support.

Section 44(b) of the act—that the applicant has completed the Australian Medical Council exam—also presents no problems. I am sure every member would support that provision. The Australian Medical Council exam has long been the standard for general registration. Clearly, it is an appropriate standard. However, new section 44(c) states—

> The applicant has been certified by the Australian Medical Council as having skills, knowledge and training of a standard suitable for general registration.

Again, the opposition accepts that the Australian Medical Council is the standard body for medical accreditation and it accepts the Australian Medical Council's determinations in assessing and certifying people to be of a suitable standard for general registration.

However, new section 44(d) is very much a case of 'Oh, dear', because this is where the government has dropped the ball and potentially opened loopholes that could have drastic consequences for Queensland patients and medical standards in general in Queensland. That new subsection states—

> The applicant has a prescribed qualification that has been recognised by a prescribed entity for the purpose of a corresponding general registration.

We have to understand clearly what that new subsection means. The bill states that the definition of 'prescribed entity' is—

> ... a foreign regulatory authority, or other entity, prescribed under a regulation for this section.

So by regulation under this section of the legislation we can appoint a foreign registration body to choose what qualifications are acceptable for doctors to practise in Queensland. That is not on. That is a choice that cannot be delegated out of this state. That is an abrogation of the responsibility of the Queensland government and the Queensland Medical Board to ensure that medical practitioners who enter this state are safe.

We can just imagine the outcry when a substandard doctor comes into this state and causes serious or fatal consequences to Queensland patients. I can hear the government's response now—'His qualifications were accredited by someone in London', or 'Ottawa', or 'Los Angeles', or 'Cape Town', or so on. Under this bill, the government is proposing to allow any foreign regulatory body approved under regulation to choose whose qualifications are up to standard and suitable to practise medicine on Queenslanders.

Mr Lucas: A closed shop. The British Medical Council is not good enough? This is where you're caught out.

Dr FLEGG: I take the interjection of the minister for main roads. Perhaps he would care to listen to the rest of the speech. It has nothing at all to do with a closed shop. It is about ensuring that safe standards apply in Queensland. No other state in Australia understands better than Queensland what happens when you drop the standards of medical practice.

Mr Lucas: The College of Surgeons in Edinburgh and the Poms did our training for us in specialist areas for years and still do. How can you question their qualifications?

Dr FLEGG: The minister for main roads should stick to the Transport portfolio because we are not talking about the college of surgeons here at all. He is completely missing the mark.

Mr Lucas: That is the training system they use.

Dr FLEGG: If the minister cares to continue to listen, he will understand what this bill is proposing.

Mr DEPUTY SPEAKER (Mr Wallace): Order! Would the member address his comments through the chair.

Dr FLEGG: These overseas registration bodies do not always get it right. It is very important to note in this section that it does not require that these overseas regulatory bodies approve qualifications from within their own jurisdiction. So there would be no exclusion if, for example, the General Medical Council were to recognise degrees from across the Commonwealth or if bodies in North America were to recognise degrees from Latin America and so forth. As I said earlier, we support the concept of the Australian Medical Council or, in this case, the Medical Board, should it have the resources to do so, accrediting individual, high-standard medical qualifications from around the world after suitable investigation. We support that. However, we do not support and cannot support the government abrogating its responsibility to ensure that medical qualifications are appropriate for Queensland from some overseas based body.

There have been some bizarre circumstances with overseas medical qualifications, whereby in a particular country a qualification can be granted on the express condition that it is only granted provided the person receiving the qualification does not practise in the country granting the qualification. There are many reasons why particular medical regulatory bodies may look at accepting certain qualifications. This is a decision that can only be made in Australia by the AMC or in Queensland by the Queensland Medical Board.

I have introduced into the House an amendment, which has been circulated in my name, to this section. It is a very moderate and sensible amendment. We have done so in preference to opposing this measure altogether. So we have gone a long way to compromise on what the government is seeking to achieve by this section by simply trying to make the minimum adjustments that we see would be necessary to ensure that the measures contained in this bill do not open a loophole for untrained or substandard doctors to enter Queensland as we have seen happen in the past.

Our amendment would have the effect of indicating that only medical qualifications accredited by those overseas registration bodies would be acceptable in Queensland if it were a qualification from their own jurisdiction. So if the General Medical Council approves a qualification and we intend to accept its advice, it would only apply if the qualification it is accrediting comes from its own domestic jurisdiction in England and would not apply to qualifications from other parts of the world that may from time to time be accredited.

In our amendment we have introduced a number of other safeguards—in particular, that the person must not only hold a qualification from the domestic jurisdiction of the registration body but also have been registered in that jurisdiction. This bill contains no requirement for somebody coming with an accredited degree from the General Medical Council in England, for example, to have ever been registered to practise medicine in England—only that they hold a degree that is accredited by that body. So, in the case of the General Medical Council—seeing as we are using that body as an example, but it is not the only possible example under the bill—the person may never have been registered to practise as a doctor in that jurisdiction and may well never have practised medicine within that jurisdiction. So a Queenslander, on reading what is contained in this bill, might think, as the minister for transport thought, that an accredited degree from the General Medical Council in England means that we are accepting English degrees or English doctors registered to practise in England and who have practised in England

when, in fact, the bill makes provision only that the General Medical Council has approved their degree—not that it is a British degree.

Mr Lucas: Well, don't you think they have the same standards as us?

Dr FLEGG: No.

Mr Lucas: They are lower?

Dr FLEGG: We are talking about people who have never been registered as a doctor in that jurisdiction and have never practised medicine in that jurisdiction.

I have included a further safeguard for Queenslanders, that is, as well as having a qualification from the jurisdiction of the medical registration body and as well as having been registered within the domestic jurisdiction of that body, they must have practised medicine at some time within that country. We have sought to make that modest change to the bill, and I hope the government will take the amendment in the spirit in which we have put it forward. It would have been very easy to simply oppose this measure and oppose what the government is attempting to do. What we have done is go a long way to accommodating what the government is seeking to do but just with some extra built-in safeguards. I hope that our amendment is seen in that light.

I fundamentally believe that only individual medical qualifications that have been recognised by either the Medical Board of Queensland or the AMC should be appropriate standards, but we have relaxed that fundamental belief to make some accommodation for the government under the present circumstances that prevail in Queensland. We have gone a long way to meeting the government's wishes in this bill and made a considerable concession to the point that we will accept that an overseas regulation body, such as the GMC, can approve qualifications that will be automatically accepted in Queensland. But we can only go that far in agreeing to it on the terms of the safeguards we put forward by virtue of the amendment.

Those safeguards are that the qualification approved by the General Medical Council must come from within that country, that the applicant must currently be registered to practise in that country and that the applicant must have at some time practised medicine in the country that is recognising their degree. There is a real danger here that a simplistic approach will be taken—an approach that says, 'Well, if somebody is sort of good enough in England or America or Canada or South Africa then they're good enough here.' But this is an oversimplification. We are not talking, in the way this bill is framed, about English graduates registered and practising medicine in England. We are talking about anybody with a qualification from anywhere in the world whom the regulatory body might decide to tick off without any requirement that they have had any involvement with the English medical system.

The public of Queensland may well be thinking that this means that we will be getting English trained, English-speaking, English practised doctors. However, in its present form this bill opens a loophole that we may well live to regret. Rather than opposing the measure, we have attempted to tighten it up so that Queenslanders get what on the surface they may well be expecting from this provision, and that is, by virtue of this particular part of the legislation, a qualification accepted by the General Medical Council that is an English qualification for a doctor who is registered to practise in England and that that doctor has at some time practised in England. They are just common-sense minimal safeguards that will prevent a situation arising where we recognise, and allow in without checking, substandard medical practitioners.

No-one in Queensland is under any illusion about the huge differences between the quality of medical degrees and medical practice in different parts of the world. A doctor is not just a doctor is not just a doctor. Standards exist which are equal to the standards that we traditionally enjoy in Australia. Standards exist that sit below ours but where doctors, perhaps with some training or supervision, could be brought up to the standards expected in Queensland. Standards exist that are nowhere near what Australians expect of a doctor or consider to be an acceptable standard of practice.

It is imperative that we ensure that this bill is not simply an opportunity to lower our standards and to absolve ourselves of responsibility by stating that the decision was made by someone else—someone who is not even in Australia, let alone in Queensland. There must be accountability for each and every practitioner who enters into practice in this state.

Turning to other parts of the bill, I note the waiving of the registration application fee for short-term visiting doctors, with up to five weeks being allowed at no cost. Clearly, under these circumstances, provided that the standards are all met, encouraging people to do medical work in Queensland is quite reasonable and there is some merit in these provisions. We will support them.

However, there is an area of the bill that we have significant reservations about. It may introduce a loophole that could be exploited by doctors who seek to avoid the normal criteria and the normal checks upon entry to Queensland. We have to be careful about this. If our system is too slow and inefficient, good-quality doctors will go elsewhere. However, if we open up loopholes, as we did under the lax provisions that prevailed in this state, then second-rate doctors who find it hard to obtain work or to perform to a reasonable standard are attracted to Queensland. That is why Queensland had a

disproportionately large number of under-trained doctors compared with the other states of Australia. An efficient system is important. However, it is equally as important to ensure that legislation does not open loopholes that can be exploited—because if they are there, they will surely be exploited.

Considerable concern has been expressed about new section 134, clause 16. This clause allows visiting teachers to practise medicine. Clearly, the intent of the clause is to allow visiting teachers in various branches of medicine to perform procedures or demonstrations and practise medicine on patients, where necessary, for teaching or demonstration purposes.

However, the wording of this section could allow somebody to come in under the pretext of teaching and set up practice as a specialist without the normal checks and balances. It is critical that a bill in relation to the registration of medical practitioners is worded and produced in a way that avoids loopholes, not creates them. Surely Queensland has learnt the lesson that people who practise as specialists in this state should be thoroughly checked and approval obtained that they meet our requirements to practise their specialty. Clearly, this section allows the practise of specialist medicine by people who may not meet the normal criteria in this state, coincidental to their coming into the state, supposedly to teach.

Concern has been expressed about this in medical circles. I ask the minister to seriously consider these concerns. In principle, the opposition does not have a problem with medical specialists and educators coming to Queensland to teach and undertaking the necessary level of medical practice in their discipline as part of their teaching. However, the wording should be tightened up so that it is not simply a de facto registration for them to practise as a specialist and circumvent the normal checks and balances.

In conclusion, we support many of the provisions of the bill. However, I have expressed our serious reservations in relation to some measures, in particular the abrogation of our responsibility to accredit medical qualifications in this country to overseas regulatory authorities, and the opening of a loophole in relation to teachers entering into Queensland. We believe that that particular provision should apply only to medical practice that is necessary for a teaching purpose, such as demonstrations.

Mr FRASER (Mount Coot-tha—ALP) (3.25 pm): It is my pleasure to rise this afternoon to support the Medical Practitioners Registration Amendment Bill that is before the parliament. This bill arises from the COAG process and the federal structures that govern medical registration in this country.

It is now a well-known and nationally accepted fact that Australia has a doctor shortage. It is a fact that the Prime Minister even agrees with now, after the COAG meeting in February. As all members know, that meeting recognised, amongst other things, the urgency for addressing the national health workforce shortage and asked for detailed information for the COAG meeting scheduled again in July on the additional number of student places needed to start tackling the shortage of doctors in this country. That decision, as all members know, was influenced by a number of factors. At that time, the Queensland government mounted a strong and cogent case for an extra 325 student places each and every year here in Queensland. At the time, the Victorian government also made a case for extra places, as did the New South Wales government.

That comes after the Productivity Commission's research report last year on Australia's health workforce, which identified shortages in our health workforce. That report stated—

Although identifying workforce shortages in the health care system is not straightforward, studies undertaken by a range of government agencies, government-appointed committees and professional bodies have pointed to significant and growing shortages in many areas of the health workforce.

The dimensions of the problem are probably best comprehended by the following example. In the year 1976, when I was born, Queensland had a population of just over two million people and 205 graduates from medical school. In the year 2004, when I was elected, Queensland had a population of just under four million and 219 graduates from medical school.

Debate, on motion of Mr Fraser, adjourned.

MINISTERIAL STATEMENT

Cyclone Larry, Recovery Assistance

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (3.27 pm), by leave: I had indicated to the House and publicly that the Prime Minister and I were working closely to enhance the support for the victims of Tropical Cyclone Larry. I am delighted to advise the House that the Prime Minister and I have agreed on a further package, and the Prime Minister has advised the federal parliament today and, in turn, I will advise our parliament.

However, before I do so, I again pay tribute to those who have been involved in the clean-up effort for the work that they have done in the cyclone affected area. They have done a magnificent job. That encompasses the army of volunteers, emergency services workers, the essential workers in a number of areas, community organisations and defence personnel. I refer to people such as emergency

services personnel, ambulance officers, fire officers, police, SES and Red Cross. All of these wonderful people have done an absolutely brilliant job. However, we need to acknowledge that rebuilding will be a long and complex process.

On 22 March, the Prime Minister and I announced concessional loans of up to $200,000. This encompasses farmers and small business operators in the affected area. Obviously, we set out a particular area for that. From submissions put to me at a number of meetings and from talking to people—not only in Innisfail but also in Babinda, Tully, Silkwood, the Atherton Tableland, Malanda, Millaa Millaa and, indeed, in the broad meeting in Atherton which included people from Mareeba and Ravenshoe—it became clear that concessional loans of up to $200,000 were not enough.

It was quite clear that businesses and farmers required more assistance to re-establish their businesses. Therefore, along with the Prime Minister, I am pleased to announce today that for special cases, such as enterprises demonstrating extreme damage, the maximum loan amount will be increased to $500,000, with the grant component capped at $50,000. That means that under the old arrangement people could borrow up to $200,000, but 25 per cent of that would be a grant. They would pay four per cent on the rest of it—$150,000—but not for the first two years. This means that people can now borrow up to $500,000, but the grant component is still capped to $50,000. There will be no repayments for the first four years. That is still confirmed. Those loans will be available to eligible businesses regardless of the number of employees.

When I was on the Atherton Tableland I talked with one of the farmers whom I mentioned yesterday. I have forgotten his surname, but Dennis was his Christian name. I visited his place at Walkamin. He made the point that the number of employees was an impediment because he employed more than 20. A number of people at the meeting in Atherton said exactly the same thing. So that has been resolved. The Australian government had previously committed to providing $10,000 in tax-free grants to small businesses and farms with 20 or fewer employees that had been adversely affected by the cyclone. Eligibility for these grants will now be extended to businesses and farms with more than 20 employees that have been adversely affected by the cyclone.

In view of the extensive damage caused, the Prime Minister has decided to increase the grant amount to $25,000 for businesses that can demonstrate significant losses. The Prime Minister has reached the view that this is necessary, and it is a view that I share. I thank him for listening to Queensland. I thank the Prime Minister for listening to the representations that I have made personally to him in our negotiations and discussions. As I said, I thank him for listening. I say to the farmers and the small businesspeople across north Queensland that both the state and federal governments have listened to what they have had to say.

We have all identified the critical need for assistance from some dairy farms and aquaculture businesses that are without power as a result of damage suffered due to the cyclone. Assistance for the cost of hiring a generator will be available where electricity is needed to operate equipment that is required to relieve distress or maintain the lives of cows and fish and other aquatic organisms. The Prime Minister has made it clear that this will help dairy farmers operate milking machines and aquaculture businesses operate pumps and filters. As he pointed out in his statement to the parliament, this is a common-sense approach that will mean that dairy farmers and aquaculture businesses can maintain the health of their stock and return to production more quickly. Maintaining healthy livestock will also reduce the risk to the community of disease. This assistance is in addition to the fuel excise relief, which is available to households and businesses that are without electricity and are using a generator as a result of the impact of Tropical Cyclone Larry.

I welcome what the Prime Minister has said. Detailed guidelines for each of these measures are being developed by the relevant agencies and will be available shortly from the Cyclone Larry Relief Hotline, which is 1802002. The use of that hotline will allow quick access to these facilities. I will remain in close contact with the Prime Minister and General Peter Cosgrove to ensure that we continue to support this region.

I table a news release from the Prime Minister which sets out and confirms what I have just told the parliament. I again want to thank the Primer Minister for working in partnership with the Queensland government. I say to the people affected by Cyclone Larry that we will leave no stone unturned in order to help them. We will do everything we possibly can. This statement from the Prime Minister and me is absolute confirmation that we are, one, listening and, two, determined to help these people rebuild. With this level of support we have now taken a further step to ensure that everything that can be done is being done. We will stand by these people in rebuilding their lives.

Mr DEPUTY SPEAKER (Mr Wallace): Order! Before calling the Premier, I ask honourable members to welcome students and staff from Tinana State School in the electorate of Maryborough, which is represented in this place by Mr Chris Foley.

PAEDIATRIC SERVICES

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (3.34 pm): I move—

That this parliament:

(1) acknowledges the excellent work and dedication of the clinicians and all staff involved in providing paediatric services at the Prince Charles, the Royal Children's and the Mater Children's Hospitals;

(2) rejects calls to close the Mater Children's Hospital and supports the ongoing delivery of paediatric services through the Mater Children's Hospital;

(3) acknowledges that future services for the north side of Brisbane need to be resolved though consultation involving clinicians and parents through the newly established task force;

(4) opposes the decision of the coalition health spokesperson that they 'will work towards establishing a single paediatric hospital' which would mean the closure of the Mater Children's Hospital.

To be frank, I am shocked and disappointed that the state opposition would consider forcing the closure of one of the best performing and most loved hospitals in our state. There can be no confusion about this. So let us have no nonsense from the opposition. This morning at a little after 8.30 am the Queensland opposition's health spokesman announced that—and this is a direct quote from his interview with Madonna King on ABC Radio—'We will work towards establishing a single paediatric hospital'. That means the Mater Children's Hospital will close. Let there be no mealy-mouthed nonsense; that is what it means.

Under coalition policy announced by the shadow spokesman for health there will be a single paediatric hospital. That simply means the closure of the Mater Children's Hospital. Members opposite will squirm about it because they do not like us highlighting it. Anyone who has ever used or supported the Mater Hospital in this state should be outraged by what the Liberal and National Parties want to do.

Here is a hospital—the Mater—which for eight decades has provided the very best of care to children from across Queensland and Northern New South Wales. For generations women have chosen to have their babies at the Mater. Indeed, all of my own children—all three of them—were born there.

Of course, not every family is lucky enough to avoid hospital visits during their children's lives. The Mater Children's has a well-deserved reputation not just for its medical care of treating children but also for offering them love and support.

The Mater is celebrating its centenary and on the web site created for the event a woman from Ashgrove pays tribute to the Mater Children's—a second home. Dominique, whose son Joseph was diagnosed with cystic fibrosis when he was just 10 days old, says of the Mater Children's—

Over the years the Mater has become our second home. He—

Joseph—

is admitted up to three to four times a year and at these times life becomes hectic and draining for all. Joseph spends his days at the Mater Special School in the care of the wonderful teaching staff. The nursing staff have become pseudo parents and playmates for him when we cannot be there. When I drive home alone after tucking him into bed for the night I feel comforted by the fact that the Mater 'Angels' are looking after him.

It is this tradition of caring and support that the state opposition is intending to put an end to. The Mater Children's Hospital has a well-earned reputation as one of the best hospitals in the world. The clinicians and nurses who work there save people's lives on a daily basis. They are world class. The Mater's local member, the Deputy Premier and Treasurer, who, like thousands of other Queenslanders, has sat with her sick children while they received excellent care from Mater Children's, would love to have been part of this debate, but she is in Canberra for the Ministerial Council of Treasurers meeting. If she were here she would have leapt at the chance to have seconded this motion. She has asked me to ensure that her full support of the government position's and of the Mater Health Services and the Children's Hospital is noted by all, and I do so. She has reminded me that the Mater's development—100 years ago this year—has seen it grow from a small private hospital to a world-class group of seven private and public hospitals and a research institute. It is exceptional. What a dreadful 100th birthday present the Mater receives from the opposition. 'We're going to close one of your most cherished facilities'—that is what the opposition is saying to the Mater.

The opposition does not comprehend care and compassion. No medical or political textbook has a definition for what the likes of people like Sister Angela Mary Doyle—and all the staff at the Mater over 100 years—have offered. They give their all for sick children. Their hospital was offering care for sick people and children long before any politician talked about a free heath care system. A visit to any room in the Mater has a display of what drives their philosophy—selfless sacrifice for others. The Sister Angela Mary Doyles of this great system have for more than 100 years given this state exemplary service. To see that threatened in any way is sad and disappointing and shows that those undertaking such an action are out of touch and irrelevant.

I have received a copy of a letter that the Deputy Premier received from the Chief Executive Officer of the Mater, Dr John O'Donnell, just before her departure for Canberra. In his letter, Dr O'Donnell provides information on the cooperative arrangement that the Mater Children's Hospital has

with the Royal Children's Hospital in conjunction with Queensland Health. Because of its importance, I seek to incorporate it in *Hansard*.

Leave granted.

Mater
Exceptional People. Exceptional Care.

30th March 2006.

Hon Anna Bligh MP
Deputy Premier & Minister for Finance,
Minister for State Development, Trade and Innovation
Member for South Brisbane
Suite 1—90 Vulture Street
SOUTH BRISBANE Qld 4101

Dear Deputy Premier,

The Mater Children's Hospital was founded in 1932 and has been providing complex Tertiary Paediatric Services and community public services to Brisbane, Queensland and Northern New South Wales since that time.

The Mater Children's Hospital has a cooperative arrangement with the Royal Children's Hospital and in 2002 completed, in conjunction with Queensland Health and with the Royal Children's Hospital, a detailed strategy for the provision of state-wide Paediatric services. This Working Party report was accepted by Queensland Health and has been implemented. The Review includes a total assessment of each major state-wide service in paediatrics and assessed the ability of each Children's Hospital to provide that service.

The following tertiary services are provided by the Mater Children's Hospital to children throughout Queensland and Northern New South Wales:

- Renal Transplantation Service & Urology
- Complex Cranio-Facial Surgery
- Sleep Medicine Service
- Metabolic Medicine Service
- Cochlear Implant Service & ENT Surgery
- Oncology Service—non transplantation
- Medical Imaging Service
- Respiratory Medicine Service
- Neurosurgery Services
- Paediatric Intensive Care Services
- Neurology Services
- Diabetes Endocrinology Services
- Orthopaedic Services
- Developmental Paediatric Services
- Paediatric Epilepsy
- Scoliosis Surgery
- Retrieval Services
- Complex care services for children with multiple disabilities

It was agreed that the Royal Children's would provide the following services on a state-wide basis:

- Bone Marrow transplantation
- Cerebral Palsy Services
- Clinical Genetics Service
- Liver Transplantation Service
- Haemophilia Service
- Burns Service
- Gastroenterology Service

The current and projected population of Queensland requires the following services to be available within each Children's Hospital to service its local and regional community

- Trauma and Emergency Services
- Cardiac Medicine
- Oncology Service
- Medical Imaging Services
- Respiratory Medicine Service
- Neurosurgery Services
- Paediatric Intensive Care Services
- Neurology Services
- Endocrinology Services
- Orthopaedic Services
- Developmental Paediatric Services

The outcome of this process has been that the two tertiary paediatric hospitals have complimentary roles and do not duplicate tertiary paediatric services.

The Mater supports the specific recommendations in the Review of Paediatric Cardiac Services in Queensland with regard to the provision of complex paediatric cardiac surgery within a children's hospital.

Yours sincerely,

Dr. John O'Donnell

(sgd)

Chief Executive Officer.

Mr BEATTIE: Following a review in 2002 this agreement was put in place to ensure that there was a strategy for the provision of statewide paediatric services. He has provided information on this strategy and its operation. He also says—

The outcome of this process has been that the two tertiary paediatric hospitals have complementary roles and do not duplicate tertiary paediatric services.

The Mater supports the specific recommendations in the Review of Paediatric Cardiac Services in Queensland with regard to the provision of complex paediatric cardiac surgery within a children's hospital.

That is the kind of expert advice we are going to take. That is why my government has not rushed to judgement on this issue. We will work with the clinicians and with parents on our newly established task force to do what is right for the parents and children of our state. We will of course continue to support the great work of the Mater Children's Hospital.

I want to make two things really clear. One, we know exactly where the opposition stands on this issue. It has gone out and said 'one paediatric hospital'. That means the closure of the Mater. It also means that the services of the Royal Children's and Prince Charles hospitals are also at risk, because the opposition has given no guarantee. It has said 'one hospital', and by doing that it has basically undermined three hospitals. The opposition has done that without any consideration and without any thought.

To suggest that the position of those opposite is otherwise than what they have said publicly is a nonsense. When interviewing Dr Flegg on radio, Madonna King asked—

Alright: yes or no? If you are elected to Government will you make a promise today that you will have this new hospital no matter what the cost?

Let us look at what Dr Flegg said. He said—

We would take the advice of the experts who know how to provide care for children and we will work towards establishing a single paediatric hospital and ensuring that we can find the funds to do so.

That is in black and white. What it says to the Mater Children's Hospital is, 'We will close you.' What it says to Prince Charles and Royal Children's is, 'Your future is at risk.' I do not know how anybody could possibly do that—undermine the great work of the clinicians in those three hospitals, particularly the Mater, and undermine the great work of nurses and that of the entire health community. Not only that, they are putting parents with children who are at risk through hell.

What we have said is really clear. We have made it abundantly clear that we will have no truck with closing the Mater Children's Hospital. That is off the agenda. While my government is in office, the Mater can rest assured that it will have our support and our protection. If we are not in office, then its future is at risk. The coalition has made it absolutely clear what its policy is. It is in black and white. It is policy on the run but it is the coalition's policy nevertheless. We will stand by the Mater and every other Mater hospital in this state. I put that on the record today.

The second thing we have made clear is that the minister has established a task force and we will examine closely the provision of health services on the north side. We have made it clear that we are yet to be convinced about any closures or any changes in relation to the Royal Children's or Prince Charles, because we value the work they have done. But not so the opposition, which has already made a decision that it will be closed because it is going to build one paediatric hospital. I say to these two great hospitals—Prince Charles and Royal Children's Hospital: we value what you have done. We know the significant contribution that you are making to Queensland.

I would urge the opposition to read the communication I read out in relation to the Mater called 'A Second Home'. Read what it means for Dominique from Ashgrove and her son Joseph. Read what great contributions the Mater Hospital has made. I table that for the information of the House.

Those opposite cannot get out of this. There is no mealy-mouthed nonsense that will get them out of this. They have said on radio, and we have a transcript in black and white, that they will 'have one paediatric hospital' and that means they will close the Mater. I think there will be clinicians at the Mater, at Prince Charles and at the Royal Children's Hospital today who will be appalled at the decision taken by Dr Flegg, the member for Moggill. They will be appalled, as we are appalled. I cannot for the life of me understand why any health spokesman for any political party would seek to destroy one of the great institutions—

Dr Flegg interjected.

Mr BEATTIE: And he laughs about it. Dr Flegg laughs at the Mater. The member for Moggill thinks it is a joke. He laughs at these hospitals. He thinks it is a joke. We do not think it is a joke. We will stand by the Mater Hospital. He can laugh and smirk, and let the record show that he did. While I am defending the Mater, he is laughing and smirking. He does not care about this great hospital and the contribution that it has made. This is not a laughing matter and it is not a joke. This hospital is one of our great institutions, and he signed its death warrant today under a coalition government. Let me make it absolutely clear: there will be no death warrant for the Mater under my government. We stand by this hospital and everybody who works in it.

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (3.44 pm): I second the motion moved by the Premier. What we saw this morning was an opposition embarrassed. It was an opposition outed for its duplicity and its opportunism. It was too quick to get to the media to announce what it planned to do without actually thinking it through and without remembering what it did when it was last in government. I gave a smattering of what the former coalition health minister had to say about this issue back in the early nineties when it was last revisited, but I think it is worthwhile going further to put another nail in the coffin to expose the duplicity and the dishonesty which are the hallmarks of the opposition on this issue. Not only did Mr Horan say—

One really must consider why this decision is being made and why anyone would want to shift a hospital from a site that has space and parking, is pleasant and is really loved by the people who use it—that is, the parents of the cardiac kids and the families associated with heart patients—and move that hospital with those new facilities, its associated teams and high standards of excellence into a crowded site like the Royal Brisbane Hospital.

Mr Horan not only said—

This is one of the most stupid and ridiculous decisions that this Government has ever made.'

He also said on 7 June 1994—

That is not the sort of thing that one can transfer into another organisation where it becomes a small branch on a large tree. All that speciality and uniqueness would be lost.

That is what will happen if that hospital gets shifted.

On 15 February he talks about the lack of consultation on this issue. What have those opposite just done? They have unilaterally made a decision without consultation—the very thing that their predecessor complained the Goss government did in relation to the future of paediatric cardiac services. There it is. Mr Horan is saying that they have to go out and consult. He made further comments about a working party. What he was calling for on 15 February 1994 was a task force to be set up to determine the future of paediatric cardiac services in Brisbane. It was good enough for their predecessor to call for a task force and consultation but it seems not to be the case 12 years later. What has changed? Absolutely nothing. The same issues that were discussed back then in the Booz Allen Hamilton report are being put on the table here today. What have we done? We have done exactly what their predecessor called upon the Goss government to do: we have set up a task force and we will consult.

If we take the decision by the opposition a step further, and that is close the Royal Children's, close the Mater and close Prince Charles, I have already been on record saying that if we wanted to go down the path of a stand-alone hospital we probably would not get much change out of $500 million. They are prepared to cop that, despite the fact that we have released a South East Queensland Infrastructure Plan for the infrastructure needs of south-east Queensland for how many years, Premier?

Mr Beattie: Twenty.

Mr ROBERTSON: The next 20 years. Where are they going to factor that in? What year is that hospital going to be built? If it is going to cost $500 million, what year will they factor that in? But there is more than that, because those opposite have not thought this through. What we have is purpose designed facilities at the Mater, at the Royal Children's and at Prince Charles—designed specifically for paediatric medicine. That does not convert automatically to being able to provide services for adults. So on top of the costs of a new hospital there are refurbishment costs in each of those three hospitals to bring them up to a standard that can be used for adult medicine. They have not factored that in, either.

It demonstrates once again how pre-emptive they were. They could not wait to get a cheap headline to make big fellas out of themselves. They wanted to say, 'We are going to build a new children's hospital,' but they did not think it through. They failed to remember what their own minister for health did and said when he was in government. They will forever be hung by that. They did not think for one moment what that would mean for the Mater. It demonstrates the lack of competency on that side of the House. They do not think things through, and as a result they have embarrassed themselves. What we are able to demonstrate today is that not only did the former coalition minister for health hard-wire paediatric cardiac services into Prince Charles but it came at the expense of the announced refurbishment of the emergency department at that hospital for which they have been hung by their own words as well.

Time expired.

Mr SPRINGBORG (Southern Downs—NPA) (Leader of the Opposition) (3.49 pm): This Labor government commissioned this report and has now thrown its findings in the bin. This Labor government is not prepared to accept the recommendations of at least five experts in the area of paediatric healthcare in Queensland and others whom they have consulted with. They are prepared to throw away the lives of children in Queensland for a political stunt.

This debate should not be about a motion and some form of attachment. This debate should be about appropriate paediatric care in Queensland. That is what this debate is about. This government is seeking to construct and orchestrate some sort of spin to justify its neglect of tertiary paediatric care and paediatric cardiac services in Queensland.

This report talks about some 30-odd child deaths in one hospital alone. Some of those children may have in fact died because of the medical ailments they had. Many of the deaths may have been prevented if this government was prepared to take on board the recommendations of the experts on this panel. What is the point of having a report that gives a warts-and-all appraisal of the problems with paediatric care in Queensland, particularly tertiary paediatric care and including cardiac care, if those opposite do not want the recommendations.

It is very interesting that over there we have a Premier who took six months to rule out copayments and means testing in our public hospitals but who within six hours is prepared to take this report and throw it in the bin. It took six hours for him to take this report and throw it in the bin and disregard what the panel of experts has actually said. We know where this government's priorities lie in Queensland.

The Premier needs to consider this today. This debate is not about signing the death warrant of the Mater Children's Hospital. This is about signing the death warrant of children in Queensland who are requiring specialist cardiac and other paediatric tertiary care in Queensland. Let us look at what the panel of experts actually said. This is where the intellectual capability of the Premier and the health minister let them down. They do not appear to have it. The report states—

Broadly, our Panel considered the following options: on the site of one of the existing Children's Hospitals (RCH or MCH); on TPCH campus; or an appropriate 'greenfield' site. Inherent in such a plan is the subsequent closure of the three existing tertiary paediatric facilities ...

But nowhere does it say that the Mater Children's Hospital should be closed and cannot be considered as the site for the establishment of the new children's hospital in Queensland. The panel has actually said that it makes sense to locate it somewhere near where we have specialist facilities, particularly obstetric facilities.

The other thing that the mindless backbenchers are not prepared to consider either is simply this. Even if there is a consolidation of tertiary paediatric facilities in Queensland, there is a role for paediatric hospitals or paediatric units in Queensland that work outside of the tertiary paediatric facility. It does not mean that if we construct a new stand-alone facility or one that is co-located at an existing site other paediatric facilities around Queensland should be closed. There is a range of other areas of treatment such as orthopaedics, ENT and thoracics and other childhood ailments outside the tertiary areas that can be facilitated and catered for at those particular hospitals.

Members on the other side of the parliament have not considered the report or looked at the broad way that these people have looked at the issues and suggested the way that it needs to be done. At the end of the day, the only place that has paediatric services at the moment that may not have any sort of paediatric services post the establishment of a new specialist children's tertiary hospital on a greenfield site or co-located site is probably Prince Charles. The new one could be co-located there, but I doubt it.

The simple reality is this. Even if we accept the logic of this report—and there is a lot of logic—there will always be paediatric facilities at a range of hospitals around Queensland, including at the Mater if that is not where it is co-located. It may end up being located there. These people are saying that it needs to be properly planned and there needs to be proper consultation.

Today we have a government that is not prepared to look at all the warnings in this report. This government's neglect has led to the death of children in Queensland. It is prepared to keep the same system in place which has caused some of these issues. No-one is arguing about the brilliant professionalism or dedication of the staff at the Prince Charles Hospital, the Royal Children's Hospital or the Mater Children's Hospital. This report does not argue about that. It recognises the professionalism of those people.

But it goes on to point out the significant issues that exist. It says that there is a lack of integration, that there is very low morale and that dangerous situations have been created as a consequence of the fragmentation of the advanced paediatric requirements across Queensland. That is the case where we are doing those major tertiary procedures in south-east Queensland. It is saying that by not having those facilities consolidated on one site, whether it be at one of the existing sites or a greenfield site, dangerous situations are created. These dangerous situations mean deaths and unnecessary suffering for these children.

The report also goes on to talk about an interim plan. What is the government's interim plan? The government does not have an interim plan other than coming in here and pulling these sorts of stunts. It does not have a plan other than pulling stunts. How many times have we seen the current minister and the Premier running around saying, 'We have turned the corner. We have reached our own benchmarks. We have done a self-assessment. Everything is all right'? The patients do not come into it.

Every time there is another disaster brought out by reports like this we hear more spin, we see more smoke and mirrors and more missing of the point. It is an insult to these people that the government is prepared to cast aside those recommendations. We are talking about a consolidation of tertiary paediatric care in Queensland. It is currently in a range of areas. That is very sensible, quite

frankly. It does not mean that there will not be paediatric facilities in other hospitals. Those facilities have to be in other hospitals to deal with primary and secondary care outside of tertiary care. Those opposite know that.

Let those opposite drop their dishonesty. They are not prepared to do that. Let us look at the other problem that has been identified in this report. It also says that one of the real difficulties we have in Queensland is fragmentation of specialists who have technical expertise in paediatric care. There is no central training facility that has all of the disciplines necessary to ensure that we have the necessary number of specialists in paediatric care. We do not have them. The reports says that we are losing them or that they are going interstate for that level of training.

We know that the level of technology and expertise required in paediatric care has grown in the last five years, let alone the last decade. We do not find adult anaesthetists giving anaesthetics to children except in the most extraordinary of circumstances. So we have people specialising in paediatric anaesthetics and oncology. We have people specialising in children's head injuries. We have paediatric cardiologists. This is the area of expertise that we are dealing with.

This is about saving the lives of kids and giving them the best possible opportunity for decent outcomes. Do not come in here scaremongering, saying that the Mater Children's Hospital is going to be closed down.

Mr Beattie: Give a guarantee it won't.

Mr SPRINGBORG: The guarantee we will be giving is that there will be paediatric services available there. That is quite clear. This report even facilitates that. All it is saying is that tertiary treatment, including cardiac procedures, should be consolidated into one facility to give the best possible outcome. What have those opposite got against giving children in Queensland the best possible opportunity to live decent lives? They are actually giving kids the best possible outcomes.

Experts are saying that these are suboptimal outcomes because of the fragmentation, yet the government is prepared to see that unacceptable situation continue and these children suffer and possibly even die as a consequence of that fragmentation. The government will accept this report's recommendations after the Gaven by-election because it knows it is the right thing to do.

Mr QUINN (Robina—Lib) (3.59 pm): Nothing could distinguish the policy positions of the Queensland coalition and the Labor Party more than this motion and this debate today. We on this side of the House want to fix the problem. We understand the need to fix the problem facing paediatric services in this state. We want to support the recommendations made by this expert panel to establish one single tertiary paediatric hospital in this state—a Queensland children's hospital. Does that mean the closure of the Mater Children's Hospital?

Opposition members: No!

Mr QUINN: No, as the Leader of the Opposition said. But what it does mean is that we are prepared to make the hard decisions to improve tertiary paediatric services for the children of this state. But what do we see from the Labor Party? What does it want to do? It wants to play the politics. That is what it wants to do. This is about the politics of health in this state. It is not about fixing the problem. This was an expert panel drawn from around Australia and New Zealand that investigated the tertiary hospital services in this state and found them to be grossly wanting. Members can go through the report and read the words 'unsustainable', 'dangerous' and 'cannot be justified'. A whole range of issues have been played out in the media and in this place over the past 24 hours.

But the most important thing is that not only did this panel of experts agree about the approach but, by and large, the majority of people involved in those three tertiary paediatric centres—Prince Charles, Royal Brisbane and Mater—also agreed about the only solution. Members only have to look at the report. Let me read the report. What do the staff say? The report states—

> But with few exceptions the people involved recognise that current arrangements are inconvenient, inefficient, hazardous, unsustainable and cannot continue. This latter view was repeatedly expressed both in written submissions and during interviews, by staff at all levels, in all disciplines, and from all three institutions ...

So the panel of experts and all of the people working in these institutions have all arrived at the same decision. What do we need? A Queensland children's hospital! The only mob that does not want it is the ALP. The reason why?

Mr Springborg: For political reasons.

Mr QUINN: For political reasons. It wants to run a scare campaign about closing paediatric services and other hospitals throughout Queensland when the report does not say that. The report does not say that. The report says to have one tertiary paediatric institution in this state and maintain the other paediatric services in other hospitals so there is an umbrella of care across children in this state with a high level of expertise at one level. That is the difference between our side of politics and that side. Those opposite want to play politics; we want to find the solutions that fix the problems created by whom?

Opposition members: By them!

Mr QUINN: By that side! By that side! If people are looking for solutions and looking for a group that will make the political hard decisions, look at this side of the House. Do not look at that side. What else does the report say? Here is the rest of it. It says—

> Here is a real opportunity for strong leadership to harness the undoubted professionalism of the best elements of all the institutions to build a new world class Queensland Children's Hospital for the ongoing long term good of the children in this state.

That is what this is about. Let me find members another quote. This is what it says—

> The definitive solution to the problem of providing high class health services to the children of Queensland is obvious—but politically difficult.

Don't we know it! It continues—

> Namely, the establishment of a single, tertiary Queensland Children's Hospital.

There it is in black and white in the report. We know what this is about. This is about politics on that side. It is not about providing the optimal level of care for the children in this state.

Mr FRASER (Mount Coot-tha—ALP) (4.04 pm): After 15 minutes I am not sure that the Leader of the Opposition actually gave a commitment in his speech to keep the current range of paediatric services at the Mater Children's Hospital. Then he was followed by the Leader of the Liberal Party, who for five minutes gave the code words of 'hard decisions', which I think we can all read for a downgrade of the paediatric services at the Mater Hospital as they stand at the moment. I am a great supporter of the Royal Children's Hospital and I do not want to see it closed, either. As it happens, over the past 19 months I have had occasion to visit there a few times, particularly it seems on the weekends or late at night when the inevitable gastro bug arrives at our house in the middle of the night, as it always does. It is a wonderful hospital and I want to commend the people there for the work that they do. It is a hospital that is benefiting by an extra $11 million this year and indeed an extra $67 million over the next five years as our detailed fully funded health action plan kicks in. The money that is going to the Royal Children's Hospital this year includes $75,000 more for elective surgery, $650,000 for emergency department services, $2 million for the hospital's intensive care units, $3.1 million for enhancement to cancer services, $4.1 million for other priority areas and $1.8 million for emergency paediatric surgery.

The fundamental question at the heart of the debate is this: what is the best service delivery model to ensure the optimal standard of paediatric care for Queensland's children? There is of course a diversity of opinion about this, within both the medical profession and the wider community itself. Some clinicians will argue that retaining the current system is best and others will argue that we should concentrate all paediatric services at one super children's hospital. The review's recommendation for a single new children's hospital adopts one of two models that operate in the world for the provision of paediatric cardiac care. Both models of course, as all models will, have advantages and disadvantages.

In the first model children with serious illnesses, including cardiac disease, are cared for in a dedicated tertiary children's hospital. In the second model paediatric and adult cardiac services are co-located in a cardiothoracic hospital where skills in the management of cardiothoracic diseases are focused across the patient's life span. In this model children have no break in the service provided to them as they age. They simply move through the paediatric, adolescent and adult services in the one location. This is the current model at the Prince Charles Hospital. Advantages of the first model include concentration of expertise, ready availability of a broader range of child focused expertise, development of support services and junior doctor training. The advantage of the second model is that surgeons in adult practice in the same hospital are able to provide a continuity of care for their paediatric patients flowing through into adulthood.

Those are not my words as it happens; they are the words of the Royal College of Surgeons of England in a best practice document titled *Children's surgery—a first class service* which was reviewed in 2005. In that same document the Royal College of Surgeons of England note that in England there are full-time paediatric cardiac surgeons based in a number of hospitals while surgeons with a mixed paediatric and adult practice are based in others. One hospital with a mixed paediatric and adult practice is the Royal Brompton and Harefield NHS Trust hospital in London which is the largest cardiothoracic centre in the United Kingdom.

On page 22 the review states that it is acknowledged that there are some valid countervailing arguments to the review's preferred model relating to the concentration of cardiac technical expertise and the value of continuity of cardiac care. While the paediatric cardiac services review is clear about which option it prefers, it contains almost no analysis of the potential costs of the implementation of the recommendations, the benefits that will accrue or alternative options for achieving the anticipated benefits. As the minister said, there is clearly a need for careful analysis, and that is why the minister has decided to establish a task force to help us chart the best way forward.

Importantly, that task force will feature not just health administrators and clinicians but also the real experts on what these children need—the mums and dads in Queensland, the parents of the children who are accessing these services and those people involved with HeartKids at the Prince Charles Hospital, a group that I had the benefit of meeting in the last sitting week along with the member for Stafford, the so-called 'prince of Prince Charles', and the Minister for Health. The question for the task force to answer is: what is the best service delivery model to ensure the optimal standard of

paediatric care for Queensland's children? Within that question it needs to ask: what does it mean for the future of the Prince Charles Hospital, the Royal Children's Hospital and the current range of services at the Mater Children's Hospital? In the final analysis that question becomes: is one hospital better than three?

Dr FLEGG (Moggill—Lib) (4.09 pm): I move the following amendment—

Delete all words after 'Mater Children's Hospital' in point 1 and insert the following:

'2. Notes the recommendations of the Review of Paediatric Cardiac Services in Queensland of March 2006, in particular recommendation 1 that tertiary paediatric services should be subsumed into a single purpose-built new Queensland Children's Hospital;

3. Notes the finding in relation to both the Mater and Prince Charles Hospital 'with few exceptions the people involved recognise that current arrangements are inconvenient, inefficient, hazardous, unsustainable and cannot continue' [p47];

4. Notes the further finding that 'this model of care is outmoded, does not produce ideal patient outcomes, is potentially dangerous, and is an inefficient use of scarce resources' [p5];

5. Notes the finding of the Forster report that 'the duplication of expensive tertiary paediatric sub-specialty services at both the Royal Children's Hospital and the Mater Children's Hospital did not appear to be a sustainable model' [p157];

6. Recognises the Queensland coalition policy for the creation of a 'dedicated Queensland children's hospital';

7. Calls on the government to immediately address the physical survival of Queensland children requiring paediatric care by immediately implementing the recommendations of the review.

This debate that we are having in relation to paediatric services in this state is not new. In fact, it goes back for decades. Over that time people in the clinical world have appreciated that paediatric services in the modern era can be satisfactorily addressed only by having a specialised, high-tech unit rather than having little bits of it scattered all over the countryside. We saw the very bitter consequences that come from this poor policy in the report that was tabled yesterday. That report showed the consequences for children and for training in this state in having three intensive care services when there are not the resources to have them.

We talk about the future of this state. This report is about the future. The only way we are going to have world-class paediatric services in the future is through the provision of a dedicated hospital for that. We do not have adequate resources to train in the high-powered paediatric disciplines that deliver care for children now and in the future. The report stated that that problem is with us now. Yet the government is considering building a hospital at some stage in the future. If the situation is bad now, what is it going to be like in the future?

The reality is that this government does not care about the future. That is why we have the health system in absolute chaos. This government has slashed hospital bed numbers. It has failed to deliver or plan for Queensland's growing population. Now this government is failing to plan for the growth in medical technology and the needs of children in the future. In five years time, whoever is in this parliament will be arguing about the crisis in paediatrics because this government refused to listen to its own expert advice.

Mr Peter Forster says the same thing. This was a very high-powered report by leading people throughout the country. It was not the first report to say this. Sometimes governments have to make a decision. We understand that there are some turf wars in Queensland Health. I am sure the people of Queensland understand that there are turf wars in Queensland Health.

It is up to the government to show some leadership if it wants to fix the health system. This report is part of fixing the health system. We have seen what is wrong with the health system. Yet again we have a government arguing against a way to fix it. The government does not want to fix the health system. Instead, it wants to play politics with it. It wants to play this silly little nonsense by saying that we have said something about closing the Mater Children's Hospital when, in fact, we have said no such thing.

Medical science is advancing at a frightening pace. The structure of paediatric care in Queensland is out of date today. For goodness sake, let us at last make a decision for the future so that in the future we have a safe, advanced framework for operations and treatments for children that have not even been invented yet, so that we have the appropriate supportive care and so that we have the trained allied health people.

We had this nonsense of going back 12 years. This morning, while speaking about a totally different subject, I heard the health minister say that 12 years ago Mr Horan said something about adult cardiac surgery. Medicine has moved on. This debate is about the future. Twelve years ago we had anaesthetists experienced in anaesthetising adults anaesthetising children, surgeons experienced in operating on adults operating on children. This minister does not even know that medicine has advanced since then. He does not even know that, as minister, he should be planning for the future needs of children. Instead he is, with the Premier, playing a political game. They should not play games with the health of children. We know that governments have to plan for the future. This government is failing to do that.

Mr SEENEY (Callide—NPA) (Deputy Leader of the Opposition) (4.14 pm): I rise to second the amendment moved by the member for Moggill. I note that that amendment seeks to substantially replace the motion that was moved by the Premier. The amendment that was moved by the member for Moggill is the right and proper response to the report that was tabled yesterday in this parliament.

It stands in stark contrast to the response that we have seen put forward by the government. The government's response was one of cheap, base politics for which the Premier has become so well known. For the Premier to come in here and suggest that there was some threat to the Mater Children's Hospital and that he was the white knight who was riding to its rescue is absolutely pathetic.

Mr Caltabiano: It's absolutely pathetic.

Mr SEENEY: It is absolutely pathetic and not worthy of anyone who claims to be the Premier of Queensland.

Mr Caltabiano: It's dishonest.

Mr SEENEY: It is dishonest. Anywhere else it would be called a downright lie. It is dishonest at best. It is certainly not worthy—

Mr BEATTIE: I rise on a matter of privilege.

Mr DEPUTY SPEAKER (Mr Fouras): No, you cannot rise on a matter of privilege.

Mr BEATTIE: So 'lie' is an acceptable word in the parliament?

Mr DEPUTY SPEAKER: No. I did not hear it.

Mr BEATTIE: I draw it to your attention.

Mr DEPUTY SPEAKER: It is a point of order.

Mr BEATTIE: I rise to a point of order. I seek it to be withdrawn.

Mr DEPUTY SPEAKER: I ask you to withdraw that.

Mr SEENEY: I will withdraw so that I can continue. The Premier's approach has been downright dishonest in this parliament today. The only person who has been talking about closing the Mater Children's Hospital is the Premier.

Mr BEATTIE: I rise to a point of order. I find that offensive and untrue and I ask for it to be withdrawn.

Mr SEENEY: I will withdraw the dishonesty comment, but the other comment remains. The only person in this parliament who has been talking about closing the Mater Children's Hospital is the Premier. He is the only one. He has sought to do that for cheap political purposes. Had he a shred of credibility, he would have come in here and moved a motion very similar to the amendment that was moved by the member for Moggill. That amendment notes the review of paediatric cardiac services in Queensland and in particular recommendation 1, which states—

... tertiary paediatric services should be subsumed into a single purpose-built new Queensland Children's Hospital.

The government should have noted that recommendation first and foremost. It should have taken on board the comments that are made in the report subsequent to that recommendation. Instead, we have a Premier who is in panic mode. He comes in here and tries to play cheap, base politics with the lives of Queensland's children to simply try to save his own base political life.

Mr BEATTIE: I rise to a point of order. I find those comments offensive and untrue and I ask for them to be withdrawn.

Mr SEENEY: I withdraw. They may well be offensive, but they are certainly true. They are offensive to everybody in Queensland.

Mr BEATTIE: I rise to a point of order. I ask the member to withdraw.

Mr DEPUTY SPEAKER: The standing orders are clear. When members are asked to withdraw, they withdraw unequivocally. You cannot add a rider to your withdrawal.

Mr SEENEY: I withdraw. The Premier set himself a number of benchmarks against which he should be judged in terms of his future career. Had he any credibility, he would have resigned when he received this report. He also would have resigned when the situation at the Bundaberg Base Hospital was exposed. The Premier has no credibility. He comes in here shamed and embarrassed and tries to divert attention to some stupid claim that the Mater Children's Hospital is going to be closed. There is no threat to the Mater Children's Hospital.

The only time the Premier can ride to the rescue of anyone in Queensland is when they are not under threat. When the people of Bundaberg were under threat, when the children who are the subject of this report were under threat, he did not care. He cares simply about creating a diversion for a by-election that he knows he is going to lose. That is the only motivation for this debate in this parliament this afternoon. The Premier knows that full well. *Hansard* should record the smirk that the Premier makes in response to the obvious that every member in this parliament knows.

Mr ROBERTSON: I rise to a point of order. The honourable member is misleading the House. The Leader of the Opposition confirmed today—

Mr DEPUTY SPEAKER: Order! There is no point of order.

Mr SEENEY: The amendment moved by the member for Moggill is the right response from any credible government in Queensland. I hope the day will soon come when the member for Moggill can move such an amendment on behalf of the government of Queensland because that would be a proper response to the report that has been put forward by a group of eminent medical professionals who are interested in the health of Queensland children and not in the political future of Peter Beattie.

Time expired.

Mr REEVES (Mansfield—ALP) (4.19 pm): I often inform people in this House and outside of this place that I am a proud product of Catholic education. I wish to inform members in the House today that that was not my first experience of Catholic care. I am a proud Mater baby and, not that I can remember, at the age of three I spent a few days in the Mater seriously ill after deciding to try a few aspirins as a treat. I can inform the House that Megan and I are having a third baby due in late August and, as with both my two children, Brianna and Ashleigh, we will choose to have our baby at the Mater. We are in the lucky position that we could have chosen a number of maternity hospitals to have our baby. But we chose the Mater for one simple fact: if anything went wrong with the newborn, we knew that we were right next door to a first-class hospital, that being the Mater Children's Hospital.

What have those opposite got against the Catholic care of the Mater Hospital—or is it against the south side of Brisbane? The member for Moggill hates the south side of Brisbane and I cannot believe that the member for Chatsworth has fallen into his trap. He wants to lose our first-class children's hospital. They might talk about keeping the Mater Hospital but one only has to read points 2 and 6 of the amendment to see that they mean to downgrade the Mater Children's Hospital. But do not just believe that. A transcript from 4QR news states—

The Opposition Leader Lawrence Springborg says the Coalition would build it—

a new hospital—

to deal with cardiology and advanced medical cases. However the Mater and the Royal Children's Hospitals would still treat basic conditions.

That is a downgrade of the Mater Children's Hospital. I table that transcript.

Those opposite hate the south side of Brisbane and hate the Mater Hospital. They have hated the south side of Brisbane since 1989 when we had a state Labor government. I challenge the member for Chatsworth to send a letter to his constituents saying that he is supporting the closure or downgrading of our first-class Mater Hospital. The member should do it today. If not, I will do it for him. The Mater not only receives government funding but also receives donations from hundreds and thousands of Queenslanders. I fondly remember the great children's hospital appeal which used to occur on Good Friday each year and to which the public gave so generously. They did this and have continued to do this because they know they are supporting a great hospital.

As a matter of interest, I am led to believe that there is a special meeting of the Mater board today. You would not have to be Einstein to guess what the topic of the board meeting is. Just quietly, I think the opposition might have a bridge to mend. I will give opposition members a tip: I would not be sending the board a copy of their speeches or their amendment.

One hundred years of exceptional care to Queenslanders—that is what this great Catholic care hospital, the Mater, celebrated this year. Our government joined the Mater earlier this year to celebrate this wonderful milestone because we are their partners. The opposition wants to throw that partnership out and downgrade or close the hospital. The Premier said this morning that this would happen over his dead body, and I share that position.

Let me give those opposite an idea of what the Mater Children's Hospital does and what it means to the kids and the mums and dads of Queensland. The hospital has been caring for and treating our children for more than 70 years. It is full of world-class paediatricians, other specialists, paediatric nurses and allied health professionals. It is a major tertiary referral centre in intensive care, surgery theatres, emergency medicine and other in-patient and outpatient services. With its exceptional staff, facilities and services, the hospital treats more than 15,000 children as in-patients every year. It sees around 120,000 children as outpatients, and more than 32,000 receive emergency treatment annually.

Mr Hayward: Don't you think they'll get their speeches and the amendment?

Mr REEVES: I am pretty sure they will, even if the opposition does not send them. I will give them a tip: I would not be sending them if they want to mend their bridges with the Mater.

How could the opposition even think of destroying this great investment, an investment in the healthcare of our children? Once again, we only need to look at points 2 and 6 of the opposition's amendment to see what it is trying to do. What this means in reality, regardless of the spin the opposition puts on it, is the closure or the downgrading of the Mater Children's Hospital. What has the opposition got against the south side of Brisbane? What has the opposition got against Catholic care? It is a great organisation. I commend the Premier's motion.

Time expired.

Mrs LIZ CUNNINGHAM (Gladstone—Ind) (4.25 pm): Disappointingly, the debate today appears to be more about the Gaven by-election and not about what is best for children and the families who find themselves in the tragic position of fighting for the lives of gravely ill children. The review panel comprises Professor Craig Mellis, Professor Tim Cartmill, Professor Annette Dobson, Dr Tom Gentles and Professor Frank Shann, who, I believe, are all very expert and credible people. The executive summary outlines why the review was instigated. It states—

The present review of paediatric cardiac services was requested by the Director-General of Queensland Health. This arose as a consequence of several factors; concerns expressed by clinicians regarding a series of deaths following paediatric cardiac surgery at The Prince Charles Hospital (TPCH); findings from a coroner's inquest into a cardiac death at the Royal Children's Hospital, Brisbane (RCH); and comments in the Forster Report (2006) on the need to rationalise tertiary paediatric services in Queensland.

This review is one of a series that have been undertaken ... over a number of years. The explanation for these repeated reviews is the unusual system in place in Queensland for paediatric tertiary services. First, there are two competing tertiary children's hospitals in metropolitan Brisbane—a situation that is far from ideal for clinical care, training, resource allocation, and research. Second, all infants and children with cardiac disease are assessed and operated on in an adult cardiac unit at TPCH, rather than at one of the two Children's Hospitals. While this model for cardiac services may have been an effective one in the past, with the increasing subspecialisation of paediatrics generally, and of paediatric cardiology, and paediatric cardiac surgery in particular, this model of care is outmoded, does not produce ideal patient outcomes, is potentially dangerous, and is an inefficient use of scarce resources.

It goes on to say—

The existence of three Paediatric Intensive Care Units (PICUs), and two tertiary children's hospital (neither of which has any real experience with cardiac conditions in infants and children) is illogical for both optimal service and training.

Do I want to see the closure of these three hospitals? And they are close to the hearts of people in my electorate as well; they contribute to the fundraising. The answer is no. I do not know the details, but I cannot help but believe there would be a role for each of those hospitals but perhaps not in the specialist tertiary areas of treatment. The report itself goes on to say—

Once commissioned, the existing children's hospitals would close and all their resources would be consolidated into the new, well resourced QCH.

I think that is a solution that may be open to review. The risks and the barriers to the proposed solutions—and these again are from the report—are: a failure to act; the capital costs of major hospital construction; the weight of history and tradition; the fact that Queensland has a small population which cannot support world-class arrangements; the fact that Queensland has a rapidly growing population which will soon be adequate to support two major children's hospitals; and the second-last reason is the resistance of staff to change. The report states—

Experience with moving major hospitals to distant sites teaches us to expect reluctance ranging from inertia and foot dragging through to active vocal and political resistance. These reflect human nature and resistance to change and various degrees of special pleading, often disguised as altruistic regard for history and tradition.

We have seen some of that attitude in the debate today. The final reason is resistance of major institutions to change. The report talks about the fact that each of these major hospitals has built up history and credibility, and it will be a significant thing for them to change. I do not believe it has to be a clear-cut 'us against them' solution. The debate today, as I said, is about Gaven, and I think we need to come back here when all of that is finished and debate this in a logical and compassionate way.

Today, I want to vote for the children and their families who use these facilities. Today, I want to vote for and support all medical staff, irrespective of hospital, who work tirelessly for a return to health for our chronically ill children. I do not want to contribute to a debate that is about Gaven; I want to contribute to a debate that is about our kids, their future and their health.

Mr TERRY SULLIVAN (Stafford—ALP) (4.29 pm): Across the Western medical fraternity, a debate has been simmering for more than a decade about how to manage paediatric cardiac services. There are two main camps in the debate—depending on whether health professionals place an emphasis on the paediatric aspect or the cardiac aspect.

Twelve years ago, following input from doctors, nurses and consumers, the Metropolitan Hospitals Plan tackled the issue of where to locate Queensland's paediatric cardiac services. In the mid-1990s, the Borbidge-Sheldon government, with the member for Toowoomba South, Mike Horan, as health minister, made the decision to retain the paediatric cardiac services at the Prince Charles Hospital at Chermside. In fact, as part of the $120 million redevelopment at TPCH, specialist paediatric cardiac services were built into the new acute wing. While I disagree most forcefully with their decision not to build the emergency department and not to provide general hospital facilities at TPCH, the decision to retain paediatric cardiac services at TPCH was the correct decision then and remains the correct decision today.

The campaign by the opposition, assisted by ill-informed reporting by most metropolitan media, has ignored some key facts which I will outline to the House. However, firstly, I state my strong, unwavering support for the medical, nursing, allied health and support staff at TPCH for their magnificent work in all their areas of expertise. As the cardiac services are currently under attack by the opposition and by elements within the media, I specifically give my strongest support to those who provide the paediatric cardiac services at TPCH.

For cheap political purposes, the Springborg-Seeney-Quinn-Flegg group is prepared to trash the reputation of a hospital which is regarded as being within the top 10 facilities of its type in the world. The reputation of TPCH has been built up by over more than 50 years of dedicated, skilful service to patients. The National-Liberal opposition, with the compliance of elements of the metropolitan media, is prepared to sacrifice that work for the sake of scoring political points.

I have been contacted by parents from the support group HeartKids Qld Inc. who are angry and disgusted at what they have heard reported about the Prince Charles Hospital over recent days. This group comprises parents who have had a family member who has suffered from a serious cardiac condition. Some of these parents have had a child die as a result of their illness. Yet they are totally in support of the Prince Charles Hospital and the staff who are providing some hope to children who would otherwise have no hope.

I understand that two of the children who were the subject of the recent report were refused treatment by the hospital in Melbourne because their conditions were so serious. Yet the medical team at the Prince Charles Hospital, against all the odds, offered their services to the families, who accepted the one remaining glimmer of hope for their child to have some life. It is grossly unfair and unreasonable to criticise doctors at the Prince Charles Hospital for attempting such a difficult operation. Those who do so stand condemned.

The Prince Charles Hospital is the only place where complex paediatric cardiac services are carried out in Queensland. In fact, surgeons from the Prince Charles Hospital attend at other hospitals to assist when a child needs specialist cardiac services. We need to understand that, at a world-class hospital which transplants hearts, lungs and livers, the Norwood procedure is the most complex procedure carried out. Sadly, it must be stated that every child who died following the Norwood procedure would have died within weeks or, at most, a few months if the operation had not been carried out.

Recently, I have been disappointed to read comments from certain people who should know better. In recent weeks, one doctor—not one of the three paediatric surgeons at the Prince Charles Hospital—was taken to task by the nursing staff at the Prince Charles Hospital. The nurses said that their confidence had been shaken in this doctor's ability to provide leadership in this specialist field. However, the staff has full confidence in the three surgeons, Dr Peter Polhner, Dr Homayoun Jalali and Dr Andrew Clark, who are well-respected experts in this specialist field.

It is interesting to note that the local media have frequently quoted three doctors involved in paediatric services, none of whom are surgeons who daily carry out life-saving procedures on young children.

What was recognised 12 years ago when Mr Horan built the specialist facilities at TPCH was that it was important to coordinate the services provided to children. Coordination of specialist services is the important feature, not where the operation is carried out. That is why I am somewhat baffled by comments from Dr Tony Slater, whose job, I understand, is to coordinate the Queensland Paediatric Intensive Care Service. When he first arrived from Adelaide a few years ago, he was very vocal in calling for a single unit at one hospital—that is, the view expressed in the most recent report by southern doctors. Perhaps the good doctor might comment on why the Mater Children's Hospital, another well-regarded health facility in this state, has recently pulled out of the network designed to help coordinate paediatric services between the three children's services.

This morning, I was contacted by parents whose children have been treated at the Prince Charles Hospital. They were angry and distressed at what has happened and media reports which they said 'totally distorted' the true situation their children faced. I give my full support to the medical, nursing and allied health staff at the Prince Charles Hospital.

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (4.34 pm): We will not be supporting the amendment because it talks about the creation of a dedicated Queensland children's hospital. That means the closure—

Time expired.

Mr DEPUTY SPEAKER (Mr Fouras): Order! The amendment was a new question, but the time for debate was set at one hour. At 4.34 pm, the one hour is definitely over. I now put the member for Moggill's amendment.

Question—That Dr Flegg's amendment be agreed to—put; and the House divided—

AYES, 18—Caltabiano, Flegg, Hobbs, Johnson, Knuth, Langbroek, Lingard, Malone, McArdle, Messenger, Quinn, Rowell, Seeney, Simpson, Springborg, Stuckey. Tellers: Hopper, Rogers

NOES, 45—Attwood, Barton, Beattie, Boyle, Choi, E Clark, L Clark, Croft, Cummins, English, Fenlon, Finn, Fraser, Hayward, Hoolihan, Keech, Lavarch, Lawlor, Lee, Livingstone, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, O'Brien, Palaszczuk, Pearce, Purcell, Reilly, Reynolds, Robertson, Schwarten, Scott, Smith, Stone, C Sullivan, Wallace, Welford, Wells, Wilson. Tellers: T Sullivan, Reeves

Resolved in the **negative**.

Question—That the motion be agreed to—put; and the House divided—

AYES, 46—Attwood, Barton, Beattie, Boyle, Choi, E Clark, L Clark, Croft, Cummins, English, Fenlon, Finn, Fraser, Hayward, Hoolihan, Keech, Lavarch, Lawlor, Lee, Livingstone, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, O'Brien, Palaszczuk, Pearce, Purcell, Reilly, Reynolds, Robertson, Schwarten, Scott, Smith, Spence, Stone, C Sullivan, Wallace, Welford, Wells, Wilson. Tellers: T Sullivan, Reeves

NOES, 18—Caltabiano, Flegg, Hobbs, Johnson, Knuth, Langbroek, Lingard, Malone, McArdle, Messenger, Quinn, Rowell, Seeney, Simpson, Springborg, Stuckey. Tellers: Hopper, Rogers

Resolved in the **affirmative**.

MEDICAL PRACTITIONERS REGISTRATION AMENDMENT BILL

Second Reading

Resumed from p. 1070.

Mr FRASER (Mount Coot-tha—ALP) (4.45 pm), continuing: As I was saying before that short interlude to protect the level of services currently provided at the Mater Children's Hospital, the problems of the medical workforce in Australia are very real. As I said, in 1976—the year in which I was born—when the population in Queensland was just over two million, 205 people graduated from medicine in Queensland. In 2004—the year in which I was elected—when the population was just under four million, there were 219 graduates from medicine in Queensland.

Under the current Medical Practitioners Registration Act, to obtain general registration as a medical practitioner in Queensland a person must complete a medical course accredited by the Australian Medical Council or pass an examination set by the AMC. At present, the only courses accredited by the AMC are those offered by Australian or New Zealand medical schools.

Presently, international medical graduates wishing to practise in Queensland are registered under a special purpose category, which is a more restrictive form of registration than that faced by domestic medical graduates registering under the general registration category. International medical graduates often prepare for the AMC examination while working as special purpose registrants in area-of-need positions and obtain general registration if they subsequently pass the examination. This process can be long and does not take into consideration the validity of some courses on offer in international medical schools, which are of a first-rate standard.

Last year Queensland initiated a national process to the Australian Health Ministers Advisory Council to consider a consistent approach to streamline the qualification of international medical graduates for the purpose of general registration. This enables the more timely recruitment of appropriately qualified international medical graduates, and the emphasis must remain on 'appropriately qualified'. In early March the Australian Health Ministers Advisory Council endorsed Queensland's proposal to develop a process by which the AMC can identify competent international medical regulatory authorities. The competent authorities are those authorities whose course accreditation processes are as rigorous as the AMC's course accreditation process. This means that we can streamline the process without reducing the due diligence that we place on those entering our medical workforce.

The amendments proposed in this bill revise section 44 of the act and offer the flexibility to allow the prompt implementation of the outcomes of this national process. Specifically, the bill expands the criteria by which a person is qualified for general registration from applicants holding a qualification from a course accredited by the AMC to also include those whom the AMC has certified as possessing skills and knowledge of a standard suitable for general registration, including certification, upon the person's completion of the AMC examination or those who hold a prescribed medical qualification recognised by a foreign regulatory authority prescribed under a regulation as a qualification for registration equivalent to general registration. That is a regulation that, of course, will be made with the oversight of this parliament. Holders of prescribed qualifications will be able to apply directly to the board for general registration without having to go through the AMC examination and assessment process.

We must maintain tight restrictions on whom we allow to practise medicine in Queensland. At the same time we should recognise that practitioners qualified through an authority such as the General Medical Council in the UK have already undertaken a very rigorous and vigorous qualification procedure, one that is at least on a par with that offered by the AMC. In a time when we have significant workforce shortages in Australia we need to ensure that our registration process is both rigorous in substance and efficient in practice. I support the bill.

Mr ROGERS (Redcliffe—Lib) (4.49 pm): I rise to speak to the Medical Practitioners Registration Amendment Bill 2006. The purpose of this bill is to enable prompt implementation of an anticipated future change to a national approach to streamline the registration of international medical graduates. This legislation attempts to speed up the application of doctors for registration to the Medical Board whilst at the same time upholding the standards and quality of doctors practising medicine within

Queensland. The legislation imposes requirements on the Medical Board to process applications within 25 days while maintaining quality standards. It also allows the board to delegate power to speed and simplify the administration process, and we support this.

Queensland has the right to legislation which will guarantee a quality, strengthened and sound registration process without cutting corners. I support the time based provision to administer registrations within 25 days as this will put an obligation on the board to run efficiently and enable Queenslanders to become competitive in attracting medical practitioners. However, it is crucial for the registration process to be first class to ensure that Beattie's Labor government problems of the past do not continue to damage Queensland's health system.

The people of Queensland need assurances from the Medical Board that the bill's objectives will be met with careful and cautious consideration of standards. In order for the Beattie Labor government to implement an accelerated registration process, it must adequately resource the Medical Board or input safety requirements, not just time limits, for registrations. Adequate resources in the board will avoid the need to cut corners and will allow safe and thorough registration procedures to take place in Queensland.

The huge variance around the world in the standard of medical qualifications places Queensland at risk of a decline in medical standards. With the potential dangers of doctors such as 'Dr Death' facing patients, the government must take responsibility to manage overseas medical registrations properly. It is about high-quality qualification standards and registration processes to get the priorities right for Queensland. Without quality health standards, Queensland runs the risk of being a second option for quality international medical graduates.

Further, without control over which qualifications are acceptable for doctors to practise in this state, we are exposing Queensland to a dangerous and unsatisfactory health system. The bill proposed by the government enables qualifications for general registration to include medical qualifications recognised by a foreign regulatory authority such as the General Medical Council of the United Kingdom—the GMC.

Mr Lawlor: We've heard all this.

Mr ROGERS: I take that interjection. Labor members may have heard this, but this is the problem. This is the thing that they do not understand. They cannot comprehend the deficiencies of this bill. This effectively means that we would allow foreign registration bodies to choose what qualifications are acceptable for doctors to practise in Queensland. We on this side of the chamber do not accept this regulation and strongly oppose the loophole which it creates.

Further, this regulation does not require overseas regulatory bodies to approve only qualifications from their own jurisdiction. We have made an amendment to try to bring this into force—meaning the General Medical Council could recognise degrees from other countries which would normally not be acceptable for eligibility in Australia. They just cannot comprehend this. I am not saying that these medical practitioners are not capable, but minimum education standards are required for their degree and this can be inferior to that of Queensland standards. We do not want a lowest common denominator degree being accepted in this country, so we have to have a standard that we will accept.

We cannot rely on or allow foreign registration bodies to choose what qualifications are acceptable, and this is a responsibility that must not be delegated. This is a shameless attempt by the government to allow a foreign body to wear the responsibility for its neglect. Yes, we have heard it before. The Beattie Labor government will have yet another avenue to pass the buck by claiming that their qualifications were accredited elsewhere. Only Australian medical bodies—the AMC and in Queensland the Queensland Medical Board—can accept certain qualifications on particular grounds. It is not a decision of a foreign medical regulatory body. We have sought to make changes to introduce safeguards to ensure people approved by foreign regulatory authorities must receive qualifications and practise medicine in the jurisdiction of that country prior to being eligible for registration in Queensland.

It is imperative that we ensure this bill is not simply an opportunity to lower the standards in Queensland. There has to be accountability for each and every practitioner who enters this state. The bill that is in front of us is typical of Labor's window-dressing tactics, as it does not address the problem of finding quality doctors to address Queensland's tragic doctor shortage. The process to get registration at the moment in this country is to pass an English competency test. This is the OET or the IELTS. This takes a few months. Then they have to sit an AMC exam. The AMC exam takes up to a year. Their becoming a doctor can take up to two years at the moment in this state, and the government is in the process of trying to fast-track it to solve its problem. The real issue is that the government has failed in the task of planning for the needs of Queensland in the area of doctor recruitment.

If January is recognised as the common resignation point for doctors in this state—and it has been; it has been mentioned many times in this chamber—why has the government failed to address this ongoing calamity? Why did it get caught out in January? Why did it happen this January—this year? It had to close the emergency department in Caboolture. Why? Because it cannot plan. This government is reactive. It fails to be proactive. Queensland's hospital system was once compared

favourably with the best in the world. However, Queensland's health standards and services have tragically declined due to the government's neglect and unethical procedures. Let us put ourselves in the shoes of the people who will be affected by the government's amendments to this legislation and medical staff who have left Queensland Health in droves. The government needs to understand it is about addressing the issues and concerns which are not yet resolved in Queensland Health. In order to provide quality solutions for the people of Queensland, we need to get the standards right in our health system. This will make sure Queensland can provide a quality health system and a workplace that attracts quality medical staff.

Staff development is imperative to Queensland's health system to ensure quality staff stay in the system. We believe this is the area of need and should be the focal point of government reforms. Staff must be provided with incentives, schemes or training plans to ensure medical staff are accessible in order to meet the demand. This type of planning is important in order to increase the quality and quantity of medical staff available in Queensland.

The Queensland health system has let the people of Queensland down. My constituents in Redcliffe and people in Queensland are suffering due to the neglect of this government. The expiring Beattie Labor government has mismanaged, poorly planned and misled the people of Queensland for too long. This bill claims to fix the problems, but what it really does is continue to expose Queenslanders to the overlooked, unsafe and risky procedures of the Labor government.

The current health system in Queensland is extending people's suffering through growing waiting lists and placing them at risk by the customary corner cutting by the Beattie Labor government. They are the words we heard used before: 'corner cutting'. My constituents in Redcliffe deserve better than this and so does the rest of Queensland. We have had misleading '325' medical student campaigns, the false advising of people that Caboolture Hospital is going to remain open and the Dr Patel scandal. How much more can Queensland take? The Beattie Labor government has been branded as a failure in Queensland's health system, and it is time it stopped passing the blame and twisting words and woke up to the reality of what it has done—or what it has not done.

I ask the government to stand up and take responsibility for the issues which remain in our health system. The government needs to be proactive and not just reactive. Its lack of planning and reactive approach is apparent in Queensland's infrastructure and resource management. The Labor government is typically behind the eight ball in everything. It is not interested in water. The Labor government will not be interested in water until we turn the tap on and out comes mud.

Mr WALLACE: I rise to a point of order, Mr Deputy Speaker. I fail to see how muddy water has anything to do with the entrance of medical practitioners in Queensland.

Mr DEPUTY SPEAKER (Mr English): Order! There is no point of order.

Mr ROGERS: Thank you, Mr Deputy Speaker. The point will become quite apparent.

They will not be interested in roads until the gridlock is 100 kilometres out of the city. Rail transportation or duplication will not be of interest until there are people climbing on top of trains like the 'Bombay Express'. Certainly no such corner cutting is happening for the Redcliffe railway, either. This reactive legislation is typical of the Beattie Labor government and it is reflected in our health system. Labor did not worry about doctor shortages until it was too late, and now it wants to let the floodgates open to international medical graduates without any quality control, management or proper planning. The government should develop legislation which will play a positive role in the tragic doctor shortage in this state and stop exposing Queensland to unsafe and dangerous medical conduct.

Mrs MILLER (Bundamba—ALP) (4.59 pm): I rest my case given the drivel that has come from the member for Redcliffe this afternoon—those opposite whinge and we work. That is it in a nutshell. All they do is whinge and carry on. It is really making me absolutely sick. The Beattie Labor government is working away on its health action plan as we do day in and day out, seven days a week. That is what they do not like.

I am pleased to support the Medical Practitioners Registration Amendment Bill 2006. Today I will be talking about expediting the processes for registering medical practitioners. The Medical Practitioners Registration Act 2001 provides for the registration of medical practitioners and gives the Medical Board of Queensland functions that include assessing applications for registration and registering those persons who satisfy the requirements for registration as a medical practitioner.

The Medical Practitioners Registration Amendment Bill 2006 introduces a number of measures to expedite existing registration processes under the act. The power to make decisions on applications for registration rests with the board under the act. However, the act allows the board to delegate some of its power to a board member, a committee including at least one board member, the executive officer of the Office of Health Practitioner Registration Boards or an appropriately qualified member of that board's staff.

Powers that are currently not delegated include the power to decide to register or refuse to register an applicant and to decide to impose or remove conditions on registration. This means that all decisions on applications for registration must be formally made by the board at its fortnightly meetings.

The bill amends the act to allow the board to delegate its powers to decide to register applicants for registration, to impose conditions on registration and to remove internship conditions.

The Office of Health Practitioner Registration Boards advises that it is anticipated that the registration decisions that will be delegated by the board's registration advisory committee or the board itself will be limited to general registration with intern conditions, specialist registration where the applicant holds an Australian fellowship and straightforward applications for special purpose registration including junior positions in an area of need. The board would require the delegate to refer applications to it if there were any concerns about the application or the applicant's fitness to practice.

The board advises that applications for registration can currently take up to six to eight weeks to be decided, although straightforward applications are decided much more quickly. The amendment to expand the board's power to delegate decisions about registration applications is expected to reduce the current time frames by an average two to three weeks. This will be good for Queensland.

The bill inserts a provision to require the board to perform its registration functions under the act promptly and have simple and flexible processes, including processes that are easy for applicants to use. However, the provision makes it clear that the board must act in a way that is consistent with a proper consideration of the issues involved and the objects of the act and the requirement under section 12 to act independently, impartially and in the public interest. This amendment will potentially help expedite registration processes by making it clear that the board has a duty to deal with applications in a timely manner, without unnecessary complexities for applicants. This is what the people of Queensland want.

A further amendment requires the board to report to the minister if it fails to decide a registration application made in a way that complies with the act within 25 working days after receiving it. The report must give reasons for the delay and outline any action that the board considers may be taken to avoid similar delays in the future. This requirement will provide information that may assist in identifying and rectifying problems with registration processes and applications.

The bill also provides for the membership of the board to include a person with a high level of expertise in organisational management, customer service or business. The inclusion of this additional expertise on the board may help it identify ways that registration processes may be improved and expedited.

I was a Public Service registrar once and I can tell members that it is not easy. Registration means that a process must be followed by the law. It is not easy sometimes because not all applications are straightforward. I am particularly pleased that an expert in organisational management or customer service will be a board member.

The real issue here is that we simply do not have enough doctors in Australia. I continue to call on the federal government to train more doctors because we need more doctors year in and year out for many years to come.

Mr Messenger interjected.

Mrs MILLER: I take the member for Burnett's interjection relating to more doctors. I say to the member for Burnett that he really needs to come on board and support our government in relation to Bundaberg Hospital. We are moving ahead in leaps and bounds in terms of getting wonderful doctors into that hospital. They are going to really improve the service available to Bundaberg, which is good.

Mrs Reilly interjected.

Mrs MILLER: I have given him the opportunity. He needs to get on board with us and support us if he is serious about representing his local community.

Mr Messenger interjected.

Mrs MILLER: The resources are there. The member for Burnett is just interested in politicking. That is his problem. The member for Redcliffe spoke about Dr Patel. Can I just say that I am a better person and a better parliamentary secretary for being involved with the Bundaberg Patients Support Group. I can tell the member that people like Beryl Crosby, Doris, Lisa, Tess and Geoff Smith and other patients have taught me a lot. I place on record my support for them and the fact that they have helped me in my position and shown compassion and understanding right throughout the length and breadth of Queensland.

It is about time the opposition stopped whingeing and started assisting our government with the health action plan and getting on with the job that we do every day of the week. I commend the bill to the House.

Mrs LIZ CUNNINGHAM (Gladstone—Ind) (5.06 pm): I rise to speak in the debate on the Medical Practitioners Registration Amendment Bill. I am concerned about some of the comments that have been made to date by speakers from the National Party and Liberal Party. I look forward to the minister's response to the concerns that they have raised because it will inform me on the position I should take with regard to the amendments that have been circulated by the member for Moggill.

The explanatory notes state that the Australian Medical Association, Queensland branch, the chair of the Medical Board of Queensland and the Office of Health Practitioner Registration Boards were consulted about the bill. But it is unclear whether they had any concerns about the changes that the minister is proposing to make. I would seek the minister's clarification as to whether they did express concerns, particularly in relation to things like the delegations that are being reintroduced and the shortened approval time. I am interested in any concerns that those organisations may have expressed to the minister in relation to these proposed changes.

If my memory serves me correctly, the Medical Practitioners Registration Amendment Bill 2006 amends matters that arose after the Patel incident. The previous speaker said that she has learnt much from dealing with the patient support group. That is commendable. If we go through such a tragic experience as that without all of us learning something from it then the experiences of those people whose lives were so terribly affected would be in vain.

After Patel the government rightly set a very high bar. It appears to me that some of those matters are now to be reduced. I remember reading some media material and also talking with some of my local medical people who said that there have been problems in getting approvals for overseas doctors because it takes so long.

Gladstone has been a declared area of need, albeit at the moment doctors would not set up in places like Calliope, Targinie and Yarwun. Rather, they would establish a practice in the Gladstone city area and service those patients from there, because there are more facilities for the doctors to access and indeed for the patients to access. Some local private practices have desperately been trying to get more doctors in order to service a growing population. Part of the problem has been the length of time taken for registrations to be assessed. That problem was an acceptable one given, as I said, the tragedy of Patel and the oversights that occurred as a result of him coming from overseas and practising.

Having identified, though, some problems with the changes, it would be unacceptable for us to return to a regime—if indeed this is what the bill does—that reopens the spectre of unqualified doctors practising within Queensland. I am interested very much in the minister's response to the matters that have been raised by members of the opposition. In particular, I am interested in the minister's response to the delegation of responsibility for approvals. In the legislation as it stands currently, the board specifically had a requirement that it not delegate the power to decide to register or to refuse to register an applicant for registration or decide to impose or remove conditions on a registration. That was put in place for a very compelling reason, so I would be interested in the minister's response in terms of safeguards to ensure that that delegation will not introduce the opportunity to inadvertently give approval because different people will be handling the approvals process.

The other issue that I want to raise with the minister is that Queensland indeed does need additional medical practitioners. I do, however, get a lot of complaints from constituents, and I have had experience myself, of doctors who are trained overseas—and they may be very good practitioners—finding our language very difficult to deal with. Indeed, I myself have had the experience of going to a doctor who did not understand what I had said—that was evident from what he wrote on a request for some tests—and I certainly had difficulty understanding what he said. I would be interested in the obligation that will be placed on doctors currently and in the future to prove their ability to understand both our written and our spoken language.

I have written to the minister recently about the potential loss of an oncology service which is currently funded through the MSOAP, a federally funded program. A representative of the agency in Rockhampton which auspices the funding indicated to me that that funding was going to be lost and that it was seeking an alternative funding base for this oncology specialist. As far as I understand it, he has these oncology patients on a private basis, albeit funded through this MSOAP extension service. I again put before the minister the need for that service—he sees 32 patients on a regular basis—to be funded. Anecdotally, I have received very supportive and positive information from the minister's office, but that has been verbal only. I look forward to that being put in writing.

The only other issue I want to raise directly relates to the number of medical practitioners in Queensland hospitals and the number in particular who are trained in birthing. More and more in rural and regional Queensland mothers are being told that they will have to travel—in the case of Gladstone they have to travel to Rockhampton—to access higher levels of birthing facilities either because of the type of birth, the complexity of the birth or the condition of the birth mother. The trouble is that, with that redirection—it is happening in a lot of hospitals—more and more mothers are giving birth on the side of the road with absolutely no medical practitioner in place, whether it is a trained nurse, or a doctor to come at a later stage to ensure that the birthing process has been completed properly and that the child is well.

The downside of the constant referral to another hospital away from the person's place of residence is that there has been a marked increase—in my electorate even—in the number of mothers who have been giving birth on the side of the road with either a very nervous husband in attendance or somebody else who was driving the vehicle trying desperately to pretend that they know something that they really do not and trying to give support and encouragement to the mother during that birth process.

I would be interested in the minister's response. While I can understand Queensland Health's concern in ensuring that appropriately qualified medical practitioners are at hospitals for births, I wonder about the wisdom of redirecting these mothers to other hospitals.

Mr Robertson: You'd be interested in my delivery.

Mrs LIZ CUNNINGHAM: I would be most interested in the minister's delivery, and I am sure that the person you are accompanying would be most interested in your delivery as well.

I look forward to those responses because they will inform us greatly as to the position those of us voting on the member for Moggill's amendments will take in terms of devolution of powers and the opportunity for overseas medical boards to approve our doctors in absentia. I look forward to the minister's response.

Mr MESSENGER (Burnett—NPA) (5.16 pm): I rise to speak to the Medical Practitioners Registration Amendment Bill 2006. I first want to address some comments made by the parliamentary secretary to the minister for health. She said, 'Why don't we come on board and sign up for a bipartisan approach to health?' The very simple reason is that the experience in Bundaberg shows that the government continues to fail the patients of my electorate. It fails the patients and the victims of Patel. They do not trust the government. Its actions do not match its words. These are very simple reasons why I do not sign up to its bipartisan view of the world. There are no additional beds or doctors or nurses at the Bundaberg Base Hospital. We still have 120 beds. In 1989 we had 216 beds. The first thing the current health minister did on becoming health minister was close 16 acute care mental health beds. They have been closed ever since, and I look forward to the day when they will open again.

Mr ROBERTSON: I rise to a point of order. That is untrue and offensive, and I ask him to withdraw. I did not do that.

Mr DEPUTY SPEAKER (Mr Lee): Order! We are not going to have a debate. If the minister finds it offensive the member for Burnett will withdraw.

Mr MESSENGER: I withdraw. Adults are still being mixed with children in paediatrics. Elderly men are mixed with young children in paediatrics because the hospital does not have space. It does not have enough beds in surgical or medical wards. The lives of babies and mothers are being placed at risk at Bundaberg because the government will not open extra birthing suites. There were five birthing suites; we are down to three now. Just the other day I went on a tour of the hospital and it was confirmed to me by one of the maternity nurses that there were six women giving birth and staff had to share those six women amongst the three birthing suites, not to mention the fact that there has been the closure of the private hospital in town. Therefore, the Bundaberg Base Hospital has received an increase of 350 births per year. So the Bundaberg Hospital has received an increase of around a third of the total number of births in Bundaberg, yet still there have been no additional resources given to the maternity ward in Bundaberg.

They are just some of the reasons why we do not sign up to this 'bipartisan' view of the world of health according to the ALP. We have to ask ourselves this question: would we be here today debating this amending legislation if the worst medical disaster in Queensland history—and probably in Australian history—had not occurred at the Bundaberg Base Hospital under Labor administrations? Would we be here today debating this legislation if 17 deaths linked to the overseas trained doctor Jayant Patel had not occurred under this Labor administration at the Bundaberg Base Hospital? Would we be here today if the crisis that existed and continues to exist under the Labor administration in Queensland Health had not been discovered and analysed by the Morris and Davies royal commissions? Of course, the answer to those questions is no. That is why we find ourselves debating reactive legislative measures that are designed to 'enable prompt implementation of an anticipated national approach to streamline the registration of international medical graduates'—or overseas trained doctors—'and to expedite processes for registration of medical practitioners and to protect the public and uphold the standards of practice within the medical profession'.

It is timely and relevant that all members of the House reflect on the lessons given by the Davies royal commission, which picked up from the Morris royal commission. We have paid an extremely high price to learn these lessons: at least $6 million from the public purse and unimaginable human suffering experienced by Patel's victims—by Doris, by Lisa; by all the victims of Patel and their families—and, of course, the Queensland medical staff: the doctors and all the nurses who are on stress leave because the Queensland health system under a Labor administration failed them terribly.

The first lesson that we should learn from this royal commission is that Peter Beattie did not want the royal commission. Not one member opposite wanted a royal commission. It was only through people power that the Premier was forced to establish the inquiries—both the Morris and the Davies inquiries. The Premier wanted to do everything else except find out the truth about overseas trained doctors and their training, their hiring and their firing within Queensland Health. The Premier wanted the CMC to investigate but, no, the CMC did not want to investigate it. Then after the Morris royal commission was stopped by the Supreme Court, did we move directly to the Davies royal commission? No, we did not! We had a period in which the victims of Dr Patel and their families were put through absolute sheer hell

while Premier Beattie, his ministers and his backbenchers all thought about a five-point plan, a six-point plan—or whatever; it was one of their action plans of some points. They did not want the Davies royal commission, the report of which I have right here.

When it comes to a true understanding of why Queensland Health is sick and why we do not have enough doctors, the Davies *Queensland public hospitals commission of inquiry*—this document right here—is the bible. It holds the truth and I recommend its reading to all members of this House.

The Labor Premier would prefer that the people of Queensland believed that the problems of his health department could be summed up as the following: a rogue overseas trained surgeon acting in isolation and, even worse, the simple solution to our health crisis is providing more doctor training places at universities. That is what the Premier has distilled this whole document and all the lessons that we have learned down to. We have not seen the Premier in state parliament waving around a copy of the royal commission report, because it is a damning document for the Premier and his Labor Party. Peter Beattie has tried to bury the definitive document, which was produced as a result of two royal commissions, in a torrent of government publicity about the report he commissioned. We have seen him waving around the Forster report.

Mr WALLACE: I rise to a point of order. I believe that the bill we are debating today is the Medical Practitioners Registration Amendment Bill, not the Davies royal commission bill. Mr Deputy Speaker, I ask you to rule on the relevance of the member's speech today.

Mr DEPUTY SPEAKER: Order! The member for Thuringowa is correct. I ask the member for Burnett to confine his comments to the substantive matters contained in the bill.

Mr MESSENGER: Mr Deputy Speaker, thank you very much for the direction. Of course, I can understand why the member for Thuringowa does not want to hear what the report of the Davies royal commission has to say about overseas trained doctors and their employment. I might be wrong, but I thought we were debating a bill that relates directly to the matter of the hiring and firing of overseas trained doctors, which I am about to get to.

Commissioner Davies states on page 345 of his report under the heading 'Part B—A grossly inadequate budget and an inequitable method of allocation'—

In his final submissions to this Commission, Dr Buckland said:

…it is impossible to address the circumstances of the Queensland Health workforce, and, in particular the pressures under which hospital administrators were required to operate, without addressing:

(a) the budget constraints on Queensland Health in general and on public hospitals in particular; and

(b) the entrenched culture of financial compliance—

Mr WALLACE: I rise to a point of order. Mr Deputy Speaker, I refer to your earlier ruling about the debate on this bill. I ask you to—

Honourable members interjected.

Mr DEPUTY SPEAKER: Order! I would like to hear the member for Thuringowa's point of order.

Mr WALLACE: I ask you to rule on the member's speech and whether it is relevant to the particular bill before the House today.

Mr DEPUTY SPEAKER: Honourable members, there has been a reasonable degree of latitude so far in the debate. I think the member for Burnett has indicated that he will confine his comments more appropriately to the content of the bill. I imagine that the remainder of his speech will refer quite specifically to the content of the bill.

Mr MESSENGER: Mr Deputy Speaker, once again, thank you for your direction. I was under the impression that I was speaking to the bill. The minister's second reading speech states—

It is in everyone's interest that suitably qualified overseas and interstate doctors who accept jobs in our public hospitals are registered and working as soon as possible. This bill introduces a number of measures to improve Queensland's capacity to recruit and register these doctors. I will address these measures in turn.

I am talking—and, of course, Commissioner Davies talked—directly about the measures to improve Queensland's capacity to recruit and register these doctors. It all comes back to how much we pay the doctors and what sorts of conditions the doctors work under. The report states further—

(b) the entrenched culture of financial compliance which focuses on throughput and revenue rather than outcomes for the patient and the community.

Commissioner Davies states—

I agree with those statements.

He states further—

Consequently, while I have made findings and recommendations against Mr Leck and Dr Keating at Bundaberg, and Mr Allsopp and Dr Hanelt at Hervey Bay, I have borne these matters in mind in making them. These constraints also adversely affected the conduct of other administrators.

Commissioner Davies goes on to state—

Moreover, evidence given in this Commission proved that a root cause of unsafe operation of surgery and orthopaedic surgery units at Bundaberg and Hervey Bay, respectively, was that their budgets were grossly inadequate to enable them to provide adequate, safe, patient care and treatment, including surgery. Lack of sufficient funds also contributed to the employment of Mr Berg in Townsville, the tragedy in Charters Towers, the dysfunctional emergency department at Rockhampton and the reduction in—

Mr WALLACE: I rise to a point of order. Mr Deputy Speaker, for the third time I implore you to rule on whether the member for Burnett is addressing the facets of this bill.

Mr DEPUTY SPEAKER: Order! Honourable members, I have sought some advice from the Clerk. My understanding of that advice is that the bill that we are debating is amending the Medical Practitioners Registration Act 2001 and the Medical Practitioners Registration Regulation 2002. As such, I understand that members are entitled to speak about any matters that relate to that act and that regulation. I think there has been a fair degree of latitude so far in the debate. I suggest that there should be no more points of order. The member has eight minutes left in which to speak. As long as he confines his comments to matters contained in the Medical Practitioners Registration Act and the regulation, there should be no more problems.

Mr MESSENGER: Thank you, Mr Deputy Speaker, for that ruling. I can understand why the member for Thuringowa does not want to hear the truth which has come out of the Davies royal commission.

Mr WALLACE: I rise to a point of order. I find those comments offensive and untrue and I ask them to be withdrawn.

Mr DEPUTY SPEAKER: Order! The member finds the comments offensive. You will withdraw.

Mr MESSENGER: I withdraw. Out of the last 16 years in Queensland we have had 14 years of Labor government and one does not need to be a genius to work out which political party has created and nurtured our toxic and dysfunctional health culture. Under the heading 'Under-funding of Queensland Health by successive Governments', Davies writes—

The 2005 *Queensland Health Systems Review*, Final Report, using extrapolated Australian Bureau of Statistics data, suggests that Queensland's expenditure on health services per head is 14 per cent ($200 per person) below the national average of $1444. Dr Buckland expressed the view that the gap may be as high as $400 per person. This is not a recent problem. It is of long standing, spanning successive Governments.

They are Davies's words, not mine. He goes on—

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.

What Mr Davies is suggesting here is that significant damage was done to Queensland Health in the years from 2000 to 2003 because of underfunding. This is one of the reasons Queensland became reliant on overseas trained doctors. Overseas trained doctors were compliant and cheap compared to Australian doctors. Australian doctors would not put up with the toxic work environment that overseas trained doctors would. If Australian doctors found that they did not like working within the system, they would say, 'See you later,' and walk out. An overseas trained doctor does not have that luxury. They must work within the Queensland public health system. That is why they were compliant.

Davies states that another reason is that Queensland expenditure per person on public hospitals is below the national average. He writes in paragraph 6.15—

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 (in 1999-00 dollars) at $660 per person, well below the national average of $776 per person, a gap of $116 per person.

Davies goes on to quote many different reasons why the Queensland health system has failed. Another reason is that Queensland is the most decentralised state. Davies writes—

Queensland is the most decentralised state in mainland Australia. More than 48 per cent of the population of Queensland resides outside our major cities. The decentralised nature of Queensland's population necessitates some duplication of health services infrastructure and dilution of the medical workforce across the State.

Davies also writes in paragraph 6.22—

Queensland has recorded the largest percentage increase, 14.3 per cent, in age-weighted population between 1999 and 2004 compared to a national average of 10.2 per cent.

I am at liberty to say that between 1999 and 2004 the Queensland government was caught with its pants around its ankles. It did not spend enough money on medical funding. Davies also said that one of the reasons was that Queensland has a lower than average number of medical practitioners. He writes at paragraph 6.23—

The shortage of doctors and nurses in Australia, and indeed world-wide, is well documented. For a number of reasons, these staff shortages are more acute in Queensland than in other states.

Why are they more acute? Because the doctors do not want to work for Queensland Health. I was speaking to a constituent of mine whose son is a medical graduate of JCU. Out of a class of around 50 students, guess how many want to work in Queensland Health as an intern, as an RMO? None—zero—because of the work conditions of Queensland Health. They still have not improved. You go and ask an RMO in any accident and emergency ward how much a first-year RMO is receiving on an hourly basis. It is about $23.50, and a second-year RMO gets about $25.50. I might be out by about 50c. A third-year RMO working in an accident and emergency centre gets around $28. I think it is around $28—$27.50 or so.

Is it any wonder that we have a staffing shortage in Queensland hospitals when we compare our hospitals with the rest of Australia? It is diabolical the way Queensland Health treats its staff. It is diabolical the way it treats its nurses. It is diabolical the way it treats its doctors. It is diabolical the way it treats its patients. There is no respect for patients. I have a constituent who has to wait until October for an appointment to see a specialist and then they have more than a year's wait, maybe a couple of years wait—

Time expired.

Mr SEENEY (Callide—NPA) (Deputy Leader of the Opposition) (5.36 pm): I rise to make a contribution to the consideration of the Medical Practitioners Registration Amendment Bill 2006 and to lend some support to the comments that were made by the member for Burnett. There is no question that this bill is before the House today because of what happened in Bundaberg, because of the registration, or the misregistration, of a doctor in Bundaberg that led to the tragic results that the whole of Queensland now knows about and that exposed the inherent incompetence of Queensland Health and the inherent and tragic failures of the Beattie Labor government.

The reason we are here debating this bill is Dr Patel. That is where the whole issue stems from. It is worth remembering the role that was played by the member for Burnett in bringing that issue to the attention of the people of Queensland. I know there is a concerted effort by the mindless members of the Labor backbench to belittle the efforts of the member for Burnett, but were it not for the member for Burnett, Rob Messenger, bringing that issue to this parliament, the tragedy that was Dr Patel and the tragic human suffering that he caused in Bundaberg would have been ongoing and we would not be here today debating this piece of legislation dealing with the registration of overseas trained doctors.

I acknowledge again the efforts of the member for Burnett, my colleague Rob Messenger. I well remember the scorn and ridicule that was directed at him because he had the courage to raise these issues, including the issue of integrity of the registration of overseas trained doctors, on behalf of his constituents. Well might members on the other side of the House hang their heads in embarrassment.

Mr Terry Sullivan: Rubbish.

Mr SEENEY: The member for Stafford in particular. Well might he hang his head in embarrassment because he was one of the most vocal in his criticism of the member for Burnett when he raised the issue of the ability of overseas trained doctors.

I have never seen the member stand in this parliament and apologise, as he should. If he had an ounce of integrity, he would take the opportunity in this debate about the registration of overseas trained doctors to apologise for some of the stupid, politically motivated remarks made by him, by the member for Bundaberg and by the former health minister. All of them will forever be embarrassed by those remarks. All of them will forever need to search their consciences about whether they could have done anything to bring about a more swift end to the tragic human suffering that resulted from the maladministration of overseas trained doctors.

I know that we will not see that. However, this debate about the government's latest changes to the regime for the registration of overseas trained doctors is a good opportunity for people such as the member for Stafford to right their obvious wrongs committed in this parliament at the beginning of this whole issue.

Also noteworthy is that when the minister presented this bill to the House and in his second reading speech he made not one mention of Dr Patel, not one mention of the tragedy that occurred in Bundaberg and not one acknowledgement of the pain and suffering still occurring in that community and which very many of those people will carry with them for the rest of their days. Many of those people, who are the constituents of the member for Burnett and me, will carry that pain and suffering with them forever. There has been absolutely no acknowledgement by this government—in this speech or at any other time these issues have been debated in this House—of the tragic pain that those people will suffer.

I know how real that pain is because at times I sit across the desk from them in my electorate office and listen to their stories. There is no political spin. They do not have any spin doctors to couch their messages. They tell it to me and to the member for Burnett the way it is. It is a tragic, terrible story that anybody who is unfortunate enough to hear them share could not help but be touched by.

I will forever remember the night that the member for Burnett and I attended the first meeting of victims of Dr Patel in the Brothers Leagues Club in Bundaberg. In Bundaberg, the member for Burnett and I compared notes about the number of constituents who had complained to us about this overseas trained doctor and his horrible failure rate. I said to the member for Burnett, 'How many people do you think we're going to get to this meeting?' Rob Messenger said to me, 'Oh, we might get 25 or 30.' Two hundred and fifty people turned up to the meeting in Bundaberg that night—250 people with tragic stories to tell that left me feeling gutted. I was absolutely gutted that public administration could fail to that extent and bring about that degree of suffering.

I sat beside a lady who is a cousin of some people I went to school with—a family that I knew well. She knew who I was and she said hello. I said, 'What are you doing here?' She said, 'This overseas trained doctor killed my husband,' and she burst into tears. How do any of us deal with that? That is the reason we are debating this legislation in this parliament today, yet there is no acknowledgement by this government that that is the reason. Nothing in the minister's second reading speech acknowledges that tragedy. There is no acknowledgement of the absolute failure of public administration that has brought about the introduction of this bill and that has involved the health system and the whole area of overseas trained doctors.

Mr ROBERTSON: I rise to a point of order. I do not mean to be difficult here, but I need to remind the honourable member that charges have been laid against the particular individual he has been referring to. I ask him, in light of that, to think about what he is saying and may say, just in case it might have an impact on proceedings that are currently underway. I present that to the member for Callide with a positive spirit. I hope he appreciates what I am trying to say.

Mr SEENEY: I thank the minister for his input. However, at the very least we could have heard some sort of acknowledgement in the introduction of this bill that the necessity for this legislation stems from the awful tragedy in Bundaberg—that is the point I make—and there has been no such acknowledgement. In fact, there has been a deliberate attempt by members of the government backbench—the boofhead from Thuringowa, who tries to prevent—

Mr WALLACE: I rise to a point of order. I find those comments offensive and ask that they be withdrawn.

Mr DEPUTY SPEAKER (Mr O'Brien): Order! The member for Callide will withdraw that entirely unparliamentary language.

Mr SEENEY: I withdraw. However, it does not change the fact that the member for Thuringowa, like very many other government members, has taken every opportunity to prevent the recollection of these events in this parliament. The member for Thuringowa, like very many other members, such as the member for Stafford, have this on their conscience. They try their best to ensure that it is denied.

Mr TERRY SULLIVAN: I rise to a point of order. The comment made by the member was untrue and offensive. I ask that it be withdrawn.

Mr SEENEY: I withdraw.

Mr WALLACE: I rise to a point of order. The comments made by the member are untrue and I find them offensive. I ask that they be withdrawn.

Mr SEENEY: I withdraw. I will let those members deal with their own consciences. Let me make some positive comments about overseas trained doctors. The situation with Dr Patel in Bundaberg is a terrible, negative outcome of a service provided by overseas trained doctors through Queensland's health service. However, some communities that I represent and many communities across regional Queensland have a very great dependence on overseas trained doctors, for a whole range of reasons mentioned by the member for Moggill in his contribution to this debate and by the member for Burnett in his contribution to this debate.

While we recognise the tragedy that occurred in Bundaberg and while we recognise the horrible outcomes that have resulted from maladministration of this area, it is also important to recognise the great contributions of some overseas trained doctors to Queensland Health. This has occurred especially in regional areas. In some regional communities, for a number of years it has been very difficult to attract doctors to serve as resident medical officers in the public hospitals. It is a very real problem for a number of communities. It has been a very real problem for a number of communities that I represent.

The community of Monto had two Australian trained doctors for a period of 20 years. They were a husband and wife team, Michael and Donna Reid. They filled those positions for 20 years. Eventually, they decided that it was time to move on. The greatest fear in that community was how on earth the service that had been provided for a long time would be replaced. My office was inundated with representations from concerned residents from that community. They knew that as their doctors of longstanding moved on to other things, a very real possibility existed that they would need to be replaced with overseas trained doctors. They did not have the necessary confidence in the registration system that their doctors would be replaced by someone who was able to continue the high level of treatment that they had been used to for a long time.

The bill before the House is all about ensuring that people in those communities are confident, when an overseas trained doctor becomes part of their community, that there is no risk of the repetition of the events involving Dr Patel. They need to be confident that there is no risk that a person as unskilled as Dr Patel obviously was would end up practising medicine in their community and wreaking the devastation upon them that was wrought upon the people of Bundaberg.

That is what this bill is about. It is about instilling that confidence. I commend to the members of the House the amendments that have been moved by the member for Moggill. Those amendments are very sensible amendments that are aimed at ensuring that when this bill becomes an act it does provide

that level of confidence that people so badly need. It will ensure that it does provide that level of confidence that every member of this place should be able to pass on to their constituents when they express concern about the fact that there is an overseas trained doctor coming to their community.

It is beyond any doubt that regional communities in particular will continue to need the services of overseas trained doctors. That means that it will probably be members on this side of the House who will have to deal with their constituents' concerns about the confidence that they may or may not have in the registration regime that brings those overseas trained doctors to Queensland hospitals. It is incredibly important for us that we can have confidence in this regime, that we can have confidence in this bill before it becomes an act. We need to have confidence that we can use it as a basis for the assurances that we will have to give our constituents when they say, as the people in Monto did, 'Our longstanding doctors are leaving. Are we going to get a doctor from Pakistan, India, Bangladesh or Africa? We are concerned about how we make a judgement about that doctor's capabilities.' In that situation I have pointed to some of the good examples. I have pointed to the overseas trained doctors who have been successful in regional communities.

Mr Malone: The system would fall down if it were not for them.

Mr SEENEY: Absolutely, especially in regional communities. Of course, it is like all good news stories: they are not well known. They do not get the publicity like the tragic outcome in Bundaberg and the tragic circumstances surrounding Dr Patel obviously did—and deserved—thanks to the efforts of members such as the member for Burnett.

It is important that we look at this bill in a lot of detail for those very reasons. It is important that there is bipartisan support for the detail of this bill. It is important that the expertise, the background and the knowledge that the member for Moggill can bring to a debate such as this is very clearly recognised and taken into due consideration in this parliament this afternoon. That will be important in ensuring that the non-government members in this parliament can go back to their constituencies and give the people who will face that crisis of confidence the assurances that they need and that they deserve that the overseas trained doctor who will come to their community has been through a system that has some integrity.

The objectives of the bill on the front page of the explanatory notes state that they are to enable the prompt implementation of an anticipated national approach to streamline the registration of international medical graduates and to expedite processes for the registration of medical practitioners. I believe it is important that there is a national approach. I believe it is important that there is a consistent approach. A consistent national approach adds to that confidence that I, once again, point out is all-important. If it is a national approach that has been looked at and vetted by a number of parliaments such as this and that has been accepted by a number of different governments, the people in those communities can have a greater degree of confidence.

One of the amendments that has been put forward by the member for Moggill is particularly important, but it may not seem so at first glance. One of those amendments addresses the issue of an overseas trained doctor's ability to 'communicate in spoken and written English at a professional level with patients and other persons'. That issue is an incredibly important part of establishing that confidence with a regional community about which I spoke before. It is a completely different situation to one that would apply in a major hospital like the Royal Brisbane hospital, where there is a much more impersonal approach. People going to a large hospital such as that may see different doctors at different times. There are not the interpersonal relationships that exist between doctors and their patients in a small regional community.

The doctors in those small regional communities not only are very close to their patients but also become a very important part of the community. They become an identifiable part of the community. It is important that they are able to participate in that community. To do that having adequate communication skills in both spoken and written English becomes incredibly important. It is just one part of the amendment being put forward by the member for Moggill. It is one that I think is particularly important in establishing that confidence that is all important for the job that I have to do in assuring the constituents whom I represent that the administrative regimes that this parliament has put in place will ensure that the doctors have integrity and will ensure that their community is not visited with the tragedy that was visited upon the people of Bundaberg.

In conclusion, I once again say to members of this parliament that we would not be considering this bill were it not for the member for Burnett and the tragedy that happened in Bundaberg. I hope that neither of those ever happens again.

Mr HOBBS (Warrego—NPA) (5.56 pm): I am pleased today to speak to the Medical Practitioners Registration Amendment Bill. I certainly support the comments made by the member for Moggill and shadow minister for health in his contribution to this bill. It was a very important one. As the member for Callide just said, we would not be here debating this issue today if not for the actions of Dr Patel and the inaction by the state government.

Mr DEPUTY SPEAKER (Mr O'Brien): Order! There has already been a point of order taken about standing order 243, the sub judice rule. I ask you to be mindful of that with your comments, please.

Mr HOBBS: I was not going to go into the details. I was just pointing out the fact that we would not be here today debating this bill if not for that issue.

This bill makes the qualification requirements for general registration more flexible to facilitate future changes to the recognition of qualifications held by international medical graduates; introduces measures to expedite existing registration processes; and addresses minor operational problems with the act. This is what the bill we are debating today generally talks about.

The bill also enables the qualifications for general registration to include medical qualifications recognised by a prescribed foreign regulatory authority, that is, the General Medical Council of the United Kingdom, which is the example used in this bill. We do not think that is satisfactory. We do have high standards in Australia. We have to try to maintain those high standards, especially when we consider that around the world they are not high as we would like to see. We would like to have even higher standards. However, the reality is that we set a standard and then we try to keep that as high as we can. Yet we also have to be practical and sensible about the way we register doctors and allow them to operate here in this country.

For instance, 'Dr Death' himself would have been registered in his own country. I am sure that under these rules he could get in again. We do not want that. The amendment proposed by the shadow minister for health clearly states that we need a system whereby applicants need to have completed their training in an accredited training facility that is recognised by Australian standards and the Australian Medical Council. If that is done, that is one reasonable solution in this bill. It is a reasonable solution to include some checks and balances and to recognise what we in Australia demand, what we want and what we need in relation to the medical standards of our doctors.

We have no control over the jurisdictions of other countries and the qualifications that they require for their doctors. Other countries may have their own reasons for lowering their standards. That is not our business. We cannot control that, but we can control what we do in Australia and here in Queensland. There is no reason at all why we cannot have some better controls. While we all know why this bill is before the chamber, we believe this bill opens things up far too much. I think using the example of the United Kingdom is a bit of spin. Do we include other Third World countries that have some sort of a medical council? We should be recognising the standards required by the Australian Medical Council.

Mr Robertson: You have no idea what you are talking about, do you?

Mr HOBBS: Minister, you have been in charge of Health for a while and I would suggest that you do not know exactly what you are doing, either. Look at the report brought down just yesterday, for example. I do not think you are engendering confidence in the broader community with your managerial skills of the health system. I think the previous health minister was the same. The Premier has been running around and taking over all of these portfolios. He was also the health minister for a time. I do not think that Queenslanders have a great deal of confidence in you to run the health system that was once so good.

Mr DEPUTY SPEAKER (Mr O'Brien): Order! The member will refer his comments through the chair.

Mr HOBBS: I am sorry; I did not realise that I was not referring my comments through the chair.

Mr DEPUTY SPEAKER: You were calling him 'you'.

Mr HOBBS: I did not mean to, Mr Deputy Speaker. The biggest problem we have is the culture in Queensland Health. That culture is not only in the health department. Other departments have the same philosophy flowing through them. It is all about blame, cover-up, getting even and just being mean. That exists right throughout all the departments. They are not working. The report that was handed down yesterday also clearly shows that it is not working satisfactorily. Morale is low, and people just do not want to work in a system that is broken down. The health system has certainly broken down here in Queensland.

We have some very good overseas trained doctors, and we welcome them. Some of them have been a godsend to the various communities. They have been terrific. We want to keep it that way. We like having them. But we also have some bad ones and I cite Dr Patel. I want to endorse what the member for Callide said: if it had not been for the member for Burnett, that rogue surgeon would probably still be operating, if someone did not have the guts to take on the issue and bring his expertise to the—

Mr DEPUTY SPEAKER: Order! I ask the honourable member to be mindful of standing order 233. We do not want to jeopardise the trial.

Mr HOBBS: Thank you, Mr Deputy Speaker. I am sure that I would not be jeopardising the trial.

Mr Messenger: So he is coming back?

Mr HOBBS: He is coming back? That is great. We all know that we have a shortage of doctors in Queensland.

Mr Pearce: All over Australia.

Mr HOBBS: All over Australia. In some parts of the world there are not shortages of doctors, and that is interesting. Why is that? The main reason we believe the situation in Queensland is worse than anywhere else is that we are losing more doctors than we are retaining. That is quite clear. The Minister for Health clearly cited figures showing that in the last session of parliament. It is quite clear what has occurred. Again, I come back to the culture in Queensland Health which is driving them out. We have good doctors who are leaving the system. If we concentrated on trying to retain those doctors, we would have a far better system in Queensland.

I know of some terrific doctors—some are overseas trained and some are not. I cite, for example, doctors in Injune, Cunnamulla, Roma, Mitchell, St George, Dirranbandi, Mungadai, Chinchilla, Surat, Miles and Tara. In some of the hospitals in my electorate of Warrego we have some overseas trained doctors who are doing a terrific job, but there are difficulties. The language is a difficulty. A lot of times people for their own reasons do not want to see overseas trained doctors. That is their choice. People have a choice in this country, and that is wonderful.

I think it is important to take all these situations into consideration. Cunnamulla is a good example of a town with a shortage of doctors. I want to see more doctors come in, but I want to make sure that they are qualified before they come over here. We just cannot get doctors to go out there. The Charleville hospital district is doing what it can to get two permanent doctors. At this stage we have one locum going out there. It varies a bit. They are getting by but it is very difficult. But the other areas have been served very well.

As I mentioned before, something of great concern is the language barrier. The amendment proposed by the shadow minister takes into consideration the fact that English is essential. A test is required to ensure that overseas trained doctors have the essential spoken and written English qualifications. I cite, for example, the experience of one of my neighbours of quite some time ago. He was a dentist—

Mr Langbroek: A top bloke.

Mr HOBBS: A top bloke. He went away and saw this fellow. When he came back I said to him, 'Bill, what was wrong?' He said, 'I don't know, Howard, because I could not understand what he said,' but he worked on him and he fixed him up. He just did not have a clue what was wrong with him. We cannot have that. These doctors need some sort of language skills. They might be very well qualified doctors but they also need to be able to explain themselves. How on earth can they treat someone properly if they have such a difficulty in communicating with their patients?

This legislation expands the decisions which the board may delegate to a board member, a committee of the board, the executive officer or an appropriately qualified member of staff. I understand from that that in the past the board as a whole, so long as it had a quorum, made the decisions. Now it is delegating such decisions to a staff member. It seems a bit strange to me. I would have thought that if people were registered they could streamline the process a bit better than that. I do not think that the board should be ignored, which in a sense is what this measure provides, and staff members should be allowed to sign off on it. Otherwise, why do we need the board? I suppose the board is there to look at the difficult issues. I raise that matter out of interest. I do have some concerns about that.

One of the other areas of great concern to me when talking about the doctor shortage and the culture of public health is maternity services. The department and the government are saying in relation to maternity services that we must have best practice—that is, there have to be X number of births per year and if a facility does not reach that level it will be closed down. In my area a woman can have a baby in Charleville, Roma or Chinchilla. They are the only places where women can officially have babies in my area. It would not surprise me if one of those dropped off soon. She could have it in St George to the south.

In recent years more babies seem to be born on the side of the road than ever before. How safe is that? Where are we going? Are we going forward or backwards? Are we in the Smart State or in the slow state? I do not mind if the major birthing centres are in the towns that have the better facilities. We need them if there are problems. Generally speaking doctors have a fair idea of whether or not there are going to be complications. They might not know all the time. If a mother is reasonably comfortable with having her baby in a smaller town then she should be allowed to do it provided they have reasonable facilities.

What are people to do if they are tearing down the road and it comes on. People still have to be prepared. They need some sort of equipment around to be able to manage. If we send people away for days, weeks or months ahead of the event just think of the pressure on their families. There would probably be a lack of communication. Young families may, in some instances, not have a lot of money. There could be other kids. The father would probably be working. This just does not seem sensible to me.

I was pleased that there was cooperation in relation to the development of the new Miles Hospital. Originally, the birthing facilities at the Miles Hospital were going to be transferred to Chinchilla Hospital. I know that it is only a short distance down the road but there is a big population around both of those centres. In Miles there were not quite enough births to reach the figure required for them to continue. I do not think that is satisfactory at all. We need to make sure that we can at least have the option of having those facilities. In the new Miles Hospital design there is provision for a future birthing facility. The facility will not be there initially but at least it is designed so that it can happen in the future if the population increases.

Those are the issues I have with this bill. There are some serious concerns. We really need to ensure that we have standards. We want to make sure that our doctors are qualified to Australian standards. We have no problem with speeding up the process. We want to speed up the process in this modern age, but we do not want to lower the standard so far that we allow doctors who are not up to it to practise on us. They can practise somewhere else. We do not want them practising on Queenslanders.

We want to make sure that their spoken and written English are of a reasonable standard. We have to make sure that they can communicate when they come here. They have to talk to people. They have to say quite clearly what the problem is, what the medication will be and what the treatment will be in the future. I think the board situation is rather unique. With those few comments, I point out that we have some concerns with the bill. I support the address made by the shadow minister.

Mr CHOI (Capalaba—ALP) (6.14 pm): I rise to give my support to the Medical Practitioners Registration Amendment Bill 2006. At the outset can I refer to some of the comments made by the honourable member for Callide. In his contribution he basically blamed the state government for every single thing that has gone wrong in the health system in Queensland and, for that matter, in Australia. Can I remind the honourable member for Callide that doctors are given permission to practice in Queensland not by the Premier, not by the Minister for Health, not by this government, not by the ALP and not by any member of this parliament but by the Medical Board of Queensland.

It is unfair and dishonest to come in here and argue that somehow this state government is to be blamed for every single thing that has gone wrong in health. I think it is also unfair to suggest that the Beattie Labor government has done nothing to address health issues in our state. We are debating this legislation for the very reason that the Beattie Labor government is doing something to address some of the issues and concerns we have in Queensland Health.

I welcome the opportunity to contribute to this debate. This bill clearly reflects this government's continued commitment towards recognising and addressing health issues that are of vital importance to the people of Queensland. The lengthy time frame and the less than perfect occasions associated with processing applications for the registration of doctors has been a hot topic since last year. This bill addresses and rectifies some of those issues. This bill also allows for more efficient practices with regard to some minor operational difficulties that were identified by the Medical Board of Queensland.

Effectively this bill amends the Medical Practitioners Registration Act 2003 in three ways: streamlining the registration of international medical graduates, expediting the registration processes and addressing minor operational problems currently experienced with the act. In a nutshell this bill will fast-track the registration of doctors without compromising or relaxing any professional and medical standards and without causing an increase in risk to personal safety.

I am sure we are all aware of the issue surrounding the shortfall in doctors currently being experienced Australia-wide. This bill is obviously another measure to rectify a situation where the Commonwealth government has failed in its responsibilities. It is a fact identified by the Queensland health minister that our state was among the hardest hit by the Commonwealth's failure to provide adequate funding for our universities which has forced us to compete with other states and, in fact, other countries around the globe for doctors and to poach many from overseas. As the health minister has commented, we need leadership from the Howard government on health.

Nationally speaking, registration for overseas trained doctors is obtained through the Australian Medical Council. It is a fact that many overseas doctors apply to become doctors in Australia. It is very competitive and many do not obtain their registration.

The Medical Board of Queensland is the organisation responsible for the registration of medical practitioners in Queensland. Before a person in Queensland can practise they must first register with the board. The board is the statutory authority established to enact the provisions of the Medical Practitioners Registration Act 2001 and, consequently, the amendments outlined in the bill.

There is no denying that the state government is playing a crucial role in helping to deal with the national doctor shortage when the Premier announced earlier this month that 35 additional students will start their medical training at Griffith University's Southport campus. These 35 students are the first intake of new state government funded medical students. These students will train in Queensland and work in Queensland, and the Premier commented that these are our doctors of tomorrow. In October 2005 this state government provided the Queensland health system with the biggest single injection of health funding in the state's history—a $6.367 billion package to be delivered in just over five years of which $4.431 billion is totally new money.

This massive funding combined with a complete overhaul of the health system will mean better hospitals and better health care for all Queensland families. It will provide new and better services, with around 1,200 additional doctors and nurses statewide. It would be remiss of me if I did not throughout the course of my contribution pay tribute and respect to the many hardworking doctors and nurses, whether they are trained locally or overseas, who are currently functioning and working within our public health system. They should be assured that we recognise their dedication, their professionalism and the important role they play in maintaining a healthy community.

It was always obvious that there were insufficient doctors at a national level. Doctor training is not usually a state government responsibility, but we have been left with no choice. We need urgent and immediate action. The Queensland state government is working on a number of initiatives to help solve the national doctor shortage. In the past eight months Queensland Health has employed an additional 190 doctors. In addition, since January 109 new doctors from interstate and overseas have been registered by the Medical Board of Queensland in our hospitals. It has become a matter of urgency that the Commonwealth government should come to the party and train more local doctors. I do not understand why the Howard government simply refuses to contribute significantly to resolve the doctor shortage problem.

I was in a shopping centre not too long ago when a young man walked up to me and asked if I was his local member. I said, 'If you live in my electorate I am.' He said that he was an OP1 student and always wanted to do medicine. I asked, 'Did you do medicine?' He said, 'No, I can't afford it, Michael,' because to do medicine he has to spend over $100,000 in the next four or five years in order to graduate as a doctor. He told me that he did not want to start his family or his professional life owing somebody, whether it was the government or the bank, over $100,000. This is a problem. There are many very smart, very dedicated and very able Australian students. They are Australians; they are Queenslanders. They want to do medicine, but because of the federal government's lack of funding for our universities they cannot afford to do so. That is why we have to import doctors.

I have a moral concern with importing doctors from countries such as India, because that country spends a lot of money training its doctors and when they qualify they go overseas. I really have serious concerns with that because I think that the citizens of India will probably need those doctors far more than we do. We should be training doctors so we can export our Australian doctors to help those Third World countries, not import them because the federal government has failed in its duty to fund universities properly. I conclude with those few words and commend the bill to the House.

Mr McARDLE (Caloundra—Lib) (6.22 pm): It gives me great pride tonight to rise to make a few comments in relation to the bill before the House. No-one in this House believes that the question facing Queensland Health and in fact Queensland on this issue is a simple one. It is a complicated question that is going to take a lot of thought by many people in this chamber and elsewhere to resolve. I do say to the government that it is taking steps in an effort to resolve the problem that has plagued this state since 1998 and of course exploded about 12 months ago as a consequence of the brilliant work by the member for Burnett and other members in this chamber on this side of the House—

An opposition member: And Toni Hoffman.

Mr McARDLE:—to highlight the danger Queensland Health was posing to the people of Queensland. I take the interjection by the member relating to Toni Hoffman and her brave stand to run contrary to the flow, to become a whistleblower and to provide the impetus for what ended up being the Davies inquiry and the brilliant report that Commissioner Davies did in fact produce.

It is always important to remember on these occasions that it does derive from a drastic situation that developed over a period of time that we have now come to look at an issue that had been bubbling under the surface for a number of years. The bill has a very good end result in mind—that is, it implements the anticipated national approach to streamline the registration of international medical graduates and to expedite processes for registration of medical practitioners. The shadow minister highlighted one particular concern, and that of course is that if registration fails to occur within 25 days it must be reported to the minister with reasons given for the delay and an outline of what actions the board will take to avoid this in the future.

The shadow minister, based upon very clear and cogent history, rightfully raised the concern of rushing the registration process whereby doctors from overseas are going to be practising here in Queensland on the people who not so long ago were practised upon by medical practitioners who failed to meet the basic standards. That is a realistic approach to adopt—that is, we have every right to question a process that in the past has failed to provide an adequate and ongoing medical service to the people of Queensland.

It is also very important to comprehend that the faith of the people of Queensland in the Queensland health system has been totally shattered. The last 12 to 18 months have highlighted to them the clear deficiencies in Queensland Health, and that has again been highlighted in the final report by Commissioner Davies and the recommendations that he makes therein. The concern raised by the shadow health minister in particular details the fact that the registration of an overseas trained

practitioner may not be based on the country of registration. It may well be that registration occurs in South Africa or Canada, and they may well be countries that are prescribed by regulation as suitable candidates for registration in Queensland. But of course that is simply insufficient in my opinion to ensure the qualifications at the source are going to be of a standard required by Queensland.

That is why the shadow health minister's amendment makes a great deal of common sense. It simply proposes a regime that looks at the training of the individual. It also looks at that person having actually practised in the country that he is currently registered in before he is taken on board in Queensland. It is common sense. It is not a foolproof system. No system is foolproof, but certainly it will put in place a regime that is going to provide greater safety and greater precaution, and hopefully as a consequence of this amendment, if taken up by the government, we will not see a repeat of the debacle that occurred in the last two to three years in this state.

There is also of course a very common-sense amendment whereby the candidate for registration is required to communicate in spoken and written English at a professional level with patients and other persons. There are many instances, even across the Sunshine Coast, where people have in fact communicated with doctors and have had no opportunity to understand what the doctor is saying to them or, worse, the doctor not hearing or comprehending the ailment they are suffering from. That particular scenario is very important in a doctor-patient relationship. It is based upon the understanding one to the other that develops a situation of trust that is so critical to a patient, particularly when the medical practitioner is going to have an ongoing relationship with the individual and perhaps even that person's family. As I said, the amendments proposed by the shadow health minister are entirely practicable and they are common sense. I would hope that the government would look at those amendments and take them on board.

On a topic closer to home, there is still the unresolved question of the placement of the Sunshine Coast's new hospital. We are now almost 12 months away from the May 2005 announcement of Sippy Downs being the new site. I understand that the minister's office—and he may correct me on this point—indicated to my office that it would be January 2006 when either a meeting would take place or an announcement would be made at least shortening, if not definitively announcing, the placement of the new hospital. We now find ourselves in March 2006 and that announcement has not taken place.

The Sunshine Coast is in need of doctors, just like any other place across Queensland, and the new hospital on the Sunshine Coast is an integral part of the growth and development of the area. The population continues to grow, and the needs of the population are expanding well beyond the current services that are available in the region. I would urge the minister to at least give some indication as to when the people across the Sunshine Coast can anticipate an announcement being made to cater for their needs.

Closer to home yet again is the Caloundra Hospital. I have to commend the minister in that the Caloundra Hospital has received significant new services in recent times for which the people of Caloundra are thankful. I am hopeful that the minister will again elaborate further on what new plans he has for the Caloundra Hospital in the future.

Debate, on motion of Mr McArdle, adjourned.

Sitting suspended from 6.30 pm to 7.30 pm.

RECREATION AREAS MANAGEMENT BILL

Resumption of Consideration in Detail

Resumed from 7 March (see p. 634).

Clause 10—

Mr MESSENGER (7.30 pm): By way of opening remarks, I would like to say that it is a little disappointing that this consideration in detail is being conducted at 7.30 on a Thursday evening. I find that a not-too-subtle attempt by the member for Rockhampton, the Minister for Public Works, Housing and Racing—

Mr DEPUTY SPEAKER (Mr English): Order! Does the member for Burnett intend speaking to the clause?

Mr MESSENGER: Yes, I wish to speak to the clause, but I also wish to note that it is a none-too-subtle effort to produce a less rigorous examination of clause 10, which I will now attempt to—

Mrs Miller: Where's the rest of the National Party? You're here on your own.

Mr DEPUTY SPEAKER: Order! The member for Bundamba.

Mr MESSENGER: Mr Deputy Speaker, thank you for your protection. Could the minister describe to me the process that a landowner will have to go through to comply with this clause, which is titled 'Recording particulars of agreements'? It states—

(1) As soon as practicable after entering into a recreation area agreement, the chief executive must give notice of the agreement to—

(a) if the agreement relates to freehold land—the registrar of titles; or

(b) if the agreement relates to a lease or licence, or is a reserve, under the *Land Act 1994*—the chief executive administering that Act.

(2) The person to whom the notice is given must record details of the notice in a way that a search of the relevant register will show the existence of the agreement.

Perhaps the minister might like to start by describing to me the process that a landowner will have to go through to comply with this clause. In that description, could she explain which register the legislation is talking about? How much is it going to cost to be listed on that register? Will people be able to register online? Will that be through her department, the EPA? Who will be able to view this register?

Ms BOYLE: I thank the member for the questions. I remind honourable members who may have missed the point in the previous debate that such an agreement with a private landholder has not yet been entered into so we have no experience of this yet. In terms of this recreation areas management legislation, this clause is a signal that we hope that recreation areas will expand and, with the voluntary agreement of private landholders, may one day include private lands as well. We wish to have that option. Therefore, there will be no compelling of the landholder at all.

As I said, should such an agreement be struck it will be entirely voluntary. We would surely be doing so in the recognition of mutual benefit. The chief executive would register the agreement on the title through the usual Land Act provisions. The Land Act does not come within my portfolio. It is not an act that I understand in detail, but the usual procedure is that where there are particular provisions over a parcel of land they are registered with the registrar of titles.

The member will notice that the chief executive has the responsibility for assisting with that process—in fact, for leading that process. I am not aware of whether there are charges for such a registration, but that would be transparent at the time, should it occur.

Mr MESSENGER: I am a bit concerned that at this stage the minister does not know whether there would be charges. I would expect that, especially after legislation is presented to this House, those sorts of details would have been sorted out.

I know that the minister is trying to entice landowners into this arrangement. Hopefully, it will be a beneficial arrangement for both landowners and the state as well as for the broader public. I would expect that details such as whether there are going to be any charges would be known by the minister. It would also give confidence to those prospective landowners who would like to transfer across to this system if those sorts of details were known. Landowners are doing us a favour by registering this land. It would be very hard to think that the minister would be charging them for that privilege. That is the point that I would like to make.

Ms BOYLE: The honourable member is entirely missing the big picture. The big picture is that to date the declaration of recreation areas has been very successful but has applied only to public lands. If the honourable member has been following the media over the past several days he may be aware that leaders in the tourism industry have raised issues of how national parks and the tourism industry can work together better. They are seeking various mechanisms whereby they may participate in infrastructure agreements and user-pays arrangements to assist in gaining the benefits that the tourism industry provides while at the same time contributing to the expenditure available from government for capital works to enhance the tourism experience in national parks and areas adjacent to them.

Therefore, this clause is simply a signal that the new recreation areas management legislation would welcome discussions and opportunities to explore this matter. I think it is indeed very small and self-seeking that the member should expect me to know the fee that the titles office charges for registering documents. However, some information is to hand. I am pleased to have advisers who have this information. Their information is that the fee for the registration of title is $11. In this particular circumstance that $11 would be paid by the Environmental Protection Agency.

Clause 10, as read, agreed to.

Clauses 11 to 14, as read, agreed to.

Clause 15—

Mr MESSENGER (7.39 pm): Clause 15 reads—

Rights and obligations of interest holders not affected

This Act does not affect the rights and obligations of a person who, in relation to land included in a recreation area, has—

(a) an interest recorded in a relevant register; or
(b) a prospecting permit or an exploration permit under the *Mineral Resources Act 1989*; or
(c) an authority to prospect under the *Petroleum Act 1923*; or
(d) an authority of a type mentioned in the *Petroleum and Gas (Production and Safety) Act 2004*, section 18.

Why is there no mention of airspace rights and landing rights in relation to the commercial operators in the RAM bill in relation to the existing commercial landing strips and commercial flight operators? Why is there no allowance for landing rights to be included in the bill? Does it include what landing rights can and cannot be registered or considered? Also, could the minister comment on whether any future new landing rights and landing strips will be included in the RAM legislation without the minister's approval and, if so, how?

Ms BOYLE: What this clause reflects is that any existing arrangements under other acts bearing on the land will stand and that an agreement under the recreation areas management legislation would not override or change those rights. No airspace is included in recreation areas.

Clause 15, as read, agreed to.

Clause 16—

Mr MESSENGER (7.41 pm): Clause 16 reads—

Native title rights and interests not affected

To remove any doubt, it is declared that the declaration of an area as a recreation area does not extinguish or affect native title or native title rights and interests in relation to land included in the area.

I am interested to find out how many different groups of Indigenous people are affected by this legislation. Could the minister also detail the consultation process that was undertaken in the formulation of this legislation?

Ms BOYLE: Of course the bill has been quite widely consulted on. Traditional owners and Indigenous people generally around Queensland have had the opportunity to participate in the consultation on the bill. Where they received particular attention was in our existing recreation areas where we already had the pattern of working with traditional owners, such as on Fraser Island, in Cairns with the Green Island recreation area and, more recently, in the Bribie Island recreation area. That is, of course, the usual practice of government, not only the EPA, of consulting with Indigenous people, particularly the TOs, whenever there is new legislation that might bear on their rights.

Mr MESSENGER: We will have an opportunity to further explore that proposition, especially in part 7 in relation to offences and part 8 in relation to investigation and enforcement where EPA officers are given, in a very blunt and clumsy legislative way, police powers. We will obviously spend a little bit of time on that. Has the minister told native title holders and Indigenous people that this legislation undermines the basic rights, civil liberties and interests of Indigenous Australians? I refer the minister to clause 36 of the Queensland Police Powers and Responsibilities Regulation on page 66, where it says—

(1) A police officer who is about to question a relevant person the police officer reasonably suspects is an adult Aborigine or Torres Strait Islander must, unless he or she already knows the relevant person, first ask questions necessary to establish the person's level of education and understanding.

(2) he questions the police officer may ask include questions, not related to the relevant person's involvement in the offence, that may help the police officer decide if the person—

  (a) is capable of understanding the questions put to him or her, what is happening to him or her, and his or her rights at law; and

  (b) is capable of effectively communicating answers to the questions; and

  (c) is aware of the reason the questions are being asked.

(3) If the police officer considers it is necessary to notify a representative of a legal aid organisation that the relevant person is about to be questioned in relation to an offence, the police officer must inform the relevant person of the intention to notify the legal aid organisation, in a way substantially complying with the following ...

In brief, in the course of the minister's EPA officers' normal duties when they use the policing, enforcement and investigation powers the minister proposes to grant them with this legislation, they will at some stage or other come into contact with Aboriginal people and Torres Strait Islanders who will be subjected to questioning. The minister's legislation does not cater for this possibility. Nowhere in this legislation has the minister even planned for this likelihood. The minister and her department, by presenting what is a very crude, blunt and insensitive legislation to this place, have shown a complete lack of cultural awareness and, frankly, should apologise to Queensland Indigenous people because fundamentally the minister is undermining their basic civil rights and liberties.

Ms BOYLE: The clause says that native title rights and interests will not be affected. The honourable member's irrational opinions are noted but should not be responded to. They are not relevant to this clause.

Clause 16, as read, agreed to.

Clauses 17 and 18, as read, agreed to.

Clause 19—

Mr MESSENGER (7.47 pm): Clause 19 reads—

Public notice of draft management plan

(1) The Minister must give public notice of the draft plan.

Is the notice of this draft management plan in a set format? Are there any other media organisations or outlets other than the *Government Gazette*? Whereabouts is this set format published?

Ms BOYLE: The answer to the question so far as I am aware is that public notice must be given in a paper circulating in the local area as well as in a statewide paper, obviously in the public notices section. I am having further checks made to see whether our requirements are more extensive than that. It is in the interests of the government, of the EPA particularly, and of the wise management of recreation areas that we do our best to draw the draft management plans to the attention of all who are interested and, of course, we will continue to do so.

Clause 19, as read, agreed to.

Clause 20—

Mr MESSENGER (7.48 pm): Clause 20 reads—

Content of the draft management plan

(1) The draft management plan must state—

(a) the name of the recreation area; and
(b) the recreational objects to be achieved for planning, developing and managing the area.

(2) Subsection (1) does not limit the matters for which the draft plan may provide.

There are a number of details that I hope the minister can give me. Why does the draft management plan not include the parties' names and the details concerned? Where can an objection to the draft management plan be lodged? What are the address details for where the objection can be lodged? Where are the right of appeal details and contact details? Also, what is the time of implementation of the management plan, what the plan entails and encompasses and the size of the area in question? What communities and interest groups have been consulted and included in the draft plan? What communities and interest groups would be involved? What is the cost of the management plan? Could the minister comment on that?

Ms BOYLE: Many of those things would, indeed, be included in a draft management plan. However, some of them cannot be because it is, in fact, a draft plan. There are no dates yet for its implementation and there are no objections to register yet because it has gone out to draft in order for people to make objections. Only then will some of that information be known. Of course, the general contact details and the arrangements for how submissions will be received through the various methods, such as paper, facsimile, email, seminars and workshops and so on, will be made widely available.

Mr MESSENGER: I know that the minister is stating, basically, that of course these details would be included. However, I draw her attention to the wording of clause 20, which states that 'the draft management plan must state' and lists only three basic areas. I would think, to make clause 20 a bit more complete—after all, this is the bible; this is what people will refer to—that the details I have listed would be included.

Ms BOYLE: Such details are not included in any of the acts where we have routinely, as a matter of fact—and proudly so—demonstrated that we are a government that consults. Indeed, they would be very heavy bills if they were to specify every procedural detail. I draw the attention of members to the important inclusion of clause 20(1)(b), which states that the recreational objects to be achieved for planning, developing and managing the area will, indeed, be in the draft management plan.

Clause 20, as read, agreed to.

Clauses 21 and 22, as read, agreed to.

Clause 23—

Mr MESSENGER (7.52 pm): Clause 23 relates to when an approved management plan has effect. It states—

The approved management plan has effect on and from the later of the following days—

(a) the day the gazette notice approving the plan is published;
(b) the commencement day stated in the approved plan.

Why does it not include the date advertised in the relevant newspaper, public notices or the local area newspaper?

Ms BOYLE: I will have to hear that again, please. What exactly is the member asking me?

Mr MESSENGER: At the moment, it states—

The approved management plan has effect on and from the later of the following days—

(a) the day the gazette notice approving the plan is published;
(b) the commencement day stated in the approved plan.

Why does it not include the date it was advertised, for example, in the *Courier-Mail* or the public notices of the local area newspapers?

Ms BOYLE: The final management plan will be publicised through a gazette notice and the gazette will be dated. I just do not understand the member's problem.

Clause 23, as read, agreed to.

Clauses 24 to 32, as read, agreed to.

Clause 33—

Mr MESSENGER (7.54 pm): Clause 33 states that the chief executive may enter into a cooperative arrangement for an approved management plan. Has the federal government been included in the cooperative arrangement agreements for approved management plans, specifically in relation to World Heritage listing? Could the minister please describe which local community groups and interest groups, such as four-wheel drive clubs or horse-riding clubs, are not allowed to enter into a cooperative arrangement for an approved management plan? Further, will this bill address those concerns?

Ms BOYLE: Of course we do, particularly in relevant areas such as World Heritage properties, routinely deal with federal government representatives. That includes, of course, places such as Fraser Island. Some of the recreation areas under the existing bill do not yet have management plans, so there are no specific agreements, as would apply under clause 33, with any particular agencies.

The whole theme of this bill is cooperation. That is why recreation area management has been so successful. That is why this parliament and its members do not have complaints and problems brought to their desks as a matter of routine and why, in fact, we are able to expand into new areas.

Of course, these are cooperative arrangements. The cooperative arrangements include the relevant locals groups at the time. They may be Indigenous groups, tourism bodies, federal government bodies, state government bodies, statutory corporations or government owned corporations. The range varies according to the area.

Clause 33, as read, agreed to.

Clause 34, as read, agreed to.

Clause 35—

Mr MESSENGER (7.56 pm): Clause 35 deals with terms of the permits. The questions I direct to the minister relate specifically to paragraphs (c) and (d). The clause states—

(1) A permit is given for the term stated in it.
(2) The term must not be more than the following—

...

(c) for a group activity permit—1 year;
(d) for a commercial activity permit—3 years.

Firstly, why is a group activity permit limited to one year? Why is it not the same as a commercial activity permit, which is three years, I believe? Why does a group activity permit not have the same option for renewal as a commercial permit?

Could the minister speak to the legal implications in relation to the change of permit terms? Why does a commercial permit not have the option for a renewal run as per a normal commercial contract of three years—three by three? Having been in small business I know that people need certainty, and that three-by-three option would provide that certainty.

Ms BOYLE: This is actually a good point that the member has raised. I have double-checked this. Presently, a group activity permit under the Nature Conservation Act is for one month. More recently we have realised that that is a nonsense. That is particularly so with recognised groups that are widely known in an area. These groups often provide tremendous volunteer assistance, apart from using the national park or protected area estate. Requiring them to continually come back for more and more permits is a nonsense. Flexibility has been increased under my watch, and I hope to continue that flexibility.

The member is quite right about commercial activity permits. Previously they have been one-year permits. That is a nonsense, particularly for the tourism industry where their lead time in terms of marketing their business and the activities into which they may wish to entice their visitors to join often need to be as much as 18 months ahead, particularly in terms of their advertising and their commitments in the international market. That is why we have a Tourism in Protected Areas program. At the moment we are exploring various contracts, mostly with a view to 10-year terms. The member's point is well made. Should we both continue to be members of this House, he may not be surprised to see that those limits, particularly for commercial activity permits, will change as time goes on.

Clause 35, as read, agreed to.

Clauses 36 to 51, as read, agreed to.

Clause 52—

Mr MESSENGER (8.00 pm): Clause 52, 'Deciding application for commercial activity permit', states that the chief executive must consider the application and decide to grant the application, with or without conditions, decided by the chief executive. A whole raft of conditions is listed. After reading clause 52, I believe that there is no right of appeal or ability to challenge a decision in relation to the deciding of an application. I suggest that this should be included. It states that the chief executive must consider the application and decide whether to refuse the application. Why is no separate right of appeal or ability to challenge a decision in relation to deciding an application included in the bill? Why does the decision to refuse the application rest solely with the chief executive? Will an alternative for a commercial permit be considered, such as an independent third party, for deciding those applications? Could the minister please speak to what considerations are taken into account in refusing those applications? Could she please detail what she thinks the chief executive's considerations might be. Is the applicant informed of all the matters and issues raised in the consideration or the rejection of their appeal?

Ms BOYLE: Unlike the commercial industry, where people can choose whether or not to accept a contract with a supplier or a service provider and not have that appealed, it is different when it is the government. People expect different rights. If they have applied and they are refused—the member is quite right—they may well wish to question the reasons and to have a right of appeal.

I draw the member's attention to clause 52(6), which opens the way for there to be an appeal should the applicant wish to appeal against a refusal, not against an acceptance. Clause 52(6) requires the chief executive to issue an information notice to an applicant if the chief executive decides to refuse the application or grant the application with conditions. That is the beginning of the process to, firstly, inform the person for the reasons underlying the refusal. The information notice opens the way then for the decision to be subject to appeal, and that is addressed in clauses 206 to 215. It is a steady process beginning, first of all, with that information notice. It would proceed then to an internal review and other appeal processes detailed later in the bill.

This is not a matter, of course, in which I have been closely involved. So the kinds of matters that I would be aware would give cause for the chief executive to refuse an application would be a poor track record of performance during an earlier period of approved activity or an insufficient submission of an environment management plan in using an area that is under environmental pressure. Clearly, these reasons, nonetheless, would have to be detailed as required under clause 52(6).

Mr MESSENGER: Would there ever be any situation where an applicant could make representations to the minister after they have been refused? Is this a decision that she would ever be involved in at all? Does the minister have any information that would detail the information that is on that information notice? What sort of information would be provided from the chief executive to the applicant who was refused?

Ms BOYLE: These matters are not specified in the bill. However, as a minister, and even as a local member of parliament, I think it would be a matter of ordinary practice that, when people are unhappy with decisions made by departments about all kinds of things, they seek through letters or through requests for meetings to further explain their position to indicate where they do not believe the reasons are either correct or sufficiently fulsome. That is the political process. Yes, it would be possible for somebody who is unhappy with conditions on a commercial activity permit or unhappy with a refusal to seek the intervention of the minister to further clarify the situation or to maybe require some additional consideration. That, of course, would be a matter for the minister of the time and the particular circumstances as to whether that appeal for intervention was taken up or not. That is a decision that ministers make every day in relation to people who are unhappy with a government decision. Sometimes they turn out to have good cause and they get some joy in terms of an improved situation. Other times that is not so and it is believed on investigation by the minister that the department has made exactly the right decision. I have no examples before me of this circumstance.

Clause 52, as read, agreed to.

Clauses 53 to 58, as read, agreed to.

Clause 59—

Mr MESSENGER (8.07 pm): I have a very brief question on clause 59, 'Steps to be taken after a permit application decided (other than commercial activity permit)'. This clause states that if the chief executive decides to grant the application with or without conditions, the chief executive must, as soon as practicable after making the decision—for a group activity permit to be issued with conditions—issue a permit to the applicant and give the applicant an information notice about the decision.

Mr REEVES: I rise to a point of order. The member for Burnett continues to read the clause again. I am sure the minister can actually read the clause and knows what the clause is about. I suggest he ask his question.

Mr DEPUTY SPEAKER (Mr English): Order! There is no point of order. The member has 10 minutes to put the question.

Mr MESSENGER: Is there a time frame of 40 days notice? It is not indicated in this section. I was wondering if the minister could stipulate and clarify that time frame.

Ms BOYLE: My information is that it is as soon as practicable, but there is no statutory time specified in the bill.

Clause 59, as read, agreed to.

Clauses 60 and 61, as read, agreed to.

Clause 62—

Mr MESSENGER (8.09 pm): Clause 62, amendments by application, states—

The holder of a permit may apply to the chief executive for an amendment of the permit.

There are obviously fears associated with those permits, particularly with respect to subclause 2, which states—

The application must be—

(a) accompanied by the fee prescribed under a regulation ...

What is the fee breakdown? Is the minister likely to publish those fees? Why are the fees not included in the clause? What is the minister's reasoning to allow fees to be decided under this regulation? Are the fees prescribed under the Nature Conservation Act? If so, doesn't the bill state what they are?

Ms BOYLE: It is usual practice for the fees to be set by regulation, not in the bill. So should the fees for this, and similarly very many other matters that come before the parliament, need to be changed due to CPI increases a year or two from now then we can change them by changing a regulation, which is a much speedier process than having to go back and require legislative amendment in order to up the fee by 50c or whatever it might be.

It would be presumptive to have decided the fees and have the regulation ready to go before the bill is passed by the House, which I hope will happen tonight. The intention, broadly, is that the fees would be very similar to those that are presently charged under the Nature Conservation Act. That means, for example, that the present fee for an application is in the vicinity of $11. These are certainly not fees that will discourage those who see a commercial opportunity from participating and putting in an application.

Clause 62, as read, agreed to.

Clauses 63 to 73, as read, agreed to.

Clause 74—

Mr MESSENGER (8.11 pm): I will direct my comments on clause 74, invitation for submissions, to the first part, which states—

The chief executive may invite expressions of interest for a commercial activity agreement for the activity for the area from ...

Would the minister describe how an expression of interest is raised? How is it invited? Is it advertised? Is it by tender? Is it by personal approaches by the community or possibly individuals? Are the applications for submissions advertised to the community at large, or are they just limited to the *Government Gazette*?

Ms BOYLE: The key element to this is whether or not there is excess capacity in an area in the view of the chief executive. If the existing holders of commercial activity permits are bringing sufficient people—as many people as we believe, for example, a particular site might be able to manage without harm to the environment—then there would be no invitations to others to participate in an expressions of interest program. Where there is spare capacity, however, then it is in our interests to get the best options available for taking up the spare capacity.

Most recently, I have been on the side of an advertisement for some spare capacity to the west of Cairns. That was a fulsome process. It was advertised quite widely particularly through the tourism industry journals and their various newsletters as well as in public papers. There is no advantage to the EPA to limit that process. On the contrary, it is in our interests to make sure that it is wide and attracts the most innovative and well-constructed applications possible.

Mr MESSENGER: In the minister's answer to that question she raised an interesting subject, and that is site capacity. We are all aware of the fact that we must look after the biodiversity and the wellbeing of the environment and especially manage those site capacities. How does the minister establish those site capacities? How does the minister's department establish those site capacities? Obviously there will be some sort of study. In taking into the account the study, does the minister's department also take into account local community groups? Is that study shared and made open and transparent?

Ms BOYLE: The short answer is yes. There are two key elements to it, I suppose, and that is any evidence that a site is experiencing environmental damage. That would give rise to the question as to

whether there are already sufficient or even too many people using a site. It is usual practice when a management plan is developed for that issue particularly to be canvassed as to the type of visitors that will be welcome, the length of their stay and their numbers. That is widely consulted on and sometimes hotly debated with members of the tourism industry who see that there are more people interested perhaps in visiting a particular site at a time than maybe our own officers, particularly those with experience of managing a park or the scientists who are aware of the particular biodiversity values of an area or of the wildlife impacts. So it is negotiated, but in the end it is a matter for the scientists in the department to recognise that the core business of the Environmental Protection Agency is protection of the environment.

Clause 74, as read, agreed to.

Clauses 75 to 84, as read, agreed to.

Clause 85—

Mr MESSENGER (8.16 pm): Clause 85 concerns the application of section 51 to commercial activity agreements. Under this clause, is the applicant in relation to application of section 51(4) informed of the written submissions regarding their application and consideration for a commercial permit? If they are not, could the minister please detail why? If they supplied the parties concerned with a submission, can the applicant reapply in response to addressing the concerns raised? Are the submissions received considered on an economic basis?

Ms Molloy interjected.

Mr DEPUTY SPEAKER: Order! Member for Noosa!

Mr MESSENGER: Thank you for your protection, Mr Deputy Speaker.

Are the submissions received considered on an economic basis or an environmental basis? Are the submissions made available for public consideration?

Ms BOYLE: It is the triple bottom line, I suppose, that will always be the basis for consideration of the submissions, first and foremost because that is our core business—environmental considerations—but closely behind that economic and social considerations as well. It is usual to publish the submissions—to make these submissions available for the inspection of others—though in some circumstances the names of the submitters may be withheld.

Clause 85, as read, agreed to.

Clauses 86 and 87, as read, agreed to.

Clause 88—

Mr MESSENGER (8.18 pm): Under division 4, clause 88, the term and review of commercial activity agreements, states—

(1) A commercial activity agreement must not be for a term longer than 10 years from the day the agreement commences.

(2) However, the agreement may allow for the term of the agreement to be extended at any time, so long as the term of the agreement is not, at any time, longer than 10 years.

(3) The agreement may also provide for ... the matters to be considered at the review.

Are the reviews regulated or based on an internal time line within the department? Is there notification that the review will be done? If so, what is the time line for the reviews and is it considered reasonable? If there is no notification currently, will it be addressed in this legislation?

In terms of the matters to be considered at the review, could the minister detail whether the parties concerned are informed of the matters to be considered at the review prior to the review to allow the parties in question the ability to address those matters? Is there a set of standard matters that will be raised at the review along with any other topics or matters that might be of consideration? What are the matters for review? As the minister mentioned before, there is the triple bottom line—the environmental, economic and personal interests, that is, the interest group and community driven matters.

Ms BOYLE: I remind the honourable member that this is so far speculation and intention and that we have not yet done this so there are no precise details to give. I am able to reassure the member, however, that the matters to be considered in the review will be built into the agreement allowing these to be negotiated with operators to suit the particular circumstances.

Mr MESSENGER: The minister might like to comment on the actual selection of the wording that it must not be 'longer than 10 years from the day the agreement commences'. Does the minister have any explanation as to why the figure of 10 years was chosen?

Ms BOYLE: There are many things in government that require review at 10 years. It is a generally considered period in terms of the expiration of, for example, regulations. Matters need to be reviewed within 10 years. It certainly conforms with the member's own recognition some minutes ago that commercial operators need a good period if they are truly to operate well and have the predictability and certainty that will allow them to invest properly in their business enterprise. Nonetheless, we need to pick a point at which a review is appropriate, rather than leave them there with some kind of job or an

arrangement for life regardless of their performance or change in circumstances. Yes, it might have been nine or 11 years but 10 years, when lots of things in government circles are reviewed, seemed the appropriate number of years.

Clause 88, as read, agreed to.

Clause 89, as read, agreed to.

Clause 90—

Mr MESSENGER (8.23 pm): I turn now to division 5 and clause 90 which is entitled 'Immediate amendment or suspension of commercial activity agreements for safety or conservation'. I direct my comments to subclause (1), which reads—

(1) This section applies if the chief executive reasonably believes a commercial activity agreement should be amended or the authorisation under it suspended—

(a) to secure the safety of a person or a person's property ...

Are there any formal conditions or breaches or circumstances outlined in the bill to give a clear understanding of what safety requirements a commercial operator must meet? In order to not incur an immediate suspension of a commercial activity agreement, could the minister detail whether the conditions are based on the workplace health and safety requirements? If so, who monitors the workplace health and safety practices of that commercial activity? Will EPA officers receive the necessary training if they are to monitor the workplace health and safety issues? Has that training been costed under the bill?

Ms BOYLE: There are standards to which our Queensland Parks and Wildlife Service rangers all work in terms of workplace health and safety and which would apply here. Many of the provisions here would, however, be part of the agreement in terms of the standards that must be met. While, yes, of course there are some frequent contacts that would give rangers locally some information, so, too, would the experience of the clients of the business. Workplace health and safety and other acts would apply as well.

I let the honourable member know that the circumstance here may be short term. For example, where there has been heavy rain in an area and that has caused some slippage in some fairly isolated areas and it is believed that it would be risky for people to go either in vehicles or even on foot, the chief executive may temporarily suspend access to that area but obviously with notification. The safety reflection then is because of the changed environmental conditions, not because of the change in any activity or the way it is conducted by the business owner.

The other circumstance is one that is occurring right now. Permits in the broader Innisfail and tablelands area have been severely disrupted by Cyclone Larry and damage has been done to a lot of protected areas and they are presently not believed to be safe. In this circumstance at the moment I am pleased and proud to let the member know that there was an immediate response by our officers to work with tourism operators who do have permits to instead use those permits for this period while the area is unsafe in alternative areas, maybe those more towards Cairns and to the north of Cairns. This applies more particularly to the suspension for safety or conservation in terms of changes in the natural environment rather than so much in relation to the activities of the business itself.

Mr MESSENGER: Thank you for the answer, Minister. That has cleared it up a little bit for me. To be a little bit more specific, under this clause I was thinking of a business operator like Gerry Geltch from Air Fraser Island. As the minister knows, Gerry has a permit to land on the beach on Fraser Island. I know that he is feeling a bit of angst at the moment. A fair bit of negotiation is going on between the minister's department and Mr Geltch about the safety or otherwise of his beach landing.

As it stands now, under this clause a business operator like Gerry who lands on the beach could be shut down indefinitely because the chief executive believes that the beach landing is unsafe. I have flown with Mr Geltch and landed on the beach. Mr Geltch has explained to me that he has full confidence in his ability to land on a beach and do it safely. He also has the full confidence of the approved regulator, I think CASA.

The department has come up with a different opinion. From memory, I think the department has commissioned reports that show that Mr Geltch's operation is not safe. It would seem that under this legislation there would be no right of appeal and Mr Geltch's business could be significantly impacted upon.

Ms BOYLE: In fact, the operator of whom the member speaks is a good example of the negotiation that is painstakingly undertaken by the Queensland Parks and Wildlife Service. Whether or not it is technically the case that the chief executive officer could have, without reports and without argument, simply suspended the person's operations I do not know, but that is certainly not the style through which the present negotiations and consideration are taking place. It is the safety not only of the operator in his aircraft but also of all of those who are visiting the island and engaging in various activities in the areas where he wishes to land that has to be considered. The report has not yet come to my desk or, I believe, to the chief executive so there is no decision on that circumstance at the moment.

However, the member can indeed be encouraged by that very example in that, while it may be drawn out, at least there is fair and detailed consideration and all points of view are being taken into account prior to a decision being reached.

Clause 90, as read, agreed to.

Clause 91—

Mr MESSENGER (8.29 pm): Once again on this clause I have a very similar line of questioning for the minister. Clause 91 relates to amending commercial activity agreements other than immediately. The key phrase in subclause (1)(a) is 'if the chief executive reasonably believes' and of course 'the chief executive may amend a commercial activity agreement other than immediately'. With regard to the definition of 'reasonably believes', it is crucial to this proposed law. It also allows the minister's department to say to a business operator, 'You are guilty of X, Y or Z,' and then that business operator would then have to prove their innocence. What sort of evidence would a chief executive have to have before the chief executive could amend a commercial activity agreement? I also draw the minister's attention to subclause (2), which states—

If the chief executive decides to make the amendment, the chief executive may give the other party to the agreement a written notice stating each of the following ...

It is 'may'. I would suggest that the 'may' should be a 'must'; otherwise the business is not guaranteed that right of reply. It is totally on that chief executive's whim. They have to throw themselves at the mercy of the department—that is, the business owners—just to ensure that a basic civil right like a right of reply is able to be carried out. Let us just for a moment suppose that the department got it wrong. Under this legislation as it stands, without a mechanism in place for an independent review or a right of reply or compensation, what business owner would want to enter into an agreement under those conditions?

Ms BOYLE: There are some circumstances which may be urgent circumstances, particularly involving safety, where immediate action is required and where the usual courtesies of full information—that is, 20 business days, an opportunity to reply and to discuss the matter—may not be appropriate. That is why there needs to be this flexibility. In fact, the same was included in the Integrated Planning and Other Legislation Amendment Bill that passed through the House the other night where we discussed the issue of erosion and sediment on development sites. A council has previously only had the powers to issue a show cause notice and then wait two weeks, but with that bill passing through the parliament we have given a council through its chief executive officer the option of immediately issuing a penalty enforcement notice.

Clearly that discretion will be, we would hope, wisely used on the majority of occasions by our councils around Queensland to signal the difference between a minor breach of what is proper erosion and sediment control on a site and a serious event whereby with heavy rainfall conditions the collapse of erosion and sediment into a waterway could cause immediate damage and where a period of two weeks for the person to explain is not appropriate. Similarly, in this circumstance the reason it is 'may' rather than 'must' is that there may be those occasions where there is serious harm or risk to people involved and where the chief executive will use his or her discretion to say that there is reason on this occasion to immediately suspend the permit.

Clause 91, as read, agreed to.

Clauses 92 and 93, as read, agreed to.

Clause 94—

Mr MESSENGER (8.34 pm): Clause 94 deals with the application to transfer authorisation under commercial activity agreement or to sell or buy a commercial activity agreement. Does the sale or transfer of a business fall under, as we have mentioned earlier, the 10-year limit or does the change or the transfer, despite the business remaining the same, reset the 10-year clock? In effect, does a new lessor get a new 10-year time limit?

Ms BOYLE: It would be for the remaining period that is available—that is, if it were two years into the 10 years, then there would be eight remaining.

Clause 94, as read, agreed to.

Clause 95—

Mr MESSENGER (8.35 pm): Clause 95 deals with approval or nonapproval of transfer and states—

The chief executive may approve the transfer only if the chief executive is satisfied the buyer is a suitable person for the commercial activity the subject of the authorisation.

If the chief executive refuses to approve the transfer, the chief executive must give the seller and buyer an information notice for the decision.

This poses the question: how does the chief executive decide if that buyer is a suitable person? Is there a legal requirement? Are there set terms and conditions outlining who is a suitable or fit person or a proper person? Is it similar to the fit and proper person as required by the Supreme Court regarding the admission of a solicitor, or is it a fit and proper person in the community at large? Is that standard required? Again, subclause (2) states—

If the chief executive refuses to approve the transfer, the chief executive must give the seller and buyer an information notice for the decision.

When is the information notice issued to inform the parties? Could the minister please detail a time frame for that? How long does it take? Does the information notice take immediate effect?

Ms BOYLE: The situation has not arisen, so there are no examples to offer. But clearly there needs to be a provision should there be information brought to the attention of the chief executive officer that the person had, for example, a bad track record in terms of harm to the environment or possibly could have been in the worst case scenario a person previously prosecuted by the EPA for serious infringements in terms of environmental harm. That would be likely to be the particular area that would be of concern. But this has not happened, so we do not have those examples. The chief executive must give the information notice as soon as the decision to refuse is made, so that would be as soon as practicable—that is, within a matter of days.

Mr MESSENGER: I want to press the minister on this point. If the chief executive is satisfied that the buyer is a suitable person for the commercial activity, what does the chief executive do? Do they go out and do a Google search on him or her? Do they do a criminal history check? Are they able to do searches through their own department or other government departments?

Ms BOYLE: I have provided sufficient information. This has not happened yet, so there is no practice to detail to the honourable member.

Clause 95, as read, agreed to.

Clause 96—

Mr MESSENGER (8.38 pm): Clause 96 relates to giving effect to the transfer and states—

This section applies if—

(a) the chief executive approves the transfer ...

If she could, I would like the minister to provide us with the details of the transfer. What is the time line for approval regarding the sale or transfer of a business, and that is to assist with commercial transactions and due diligence tests? Are the parties concerned kept informed as to the progress of the transfer? If there is no time line, will the bill address this issue and insert a clause to allow for the exchange of documents for the sale of the business?

Also, in relation to subclause 1(d)—the fees payable by the seller under the commercial agreement—what is the breakdown of fees in relation to the transfer and sale of the business? Are the fees similar to stamp duty charges? Are the fees based on the sale price of the business to be sold? Once again, the most important point is: who is responsible for the fees at the time of the sale?

Ms BOYLE: Again, I say to the member that such a transfer has not yet occurred so we have no practice to give details of. No, there are no time lines specified. The clause is exactly as it is written. Obviously, the time lines depend on the complexity of the situation. Clearly, it is in everybody's interests to proceed with reasonable speed.

Clause 96, as read, agreed to.

Clauses 97 to 104, as read, agreed to.

Clause 105—

Mr MESSENGER (8.40 pm): Is this legislation to be read in conjunction with the Vegetation Management Act? Does this clause give the authority to DNR officers to issue notices?

Ms BOYLE: In relation to this clause there is no connection with the Vegetation Management Act.

Clause 105, as read, agreed to.

Clauses 106 to 111, as read, agreed to.

Clause 112—

Mr MESSENGER (8.41 pm): This clause states—

A person acting under a commercial activity agreement must comply with each recreation management condition of the agreement.

A maximum penalty of 80 penalty units applies. Could the minister detail the terms of this agreement? Do they vary from RAM to RAM? Do they vary for each type of commercial activity? Is a period of grace given before the operator is fined?

Ms BOYLE: As is the usual practice in other areas of enforcement for other departments, the EPA has a great range of recreation management conditions. In relation to minor breaches of conditions that may come to the notice of the QPWS, they may choose to have a discussion with an operator. This clause sets down the maximum penalty. Obviously, that maximum penalty would apply and be instituted in only very serious circumstances.

Clause 112, as read, agreed to.

Clause 113, as read, agreed to.

Clauses 114 to 125, as read, agreed to.

Clause 126, as read, agreed to.

Clause 127 to 132, as read, agreed to.

Clause 133—

Mr MESSENGER (8.44 pm): This clause states—

A person in a recreation area must not, unless the person has a reasonable excuse—

(a) be disorderly or create a disturbance; or
(b) do anything that interferes, or is likely to interfere, with the safety or health of the person or someone else in the area.

The maximum penalty is 50 penalty units. Why does this clause not include the property of another person in that area, with 'property' being defined as including camping equipment, boats, vehicles, fishing equipment and personal property such as mobile phones and computers? Subclause 2 states—

A person in a recreation area must not, unless the person has a reasonable excuse or the chief executive's written approval—

(a) restrict access to, for example, by cordoning off, a part of the area or a barbecue, table or other facility in the area.

In other words, people must share the picnic table. How does the minister envisage this clause being enforced? Subclause 3 states—

A person in a recreation area must not, unless the person has a reasonable excuse—

(a) defecate within 10m of a lake, watercourse, natural water storage, walking track or other facility, other than in a facility provided by the chief executive for the purpose.

Subclause 3(b) refers to burying human waste. Could the minister please provide me with a definition of 'the person'? For example, would that definition include a baby or a child? Would they be exempt? Would a reasonable excuse include some medical condition?

Ms BOYLE: This is absolutely gratuitous nonsense. The circumstances in which this clause would be occasioned are the circumstances that arose at Inskip Point last Christmas and about which I am sure the honourable member is aware. This clause protects good people doing the right thing in our parks from those who become drunk and disorderly and who spoil the arrangements for others.

Of course, this clause is not going to be taken to some ridiculous extreme where some child, who is behaving like a child and may have technically beached some clause, would in any way be taken to task.

Mr MESSENGER: Nonetheless I point out that under the minister's legislation, if a ranger stuck to the letter of the law a child could be taken to task. The minister has presented this legislation before the parliament.

Ms BOYLE: Unless the person has a reasonable excuse. A child not in control of his or her entire bodily functions would have a reasonable excuse.

Clause 133, as read, agreed to.

Clauses 134 to 138, as read, agreed to.

Clause 139—

Mr MESSENGER (8.48 pm): Subclauses 2 states—

If asked by an authorised officer, the person must, unless the person has a reasonable excuse, produce for inspection by the authorised officer—

(a) the agreement, a copy of the agreement, or a copy of the relevant details for the agreement.

Does the 'must' requirement mean immediately? Can the word 'must' be replaced with an alternative wording such as 'needs to produce for inspection' or 'supply for inspection' or 'provide for inspection'? Is there a time line needed for the notice of inspection in relation to commercial activity? How is the commercial activity notified of the officer's requirement to produce the necessary documents? Is it in writing? Is it orally? What defines a reasonable time to produce the necessary paperwork? Is it an hour or a day? If the minister could describe that, that would be great. What does the inspection entail in relation to the commercial activity, apart from subclauses (2)(a) and (b)?

Ms BOYLE: There is a great range of circumstances in which this clause might apply. That is why they are not specified in the detail the honourable member is suggesting or implying they should be. It may be that a ranger who comes across somebody engaging in a commercial activity is not familiar with them and wishes to check on their licence and approval and would use appropriate discretion about

when that is going to be produced and where. There may be other occasions when the wish is for that to be produced immediately. It is usual in this state for all of us who have licences for various things to have them easily to hand and, in fact, to proudly display them.

Mr MESSENGER: This is getting to the core of one of the objections that I have with this bill: this is transferring police powers to EPA officers. I am not sure whether a police officer actually has the power to apply a maximum penalty of 50 penalty units to someone who does not produce their identification and show a recent colour photograph of the person. This seems like a very harsh rule for people who have entered into a commercial activity agreement with the EPA in good faith.

Ms BOYLE: This does come close to the heart of the nonsense objection the member has to this bill. I reassure members of parliament that the provisions in this bill in relation to enforcement build on the provisions that were already there in the Recreation Areas Management Act introduced by the National Party. They are in the main provisions that have existed for a long time. Additionally, they parallel provisions of enforcement that are available to our rangers right now under the Nature Conservation Act and have been so since its introduction in 1995. There have been no complaints about the use of these powers. They are not equal to police powers, but they do give provision to rangers to take action when there is a risk to others when there is disruption or danger from bushfires, imminent floodwaters, storm surges or those who are drunk and disorderly.

I inform the honourable member that he is right off the pace on this matter. Since the earlier debate on this bill, I have visited Inskip and met with the mayor, the business community, representatives of the residential community, tourism operators, members of the Ambulance Service and the Police Service, regular campers who live in the area and also regular campers who live in other areas. Their request to me is that our rangers use their existing powers more often and more firmly and that, if anything, their powers should be further extended—not that they should be wound back in this bill but rather that they are better explained. The dissatisfaction, if any, is that they should be able to more immediately enforce the proper behaviour, safety and care of the properties in which people are enjoying their activities.

Mr MESSENGER: I am pleased to hear that the minister has visited Inskip Point, Rainbow Beach and Tuncumba. I have been calling on the minister to do so since late last year, when she made the famous comment that was in the papers and known widely throughout that community that she did not want the dolphin feeding to go ahead because she did not want fat dolphins. It was a comment that was repeated to me loud and long and often when I visited that community over the Christmas-New Year break. I am glad she has taken my advice and visited that area and tapped into the local community wisdom. In the legislation that was brought into this place by the Nationals we did not willy-nilly give out powers to rangers to be able to write out on-the-spot fines to people who enjoy camping in our national parks and recreation areas and, in a sense, make those people prove their own innocence.

Ms BOYLE: I am not at all sure which clause of the bill mentioned any of those opinions expressed by the member. For the *Hansard* record, that was not a quotation from me about the dolphins. It never was. Because the member says it is so does not make it true. The member is just right out of order. Our rangers are held in high respect all over Queensland. His allegations that they will misuse these powers in some willy-nilly fashion are an absolute nonsense. It defies their amazing track record and the respect with which they are regarded in the Inskip area and, in fact, in the broader area of the Cooloola National Park and on Fraser Island.

He is out of line with the many people—many of them happen to be associated with the National Party—who were in those discussions calling on me to increase the powers of the rangers and to encourage them to be firmer. I caution him again against querying and criticising our rangers or suggesting that their powers be wound back. I suggest that he spend some time around Inskip Point. I would be pleased to give the member a list of the people who attended the meeting with us who represent those various groups and who hold diametrically opposing views to his.

Clause 139, as read, agreed to.

Clauses 140 and 141, as read, agreed to.

Clause 142—

Mr MESSENGER (8.57 pm): Division 6, clause 142 reads—

Demerit points

(1) This section applies to a person who is given an infringement notice under the *State Penalties Enforcement Act 1999* for an offence against this Act and pays the infringement notice penalty for the offence.

This, I believe, applies to people with a commercial activity permit. Before I press on with that point, I have to comment on what the minister said about visiting Inskip Point. I have visited Inskip Point as well, as the minister has asked me to do, and have stayed there overnight. I have met with community members and they are concerned about the powers that the rangers are being granted under this legislation. The powers that are being granted to the rangers are nothing short of police powers. Make no mistake about that. We all realise that. As we will discover later on in the legislation—

Mr REEVES: I rise to a point of order. I refer to standing order 142, which says that the debate should be relevant to the clause. He is going off this clause.

Mr DEPUTY SPEAKER: Order! Member for Burnett, clause 142 is talking about demerit points. Keep your comments to that. That would be excellent.

Mr MESSENGER: Clause 142 is a classic example of rangers being granted police-like powers. The point is that rangers do not have the same scrutiny and training that a police officer would have. I think it was at Inskip Point—and I am sure the minister will correct me if I am wrong—where a ranger was convicted of a criminal offence. I think the police charged that person with growing an illicit substance in a recreation area or a state forest. So the community demands of this place that we put checks and balances on the powers of rangers. This legislation does not address those checks and balances.

Mr DEPUTY SPEAKER (Mr O'Brien): Certainly, member for Burnett, this clause does not refer to those matters so I would ask you to return to clause 142, please.

Mr MESSENGER: Thank you for your guidance, Mr Deputy Speaker. Could the minister detail whether a certain number of demerit points trigger the loss of a commercial activity permit? Where are the demerit points held? Is there a right of appeal? What is the length of time regarding the loss of permit? Is there an appeal process in relation to demerit points? If so, could the minister detail what it is? If not, why does the bill not include this option?

Ms BOYLE: Presently, rangers have the power to issue penalty infringement notices. That is nothing new. Many other authorised officers across government and local government have the ability to hand out infringement notices. Therefore, we are not increasing the powers of rangers or in any way distinguishing them from any other officers and authorities who have these powers.

However, this particular clause recognises in relation to commercial operators that should an occasion arise where a penalty infringement notice is issued and a person is found guilty, it will bear in a cumulative way on their record, as it were. Demerit points will add up and, over time, could reach such a level as to bear on the chief executive officer's likelihood to renew an agreement or to grant an application at a future time for a commercial activity permit.

Mr MESSENGER: The minister still has not answered my question as to where demerit points will be held and if there will be a register. I note that under section 153 of the State Penalties Enforcement Act, the registrar must keep a state penalties enforcement register. The register must include particulars of orders, notices and warrants, any payments made and any enforcement action taken after the issue by the registrar of any of the following (a) an instalment payment notice; (b) an enforcement order; (c) a fine option order; (d) an enforcement warrant to seize and sell personal property; (e) an enforcement warrant imposed on a charge of property; (f) a fine collection notice to deduct and redirect earnings of an enforcement debtor; (g) a fine collection notice for redirection from a financial institution account; (h) a fine collection notice to redirect all or part of a debt owed to an enforcement debtor; (i) a notice suspending a driving license; and (j) an arrest and imprisonment warrant. The register must also include particulars of enforcement action taken under part 8.45.

People who are issued demerit points by EPA officers and who collect enough points may have an enforcement warrant issued against them to seize and sell personal property, a fine collection notice to deduct and redirect earnings of an enforcement debtor issued against them, a notice suspending a driving licence issued against them, and an arrest and imprisonment warrant issued against them. Am I wrong?

Ms BOYLE: They would be a bad bugger if they had all of that, would they not? I dare say they would deserve it. I think the explanatory notes are clear enough.

Mr MESSENGER: I would like the minister to put it on the record and explain whether people who are issued demerit points by EPA officers can have, for example, their licence taken away from them?

Ms BOYLE: The explanatory notes are sufficiently clear on these matters.

Question—That clause 142, as read, stand part of the bill—put; and the House divided—

AYES, 43—Barton, Boyle, Choi, E Clark, L Clark, Croft, Cummins, N Cunningham, English, Fenlon, Finn, Fouras, Fraser, Hayward, Hoolihan, Keech, Lavarch, Lawlor, Lee, Livingstone, Lucas, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, Palaszczuk, Pearce, Purcell, Schwarten, Smith, Spence, Stone, C Sullivan, Wallace, Welford, Wellington, Wells, Wilson. Tellers: T Sullivan, Reeves

NOES, 16—Caltabiano, E Cunningham, Flegg, Foley, Langbroek, Lingard, Malone, McArdle, Messenger, Pratt, Quinn, Seeney, Springborg, Stuckey. Tellers: Hopper, Rogers

Resolved in the **affirmative**.

Clauses 143 to 149, as read, agreed to.

Clause 150—

Mr MESSENGER (9.11 pm): Under clause 150, EPA officers will be granted the power to enter places. It states that—

An authorised officer may enter a place if—

(a) its occupier consents to the entry; or
(b) it is a public place and the entry is made when it is open to the public; or
(c) the entry is authorised by a warrant.

Most concerningly, it states in point 2 that—

For the purpose of asking the occupier of a place for consent to enter, an authorised officer may, without the occupier's consent or a warrant—

(a) enter land around premises at the place to an extent that is reasonable to contact the occupier; or

(b) enter part of the place the officer reasonably considers members of the public ordinarily are allowed to enter when they wish to contact the occupier.

Does the bill outline the conditions or the circumstances in which the officer can enter without consent or a warrant? Does this ability to enter without consent or a warrant fall under the Police Powers and Responsibilities Act and, if so, what section? Are the officers given the necessary training and instructions in relation to the section? What funding is to be provided for officers' training and how long is the course? Is an accreditation course a training course, and does it meet national training standards?

Ms BOYLE: The clause is quite clear.

Mr MESSENGER: Mr Chair, this is one of the key clauses that gives police powers, once again, to EPA officers and, in fact, powers to enter a premise without the occupier's consent or a warrant. I believe that they are also able to use force within their normal activities. I would like the minister to comment on that possibility. If they are allowed to use force, then I would assume that, as an EPA officer, they would be trained in the use of that force.

Ms BOYLE: The provisions of the bill are quite clear and the training of our officers appropriate to the legislation.

Mr MESSENGER: So the minister still leaves us all wondering what sort of training those EPA officers are given. Are they given police powers training? Do they go through what sort of force they can use? Are they given the psychological testing that police officers are subject to in order to be able to use that force and that training? How is this going to stack up in a court of law if someone decides to sue an EPA officer because they have used that force against them and it turns out to be inappropriate? This, once again, is a fundamental erosion of people's civil rights and liberties. This side of the House stands against that.

Ms BOYLE: The clause stands.

Question—That clause 150, as read, stand part of the bill—put; and the House divided—

AYES, 46—Barton, Boyle, Choi, E Clark, L Clark, Croft, Cummins, E Cunningham, N Cunningham, English, Fenlon, Finn, Foley, Fouras, Fraser, Hayward, Hoolihan, Keech, Lavarch, Lawlor, Lee, Livingstone, Lucas, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, Palaszczuk, Pearce, Pratt, Purcell, Schwarten, Smith, Spence, Stone, C Sullivan, Wallace, Welford, Wellington, Wells, Wilson. Tellers: T Sullivan, Reeves

NOES, 13—Caltabiano, Flegg, Langbroek, Lingard, Malone, McArdle, Messenger, Quinn, Seeney, Springborg, Stuckey. Tellers: Hopper, Rogers

Resolved in the **affirmative**.

Clauses 151 and 152, as read, agreed to.

Clause 153—

Mr MESSENGER (9.22 pm): Clause 153, which deals with issuing of warrants, states—

The magistrate may issue a warrant for the place only if the magistrate is satisfied there are reasonable grounds for suspecting ...

And then it lists a lot of details. The minister might like to explain why her EPA officers have search warrants that have greater powers than police warrants. For example, an EPA search warrant lasts for 14 days, but as we see from section 72 of the Police Powers and Responsibilities Act—

(1) A search warrant issued because there are reasonable grounds for suspecting there is evidence of the commission of an offence ... at a place ends 7 days after it is issued.

(2) A search warrant issued because there are reasonable grounds for suspecting evidence of the commission of an offence ... within the next 72 hours ends 72 hours after it is issued.

The longest a police warrant can last is seven days. An EPA search warrant is double that. Would the environment minister please explain why that is written into her legislation? Subclause (2) mentions the issuing authority. Can the minister please detail who can issue search warrants and in what circumstances? Is it a magistrate, a judge or a Supreme Court justice? I know that the minister's legislation caters for the possibility that force may be used. The Independent member for Gladstone questioned me during the break where the force may be used. Clause 153(2) states—

The warrant must state—

(a) the place to which the warrant applies; and

(b) that a stated authorised officer may, with necessary and reasonable help and force ...

I am assuming that means force against a person. The minister might like to detail whether this is also legalising force against the property. For example, is an EPA officer allowed to break windows or doors, as police are trained and are allowed to do? The minister might like to give an explanation which details that force. This is her legislation which her officers are allowed to use. It appears that this

legislation is at odds, once again, with the Police Powers and Responsibilities Act, which states in section 68(4)—

The application must be made to a Supreme Court judge if, when entering and searching the place, it is intended to do anything that may cause structural damage to a building.

Once again, in this legislation the application has to be only to a magistrate. The legislation does not provide clarity or sufficient direction for EPA officers in relation to whom they should apply for an issuing authority—a justice, a magistrate or a judge. Can the minister please provide clarity on that particular point?

I turn to forceful entry. If EPA officers are allowed to kick in or knock down doors, what sort of equipment will they be issued with? Are they looking at sledgehammers? Are they looking at the possibility of frangible ammunition to blow the hinges off doors, as the police use? Will EPA officers be trained in their use? Insufficient detail in warrant is point 4. It would seem that when we compare the amount of information required by the issuing authority—the justice, the magistrate or the judge—for a search warrant an EPA search warrant is minimal and very simplistic in the information required when compared to the information that must be stated in an application for a police search warrant.

This is an erosion of civil liberties. There is no doubt that this is becoming the police state, not the Smart State. For example, under division 1, section 3 of the Police Powers and Responsibilities Regulation this information is required—

(g) for each search warrant issued in the previous year in relation to the place or a person suspected of being involved in the commission of the offence or suspected offence, or the confiscation related activity, to which the application relates—

(i) when and where the warrant was issued; and

(ii) the type of offence or confiscation related activity to which the warrant related; and

(iii) whether anything was seized under the warrant or a proceeding was started after a search;

(h) if authority to exercise any of the following powers is being sought—why it is necessary to exercise the power—

(i) power to search anyone found at the place for anything sought under the warrant that can be concealed on the person;

(ii) power to search anyone or anything in on or about to board, or be put on, a transport vehicle;

(iii) power to take a vehicle ...

The minister has opened a legal Pandora's box by giving EPA officers under this legislation police powers. This legislation shows that EPA officers do not have the same legislative restraints and checks and balances that their colleagues in the police force do. They also do not have the same level of training or expertise. The minister has created a legal and civil liberties disaster. Make no mistake: this will be a lawyer's feast when it comes into power. It is a feast whose cost will be borne by the people who live, visit, do business and holiday in a RAMs area. They will have their personal freedoms and civil liberties lessened by this legislation.

Ms BOYLE: The definition of 'delusion' is an irrational fixed belief. For those who have very many irrational beliefs, it is called a delusional system. That is, indeed, the problem of the member for Burnett with this bill.

The member answered some of his own questions by reading out the provisions of the bill. When he asked, for example, who may issue a warrant he read the very first phrase in the very part of this clause which says, 'The magistrate may issue a warrant.' I do not propose to read the bill to him tonight. It is really clear about the powers that rangers have. I reiterate for the comfort of members—there is nobody in the gallery—that the powers are, despite the member's delusional belief system, much less than police powers and further that they are powers that rangers presently have and have had under the Nature Conservation Act for over 10 years and about which there has been no substantive complaint at all. We are simply transferring these into the updated Recreation Areas Management Act.

Mr MESSENGER: The minister talks about the issuing authority and who is able to issue a search warrant. She says that a magistrate is able to issue a search warrant. We all know that. It is in the legislation. If the minister would get up out of the gutter and stop giving out personal invective—

Mr DEPUTY SPEAKER (Mr Wallace): Order! That is unparliamentary.

Mr Hopper: Did you hear what she said to him?

Mr DEPUTY SPEAKER: Order!

Mr MESSENGER: Calling one delusional, Mr Deputy Speaker—

Mr DEPUTY SPEAKER: Order! I am in the chair.

Honourable members interjected.

Mr DEPUTY SPEAKER: Order! The House will come to order. When I make a ruling I make a ruling.

Ms Nelson-Carr interjected.

Mr DEPUTY SPEAKER: Order! The member for Mundingburra will apologise to the member for Burnett.

Ms NELSON-CARR: I withdraw.

Mr DEPUTY SPEAKER: Order! I know that everyone is tired this evening but please be careful in the chamber.

Mr MESSENGER: The point that I make is that when an EPA officer applies for a search warrant and proposes to use force they only have to apply to a magistrate to get that search warrant granted. On the other hand, if a police officer thinks or suspects that they are going to use force when carrying out a search warrant they must apply to a Supreme Court judge. That is the difference—a Supreme Court judge compared to a magistrate. A police officer has to have a greater degree of responsibility handed to him by a Supreme Court judge. A magistrate is allowed to make a ruling. That is an increase in the powers given to EPA officers. That is the point I am making.

This legislation is giving police powers to EPA officers without proper consideration from this government. It is poorly drafted legislation that, as the minister says, has just been cut and pasted from other poorly written legislation. We have a compounding effect right here. Just because we have done wrong in the past does not mean that we have to do wrong with this legislation.

Ms BOYLE: The clause stands.

Mr WELLINGTON: I take members of the chamber to the definition section of the bill. In the definition section 'reasonably believes' is defined as 'believes on grounds that are reasonable in the circumstances'. 'Reasonably considers' is defined as meaning 'considers on grounds that are reasonable in the circumstances'. Section 153 of the bill states—

The magistrate may issue a warrant for the place only if the magistrate is satisfied there are reasonable grounds for suspecting

It goes on. I think it is perfectly clear. If members have a concern, perhaps we can divide on it and move on to the next clause.

Question—That clause 153, as read, stand part of the bill—put; and the House divided—

AYES, 46—Barton, Boyle, Choi, E Clark, L Clark, Croft, Cummins, E Cunningham, N Cunningham, English, Fenlon, Finn, Foley, Fouras, Fraser, Hayward, Hoolihan, Keech, Lavarch, Lawlor, Lee, Livingstone, Lucas, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, O'Brien, Palaszczuk, Pearce, Pratt, Purcell, Schwarten, Smith, Spence, Stone, C Sullivan, Welford, Wellington, Wells, Wilson. Tellers: T Sullivan, Reeves

NOES, 13—Caltabiano, Flegg, Langbroek, Lingard, Malone, McArdle, Messenger, Quinn, Seeney, Springborg, Stuckey. Tellers: Hopper, Rogers

Resolved in the **affirmative**.

Mr REEVES: I rise to a point of order. I notice that the Liberals have still got the numbers in the coalition—seven to six.

Mr DEPUTY SPEAKER (Mr Wallace): Order! There is no point of order.

Clauses 154 to 156, as read, agreed to.

Clauses 157 to 162, as read, agreed to.

Clause 163—

Mr MESSENGER (9.40 pm): Clause 163 relates to the power to stop persons and states—

An authorised officer may require a person to stop, and not to move on until permitted by the officer, if the officer ...

The clause then goes on to list a number of provisions. This clause is effectively giving EPA officers the power to arrest any person without an arrest warrant. That person will include an Aboriginal person, a Torres Strait Islander person, a child, a person with impaired capacity and an intoxicated person. Do the police have special legislative guidelines to follow while arresting the people I have just mentioned without a warrant? Yes, they have special legislative imperatives. Do EPA officers have special legislative guidelines to follow while stopping—we may as well say arresting—without a warrant an Aboriginal person, a Torres Strait Islander, a child, a person with impaired capacity or intoxicated persons? No. EPA officers under this legislation have no legislative guidelines.

With this legislation, it is the Labor government once again fundamentally undermining the civil rights, the freedoms and the liberties of Aboriginal persons, Torres Strait Islanders, a child, a person with impaired capacity and intoxicated persons. It is fundamentally undermining those rights, because the minister has not taken into account, as there is in other legislation—police powers and responsibilities—these particular circumstances. The minister's EPA officers are going to run into situations where they will have to stop and question persons of those categories. If the Queensland police want to stop and arrest any person without a warrant, they have to comply with the Police Powers and Responsibilities Act, chapter 6, part 1, clause 198, 'Arrest without warrant', and there are numerous checks and balances within that police powers and responsibilities legislation. There are not similar checks and balances in this legislation. Therefore, it is undermining the basic civil rights and liberties of those groups of people.

Ms BOYLE: The honourable member is wrong, wrong, wrong. It is really clear in the bill that the powers are to stop persons. They do not have powers of arrest or it would say powers of arrest. They do not have powers of arrest. In fact, had the honourable member been in this parliament a little longer he might have realised that the powers contained in this legislation are exactly the same as the powers already in legislation dealing with national parks, marine parks and fisheries. They mean that, for a person in a national park—a RAM area—given cause, the ranger may say, 'Stop. I wish to ask you some questions.' Should the person not stop, then they will have committed an offence should the ranger have acted lawfully. The ranger will not be able to lay hands on, to force the person or to arrest the person, but the person in not stopping when the direction to stop was properly authorised under this section would have committed an offence.

These are not powers that give in any way extraordinary capabilities to rangers, who would not want them in any case. The member's interpretation and reading into the bill is absolutely unnecessary, causing him great distress and making members sit in this House for a long time. Really, the member is going to discover if he goes to his own legislative experts that the powers here are unremarkable, as they are in that other legislation.

Mr MESSENGER: The minister paints such a rosy picture, but in fact she is the person who is delusional and wrong in this case. If the minister takes the time to speak with civil liberty groups, then she will realise the error of her ways. The other frightening thing about this is when one starts going through this legislation and compares the powers of arrest and compares the powers to stop it is basically the same, and the minister still has not addressed the point that I made—that is, there is no provision whatsoever made in this legislation to accommodate a person if they are an Aboriginal person, a Torres Strait Islander, a child, a person with impaired capacity or an intoxicated person. The minister's officers are not instructed as to how to deal with those people if they ask them to stop. There is no provision whatsoever in this legislation.

The important thing here is that when one reads this legislation—this abomination—at the end it says that if they do not stop the maximum penalty is 100 penalty points. The EPA officer then takes out his fine book and says, 'No, you haven't done what I have said,' and writes out an on-the-spot fine. That is like basically saying, 'There you go. You prove yourself innocent, because you're guilty, mate.' However, under the Police Powers and Responsibilities Act if a police officer thinks that a person has transgressed that particular part of the act, they then have to charge that person and prove that person's guilt in a court of law. The minister has reversed the onus of proof in this legislation, and I refer the minister back to the Scrutiny of Legislation Committee, which pointed out that this legislation breaches fundamental legislative principles. It reverses the onus of proof.

Ms BOYLE: For the record, I table the reply of the Scrutiny of Legislation Committee following my explanations on the two matters that were of concern to it. I want to read into the record the last comment made by the committee in its reply, and it stated—

The committee notes the Minister's response. The committee thanks the Minister for her undertaking to amend the bill to address the committee's concerns.

There are, therefore, no remaining outstanding issues. The member is entirely on his own with his interpretation of this clause.

Question—That clause 163, as read, stand part of the bill—put; and the House divided—

AYES, 45—Barton, Boyle, Choi, E Clark, L Clark, Croft, Cummins, E Cunningham, N Cunningham, Fenlon, Finn, Fouras, Fraser, Hayward, Hoolihan, Keech, Lavarch, Lawlor, Lee, Livingstone, Lucas, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, O'Brien, Palaszczuk, Pearce, Pratt, Purcell, Schwarten, Smith, Spence, Stone, C Sullivan, Wallace, Welford, Wellington, Wells, Wilson. Tellers: T Sullivan, Reeves

NOES, 14—Caltabiano, Flegg, Foley, Langbroek, Lingard, Malone, McArdle, Messenger, Quinn, Seeney, Springborg, Stuckey. Tellers: Hopper, Rogers

Resolved in the **affirmative**.

Clauses 164 to 167, as read, agreed to.

Clause 168—

Mr MESSENGER (9.53 pm): The best way of describing this clause is that it is a Starsky and Hutch clause. Subclause (2) states—

The officer may, with necessary and reasonable help and force, and without consent or a warrant—

(a) enter or board the vehicle, vessel, aircraft or recreational craft; and
(b) exercise the powers set out in section 157(3).

Does this power extend outside the RAM areas in certain cases? If the minister's officers are involved in a hot pursuit, are they allowed to go outside the RAM area? Does the bill give an indication as to the type of force that may be applied by her EPA officers? Will the EPA officer be trained to know what level of force can or cannot be applied?

If the minister's answer is, yes, the power can be extended outside the RAM area, does that put the officer at risk? Does that allow the officer to conduct a hot pursuit of the vehicles or vessels in question? Under what circumstances would this force be required? Does the bill give a list of the circumstances in which it would be necessary?

Ms BOYLE: The powers that the authorised officers have are well detailed in the bill.

In a previous debate on a clause the honourable member referred to the issue of training. That is already routine with all of the rangers in Queensland. The member alleged that there would not be the proper treatment of our Indigenous brothers and sisters. On behalf of the rangers, I find that absolutely offensive considering that a very high proportion of those rangers are Indigenous. In fact, in many areas we seek particularly to take on board rangers who are members of the traditional owners' families so that not only are these rangers properly trained but also there is that cultural knowledge.

In terms of these powers, as I have said on a number of occasions, they are complementary with existing powers that rangers and authorised persons have under the Nature Conservation Act. These powers will apply in a RAM area but, considering that the enforcement will be conducted in a highly mobile environment, it is possible that the act of enforcement may move from a RAM area into a national park. The powers are the same and would still apply.

Mr MESSENGER: I thank the minister for confirming that her EPA officers are allowed to conduct hot pursuits. So they will be able to go outside a RAM area into other areas. The minister still has not detailed whether that other area may be a national park. It could be out of a national park altogether. I would appreciate it if the minister could clarify that.

As to the minister's dealings with, appreciation and respect for Indigenous people or Aboriginal and Torres Strait Islander people, whereabouts in the legislation is she showing that respect? Once again, we are just taking that on a nod and a wink. Under the Police Powers and Responsibilities Act that respect is enshrined. It is annotated in that legislation.

The minister has produced for this parliament a very poorly structured, poorly worded, lazy piece of legislation that, by her own admission, has just been cut and pasted from legislation that comes under the jurisdiction of other departments such as DNR. Just because such provisions are contained in DNR legislation, the minister is saying that it is okay to put it in this legislation. Two wrongs do not make a right.

I suggest that the minister liaise with the police minister and see what training in cultural sensitivity her officers are given when they are dealing with Indigenous people. I appreciate what the minister has said in that the department employs a significant number of Indigenous people. I applaud her for that. But she needs to do more than give a nod and a wink to this parliament and to this state. If the minister is going to present legislation here, it better be well thought through and complete. This is far from being well thought through. This is a hotchpotch. This is cut and paste.

Ms BOYLE: I generally have a great tolerance for people who are irrational and who wander on, and I have managed to be tolerant of most of this evening's debate. But on the repeated occasions on which the member impugns our park rangers it is very hard to be tolerant. Our rangers are an eminent group of people. They are well trained and, as I told the member before, many of them are, indeed, themselves traditional owners, people of Indigenous background. They are culturally sensitive. They have a great track record with overseas tourists who come from all kinds of cultures as well as with tourists from within the state of Queensland who come from a great number of cultures.

Mr MESSENGER: I rise to a point of order. I ask that the minister withdraw her comments about me impugning park rangers. I have never once impugned a park ranger. Her comments are offensive and I ask that they be withdrawn.

Mr DEPUTY SPEAKER (Mr English): Order! Minister, will you withdraw?

Ms BOYLE: I withdraw. The record of this debate will stand forever, of course, as an indictment of the attitudes of the member for Burnett towards rangers who he has at various times called bullies and referred to them as having powers like Hitler. He is wrong, indeed, to impugn their reputation by suggesting that they are not trained in cultural sensitivity and not themselves sensitive. Nonetheless, the powers within this bill are absolutely clear. This clause stands as is.

Mr MESSENGER: I, indeed, like the minister look forward to reading this debate and I look forward to it being kept for posterity. I would like to place on the record that I believe rangers are some of the finest people within the public service of the Queensland government. They are in a very, very difficult situation. I have spoken to a number of rangers. I will not mention their names out of sensitivity for their privacy. The common phrase that comes from those rangers is that they are the meat in the middle of the sandwich. They are being forced by this government to implement ideologically driven policies. This government wants to lock up our national parks.

Mr DEPUTY SPEAKER: Order! I advise the member to come back to clause 168.

Mr MESSENGER: Thank you, Mr Deputy Speaker. The minister still has not answered my question about the training of officers. The fact remains, as any reasonable person will see, that officers have been granted the use of force within this legislation. The minister has still not detailed to this place how officers will be trained to use force. I understand that there is an active recruitment from both the DNR and the EPA for ex-police officers. I applaud that because they would then at least have the

appropriate background and training for the use of force. But for a person who has not been trained in the proper use of force—and an EPA officer will not go through the rigorous psychological testing and instruction in the use of force that a police officer undergoes—this legislation is placing both the officer and the person who the officer is going to use force on at risk. There is a physical risk and also a legal risk. The persons at risk under this legislation will be the mums and dads, the people who decide to camp in our recreation areas and the people who decide to go four-wheel driving, horse riding or fishing in our recreation areas. These laws implement draconian measures and undermine the basic civil rights and liberties of those people who use our public land for their enjoyment and benefit. It is a disincentive for those people to visit these areas.

Ms BOYLE: I, again, defend the rangers whose training is not detailed in this bill because it is a matter of routine with regard to all of their duties. It is not specific training that will simply be put on top of no training. They are highly competent, highly skilled, highly trained officers, and their training is a matter of routine and not for this bill. In response to the allegations that it is in any way a sloppy document—'cut and paste', I believe, was the phrase used by the member for Burnett—the member is free, as the record will show, to compare the National Party's first Recreation Areas Management Bill with the bill before the House tonight. There is no doubt which piece of legislation is more modern and detailed and in which there are more appropriate provisions of the time.

Question—That clause 168, as read, stand part of the bill—put; and the House divided—

AYES, 45—Barton, Boyle, Choi, E Clark, L Clark, Croft, Cummins, E Cunningham, N Cunningham, Fenlon, Finn, Fouras, Fraser, Hayward, Hoolihan, Keech, Lavarch, Lawlor, Lee, Livingstone, Lucas, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, O'Brien, Palaszczuk, Pearce, Pratt, Purcell, Schwarten, Smith, Spence, Stone, C Sullivan, Wallace, Welford, Wellington, Wells, Wilson. Tellers: T Sullivan, Reeves

NOES, 13—Caltabiano, Flegg, Langbroek, Lingard, Malone, McArdle, Messenger, Quinn, Seeney, Springborg, Stuckey. Tellers: Hopper, Rogers

Resolved in the **affirmative**.

Hon. RE SCHWARTEN (Rockhampton—ALP) (Leader of the House) (10.13 pm): I move—

That the further consideration of the bill be adjourned until 7.30 pm on Friday, 21 April 2006.

I have some respect for the people who have to work here, although I know the tories do not.

Motion agreed to.

SPECIAL ADJOURNMENT

Hon. RE SCHWARTEN (Rockhampton—ALP) (Leader of the House) (10.13 pm): I move—

That the House, at its rising, do adjourn until 9.30 am on Wednesday, 19 April 2006.

Motion agreed to.

SITTING DAYS AND HOURS; ORDER OF BUSINESS

Sessional Order

Hon. RE SCHWARTEN (Rockhampton—ALP) (Leader of the House) (10.13 pm), by leave, without notice: I move—

That, notwithstanding the sessional orders, the order of business for Wednesday, 19 April 2006 be the usual order of business for a Tuesday sitting day, that Thursday, 20 April 2006 be the usual order of business for a Wednesday sitting day and that Friday, 21 April 2006 be the usual order of business for a Thursday sitting day, as set out in the sessional orders.

Motion agreed to.

ADJOURNMENT

Hon. RE SCHWARTEN (Rockhampton—ALP) (Leader of the House) (10.14 pm): I move—

That the House do now adjourn.

Public Housing

Mr ROGERS (Redcliffe—Lib) (10.14 pm): Last year, just before Christmas, I was approached by a group of distressed public housing residents whose security screen doors had been removed from their units by the housing department. During a routine maintenance inspection and without warning, residents' screen doors were removed as they did not comply with fire door regulations. Some of the residents in the block of 20 units have resided at Klingner Road for 12 years. They have now been instructed to keep their back doors, which are deemed to be 'fire doors', closed.

It is obvious that the units are designed to use the back door for access, air flow and ventilation. Removal of these screen doors is contradictory and ludicrous. The government decision has left my constituents with limited ventilation and limited natural lighting. Considering that most of the residents are elderly, one questions the logic of residents being forced into this sort of change in the peak of summer.

At the same time that these Redcliffe residents are being locked in their homes, the Beattie Labor government is encouraging aged people to open their windows and doors for ventilation. The government has suggested costly alternatives, such as air conditioning, which is a slap in the face given that the residents cannot afford to maintain it.

After I made representations, deadlocks and peepholes were installed in the rear doors for security. That is some improvement. Since then, another bandaid solution has been applied. A large, window sized hole has been cut in the bottom of each door and a vent installed. Residents now have a big vent in their back door. If a fire develops, the vent is supposed to close. We will know, if there is a fire. However, this has frustrated residents further because it does not provide adequate ventilation and it does not allow residents to close the vent when they choose. Removal of the screen doors is an unacceptable solution. As one resident has said, it is bureaucracy gone mad. This is not security; it is a death sentence.

I call on the government to give back their screen doors and to provide suitable solutions which suit the residents' lifestyles. The screen doors had allowed for good ventilation, and without them these homes have become uninhabitable. The inadequate efforts of the government to alleviate this situation have failed. The government has its priorities wrong when it comes to public housing. Considering the growing public housing waiting list in Queensland, it is surprising that the government is focusing on petty regulations. The Labor government would rather waste time picking on residents about screen doors than finding real solutions for Queenslanders.

The Labor government's lack of planning is appalling and is reflected in every aspect of the Public Service. Removing screen doors from public housing due to fire door regulations after 12 years is unacceptable. The government is responsible for providing real solutions and not bandaid, short-term explanations. I suggest that the government consider taking advice from an architect or design professional to find a suitable solution that will not affect access or ventilation to these homes.

The people of Redcliffe deserve better than this. In fact, the people of Queensland are entitled to a government with the right priorities. One priority on this side of the chamber is rail to Redcliffe. Again, I have not missed an opportunity. Until I have a ticket for that train, members will continue to hear from me. Do not forget our rail to Redcliffe.

Bundaberg, Sporting Achievements

Hon. NITA CUNNINGHAM (Bundaberg—ALP) (10.17 pm): I would like to place on the record of this House the proud achievements of two young Bundaberg men who had the honour of riding in the same cycle race at the Commonwealth Games in Melbourne last Sunday. Allan Davis and Aaron Kemps were both chosen to represent Australia in the men's 166-kilometre road race. Our residents watched that race with much excitement. Both men rode well. Allan Davis won the bronze medal for Australia in a time of four hours, five minutes and 21 seconds. That was only 12 seconds behind the gold medallist.

While Bundaberg has always been renowned for its sporting prowess and its many champions, it is also recognised for its superb sporting facilities. Many of them are now at a national standard because of the unprecedented funding support from the Beattie state government. This Queensland government has a strong commitment to fostering a healthy lifestyle and encouraging everyone to be active. It is financially supporting many of our clubs to provide top-quality facilities and equipment that they simply could not afford without government support.

Projects such as the $150,000 retractable shade covers that I officially opened two weeks ago at Bargara Bowls Club are made possible with a state subsidy of $75,000. It will give the club's members protection from the sun and allow them to play right throughout the hot season. Similarly, a $75,000 subsidy was given to the Across the Waves Lawn Bowls Club last year.

The new $434,000 water based surface that I will officially open on Saturday for the Bundaberg Hockey Association is the same type of surface used for the Commonwealth Games in Melbourne. It will improve the speed and consistency of the game and provide greater protection for Bundaberg's 600 hockey players if they should fall. Of course, that also would not have been possible without the Beattie government's 50 per cent subsidy.

Our Rugby League and cricket associations have had a wonderful boost from the new $1.2 million grandstand at their home base at Salter Oval. That was built jointly by the Bundaberg City Council and our Queensland government.

Dozens of our clubs and groups are receiving funding from this government that allows them to obtain equipment and facilities that are far better than they could possibly have afforded by themselves. It is great, too, see the excitement and enthusiasm of the many recipients.

Allan Davis and Aaron Kemps had the benefit of Bundaberg's great facilities and great coaches early in their careers. They trained hard and they were dedicated and determined. I place on record our community's congratulations on their outstanding performances. I also congratulate their families, who played a major role in their training and offered their support throughout the young men's careers.

Time expired.

Worth, Mr M

Mr McARDLE (Caloundra—Lib) (10.20 pm): Mark Worth is a man aged 49 years who has suffered a number of injuries, the last of which occurred in 1992 in New South Wales. He then commenced legal proceedings in that state and engaged the services of a legal practitioner in Queensland. Mr Worth's concerns commenced when the Guardianship and Administration Tribunal made an order on 13 May 2004 placing his financial affairs under the control of the Public Trustee of Queensland. Mr Worth has told me that he was advised that the application made on his behalf to the tribunal was purely to facilitate a solution to the personal injuries matter he was involved in in New South Wales. That has been verbally confirmed by Cecilia Ann Bendall, a psychologist, who also stated that her report to the tribunal was only on the basis that Mr Worth needed assistance purely in relation to the personal injuries action in New South Wales and not for any other purpose.

A short time later Mr Worth came to realise that his full financial affairs had been placed into the hands of the Public Trustee of Queensland. Since that time, Mr Worth has made two separate applications to the tribunal seeking to have the order overturned. On both occasions, Cecilia Bendall has given evidence that Mr Worth is quite capable of looking after his own financial affairs, both of a simple and complicated nature. Yet the tribunal refuses to permit Mr Worth the right to look after his own affairs. In fact, the final order made in July of 2005 contains this comment—

In view of the long standing nature of his impediment, the tribunal will require evidence of a change in Mr Worth's cognitive abilities before his capacity for financial matters will be reviewed again.

Again, I repeat that Cecilia Bendall has made it very clear in evidence to the tribunal that Mr Worth does have the capacity to handle his own financial affairs, whether such affairs are simple or complex. There is a real question here as to why the tribunal has not released Mr Worth's affairs to his own control.

Tonight I spoke to Cecilia Bendall and I asked her to clarify her position. She did not deviate from her belief that Mr Worth has the capacity to handle his own financial affairs. She referred me to a letter she gave to the tribunal, a copy of which I table. I draw the attention of the House to the first paragraph of the letter. The first sentence is very clear, but it was the second sentence that concerned me. She stated that it referred to the stress of a courtroom situation only and again emphasised that Mark Worth has capacity to handle both simple and complicated financial matters and she had made this very clear to the tribunal. She, in fact, had made that clear on at least two occasions. Again, I ask why this man's financial affairs have not been returned to him. I advise the House that Mr Worth intends to pursue this matter to a satisfactory conclusion.

Nerimbera State School

Mr HOOLIHAN (Keppel—ALP) (10.23 pm): I would like to draw the attention of this House to one of the small schools which is situated in my electorate. I have a number of small schools, but one of the big schools in terms of achievements is Nerimbera State School. In 2003 Nerimbera State School was presented with an environmental award by the then minister, the Hon. Dean Wells. That was for the design of a rubbish collection point, which is now used throughout the Livingstone shire. In 2004 this school started a campaign for the elimination of plastic bags in shopping. It introduced its own blue shopping bags. Nerimbera State School is also a reef guardian school. It plays a big part in protecting our reef and looking after inshore waters.

Last Friday, 24 March I attended Nerimbera State School for a very special occasion. The principal, one of the mothers and all of the children at the school had endeavoured to raise money for the Queensland Cancer Fund. The principal had her head shaved, as did one of the mothers, and the children had their hair coloured. That was a great achievement and they managed to raise in excess of $2,000. Honourable members may well say that is not very much, but everyone should take note that Nerimbera State School has 14 students, the eldest of whom is one student in grade 7. They have undertaken all of this over the last three or four years. I think that is punching a little bit above their weight.

To the principal, Mrs Elena Keating, all of the parents who support Nerimbera State School and the students who have done so much for their own area and their own environment, I say: well done.

Welcome Creek, St John's Ambulance

Mr MESSENGER (Burnett—NPA) (10.25 pm): Along with the member for Bundaberg I, too, would like to pass along my respects and say congratulations to Allan Davis and Aaron Kemps, cyclists from Bundaberg-Burnett. Aaron's grandad, Gerry Kemps, was one of Patel's victims. I know that Aaron's grandma gained a lot of joy and pleasure following Aaron's cycling career.

The community of Welcome Creek in my electorate are furious and extremely distressed at the moment. They may lose their much-loved hall, the St John's Ambulance Community Hall, as St John's Ambulance Queensland executive plans to sell the hall in order to renovate the Bundaberg branch. The hall has been a community treasure for over 40 years and has seen many of the local children complete cadetships there. What makes the hall so special to the community is that they have been involved right from the very beginning, from purchasing and maintaining the hall to raising funds for expansions. I am told that the land for the purpose of building the hall was donated by Mr George 'Squatter' Smith in 1960. The hall itself was purchased and transported to the present site by the Welcome Creek community and parents. These people raised their own funds to help maintain the hall and, by all rights, it is the community's hall.

On 24 March I wrote a letter to the state Governor, Quentin Bryce, asking in her capacity as patron of the St John's Ambulance executive to intervene on behalf of the Burnett shire residents and ask that the St John's committee reconsider its decision, and I repeat that call tonight.

Leanne Ciprian, a resident of Welcome Creek, does not want the hall to be sold—in common with a lot of other community members. She and her community constantly fundraise and accept donations to pay for all of the hall's accounts—the rates, phone, electricity et cetera. The community of Welcome Creek also tell me that they were in the middle of organising a cent sale over Easter to fundraise for the hall, but that has had to be cancelled due to the uncertainty of the hall's future. They are very unhappy with St John's state CEO, Mr Carey. They are very unhappy with his attitude and also the advice that he is giving to his executive, as is the Burnett Shire Council, especially Deputy Mayor Maurice Chapman, who is vehemently opposed to the sale. I have spoken a number of times with Maurice. He is even thinking of organising a legal challenge. He is willing to explore any option. Leanne Ciprian says—

The CEO of St John (as in Mr Carey) didn't stand out in the boiling, hot sun for hours fundraising, nor did he perform duties at community events.

On behalf of the community of Welcome Creek, I call on the St John's Ambulance Queensland to reconsider its decision to sell off the hall and let the community continue to enjoy the use of their hall.

Bottlemart

Mr NUTTALL (Sandgate—ALP) (10.28 pm): Tonight I wish to pay tribute to a group of hoteliers who have quietly gone about contributing greatly to a number of organisations in this great state. Bottlemart is a national based not-for-profit organisation made up of independent hoteliers. It was established to give independent hoteliers better buying power and marketing opportunities to allow them to better compete with national hotel chains. Bottlemart has approximately 180 hotels in the Queensland membership and there are nearly 2,000 member hotels throughout Australia.

The Queensland President of Bottlemart is Michael White, who is a close and personal friend of mine and who has been involved for more than 20 years in Bottlemart and its predecessors. Michael White is also a board member of the national arm of Bottlemart. His involvement is carried out purely on a volunteer basis. He is also the vice-president of the Queensland Hotels Association.

Members of Bottlemart pay 5c extra on every case of beer, wine and spirits that they purchase from their wholesalers. This is then maintained in a trust fund which is distributed on a quarterly basis to a range of charities throughout Queensland. The funds are always returned to local community groups and charities or other worthwhile causes. Recent examples include a donation of $100,000 to World Vision to assist the victims of the 2004 Boxing Day tsunami in Indonesia and Sri Lanka. Bottlemart annually holds a race day at Caloundra, with all funds raised being distributed to the PA Hospital foundation.

Hotel Care, which is an initiative of the Queensland Hotels Association, fundraises for the PA Hospital through the PA Hospital foundation. Bottlemart, through particular members, including Don Jackson from the Carolee Hotel at Kingaroy, play an important role in the Energex Sunshine Coast helicopter rescue service.

Some recent recipients of donations from Bottlemart have been the Premier's disaster relief appeal, a donation of $50,000; the Royal Flying Doctor Service; regional and rural hospitals; Jacob's Well Volunteer Marine Rescue; Camp Quality at Bulimba; Bloomhill Cancer Help at Buderim; and the Queensland Cancer Fund.

This organisation, as I said at the start of my speech, does this on a quiet and unassuming basis. I think it is something that all of us, as members of parliament, should be particularly proud of: a group of hoteliers who go about quietly contributing to the betterment of people who live in this great state. I would like to place on record my sincerest thanks and congratulations for the work that they do.

Nathan Dam

Mr SEENEY (Callide—NPA) (Deputy Leader of the Opposition) (10.30 pm): I rise to bring to the attention of the House once again the issue of the Nathan Dam on the Dawson River near Taroom and to lend my support to the calls this week by the President of the Dawson Valley Development Association, Michael McTaggart, when he urged the minister for natural resources and mines to get the ball rolling. The state government certainly needs to get involved in this project and to get the ball rolling, because there is a chronic shortage of water in the area which is threatening the development of a number of coalmines and has already prevented the development of a residential subdevelopment in Moura.

I have written to Senator Ian Campbell, the federal Minister for the Environment and Heritage, a number of times. The last time was in February this year. The minister, in his latest reply, states—

> ... in April 2005 I re-made the decision that the proposal requires approval under the EPBC Act to include potential impacts on World Heritage values and listed migratory species, in addition to listed threatened species and ecological communities that were nominated on the original decision.

The minister further states—

> The proponent, Sudaw Developments Ltd, was advised of this new decision and of the need to provide preliminary information under s86 of the EPBC Act for a decision to be made on the level of assessment required for the proposal.

The minister then states—

> Preliminary information has not yet been provided.

The state government and Minister Palaszczuk, in particular, have a responsibility to this area of Queensland to get this project moving. They can be assured of bipartisan support in an effort to ensure that Sudaw Developments Ltd, as the current proponent, can either proceed with the proposal and is provided with the assistance by the state government to ensure that the proposal proceeds or is provided with assistance to move away from the proposal so that it can be taken forward under some other arrangements.

It is simply not good enough to have this stalemate situation that has prevented any progress on this project for some five years. There is a chronic water shortage that has to be addressed. The minister made some comments in this week's media regarding the EPBC Act and the opportunities it provides for other groups to frustrate progress on projects such as these. I would assure the minister of bipartisan support in an approach to the federal government to try to overcome the difficulties that the EPBC Act is applying to projects such as this in central Queensland. We need to get a message to both the federal government and to the proponents that this project is badly needed by the people of Queensland. There should be bipartisan support in this parliament to ensure that that happens. The state government certainly has a role to play. It cannot just let this stalemate continue. It cannot let the people of Queensland suffer for the lack of a water supply.

Time expired.

Caboolture Police District

Ms MALE (Glass House—ALP) (10.34 pm): It is with great pleasure that I rise this evening to announce to the House the fantastic news that a new police district is to be created in Caboolture. Over the past few years I have been lobbying the previous and current police ministers for additional resources for the Caboolture station and the surrounding areas. Today the police minister, Judy Spence, and the police commissioner, Bob Atkinson, outlined the results of the review into a proposed new police district and have forwarded a recommendation to realign the existing Redcliffe district boundaries.

The new Caboolture police district will take in the Caboolture, Bribie Island, Woodford, Kilcoy and Moore areas. This is great news for Caboolture as the new district will mean new police facilities, extra officers and a new headquarters in the area. The Beattie Labor government will spend $11.5 million to purchase land and construct a 24-hour police facility in the area. The new headquarters should accommodate the new district office as well as some district support functions such as Criminal Investigation Branch, Juvenile Aid Bureau and Traffic Branch officers.

The police commissioner has indicated that he hopes to build a 24-hour police station in Narangba or Morayfield, as these areas would supplement current operational policing requirements and would be well placed to suit future needs. An appropriate staffing model for the new Caboolture district will be determined, and I am expecting an increase in police numbers to create the new police district.

I would like to remind the House that the Beattie Labor government has been consistently providing additional police officers for the Caboolture area. The fact is that police numbers have more than doubled since 1998 when the Beattie Labor government was elected. In 1998 there were just 35 officers at Caboolture, and with the recent announcement of 14 extra officers the station's strength will rise to 78 officers—an overall increase of 120 per cent. In anybody's assessment, this is an enormous increase and as I move around the community I regularly see evidence of increased police activity which will only improve safety in our fast-growing community.

The most recent 14-officer increase created a two-officer Traffic Branch office at the station, while general policing was boosted by 12 general duties police officer positions and an additional police car was assigned. The increase was prompted by the rapid population, commercial and industrial growth of Caboolture. Our commitment to policing Caboolture is demonstrable, and I welcome the additional increases that will accompany the creation of a new Caboolture police district.

I am sure that the Caboolture residents will be delighted with the announcements, along with the three-stage $1.5 million upgrade to the Caboolture station. The resourcing to the Caboolture station has improved immensely and our professional police officers are out there every day and every night keeping the community in order and safe. This is a great result for my community, as the population increase is leading to more and more calls for service from police in this area. It is also a great morale booster for our police, as this increase shows the government recognises the tremendous job they are doing in our community and that they are being supported to continue their challenging role.

I would like to congratulate the liaison officer, the volunteers in policing, the Crimestoppers executive and our Neighbourhood Watch throughout the area.

Time expired.

Boyne Island, Bat Colony

Mrs LIZ CUNNINGHAM (Gladstone—Ind) (10.37 pm): I have been contacted by constituents concerned about a fruit bat colony at Stirling Park, Boyne Island, and the health issues associated with this colony. I would like to quote from their letter—

The colony has dramatically increased in population to such an extent that the park is now unusable to the community. It is a lost community asset. The noise and stench emitted from this colony has become unbearable to the residents as well as the fear of disease to nearby areas used by the community.

They outlined in their letter to me a number of diseases attributed to carriage by bats including Hendra, lyssa, ebola and Menangle to name a few. They particularly referred to histoplasmosis, a disease called by bat droppings. The letter continues—

Stirling Park's lawns, pathways and mangroves are covered in bat droppings due to the hundreds of thousands of bats flying over the park. These droppings are disturbed each time the park is mowed, causing spores to become airborne and blown to the surrounding area—houses and the Boyne Island State School. Rotting bat carcasses were seen in the park last weekend.

This colony is now out of control and if allowed to remain will continue to take over the community. A visit to the park at 6.30 pm at night and from 4.30 am in the morning will reinforce the enormity of this problem.

Anzac Day is fast approaching ...

I have to clarify that Stirling Park is the site of the Anzac Day memorial for Boyne-Tannum, and it is well attended by residents in that region. The letter continues—

This will be a terrible injustice to the fallen, to returned service men and women, and to the community to allow the stench and screeching from these bats to take over this Remembrance Day.

There will be noise during the dawn service. The letter further states—

Unwittingly, spore from bat droppings across the park lawns will be disturbed by attendees on the day with the chance of infection.

If this was an industrial site that emitted pollution and fallout capable of damaging paintwork and soiling clothes, noise pollution, unacceptable odours and with the capabilities of spreading known fatal diseases, the industry would be shut down immediately and measures enforced to prevent any further occurrence.

They ask—

What is the difference? The end result to the community is the same.

They have applied with the assistance of the Calliope Shire Council for a mitigation merit. However, the local EPA wildlife officer has rejected this permit, saying that the bats will leave soon anyway. They return, and that is the concern of this community. There has been an EPA mitigation permit previously approved for a group in this community. They administered that permit effectively and compassionately. The bat colony was moved to the opposite side of the river without any negative impacts on the bat community.

Prince Charles Hospital, Paediatric Cardiac Services

Mr TERRY SULLIVAN (Stafford—ALP) (10.40 pm): I state my strong, unwavering support for the medical, nursing, allied health and support staff at the Prince Charles Hospital who are currently under attack from the opposition and some within the media. Specifically, I support those providing paediatric cardiac services. The Prince Charles Hospital is a world-class facility because its staff members are totally committed to providing a world-class service. For cheap political purposes the National-Liberal opposition is prepared to trash the world-class reputation of this hospital—a reputation which has been built up by more than 50 years of dedicated, skilful service to patients.

I reject the ill-informed criticisms of the Prince Charles Hospital and I assure the staff and families at TPCH of my ongoing support for them. The decision of the Borbidge-Sheldon government to retain these services at the Prince Charles Hospital was the correct decision in 1996 and remains the correct decision today.

I have been contacted by parents from the support group HeartKids Queensland Inc. who are angry and disgusted at what they have heard reported about the Prince Charles Hospital over recent days. Some of these parents have had a child die as a result of their illness, yet they totally support the staff at TPCH who are providing hope to children. Other staff and the families involved with the Prince Charles Hospital have full confidence in their three paediatric cardiac surgeons—Dr Peter Polhner, Dr Homayoun Jalali and Dr Andrew Clark—who are highly regarded, both here and overseas, as experts in this specialist field.

One mother, whose daughter has had four open-heart and two closed heart operations at the Prince Charles Hospital, told me she is fully supportive of the hospital. She said that all the parents she knew were opposed to locating specialist paediatric services in a single children's hospital. These parents, some of whom were around in 1994 when this topic was being debated, want to keep paediatric cardiac facilities at the Prince Charles Hospital, which specialises in cardiac care.

One cardiac support group has told me that they asked the families whose children were waiting to be treated at the Prince Charles Hospital whether they would prefer to go to Melbourne for treatment. The response has been the same: the parents expressed their confidence in the Prince Charles Hospital and rejected the offer to go interstate for treatment.

Earlier today the member for Moggill acknowledged that there were medical 'turf wars'. If Dr Flegg had any integrity he would expose those factions within the medical fraternity, those outsiders who are trying to undermine the paediatric cardiac services at the Prince Charles Hospital. Staff at the Prince Charles Hospital are upset at the attacks on them in the media. They are angry that the parents of sick children have been upset and unsettled at what has been said about the hospital.

In conclusion, I again wish to express my support for the medical, nursing, allied health and support staff at the Prince Charles Hospital. I give my commitment to the families whose children are being treated at the Prince Charles Hospital that I will do everything I can to support them in receiving the best possible treatment for their children.

Motion agreed to.

The House adjourned at 10.43 pm.

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