



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



THE SENATE

BILLS

Health Workforce Australia (Abolition) Bill 2014

Second Reading

SPEECH

Monday, 22 September 2014

BY AUTHORITY OF THE SENATE

SPEECH

Date Monday, 22 September 2014 Page 6718 Questioner Speaker Lambie, Sen Jacqui	Source Senate Proof No Responder Question No.
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Senator LAMBIE (Tasmania—Deputy Leader and Deputy Whip of the Palmer United Party in the Senate) (18:26): On behalf of the people of Tasmania, I rise to contribute to this debate on the Health Workforce Australia (Abolition) Bill 2014. The purpose of the Health Workforce Australia (Abolition) Bill 2014 is to abolish the health Workforce Agency. This agency was established in 2010 with a view to fixing a problem this country has experienced for decades—namely, shortages across all of our medical workforce. Put simply, we do not have enough doctors, nurses, psychologists, dentists and specialists. This medical professional shortfall affects every Australian on a daily basis in every state including in my own state of Tasmania.

The crisis in the supply of medical professionals in Australia, particularly in the last decade, has become so severe our governments have chosen to steal and poach medical professionals from Third World nations. The crisis in our health workforce leads us to poach health professionals from their own countries. On the whole, the level of healthcare provided by overseas medical professionals has been as good as the level of healthcare provided by Australian trained doctors and specialists. However, there have been a number of spectacular failures, which have cost the lives and wellbeing of many Australians. While those failures reflect poorly on those doctors and medical professionals who became and who are a serious threat to the public health system, those failures have reflected even more poorly on the government authorities and medical professional oversight bodies who had responsibility to protect the public from dodgy doctors.

Bodies such as AHPRA, the Australian Health Practitioners Registration authority and the AMA have a long history of turning a blind eye to doctors accused of serious crime and misconduct. AHPRA in particular is in need of major reform. Most Australians would be shocked to learn that the authority that has the responsibility of registering and of disciplining doctors is funded by doctors, run by doctors and is essentially doctors disciplining doctors—Caesar judging Caesar; judge and jury all in one. There needs to be a better, more open, transparent and independent way of registering and disciplining doctors. The current system is open to corruption and dysfunction—indeed, I have evidence of both—and fails to properly protect the public from criminal or incompetent medical professionals.

This system was deliberately designed to cut out all levels of accountability and transparency while doing completely the opposite. Most would also be shocked and alarmed to learn that no state or federal health minister, apart from in Queensland, has the power to deregister a doctor. This is a power and privilege only available to the doctors who control AHPRA. With such a flawed national doctor registration system, it is even more important that as a nation we properly plan for the health workforce.

Proceedings suspended from 18:30 to 19:30

Senator LAMBIE: I rise to continue my speech on the Health Workforce Australia (Abolition) Bill 2014. With such a flawed national doctor registration system, it is even more important that as a nation we properly plan for the health workforce. So it is deeply disappointing that this government has taken a course of action which essentially strips an independent medical workforce planning agency of resources and staff.

We have systemically failed for decades at a national level to properly plan a workforce this country needs, not just today but into the future. This has led to a slip in the standards of care, where there are shortages of medical professionals. Those that are most acutely affected are our rural areas—areas like Tasmania, my own state. A report by respected Tasmania health policy academic Martyn Goddard was recently made public and cased important public debate. The following are key points made by Mr Goddard in his report:

Tasmania has 2.3 per cent of Australia's population but three per cent of its deaths.

That extra amount above the state's population share represents about 1,000 deaths a year.

Those 1,000 deaths represent almost a quarter of all Tasmanian deaths.

The average cost of inpatient care for a person in the last two years of life is about \$30,000.

This costs the state over \$30 million more than would be the case if deaths were distributed evenly around the nation in line with the broad population.

The reason for the state's high death rate is found in its demographics. Tasmanians tend to be older, poorer, sicker and less well educated than mainlanders. They are also more likely to smoke and even at birth have a lower life expectancy.

Tasmania is compensated by the federal GST redistribution system for the effect of its demographics on health and hospital costs. In 2014-15 this state will receive an extra \$84 million for inpatient costs from the GST pool and \$85 million for higher-than-average costs of primary care, outpatients and other state government health costs.

Unlike other beneficiary states, Tasmania does not spend this money on health. Instead, it goes to support the state government's overall budgetary position.

If this \$84 million in top-up money for inpatient care was spent on the purpose for which it was given, it would pay for the treatment of about 16,000 patients with an average range of conditions, assuming national-average treatment costs.

Our Tasmanian public healthcare system is in crisis. Elective surgery waiting lists have blown out. That has been caused by a number of reasons. Poor management by the Labor-Greens coalition is one of the main factors. A number of serious matters regarding our public health crisis were raised in May in the Tasmanian Commission of Health report; however, one of the first questions that must be addressed is: Do we have enough public hospital beds and associated clinical staff to deliver a safe and high-quality public health system to Tasmania?

The AMA reports that the Australian average is 2.6 public hospital beds for every 1,000 head of population. That means that, with approximately 507,000 people, Tasmania should have 1,318 public beds. Appendix D of the latest Commission of Health report shows that there are a total of 1,188 public beds available for sick Tasmanians requiring medical treatment in a hospital. These figures prove that just to reach the Australian average, Tasmania needs an immediate increase of 130 properly funded and clinically staffed public-hospital beds.

I acknowledge that, in the short to medium term, Tasmania's private health system, which has extra bed capacity, must play an important role in delivering lifesaving and enhancing operations to Tasmanians stuck on public waiting lists. However, in the long term a greater investment must be made by our state and federal governments into our public healthcare system. This means that, if we want our children appropriately cared for, we should at the very least aim to have a Tasmanian public hospital bed per thousand-population ratio, currently at 2.35, raised to our national average of 2.6. I call on the federal government to ensure Tasmania receives sufficient funds to address and solve our public health care crisis. It is a life and death issue which has been caused by a lack of planning for well over a decade and beyond.

I understand it is not unique to Tasmania. In Queensland and Western Australia, the constituents my Palmer United Party colleagues, Senator Lazarus and Senator Wang, represent sometimes have to drive for hours and hours just to see a doctor, a specialist or a dentist. In some country towns in these states, pregnant woman are forced to travel to city areas to deliver their babies. I have constituents in Tasmania who need critical psychological care and have to get on a boat or a plane and travel to the mainland just to see a psychiatrist.

As early as 2005 the Productivity Commission told the federal government of the day, the then Howard government, about this problem. What happened? Nothing happened. After being advised they had a very serious and critical problem in meeting the health needs of the nation, they did nothing about it. The coalition government did nothing in 2005, nothing in 2006 and nothing in 2007. The Labor government were aware of this problem when they took office in 2007. Despite that, it still took them three years to act.

Finally, after years of health workforce debacles, years of public debates, years of media reports of understaffing, and the employment of under trained and in some cases unsafe medical professionals, Labor did something about this critical issue affecting all Australians, including people across my state of Tasmania. They established Health Work Force Australia in 2010 to properly plan our medical workforce for today and for the future of this country. Given time, Health Workforce Australia could have fixed some of the health problems faced by Tasmanians forced to travel by boat or hundreds of kilometres to receive basic medical care, and today this government bill

seeks to abolish that agency. In fact, the government critically wounded the agency to the point where it has been on life support. The question that remains for the Senate is whether we switch off the life support system for Health Workforce Australia. That is not an ethical way to run a government, but that is how this government has chosen to deal with these agencies: shut them down and then seek Senate support to repeal the bills that established them.

The problem is that, until the bills are repealed, certain costs with regard to these agencies cannot be avoided. Costs include paying a CEO more than \$300,000 a year to do nothing. Ongoing costs include rent that cannot be avoided—a total waste of taxpayer money. On that basis, the Palmer United Party has no choice but to support both bills to repeal these agencies and prevent further taxpayer money being wasted. The government clearly has a set agenda. They had, and have, no intention at all of negotiating this health matter in good faith. That worries me because one of the bigger issues in health is the matter of a \$7 co-payment or, to be more correct, a \$7 tax on sick and dying people.

I thank the health minister and his staff for the briefing we recently received. However, during that briefing it became obvious that the real spike in rising costs to the Medicare system began in 2004-05 when the then Howard government began to pay incentives for GPs to bulk-bill patients. The incentive was around \$9 per patient in Australian rural areas and Tasmania and around \$6 in the cities. The graph the minister supplied in his briefing clearly showed the bulk-billing Medicare expenditure steeply climb from 2004-05 when compared to non-bulk-billed Medicare expenditure. In other words, a significant incentive was given to GPs to bulk-bill patients. This policy saw some unscrupulous GPs beginning to run patients through on six-minute consultations, all bulk billed and all with an incentive payment from the government. Not long after that, super clinics began to pop up. Some could argue that these clinics focused on the budget bottom line rather than on delivering good medicine to the patients they were seeing.

When they sat down to look at their budget, the government did not ask themselves what was causing our Medicare costs to blow out. They did not consider it may have been their own policies when they were in government all those years ago that began to change the culture of doctors and increase costs on the system. They never said, 'Let's re-educate doctors about the appropriate use of this incentive payment with a view to reducing the bottom line.' They never said, 'Let's crack down on Medicare fraud.' Instead, they said, 'Let's punish the public. Let's charge the public more money.' Their intention is to punish the public with a \$7 co-payment, and that is just not fair. The public should not pay for your past mistakes, and that is exactly what you are making them do.