



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**Main Committee**

**HEALTH WORKFORCE  
AUSTRALIA BILL 2009**

**Second Reading**

**SPEECH**

**Tuesday, 26 May 2009**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

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**Speaker** Dutton, Peter, MP

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**Mr DUTTON** (Dickson) (4.31 pm)—The Health Workforce Australia Bill 2009 seeks to establish a new statutory authority, Health Workforce Australia, to oversee clinical training arrangements across the health sector and support workforce planning. The government needs the bill passed before July so that the new authority, agreed to by the Council of Australian Governments late last year, can commence operation by January next year—a point I want to return to a little later. There is no doubt that Australia faces ongoing challenges in providing an adequate workforce in the health and aged-care sectors. A combination of factors has led to these difficult circumstances. We have an ageing population that requires greater access to medical services and we have an ageing and changing medical workforce. There has been an increase in chronic disease, community expectations have increased and some health professionals are working fewer hours.

The Minister for Health and Ageing blames the woes of the health sector on the previous coalition government—of course that would be the spin of this government. The simple fact is that the former coalition government began dramatically ramping up the number of education places for health professionals almost a decade ago—indeed, from 2000. We provided for significant growth in the number of medical graduates, nurses, dentists, pharmacists and psychologists emerging from our universities. At the time, it was quite amazing that the state health authorities in particular were lagging behind in training staff for their responsibilities in terms of the provision of health services. Even more amazingly, it remained the case over the last decade or so that staff retention rates were abysmal in relation to the provision of services by state governments.

Even today, that remains a continuing bugbear at many of our public hospitals and indeed in many areas around the country where health care is provided. Many health workers are working under situations of great duress. They are concerned about their work colleagues and they are concerned about trying to improve health outcomes for their patients. Indeed, many of them are working in an environment which is completely unacceptable. That has added to some of the current woes that the government find themselves facing in relation to workforce shortages, and it is something they need to continue to work on. At the last election they promised to end the blame game—and there is no better area than health for this government to demonstrate that it can provide good outcomes. But that was only an election slogan, and nothing has changed over the last 18 months.

There was a massive expansion to address the needs of the health workforce under the coalition government. However, as this government will find out, it takes years to deliver the graduates of universities and colleges to the front-line of health care. The government has promised major increases across all fields of the health workforce, but after 18 months in office its recruitment drives have been found wanting. The government's plan to return 1,000 nurses to the workforce last year fell far short, with just 310 additional recruits. Media reports also indicated that the government had difficulty filling additional tertiary training places for nurses.

The Rudd government's budget, which will drive this nation into deficit and debt for decades to come, contained more than a score of small under-the-radar funding cutbacks in health that may hinder the development of the health workforce over the coming years. One such cut pulled \$30 million from a program supporting postgraduate research into public health, which drew criticism from the Public Health Association. Its president described the decision as a worry because the program was important 'in terms of supporting and developing the public health workforce'. This cut hardly fits with the Prime Minister's pledge to fix public hospitals by mid this year, a deadline that runs out in just over a month. Indeed, the minister and the Prime Minister may try to paper over their promise by telling Australians that they have fixed our hospitals, but no Australian patient, no family, no older Australian believes this government when they say that they have fixed public hospitals, because it has become all too apparent that Labor state governments continue to mismanage our public hospitals and fudge the figures to pretend that everything is okay.

This bill is largely technical in nature, establishing the authority in law and setting out its make-up, functions and scope of operations, but it is a scope that allows wide interpretation of its role once the agency is operative. As part of the debate it is important to highlight a number of concerns and to pose a number of questions to

the government that need to be answered, not just as part of the minister's summing up in this debate, but also, importantly, in relation to a Senate inquiry, during which we propose to put a number of questions to the government about what exactly they are trying to achieve with this bill; importantly, how they propose to address the concerns of stakeholders and industry groups; and, ultimately, how this is going to deliver better health outcomes to Australian patients.

One question, of course, is: will it result in additional layers of administration and bureaucracy that will soak up valuable resources? That has been the hallmark of the delivery of health services at a state level over the course of the last decade; it is at the core of what is certainly a dysfunctional health system in this country and it is at the core of the continuing problems that this government has refused to address.

Another question that needs to be asked and answered by this government is whether or not this authority will try to usurp some of the responsibility of the colleges and some of the other organisations that seek to provide professional development to the professions around this country. I would be very concerned if this authority, once established, headed down the path that Labor has taken us down at a state level over the course of the last decade. I would be concerned that, if this government's priority were to manage the health system in a way that the states have managed the health system over the course of the last 10 years, they would head down a track where, instead of employing doctors and nurses and other health professionals, they embarked on a policy of filling the back rooms—putting extra dollars, which should be spent on patients, into spin operations conducted in media units out of ministerial offices and, worse still, out of government departments.

Bureaucrats and administrators have added layer upon layer of officialdom in the nation's public hospitals and health services. The consequences have been plain to see: failing hospitals, overworked health carers and not enough money for necessities for patients. In some cases, in that Labor jewel of New South Wales, there is not even enough money to pay for food for patients. In some cases in New South Wales, particularly in rural settings, public hospitals do not have the capacity to pay for drugs to treat patients. This is an unacceptable situation and it makes a mockery of the recent statements by the minister that she has fixed public hospitals and that the states have done enough to address the concerns that patients around the country have in terms of the services provided at public hospitals. At a federal level of government, we need to make sure that we do not embark down this same path.

At the very time that this government is cutting back on a host of health programs through measures in this year's budget, it is planning to spend another \$125 million on bureaucracy in this authority—\$125 million over the forward estimates, four years, is a significant amount. Many people would argue that that money could go towards helping families who are struggling to pay for their IVF treatment; those who have really received a slap in the face from this government. This money could go towards helping people, particularly older Australians, who require cataract surgery. These are debates that are unfolding and they have a long way to go, because the government has been on a huge spending splurge.

At the same time that Kevin Rudd has been handing out billions of dollars in \$900 cash payments, he has been taking with the other hand from Australian patients. He is cutting back cataract surgery and he is cutting back the assistance that the federal government will provide to families who are trying desperately to bring a child into this world. That is something we will be talking a lot more about, because tens of thousands of Australians really have great concern about this government's decision to rip out of this budget the money for the very necessary cataract surgery that needs to take place for older Australians and, of course, for that support to families who are relying on IVF.

The government need to refocus their attention. They need to refocus their attention onto the patient and away from the bureaucrat. If we are going to bring improvements about in the health system in this country, we need to put money into front-line services. We need to make sure that the health dollar is not being spent—like it is in Queensland, New South Wales or Victoria—on bureaucrats instead of on nurses and doctors. This government certainly has shown all the signs of going down the same health management path that those state Labor governments have, particularly in New South Wales. There is no better example than New South Wales—a better example you could not find around the country. New South Wales has a government which has squandered billions of dollars that should have been spent helping patients and helping doctors and nurses to help those patients to get better health outcomes and to help older Australians who want some sort of dignity in their ageing years—Australians who, before this budget, would have been able to get government assistance to have cataract surgery. They are the people we should be helping, not supporting a government at a federal level now under Mr Rudd and Ms Roxon who are adopting the same management style as Nathan Rees and Reba Meagher in New

South Wales. We do not want to see the federal health bureaucracy managed in the same way that state Labor has mismanaged health over the last 10 years.

I say to all Australians, particularly to those in New South Wales: look at the way that Labor has managed health in your state system and remember that this is exactly the same path that Mr Rudd and Ms Roxon are following. These people are not good for health in this country. Mr Rudd and Labor pretend to be the friend of patients in this country but they are not. Look at the outcomes in public hospitals around the country. Look at the outcomes for older Australians in aged-care facilities right around the country. Our very own Australians are suffering at the moment because the government, at both the federal and the state level, are spending more in the area of health and ageing on bureaucracy than they are on patient outcomes. That is something that we need to take the fight up to the government on because this government promised at the last election that, in the Prime Minister's own words, they would fix public hospitals. So I stand in the parliament today and say to the Australian people: Mr Rudd has had 18 months to live up to his promise and he has failed to deliver anything in relation to his promise to fix public hospitals.

This Prime Minister has presided over a system in which many public hospitals, over the last 18 months, have deteriorated and yet he is looking the Australian people in the eye and saying that he has fixed public hospitals. If your mother, father or child is in a public hospital or in an aged-care facility at the moment, is the treatment that they are receiving appropriate and adequate? Despite all of the wonderful care that all the doctors and nurses and other allied health professionals provide to patients in this country, the answer can be and must be: no. I say to Australian mums and dads around the country who want to get into hospital when their child is sick: Mr Rudd promised you that he would 'fix public hospitals'. They were the words he used during the last election campaign. Eighteen months later, nothing has changed; in fact, it has got worse. He is now telling you that things have improved in public hospitals over the last 18 months and, clearly, they have not. That is something that we need to remind the Australian people about. Mr Rudd promised that, if public hospitals were not fixed by mid-2009, he would seek to take them over. At every turn since then, this Prime Minister has sought to walk away from that promise. He does not intend to live up to his promise to take over public hospitals; he is now saying that public hospitals are fixed.

I would say to the Australian public: go to the Prime Minister's website, where it once used to say, 'I, Kevin Rudd, will fix public hospitals.' He has now removed those words from his website. He now says that he is going to 'substantially improve' public hospitals. And his health minister, in the media recently, said that she would walk away even from that promise.

Let's look at the facts in this debate. Let's recognise that this government has made a number of promises in relation to improving the provision of public hospital and public health services around the country, and they have delivered on none of those.

The state governments at the moment are embroiled in controversy in relation to the numbers that they have been providing to the federal government to say that they have been knocking people off waiting lists. Well, literally they have been knocking people off—not because the surgery has been performed but because either many of these people are dying before they get elective surgery or indeed these figures cannot be relied on because they are being doctored by state health bureaucrats, at the behest of Labor ministers. This is not acceptable in the 21st century. We live in Australia. We should not be told by state health bureaucracies, at the direction of Labor ministers, that they can doctor waiting list outcomes. They should not be telling the federal government and the Prime Minister that they have improved their waiting lists in New South Wales or in Victoria when they have not. Indeed, we know that many of the waiting lists have got worse—they have deteriorated since Mr Rudd has been Prime Minister. Yet Mr Rudd stands up and says to the Australian people, hand on heart, that he has fixed public hospitals. He has not. That is why we need to continue this debate.

We will support measures that streamline the provision of health services to Australians. We will support measures that do away with this bureaucratic nonsense at a state level. We will help Australians get better health outcomes. We will support legislation that does away with bureaucracy and provides a streamlined path to better health outcomes and the provision of better patient outcomes at public hospitals around the country.

There are a lot of questions that need to be answered in relation to this bill. As I have said, we hope that at the Senate inquiry there will be the opportunity for people who have an interest in this area to come forward, to have their concerns aired. We as a coalition will listen to those concerns. We will genuinely listen to what people have to say through the consultation process of the Senate inquiry so that we can help make for a better health

system in this country. We want to make sure that we can hear those concerns and urge this government to have them addressed. We do not want to see another bureaucracy created for the sake of creating another bureaucracy. That has continued at a state level for too long. We do not want to be part of this government's media spin which says: 'Put your hard hat or your white coat on, go into a hospital or onto a building site and say to the Australian public, "Here I am; great footage. This is me, Prime Minister Rudd, doing as much as I can; I am working hard for the Australian people"'—when in fact it is all just media spin. That is something that this government has quickly become known for. This is the government of media spin, and there is no greater example than in the area of health, where we have seen media spin at a state level over the last 10 years. So let us not fall as a country for the spin that is going on at the moment.

If this government has a serious agenda of providing support to our front-line health workers then it should bring it on—and we will support that. We urge this government to spend more on front-line services than in the media units which occupy the state bureaucracies around the country. We will make sure that we provide proper assistance, guidance and support to all of those front-line health workers, who deserve much more support than they have got over the course of the last 10 years because of a failure at the state government level. We will make sure that we recognise the hard work of doctors, of nurses, of physios, of psychologists, of pharmacists and of all health professionals who are working in a range of services and who are passionate about delivering better health outcomes. As a coalition we will support those people because we believe in the services they are providing.

We want to support people who are delivering health services at the front-line, as opposed to Labor, who want to support the spinmeisters in the back rooms. We want to make sure that we can help those people who are working in our emergency departments around the country, under great stress, under enormous duress. These are people who work long hours in very demanding conditions. Quite often they are abused at all hours of the day and night, yet they remain so passionate about the health that they are trying to deliver to patients in a time of need. Yet they are frustrated on a daily basis by the bureaucracy and the bureaucratic process that has surrounded them—the bureaucratic process that has been imposed on them by Labor, not because they want to help those health workers and not because they want to help those patients but because they are trying to get the media spin line out to make people believe that they are doing something.

Labor at a federal and state level have become so obsessed about spin and media control that they have forgotten about patients. This government have forgotten about patients. In their desire to put a hard hat on and get in front of the cameras, they forgot about the people who matter most. It has not taken this government long to adopt the same failed policies of state Labor, particularly the model that has operated in New South Wales over the course of the last 10 years, and that is going to mean even worse patient outcomes in the future.

So my plea today to the Australian public is not to look at what Kevin Rudd does. Kevin Rudd is a very tricky political operator—there is no question about that—but he is not delivering better outcomes for Australian patients. We as an alternative government want to make sure that we take the fight up to this government because we believe that they do not have the capacity to improve health services around the country.

One of the other concerns that this government has on its books at the moment is in relation to the National Registration and Accreditation Scheme. There is considerable concern in the medical community and in some of the patient advocacy groups around what the government has proposed in relation to national registration and accreditation. I made some comments at the annual dinner of the AMA in Parliament House a few weeks ago and I think I echo the concerns of many within the profession who believe that this government is embarking on an ideological war against those in the medical profession. This is a government that clearly wants to go down the path of the United Kingdom model, with state owned public hospitals and public provision of all health services into the future. It is certainly a case which has failed to have been made in the United Kingdom, and yet for ideological purposes this minister seems intent on taking the first steps in nationalising our health service, which would deliver worse outcomes for Australian patients.

We have seen in the recent budget their attacks on private health insurance and their attacks on a range of other health spending. Rural doctors under this budget will be worse off, and some of the detail in the budget papers has been teased out since Tuesday night a couple of weeks ago. The government had a glossy headline about providing services and support to rural health but in the end provided nothing.

The minister, in her second reading speech, said that under this bill:

For the first time, there will be one single body responsible for the delivery, funding, planning and oversight of all clinical training in this country.

If that is truly the minister's desire, what is at the heart of this bill? If it is going to provide better outcomes, then people will be happy about that, but they will not be happy if it just adds another layer of bureaucracy which does not in the end improve health outcomes for Australian patients.

So we flag all of those concerns as part of the coalition's contribution to this debate today. We do have real concerns about patient outcomes in this country. We do have real concerns that this Labor government at a federal level under Mr Rudd is embarking on the same failed policies and the same failed health management processes that have not proven to be good for patients at a state level. We will listen to the submissions that are made to the Senate inquiry and see what amendments can be made to this legislation to improve the delivery of the minister's stated outcome. We raise all of those concerns and we look forward to contributing to this debate in due course.