



# Debates

WEEKLY HANSARD

Legislative Assembly for the ACT

**SIXTH ASSEMBLY**

**20 AUGUST 2008**

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## Wednesday, 20 August 2008

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**Wednesday, 20 August 2008**

**The Assembly met at 10.30 am.**

*(Quorum formed.)*

**MR SPEAKER** (Mr Berry) took the chair and asked members to stand in silence and pray or reflect on their responsibilities to the people of the Australian Capital Territory.

### **Petition—ministerial response**

**The Clerk:** The following response to a petition has been lodged by a minister:

By **Mr Hargreaves** (Minister for Territory and Municipal Services), dated 15 August 2008, in response to petitions lodged by Mrs Burke on 8 May and 25 June 2008 concerning the former caretaker's cottage in Weston Creek.

The terms of the response will be recorded in *Hansard*.

#### **Cotter Road caretaker's cottage**

*The response read as follows:*

##### **1926 Caretakers Cottage at 540 Cotter Road, Weston Creek**

The ACT Government notes the petitions submitted by the petitioners, tabled by Mrs Jacqui Burke MLA on 8 May and 25 June 2008 and makes the following comments:

The ACT Government has taken steps to ensure the protection and preservation of the property at block 1168, Weston Creek including the provision of security fencing and security patrols. The ACT Government is also attending to routine maintenance and required repairs to maintain the property.

The ACT Government supports the Heritage assessment of the property and has requested that this assessment be undertaken as soon as possible. Relevant ACT Government agencies have commenced the assessment process.

### **Criminal Code (Drug Equipment) Amendment Bill 2008**

**Mr Mulcahy**, pursuant to notice, presented the bill and its explanatory statement.

Title read by Clerk.

**MR MULCAHY** (Molonglo) (10.31): I move:

That this bill be agreed to in principle.

Mr Speaker, I am pleased to introduce the Criminal Code (Drug Equipment) Amendment Bill 2008 to the Assembly. This is an important bill that I hope will receive support from everybody in this place. It seeks to prevent the sale of drug paraphernalia in the ACT by making it an offence under the Criminal Code.

I will go through the specific provisions of the bill shortly but I will start with a few general remarks. We presently have the extraordinary situation in the ACT where it is possible for an individual to walk into a shop and purchase, for example, an ice pipe. There is no denying what the purpose of this currently legally sold piece of equipment is. It is to consume the methamphetamine or the drug that is commonly known as ice. Ice, in case anyone was not aware, leads to increased heart rate, blood pressure and damage to blood vessels in the brain leading to strokes, heart attacks and death. It is extremely addictive and harmful. Yet in the ACT it is legal for stores to sell a pipe that is used for the consumption of this dangerous and illegal drug.

Similarly, a Canberra resident can walk into a store and purchase a water pipe or bong to smoke marijuana. I suspect that there are some in this place, and certainly there are a number in the community, who believe that marijuana is not a harmful drug. But, in fact, significant evidence exists now to the contrary. Just as significantly, it is an illicit drug.

Our children are taught from a relatively young age that drugs like marijuana, cocaine and ice are dangerous. They are taught about the damage that drug addiction can cause. Yet those same children when walking through a shopping centre can see the paraphernalia that is associated with this sort of behaviour—and, I make the point, only this sort of behaviour—on display and on sale. This bill seeks to put an end to this mixed message. It will make the sale of drug paraphernalia illegal and send a clear message to the community that the ACT does not tolerate or promote illicit drug usage.

I make the point that the Minister for Health has this year introduced legislation to make the display of tobacco products illegal. This change, if it is successfully passed, will have a substantial impact on local supermarkets and stores. Tobacco, of course, is not illegal. Cigarettes, damaging though they may be, are a legal item that can be purchased and used, subject to age restraints and smoking in public area laws, at will by residents. This is a choice that people make but I believe that the government's position makes it quite difficult for them not to support my bill. The minister said in her introductory speech:

Storing tobacco out of site will prevent people, in particular children, from being able to see tobacco. Research shows that point of sale display acts to promote and normalise smoking. The territory will be the first to send the message that it is not normal.

On that particular issue, the message is clear. The government believes that the display of a product normalises its use. In my opinion, and this is backed up by evidence, the dangers of illicit drug use are substantial. By the government's own logic, the display of drug paraphernalia normalises the use of illicit drugs, especially to impressionable children. One can walk just two minutes from this building and see drug paraphernalia in public view right here in the centre of Canberra.

Clearly this bill is needed, Mr Speaker. I will make the point at this stage of my remarks that this bill is not in itself a solution to the problems that we as a society are facing because of illicit drugs. It will not stop people using illicit drugs but it is a step in the right direction.

Opponents of this legislation will make the point, I have no doubt, that illicit drug users will resort to using home-made devices if they cannot source paraphernalia. Similarly, they will argue that the definition of a cocaine kit, for example, which I will come to shortly, includes everyday items that are readily sourced. I make this comment in response, and it is a point that was made by the Hon A Bressington, an independent member of the Legislative Council in the debates that occurred earlier this year in South Australia. We do not have to glamorise or glorify the use of cocaine or any other drug by advertising or promoting their use in public displays and stores. This is what we are currently doing by allowing items associated with the use of these drugs to be displayed in our stores. To do so sends the wrong message to the community. It sends the message that this sort of behaviour and the use of illicit drugs, to again use the minister's own words, is normal.

Illicit drugs are a scourge on the community, and I do not want this remark to be interpreted that I do not have enormous compassion and sympathy for those afflicted with this condition, as I do with people afflicted with alcoholism and with gambling dependencies. Drug addiction is a complicated issue that cannot be fixed or addressed through one piece of legislation. However, I would be surprised if anybody could debate the need for a coherent strategy to address the serious issues that illicit drug use poses for the Canberra community.

It is my hope, Mr Speaker, that the Assembly will support this bill and make it part of that strategy. I will take some time to go through the elements of my bill. It is not overly complicated or long and is heavily influenced by the legislation that was passed with the support of both Labor and Liberal parties and the independent member I mentioned in the South Australian parliament in April of this year.

The bill makes it an offence to sell or supply drug equipment. Drug equipment is defined in part 6.4A as a cocaine kit, drug pipe or a water pipe. A cocaine kit is defined as two or more of the following: a glass bottle, a mirror, a razor blade, a scoop or a tube when they are packaged together for the purpose, or for the apparent purpose, of using the items to prepare or introduce cocaine into a person's body.

A drug pipe is a device, or components that together make a device, or with an adjustment or modification make a device, for the purpose or apparent purpose of smoke cannabis, cannabis resin or methamphetamine crystals. This includes two items known commonly as a hash pipe or an ice pipe. Finally, a water pipe is defined as a device for the purpose of drawing smoke fumes through water or another liquid and includes most obviously a bong.

Members will note the inclusion of items like hookahs and other Middle Eastern traditional devices in the definitions of water pipes. I thought hard about whether to include these items, as I understand the South Australian parliament did when debating its legislation. I note and understand that these devices are not traditionally used for the inhalation of illicit substances. To exclude them, however, would have left a loophole in this legislation that would have been exploited and defeated the purpose of this bill. It was, therefore, a matter of necessity to include them in the definition.

The final point that I would make in relation to the actual contents of my bill relates to penalties associated with the new offences. They are, as members will see, strict. The

maximum penalty for the sale of drug equipment is 100 penalty units, imprisonment for two years or both. For the sale of drug equipment to a child, the maximum penalty is 200 penalty units, imprisonment for two years or both.

My intention in creating such serious provisions was to ensure that the bill did what it was intended to do: stop the sale of drug paraphernalia in the Canberra community and most particularly to the most impressionable members of our community—children. The strict penalties will hopefully ensure that no vendor will run the risk of continuing to sell drug paraphernalia.

Mr Speaker, the Summary Offences (Drug Paraphernalia) Amendment Bill was passed in South Australia with the support of both the Labor government and the Liberal opposition. I would certainly hope that the Criminal Code (Drug Equipment) Amendment Bill that I am introducing today passes with the same support through the Assembly, but I will take the opportunity to address the main issue that has been raised previously in debates of this kind.

I anticipate that opponents, and particularly the Greens, will argue that this bill will not achieve results and lead to people turning to home-made options that, as I have already discussed in relation to the items that make up a cocaine kit, are readily accessible. The argument was made during the debate in South Australia that home-made bong, for example, can lead to greater health problems because they are often made of plastic bottles. This in turn leads to potential carcinogenic fumes.

The first point that I would make is that you do not condone illegal behaviour in the hope that it will prevent another type of illegal practice from occurring. This simply does not make sense. Illegal drugs are just that—illegal—and we should be making it harder, not easier, for people to use them. To argue that preventing the sale of drug paraphernalia is contrary to the theory of harm minimisation is for me a step too far. I believe that harm minimisation as it relates to illicit drug use means identifying people with serious drug problems and providing the treatment and help that they need to recover from those addictions.

It means getting people into rehabilitation, getting them well and taking every initiative to limit the sale and uptake of illicit drugs. It does not mean effectively saying that people are going to do drugs anyway; so there is no point in making it harder for them to do so. Any value in the argument that banning the sale of drug paraphernalia will lead to people using home-made items is easily outweighed by the positive message that taking these items off shelves sends out to the community and particularly to our youth.

Mr Speaker, this bill will not solve all issues relating to illicit drugs in our community; not even close. It will, however, be a step in the right direction and enshrine in legislation the principle that the ACT does not believe that we should facilitate the use of illegal drugs by allowing the sale of drug paraphernalia like bong and ice pipes.

The government itself has recognised the principle that displaying an item has the effect of normalising its use in the eyes of the community, and in particular children. The bill seeks to apply this principle to the scourge that is illicit drug use. It seeks to

fix that anomaly that currently sees our children receiving appropriate instruction in the dangers of illicit substances like marijuana, cocaine and ice, yet at the same time being exposed to the prominent display of bongs and other items connected to drugs.

Clearly we are sending mixed messages while we allow this situation to continue. As I said a few moments ago, I have a deep and abiding sense of compassion for those afflicted with drug addiction. It is a terrible scourge. If you go to a funeral, as I did a while back, of the son of a friend of mine who tried desperately to keep his children away from illicit substances but who became a victim from a heroin overdose, it is an awful thing. It is an awful thing to see the loss of a young life, but to turn around and express compassion and concern and say, "Yes, the substances will be illegal, but it is fine to put them out in the front windows of shops here on London Circuit," to me smacks of absolute hypocrisy.

We have to be serious in our messages, we have to be consistent with our messages. If you send messages to children that are not consistent then we are sending them confused signals and it will send the message that it is okay to experiment with these substances. I am under no illusion. My friend told me of the situation. I was flabbergasted to know the marketing skills and distribution arrangements that are available to young people who are wanting to embark on the use of illicit substances.

I understand the magnitude of this issue. The scope of the problem is not easily fixed. This one bill will not solve all the problems. We need the rehabilitation programs; we need the education of our young people; we need family units that will in fact set the example to children that these substances are not okay to take and that they will have devastating impacts.

We have seen reductions in illicit substance use, particularly in the northern hemisphere. I think in Iceland or Finland recently they have had improvements and reductions in experimentation with illicit drugs. We have to absorb all the ideas we possibly can to achieve these outcomes and to work on this menace that is damaging many of our young people, breaking up families and contributing, from what police have told me, to about 80 per cent of the crime in our community.

This is one step forward. I urge members to give serious regard to this legislation. A similar bill, as I have discussed, was passed with the support of both major parties in South Australia. I hope, Mr Speaker, that my bill receives the same support.

Debate (on motion by **Mr Corbell**) adjourned to the next sitting.

## **Road Transport (Third-Party Insurance) Bill 2008**

**Mr Stefaniak**, pursuant to notice, presented the bill and its explanatory statement.

Title read by Clerk.

**MR STEFANIAK** (Ginninderra) (10:47): I move:

That this bill be agreed to in principle.

Mr Speaker, this is a simple bill which seeks to achieve two things. Firstly, it will extend the commencement date of the act. The Assembly passed the act in February this year, and it was notified on 26 February. The commencement provisions provided that it commence on a day notified in writing by the minister. The default commencement, in accordance with the Interpretation Act, is six months after the date of notification. Since the minister has not caused the act to commence, the default provision will kick in, meaning the act will commence next Tuesday, 26 August. I understand it will commence at 12.01 in the morning, which is before the Assembly sits. I will come to that later. The act contemplates some 80 regulations. These regulations have not yet been written, nor has there been any consultation with industry or the legal profession in relation to these regulations.

The legal profession, in particular, is very concerned that, even though some of the regulations might not be contentious, they should be made available and there should be some consultation on them before the act actually comes into force. The legal profession is concerned that any new act can have teething problems. If this act comes into force before the regulations are written and before there is any consultation on them, there is a real risk that injustice will be served upon those whom the law should be trying to help—in this instance, those injured in motor vehicle accidents. A delayed commencement date will provide additional time for the regulations to be written, for consultation on the regulations to take place, and for stakeholders to adequately prepare before the regulations and the act come into force. Accordingly, I suggest a commencement date in this bill of 1 March 2009.

A teething problem is the very reason for the second amendment contained in my bill. Currently the act, at section 86, contemplates that, if a nominal defendant does not submit a notice of claim in respect of a motor vehicle accident within three months of the accident, the claim is “barred”. Sometimes a claim might depend on the progress of other processes outside the control of the nominal defendant, such as police reports or proceedings in the Coroner’s Court. Indeed, I am told police reports often might take four or five months for various reasons—for example, people may be traumatised, people give the wrong information or the wrong registration numbers are taken down. This tends to delay the process. There is any number of reasonable reasons as to why three months is sometimes quite impractical.

Given that these reports often take longer than three months, I would suggest the operation of this section potentially could cause the injustices I referred to earlier, and my amendment will enable a court, on application by the nominal defendant—the insurer—to grant an extension of time for a notice of claim if the court is satisfied that the later day is reasonable in the circumstances of the case. This will provide more certainty to the industry as well as to those involved in motor vehicle accidents, particularly injured third parties, the very people whom this act is designed to assist.

It is very important that this bill be debated prior to 26 August, as I said. I have had a brief discussion with the Attorney-General in relation to that. Initially, there was some feeling this bill could be debated today, but I am quite comfortable for it to be debated tomorrow. That will give government and other members time to have a look at it. If there is anything that can be amended to make the bill better, I am very comfortable for that to happen. It is absolutely essential that we have that commencement date of



1 March. That will give everyone time to go through these regulations and iron out any further bugs before the act actually commences. It will also ensure there are one or two sitting dates when further amendments can be made if that needs to occur.

Just further in relation to the nominal defendant, the ACT branch of the Australian Lawyers Alliance conducted a very useful seminar last Friday in relation to this. It has particular concerns in relation to the three months for the nominal defendant. It states that the catch, however, is that for claims brought against the nominal defendant, the claimant only has three months after the day the motor accident occurred to bring a claim. If the claimant does not give notice that the claim is required, the motor accident claim is barred. That is section 86 (2), which I seek to amend. In addition, the nominal defendant cannot waive compliance with the time limit, and the court cannot give leave to bring a proceeding, despite non-compliance with the time limit.

The association goes on to say that this differs from section 181 (2) of the Road Transport (General) Act 1999, which allowed time to be extended by the insurer or by application to the court. My amendment substitutes the following:

The notice of claim must be given under section 84 not later than—

- (a) 3 months after the day the motor accident for the motor accident claim happened; or
- (b) if the court orders a later day under subsection (2A)—the day ordered.

There is a note in relation to section 98 which reads:

- (2A) A court may, on application, order that a notice of claim under section 84 may be given on a day more than 3 months after the day the motor accident for the motor accident claim happened if satisfied that the later day is reasonable in the circumstances of the case.

That would cover any of the situations where the report might well be four or five months down the track for any number of reasons, all of them valid. It recognises effective common practice in these jurisdictions. Hopefully most claims can be brought within three months, but there will be a number of occasions when that is not so. If the provision for three months only remains, lawyers will automatically notify the nominal defendant if there is any remote likelihood that the nominal defendant will be involved. Much of that notification will be superfluous as more facts come to bear in terms of a case. That would have the effect, too, of needlessly clogging up the nominal defendant's office with protective claims put in which will not be followed through when the facts of a situation become a lot clearer. This amendment will also ensure that the nominal defendant's office is not flooded with protective claims which are not going to go anywhere but which will cause extra work.

All in all, these are very sensible amendments. They will ensure that this important piece of legislation and its regulations are very much up to scratch when it commences. I certainly hope members will support the legislation commencing on 1 March next year. I thank the Attorney-General for agreeing to bring the debate on tomorrow because of the urgency of the matter. That gives people a day to have a look at the bill, and, as I said, if people have any suggestions to further improve the bill, I

am more than happy to discuss those suggestions with them. I commend the bill to the Assembly.

Debate (on motion by **Mr Corbell**) adjourned to the next sitting.

## **ACT Civil and Administrative Tribunal legislation**

### **Statement by minister**

**MR CORBELL** (Molonglo—Attorney-General, Minister for Police and Emergency Services): I seek leave to make a brief statement to correct the record in relation to some comments I made yesterday.

Leave granted.

**MR CORBELL**: In the debate on the ACT Civil and Administrative Tribunal Bill 2008 yesterday, I said that I had responded to the report of the scrutiny of bills committee on the bill and associated legislation. In my speech I discussed the report and detailed the government's position in relation to that report. Following my remarks, Dr Foskey indicated that the committee had not received the response. On returning to my office after the debate last night I determined that, while a response had been prepared in respect of the committee's report and had formed part of the speech concerning the bill, it, in fact, had not been sent at that time to the committee. I apologise to members for my earlier remarks in the Assembly concerning the response and for any capacity that those remarks had to mislead members. I can assure members this was quite unintended.

The response for the committee was prepared prior to the closing speech. The speech was framed on the basis that, at the time it was to be delivered, the response would have been sent. Unfortunately, in this case, that had not occurred. During the debate I had a copy of the proposed response, which I had assumed I had signed and provided to the committee in due course. For the information of members, I will sign the response and provide it to the committee this morning.

## **Health—general practitioners**

**MRS BURKE** (Molonglo) (10.56): I move:

That this Assembly:

(1) notes:

- (a) that Canberra is facing a chronic shortage of doctors with outer-suburban areas being particularly badly affected;
- (b) that under the Stanhope Government bulk-billing rates are lower than all of the States; and
- (c) that access to bulk-billing clinics after hours is particularly problematic for Canberrans; and

- (2) welcomes the commitment by the Canberra Liberals to:
- (a) establish bulk-billing after hours clinics in south Tuggeranong, Gungahlin and west Belconnen;
  - (b) provide an incentive fund to encourage general practitioners (GPs) from interstate to relocate in the ACT;
  - (c) guarantee internship places at The Canberra Hospital to all ANU Medical School graduates who want one; and
  - (d) help young GPs into private practice through the establishment of a Young GP Entrepreneurs Fund

There is a worldwide shortage of healthcare professionals. This is the case in Australia too, and it is particularly bad in the ACT. As we heard in the Assembly inquiry last week, which was occasioned by the closure of the medical centre at Wanniasa, there are over 600 medical practitioners in the non-specialist category in the ACT, but this does not paint a true picture of the real situation.

As Mr Lowen from the ACT Division of General Practice pointed out, only 412 of these doctors are making Medicare claims and the rest are in other parts of the health system. Of this group of 412, not all are working full time, which is expressed as 10 3½-hour sessions a week. In fact, only 226 full-time equivalents exist. This gives us the real picture, and what this means in the national context is that the ACT has 66.8 full-time weighted equivalents per thousand compared with 86.1 full-time weighted per thousand. That is the real situation with which we are working. It compares poorly with New South Wales, for example, where there are 94.1 full-time equivalents per thousand. The shortfall of GPs is then around 60.

But there is also a concomitant problem, which is this: GPs are not distributed equally throughout the ACT. Outer suburban areas are suffering particularly from the chronic shortage of doctors. This is further compounded by a less than adequate public transport system to enable those people to get to a GP at the first opportunity.

We know that effective GP services are our front line for providing good preventative health care, care that is most likely to keep patients out of hospital in both the short term and the long term. The effective delivery of primary care is, therefore, not just a decision for private practitioners operating as businesses. It is crucial to have governments deal with chronic health problems and the acute care needs of the population.

At the pointy end of the public health system in the emergency departments and operating theatres of our hospitals, the Stanhope government have just sat back for the last seven years allowing the problems in delivery of primary care to fester and grow to the point where we see ourselves today.

The Canberra Liberals have been doing a great deal of work in this area. For example, we know that the people in Belconnen are particularly disadvantaged when it comes to being able to access a GP in the current situation. Residents say such things as

“They are too far away and they will not bulk-bill.” Sometimes there is just no choice but to go to Calvary and wait for hours in the queue. This is a common story. Would-be patients across Canberra are ringing GP practices only to be told, “We are not taking new patients.” That is not something the government likes to advertise in their Live in Canberra campaign.

Canberra also has the unfortunate situation that it is the most difficult capital city in Australia in which to find a bulk-billing doctor. In 2006 only 48 per cent of non-referred GP visits were bulk-billed in the ACT, which is 14.2 per cent below the next lowest state or territory result and nearly 30 per cent—actually, 28.6 per cent—below the national average.

Mr Speaker, this is a real indictment of the delivery of primary care in this territory. What has the Stanhope Labor government done to address the very serious problem of accessing bulk-billing GPs in the suburbs? It has done very little or nothing. This is a government that likes to boast about how much money they spend, courtesy of our taxes and the rivers of gold from property booms and GST. But they simply do not target that funding to where it is most needed.

The ACT Division of Medical Practice representatives told us at the recent committee inquiry into the closure of Wanniasa medical centre about being bedevilled by bureaucratic red tape, at both the commonwealth and territory levels. They said that this was causing them to be able to see fewer patients as they had to grapple with administration.

We learned too that despite all its proclaimed benefits, there is a real problem with the corporatised medicine model and that government needs to be taking proactive action to deal with the restrictive practices that go with this. For example, in the case of the Wanniasa medical centre, Primary Health Care have simply removed the GPs from one area and taken them to another. Yet they are refusing to relinquish the lease on that building in Wanniasa, which is apparently to remain empty. That is the situation to date. There will be no hope of new doctors being able to move into the premises where there is a ready-made patient population and it would be easy for any GPs relocating from outside the ACT to start up.

There is evidence that the impact of the corporates has been to increase inequities across the ACT, as shown by the closure of the Wanniasa general practice. This is where government has to be actively looking at alternative models of delivery. This is what the Liberal opposition have done. We have been thinking outside the square; we have been talking to, listening to and caring about the community. This government, on the other hand, sits on its hands and cries that it is nothing to do with it, that it cannot do anything. It is not true and it is not good enough. This is the difference between the Canberra Liberals and the ACT Stanhope government. We listen, we care and we act.

The same attitude was in evidence a couple of weeks back when we learned that the government had not done anything to fix the situation which arose last year—last year as well as this year—when medical graduates from the ANU medical school found that they were competing with graduates from New South Wales for an internship at the Canberra Hospital. The Stanhope government could not even get this right.

Apparently, the minister gave assurances last year that the same thing would not happen again, but of course it did. Yet the whole point of the ANU medical school, as the then health minister, Simon Corbell, pointed out to us in this place, was to produce doctors who would be more likely to stay in the ACT. He said:

What is really important about this facility is not just that we are teaching our own doctors but that we are providing facilities for teaching our doctors, which will mean that they will be more likely to stay in Canberra, that we will grow our own medical workforce.

A number of ANU graduates have been unable to find places this year, as we have heard. I understand from a graduate who contacted me that even though they are now on a waiting list there are no promises, no guarantees. That is really ridiculous, but it truly represents this government's lack of ability to manage. They are focused on spinning yarns about their achievements and all the Stalinist self-promotion of million-dollar artworks to glorify their reign. They have failed to focus on the real issues that affect everyday Canberrans—like accessing affordable health care.

The other point of interest raised by the recent inquiry pertained to another issue with respect to GPs that I have raised more than once publicly. I refer to the ACT government's barriers to allow local doctors to employ overseas doctors. I will quote Dr Sharma from the ACT Division of General Practice, who spoke to the inquiry. When referring to the government's plan to employ someone to promote the marketing of Canberra as a place for GPs to come to, she cited the "enormous red tape" involved in "trying, for example, to recruit an overseas trained doctor, because that is just an impossible task at the moment. A lot of GPs in town just give up; it is just too hard."

What is the government doing about this? The Canberra Liberals are about proactive action. Of course, it suits the health minister to bag anything we propose out of hand. As we have heard, for anything that we come up with that is positive we hear negativity from this health minister, not like we have done. We have graciously accepted some of the things that the government have proposed, and the minister acknowledged that yesterday. Yet all this health minister can do, because now she is on the back foot, expecting the federal government to bail her out at some time or other, is to sit on her hands. We have been proactive and what does she do? She bags our very positive initiatives.

**Mr Stanhope:** Like what?

**MRS BURKE:** Of course, it suits the health minister to—I have got a raft of what we have done. It is not like your housing affordability plan, but we will not go into that now. Her policy has been to wait to be bailed out yet again by the commonwealth government. But what did we see in the *Canberra Times*? The federal health minister announced recently that it is not going to happen. The Canberra Liberals have presented, as a first part to its health policy "a healthy choice" a raft of positive initiatives. Contrary to what the minister tried to portray in this place yesterday, I have worked and will be continuing to work with such groups as the AMA, the ACT Division of General Practice, Health Care Consumers and others.

It was quite disingenuous of the health minister to say that I had not spoken to these people. I do not know how she knew I had not talked to these people. Perhaps she just made that up on the spur of the moment, which she often does. I have spoken to the people, we have agreed that we will be talking through the issues, talking through our plan, and they were very positive about it—unlike the health minister. All she can do is yap, yap, carp, carp.

The Canberra Liberals have presented a solution for the scarcity of services in west Belconnen—

**MR SPEAKER:** Mrs Burke, I just draw your attention to a committee which is inquiring into some of the matters that you are commenting on. It would be wise to stay away from anything which pre-empts the work of the committee.

**MRS BURKE:** Thank you, Mr Speaker. I take note of your ruling, sir. The Canberra Liberals have presented a solution to deal with the scarcity of services in west Belconnen. Canberra as a whole has around one GP for every 849 people. West Belconnen has around 10 GPs full time and part time for a community of 32,744 people. This means that the area has only one-quarter of the GP coverage enjoyed by the rest of Canberra. The residents of north-west Belconnen are using the emergency departments at a rate of 27 per cent above the average.

The government has promised a new health centre in Gungahlin, but is this all that it seems? Once again, we have the masters of illusion announcing the grand plan of \$18 million to build what? What will the facility be? We have got a building; we have got no recurrent funding; we have got no GPs there. It almost makes you laugh, really. You must be embarrassed. It is like the hospital with no patients in *Yes, Minister*. The government boasted about having funded a nice new building. It might be a nice building but there are no people in it and there is no recurrent funding.

We have announced our policy to establish three after-hours bulk-billing GP clinics in Canberra's suburbs where there is most need. We have announced a package of incentives to attract more GPs to Canberra. We are working with the commonwealth government. Unlike the health minister, we will work through. We will not find the difficulties; we will find the solutions. We will be certainly working with the federal government—unlike you. You were unable to work with the former Howard government. Our plan will feature a 12-hour all-night walk-in clinic in south Tuggeranong and two eight-hour clinics in Gungahlin and west Belconnen respectively. Each of the centres will be staffed by a combination of GPs and senior nurse practitioners.

We spend more per head of population than any other place in Australia, except the Northern Territory, which has its own challenges. What is wrong? The answer to this is that we have a government that is all froth and bubble. They promise but they do not deliver. They are masters of illusion, as I have said: scratch the surface and there is nothing behind it. We are not waiting for the commonwealth to ride in on a white charger. Indeed, their changes to the Medicare levy surcharge threshold show that they are part of the problem and it is expected that there will be much more pressure on the public health system as the younger and healthier opt out of Medicare. But

what will the health minister do? She will just lobby the commonwealth, she told estimates, for more money. But we know that more money is not enough. Even Mr Stanhope has said the situation is not about money; it is healthcare professionals we need.

That is why the Liberal opposition with our policy are offering a range of incentives for attracting GPs to the ACT. We are putting real solutions on the table. We are offering 60 grants of \$75,000 each to attract GPs from interstate. We will ensure that medical graduates who want to stay in Canberra are able to. We will assist new Canberra doctors to establish their first practice. We will do positive things to assist and aid anybody who wants to come to Canberra to work, to remain here.

Of course, the health minister is doing what really seems to be her major work in the portfolio—bagging us. She has absolutely nothing positive to say at all. Now we are being told by the third in line of the hopeless Stanhope health ministers who presided over the slide of our public health system over the past few years that it cannot be done—let us find the negatives; let us find the problems. Let us not work at a solution. No, that is all in the too-hard basket.

She says that other doctors will be jealous and we cannot have bulk-billing in our government clinics. They can waste money across the whole area of government and suddenly find that they have an extra \$100 million in the kitty. But they tell us that whatever we propose will drive the ACT into deficit. What a joke. It is all “can’t” or “won’t” from this government. It is arrogant and out of touch and we are asking the people of Canberra to be judges as to who offers the best hope of improving and managing both the access to and the quality of our public health system in the ACT.

**MS GALLAGHER** (Molonglo—Minister for Health, Minister for Children and Young People, Minister for Disability and Community Services, Minister for Women) (11.11): I thank the Assembly for the opportunity to speak to this motion today. The government will be supporting this motion with an amendment which I have circulated and which I now move:

Omit all words after “notes” in paragraph (1), substitute:

- “(a) the hard work of our primary health care industry, particularly our community GPs who continue to provide first-class health care despite workforce shortage;
- (b) the responsibility of the Commonwealth to ensure adequate primary health care services are provided in our community;
- (c) the efforts of the ACT Government to support our local GP workforce;
- (d) the ACT Government’s \$1 billion, ten year plan, to overhaul the public health system; and
- (e) the complexity of the health care system and the need to provide responsible, realistic and achievable solutions; and

- (2) calls on the Leader of the Opposition to table, by 5 p.m. today, his revised costings for his proposal to establish three after-hours clinics, following his admission that they would now be established without Commonwealth funding.”.

The issue of general practice and the shortage of general practitioners in the community is a serious one that both the ACT government and the commonwealth government need to continue to focus on, but the speech that we have just heard from the leader of the B team, Mrs Burke, is one of the more alarming speeches because it highlights the ignorance of those opposite about how the Australian healthcare system works.

It failed to acknowledge the responsibilities which begin to be set out in the constitution and then flow from there. It failed to acknowledge the reality of the healthcare system and how it operates here in the ACT and it sought to address very complex problems by providing cash incentives and, in a more misleading way, by trying to convince the community that a Liberal government would establish three bulk-billing clinics across the ACT and run those with a budget that they have allocated. It is simply not able to be delivered on.

In fact, the Leader of the Opposition yesterday confirmed that they would be running those clinics without commonwealth funding and that they would be fully self-funded, which indicates that they will not be bulk-billing centres; they will be centres that are fully run with the recurrent expenditure of the ACT budget. If that is the case, and that was confirmed on television last night, the budget that has been allocated has just been blown out of the water.

The amendment I have moved goes to the issues of how hard the primary healthcare sector works, particularly our community GPs. It highlights the responsibility of the commonwealth to ensure that adequate primary healthcare services are provided in the community. It notes the efforts of the ACT government to support our local GP workforce. It also notes the ACT government’s 10-year plan to overhaul the public health system, which is our area of responsibility. It notes the complexity of the health system and the very real need to provide responsible, realistic and achievable solutions. It also calls on the Leader of the Opposition to table his revised costings for his proposal to establish three after-hours clinics, that are no longer bulk-billing clinics, as we found out last night, following his admission that they would now be established without commonwealth funding.

I have had to move this amendment because the problem with the motion moved by Mrs Burke is that it fails to understand the healthcare system in Australia. That is the first point. It fails to understand the lines of responsibility—that is, the commonwealth has responsibility for regulating, training and funding the GP health system. It fails to understand the complexity of issues that are dealt with in the health system.

I refer, for example, to the students. The ACT government has been working for many years under the IMET system of allocation of interns. That is because we have not had our own students to allocate and we have relied on the goodwill of New South Wales to lend us their students and allocate them to the ACT’s public hospital system



because we have not had our own. That has been the only reason that we have been able to employ interns in years gone by. We are in debt to the New South Wales universities for allowing us to employ interns in our hospital.

The situation has now changed. We have our graduates coming through now in the first year. We have more graduates wanting to work here in the hospital than we have ever had before, and that is a sign of how well the ANU medical school is doing and how well the hospital is doing. It also endorses the ACT government's 10-year plan because it is showing the students that we are serious about addressing the growing demand for health services across the ACT community.

This is an area in which the opposition failed so dramatically in the policy that they announced yesterday. It has flaws at every point. It has not been welcomed by anybody. Nobody has come out and said, "This is a great idea." All of the health stakeholders are highlighting the issues that they have from their own point of view. And the reality is that it cannot be delivered. The ACT government cannot establish bulk-billing clinics and bulk-bill under the Health Insurance Act unless there is the express agreement of the commonwealth, which would be highly unlikely, as we are currently negotiating the Australian health care agreement, and if they are not going to bulk-bill then they have not allocated enough money to do it. It also fails to understand that these would be set up in direct competition with the GP workforce that operates here now.

The motion that Mrs Burke has moved today also makes the point that there is a shortage of after-hours bulk-billing options. It is not the case any longer. Primary Health Care offer after-hours bulk-billing options that many people use. And this is not the area for non-urgent conditions. If Mrs Burke had taken the time to have a look at the data, she would have seen that the biggest demand for GP access for non-urgent patients occurs during the day. That is where we have to get the focus right. We need to make sure that there are options available during the day because people with non-urgent conditions do not seek to present to a GP at midnight. They will wait until the next day to see them. If they do need medical attention in the night then they come to the emergency department, which is probably the right place for them to go.

So even the presumptions that are made in this motion are incorrect. The demand for GP services occurs during the day. With respect to these clinics, you will have to recruit the doctors from somewhere. As we have seen with other clinics, when new clinics have opened, they take their doctors from another clinic, if you can afford to pay them. The current rate is about \$500,000 to recruit and poach a doctor, and offer them another employment opportunity. But that is even if you put in the money in acknowledging that you are now not going to run them as bulk-billing centres. So it is misleading to say that you could even do this.

I guess that is the luxury of being in opposition: you do not have to come up with anything that is realistic, anything that is achievable or anything that is deliverable. I guess on the B team you know you are not going to be re-elected, so you are able to come out with these half-baked, flawed policy initiatives. I will give it to you: they sound easy and simple to digest, but when you scratch the surface you see they cannot be delivered on, they are not funded properly and in fact they will work to the detriment of the existing GP population in the ACT. We need to look after the GPs that we currently have here.

Mrs Burke also went on about red tape and how hard it is to recruit an overseas doctor to come and work here. Yes, it is hard—and for good reason. Any discussion with the ACT medical board will indicate exactly why it is hard to come through—that is, to ensure that patient safety is right at the forefront of any decisions about doctors coming to work here with qualifications from an overseas university. There are absolutely good reasons for why this operates. I do not know whether Mrs Burke has had the opportunity to discuss this with any medical practitioner or a member of the medical board, but they will go through in fine detail exactly why the red tape exists. In fact, the position that we have funded at the Division of General Practice to recruit and market the ACT as a place to come and work is specifically looking at that issue with the medical board, to look at whether there is capacity to reduce some of the red tape, but starting from the point that the red tape is always going to be there because of the need to protect and focus on patient safety and on the quality of the medical practitioners who may come and work here.

The issue of general practice is even more serious because if you are recruiting an overseas doctor to come and work in a hospital, there are much clearer supervision arrangements, it is very public, they usually work in a workforce around many people in a hierarchy and under a supervision regime. The issue with general practice—and I have spoken about this at length with the medical board—is that you work behind closed doors without supervision. So they want to be doubly sure that you are a high-quality doctor who can be entrusted with that kind of work.

Without knowledge of the background, and coming from overseas, they want to check out where you worked and who you worked with, they want you to sit exams, they want you to go through training, to make sure that when you do have your first consultation with a patient, you are a safe and high-quality practitioner who can undertake that appointment. The ACT government does not apologise for that at all. Many other jurisdictions which have not had that stringent regulation are now putting this in place. They have suffered because of that lack of process when they have needed to recruit overseas doctors.

The ACT government needs to focus its energies on the public health system. That is where the demand is; that is where the demand is growing. We need to support our general practitioners. We need to work with them, and certainly the ACT government has done so. We employ GP liaison officers in ACT Health. We have funded the program with the Division of General Practice. With respect to that program, they came to us and said, “We’d like to run this,” and so we were responding to them. We set up the Canberra After-hours Locum Medical Service. As Rashmi Sharma pointed out yesterday, everyone supports that service. All the stakeholders and the government support that, and it has provided a much-needed service.

We have established the nurse practitioner roles. We are working on the walk-in centres which we need to get up and running, particularly in Tuggeranong. We convened the GP Workforce Working Group, where stakeholders gather to talk about our local shortage of GPs. We have budgeted for a pre-vocational general practice placements program. These are the practical things that make a difference for the general practitioner workforce, while keeping the lines clear about who does what. As a government, we also do not apologise that our focus is very much on making sure

that our public health system can meet the needs of our community in the future. We are seeing huge increases in demand.

**Mrs Burke:** You're certainly not doing that right now.

**MS GALLAGHER:** Again, Mrs Burke talks down the public health system. This is one of the country's best health systems. This is one of the world's best health systems. Mrs Burke constantly, for the last four years, has talked down this health system.

**Mrs Burke:** Yes, the longest waiting list, the longest wait time.

**MR SPEAKER:** Mrs Burke, order!

**MS GALLAGHER:** She has talked it down at every stage, and all she can focus on is two indicators where we need to do more work, but there are hundreds of indicators—

**Mrs Burke:** What about staff morale?

**MR SPEAKER:** Order, Mrs Burke!

**MS GALLAGHER:** in the public health system that they ignore. They ignore the hard efforts of our staff. They ignore the fact that 84 doctors have chosen to come and work here in the last 18 months, because it flies in the face of their allegations that staff are leaving in droves—84 new doctors coming to work as staff specialists in our hospitals. That is 40 extra, new positions offering new services—ophthalmology, neurosurgery, and all areas in which we are poised to become the best provider on the eastern coast of Australia.

They ignore all of these things. They ignore the fact that the medical school is up and running and funded, and delivering this community 80 graduates. They ignore the fact that the hospital has seen enormous demand for and growth in services, and it continues to deliver. On every quality indicator it is right up there as number one, two or three in the country. This is what they ignore and what they talk down, but this should be their focus. The fact that they have no focus on public health, no policy on public health and no ideas on public health shows how out-of-date and out-of-touch they are. The policy that they announced yesterday just shows how arrogant they are as well.

The other thing it shows, of course, is that the community cannot trust them because they cannot deliver this. Brendan Smyth knows it, Jacqui Burke knows it and Zed Seselja knows it, and they are all in a pact—

**Mr Smyth:** Trust?

**Mrs Burke:** "Trust" is a very good word, isn't it?

**MS GALLAGHER:** Well, trust is out there, and the people do not trust you, because you have come up with a half-baked idea that you cannot deliver on. You cannot legally bulk-bill, and you are saying you will open three bulk-billing practices. So

how are you going to do it? Mr Seselja says: "We're not going to do that. We're not going to have commonwealth money to establish these clinics." Okay, so you are not going to have bulk-billing centres, because of course that is commonwealth money, Mrs Burke, for those of you who do not understand how the commonwealth system works.

**Mrs Burke:** You are so condescending and patronising, aren't you?

**MS GALLAGHER:** Well, Mr Seselja said they are not relying on commonwealth funding, so if they are not relying on commonwealth funding, how are you going to fund it? Where are you going to steal the doctors from? Why are you setting up processes in competition with private industry and, more importantly, why are you spending in excess of \$30 million on the private health system in the ACT when the public health system needs the attention of every member of this Assembly? The people of Canberra will ask you that: why are you doing it?

**DR FOSKEY (Molonglo) (11.26):** When one looks at the Liberals' motion, one sees that it is quite a reasonable motion; and when one looks at Ms Gallagher's amendment, one sees that it is quite a reasonable amendment.

The fact is that there probably is not a really huge amount of difference between Liberal and Labor on health, but health is one of those issues which, as we know, is so important to Canberra voters that the Liberals have chosen to mark out their ground, to put up what I believe to be a populist idea which most people will not inquire into very deeply. Unfortunately, we know that most voters do not ask: "Well, where's the money coming from? Where are the doctors coming from?" Most people, unfortunately, do not ask those deep, probing questions, the answers to which provide the arguments against the Liberals' proposal. It looks nice on paper. We are all worried about our health. I am sure the advisers have told Mrs Burke and Mr Seselja that this is an election winner. Indeed, there is a lot that is good about the Liberal proposal. Let us have a look at those points.

This debate has been occurring in the Assembly for pretty much all of the time I have been here, but we really prefigured this debate yesterday, to some extent. We know that the closure of the Wanniasa medical centre was a trigger for this debate because it showed how much the provision of medical services in the ACT was out of our control. To me, that problem goes back a lot further than the Stanhope government. Certainly, the closure of the community health centres by Mrs Carnell had a great deal to do with it. I do not believe that that problem can be mended by the limited proposal that the Liberals have put up today.

It is simply the case that health is a big business now. Its providers are looking at their bottom line, which is an economic one. They are not looking at the social benefit. I am afraid that those things—community wellbeing and inconvenience to patients—are not actually figured into the decisions of the people who run our corporate health centres. That means the government has an important job in providing those services that are actually based on social need rather than on financial need. I am afraid that, in this modern or contemporary economy, the role of governments more and more has been to pick up those bits that the private sector does not touch because they are not profitable enough. That is a really big problem for governments, and I acknowledge that. I do not think the answers are quick, simple and knee-jerk.

We have known for a long time about the shortage of doctors. Unfortunately, that is not something that can be fixed overnight, two months before an election. It is a long, long process. I do think it is fantastic that we have got the ANU medical school here. I know some people there who are training to be doctors. It seems to me to be a fantastic course which is keeping people and enthusing people. If they do not stay here and work in the ACT, that is all right. This a national problem now. Young people who emerge as graduates from the Curtin school are going to gain experience if they go elsewhere and then come here. It is good. So let us not have any fuss because not every ANU medical student will take up work in the ACT. Even if they do take it up now, they may move on later. That is the nature of our medical economy. It is important that we have doctors, but I know of rural areas that have not had doctors for years. Let us not just think about the ACT all the time.

We do have problems with our bulk-billing rates. I would have liked to have heard that the ACT Liberals were really going to take that problem on. That is an issue that apparently has been sidestepped. But while bulk-billing rates are important, they should not be the entire focus of the debate. Russell McGowan from the Health Care Consumers said:

We might point out that pursuing higher bulk-billing rates within the ACT, which is something the minister has pointed out that the corporates have enabled us to achieve, is not the answer to all primary healthcare needs. There do need to be salaried health professionals, both government and others ... also support for other non-GP private practitioners who can provide primary healthcare services.

There are positives and negatives in Mrs Burke's plans. The loans to help GPs start practices are probably a good idea. We have heard so many times that the overheads of running clinics are one of the really big obstacles for doctors. The Greens have suggested that we might look at ways that the public sector, the public purse, can help private practitioners to run their services, possibly through the department of health. I am not sure whether that has been looked at yet. I would be very concerned if it just provided loopholes for the corporates rather than ways for family practices to be funded and supported.

We do want after-hours bulk-billing clinics in Tuggeranong, Gungahlin and west Belconnen, but we need to make sure that they are a continuum of health services and that we do not just rely on GPs. We have already heard about the problems there. There are many services that can be offered by non-GPs, non-doctors, and I would like to see us using those services a lot more. We need to be considering mental health issues as well, not just physical health issues, because that is a burgeoning problem in our area.

Speaking specifically to Ms Gallagher's motion, it is very important that we do consider the complexity of the healthcare system and the need to provide responsible, realistic and achievable solutions. But the Greens say that we need to involve the community in some way. It is very clear that, however the government approaches matters in the ACT, people consider that they live in regions. They consider that they live in Tuggeranong, Belconnen or Gungahlin. So why don't we involve a community body in some way? I do not have the answers to this, but the community councils end up having to react to decisions made by the medical corporates. For instance, the

Tuggeranong Community Council had to react to the decision to close the Wanniasa medical centre. So why not involve community members at some stage—it is up to the government to work out the best way of doing that—and create a regional health plan for Tuggeranong, Gungahlin and Belconnen?

While we rely on the market to locate our medical services, we will not have convenience for people who live in those areas. We will just have convenience for the people who make the funds. As we know with what occurred with the Wanniasa health centre, they are not located in Canberra and they do not really care. So we need to have a way in which communities can determine the location and the type of services that are available.

We have moved a long way in the globalisation of medical services. It has not been good, I believe, for consumers. What we see now even affects doctors, who are moving around the world to countries which offer the best incomes and the best conditions. It is not necessarily good. The developed and wealthier countries will always benefit from those sorts of practices. I would like to see us intervening in a bigger way and having more than the ACT in mind, because we can only benefit from having a really good national health system. We also need to look at the impact of health at a global level. I suppose it is good that we are having the debate. It would frustrate me if we did not move further with it.

**MR SMYTH** (Brindabella) (11.36): I am very pleased that the minister used the word “trust”. She said, “The public just don’t trust you.” That will be proved one way or the other on 18 October, but what I do know, because I am out there at the shopping centres and out there doorknocking and talking to people and trying to gauge what the public are doing—

**Ms Gallagher:** You aren’t the only one.

**MR SMYTH:** Yes, we have noticed you have finally turned up and done some shopping centres, minister. But when you talk about trust, there is a fundamental issue here that comes up in everybody’s mind—that is, school closures. This minister said before the last election there would be no school closures.

**Ms MacDonald:** Relevance, relevance?

**MR SMYTH:** You jump so quickly, don’t you? You are just embarrassed.

**MR SPEAKER:** You should remain relevant.

**MR SMYTH:** Well, the minister brought trust into it in addressing her amendment, and I am addressing it by addressing her statement about trust. If she is embarrassed by the implicit lack of trust in the government to keep their promises on schools or two lanes each way for the GDE or the Gungahlin pool or Tharwa Drive or pro-business jurisdiction or low taxes, she should be. I would be embarrassed, too. I am surprised she brought trust up in regard to this. If you were actually out there, minister, talking to the people about what they want, you would know that what they want is GPs in their suburbs. Where there are no GPs in a particular suburb, that is where we would look to see GPs go, and that is where we would look to set up these clinics because—

**Ms Gallagher:** So you'd manipulate the market, would you?

**MR SMYTH:** The minister says we would manipulate the market. The market is dead. You have allowed the manipulation of the market, minister. You have allowed this to occur, because you have taken your eyes off the ball. That is why people do not trust this minister. She failed them in education; she presided over the planning of the closure of schools six weeks after the last election. There was the minister breaking her promise. It was gold plated at the time. The Chief Minister said it was a gold-plated promise when it was made, but the gold was tarnished, and it came off very quickly. The minister says, "They don't trust you because you can't deliver it." We are not going to be like the minister and throw up our hands and say, "Well, there's nothing I can do." On every tough issue, that is what this minister does. She throws up her hands and says: "I can't fix that. It's out of my control."

I want to bring to the attention of members the oncology unit at Wagga Wagga, that the people, the city council, the doctors and the patients got together. It is an oncology unit that, for many years under the Labor government, Canberra sent patients to, because successive health ministers—Mr Stanhope, then Mr Corbell and now Ms Gallagher—failed so dismally to listen to the community and look at solutions. The people of Wagga came up with a solution, and they were actually able to build the unit, staff it and keep it staffed, because they provided a system where people had confidence and had trust in the leadership that was being provided. What the people out there are telling us is that they have lost trust in the arrogant Stanhope government.

It is interesting to go back to the record and look at the pious comments made by Mr Stanhope in the lead-up to the 2001 election about the health system. He was just going to have a crisis injection of \$6 million that was going to fix everything. Well, it did not fix anything, because it was simplistic. Labor's fact sheet—so it is a fact—on its plan to rebuild ACT health states:

**Labor's new initiatives**

Labor will therefore establish at least two after-hours clinics, staffed by general practitioners, to treat these patients with less serious illnesses. This initiative will be developed in consultation with the AMA and existing locum services.

These new after-hours clinic should be at the Canberra and Calvary Hospitals. But current Commonwealth-Territory funding arrangements prevent this. Kim Beazley's Medicare after-hours policy will help fix this.

There you go. Before the 2001 election, they said there was a problem but they had a solution, even though the solution apparently was inconsistent with the federal law at the time. But, give him his due, it did not stop Jon Stanhope trying. When you go to 2004, it is interesting to see how much had actually been achieved.

**Mr Stanhope:** There's no bulk-billing. There's no dishonest spin.

**Mrs Burke:** That's rich coming from you.

**MR SPEAKER:** Order, members!

**MR SMYTH:** Again, the same promise was made in 2004. I am shocked, Chief Minister—the same promise in 2004:

The Stanhope government ... is establishing after hours GP clinics at both of our Emergency Departments.

So a whole term was wasted; they did not do a thing. The promise continues:

This means that non serious cases can be seen by GPs after hours, rather than waiting long times.

But then he extends the promise—it is just great:

**Establish after hours GP clinics.**

In consultation with local doctors and the Canberra After hours Locum Medical Service—

and Mrs Burke is in consultation with Canberra doctors—

Labor will establish after hours GP clinic's at Calvary Public, The Canberra Hospital and Erindale.

They were going to put one out in the burbs in Tuggeranong, in Erindale! They were going to have an after-hours GP clinic in Tuggeranong. What were they promising? An after-hours GP clinic in Tuggeranong. That does not exist, Mr Speaker.

**Mr Stanhope:** Bulk-billing.

**MR SPEAKER:** Order!

**MR SMYTH:** When you take people on trust, their record on the delivery of these health systems is just—

**Mr Stanhope:** Tell us about bulk-billing.

**MR SMYTH:** You will have your chance. You will get a chance.

**Mr Stanhope:** No, you tell us. How are you going to pay?

**MR SMYTH:** Just wait. Just wait. The minister says you have to have a focus on the public health system. You have got to focus on all of the aspects of health. What we are saying is that, yes, we will look at the hospital—

**Mr Stanhope:** Well, tell us about the hundred acute care beds.

**MR SMYTH:** The Chief Minister talks about acute care beds. He will get his chance in a minute, I am sure.

**Mr Stanhope:** No, tell us about your promise.



**MR SPEAKER:** Order! Cease interjecting, please.

**MR SMYTH:** I still remember the numbers. In October 2001, the elective surgery waiting list was 3,488. You might remember that number, Mr Speaker; you are a former health minister as well. I know you took a deep interest in this. But the problem is that the Stanhope government cut elective surgery funding. I can remember the Chief Minister's answer in estimates: "I know it will cause some pain, but I am making tough decisions, yet again. I'm happy to cause pain as long as I can prove to people that I'm tough." The lists over three successive health ministers blew out—they reached 5,000, and that is why people have no trust.

Ms Gallagher goes to the classic defence of Labor: "You're blaming the staff." We heard it yesterday with Mr Barr and the pool fiasco at Tuggeranong: "You're blaming the tiler. I got the process wrong, and the Liberal Party are blaming the tiler." We had the feeble defence from Ms Gallagher that somehow we are attacking the staff. Let me say again as I have said so many times in this place: I have nothing but admiration for the staff, and I feel sorry for them for the system that they work in where the minister is administering the fiasco that is health in the ACT.

**Mr Stanhope:** Except the ones on the confidential consultation panel.

**Ms Gallagher:** Yes, the secret group.

**Mr Stanhope:** The secret group.

**Mrs Burke:** Bit touchy, are we?

**MR SMYTH:** They are very touchy, they are very touchy.

**Ms Gallagher:** No, not at all. It's hilarious.

**MR SPEAKER:** Order, members! Resume your seat for a minute, Mr Smyth. I know Mr Smyth is a constant interjector, but members should not take guidance from him and repeat the process when he is on his feet. Please do not interject while Mr Smyth has the floor.

**MR SMYTH:** Thank you, Mr Speaker. When you use the defence that we are attacking staff, it is an admission of failure: "I am throwing my hands up. I can't fix this problem. I'm going to use the staff as a human shield." Let me say this again: I think the staff do a great job. I have taken my young baby down there late in the night and into the early hours of the morning when there is a waiting room full of kids with croup. The staff are sympathetic; they are caring; they do a great job. But they are working in the system that you have created, minister, and it is the system that is failing the staff. The staff are not failing the people of the ACT; the staff do a great job. The doctors, the nurses, the ancillary health professionals, and all those who keep the hospital functioning do a great job. But they work in a system that you have created, and the system is failing them. That is what we seek to change. Keep people out of the hospital, if you can. Let them stay in their area where they are not in competition with existing practices. But after hours, when the majority of practices

shut, we will answer what the people are asking for—that is, they want GPs in the areas of greatest demand.

**Ms Gallagher:** And where are they coming from?

**MR SMYTH:** Where are they coming from? There she goes. The oncology centre at Wagga managed to attract doctors; it managed to attract the allied health professionals; it managed to attract the people who were needed. It worked with the local GPs, and that is what we will do. What we have said is that this will go to areas of demand, areas where there are not—

**Ms Gallagher:** Preferential treatment!

**MR SMYTH:** No. The federal government, both previous and existing, sends doctors to areas of demand with incentives, and that is what we will do. If you are against that, if you are against helping people get to areas of demand—

**Ms Gallagher:** I'm against public money being spent on particular surgeries.

**MR SMYTH:** There it is, Mr Speaker—she is against public money. So Katy Gallagher is against the federal government initiative, which the Rudd government continues, to give assistance to get doctors to rural and outer metropolitan areas.

**Mr Stanhope:** It's a commonwealth responsibility.

**Ms Gallagher:** Exactly. It's the commonwealth's responsibility.

**Mr Stanhope:** It's private medicine.

**MR ASSISTANT SPEAKER (Mr Gentleman):** Order, members!

**MR SMYTH:** Katy Gallagher is against getting doctors to areas of need. That is the health minister's answer: "We are against everything. When somebody tries to make a difference, we're just against it." The only thing the health minister is good at is throwing her hands up and saying: "It's out of my control. I can't fix it. There's nothing I can do." We hear that from her all the time. We have heard it from her with regard to the opening of their own clinics, which they have not achieved; we have heard it from her on the closure of certain other clinics—

**Ms Gallagher:** The clinics are open.

**MR SMYTH:** There is an Erindale clinic, is there?

**Ms Gallagher:** There is a Tuggeranong clinic, yes.

**MR SMYTH:** There is an Erindale clinic?

**Ms Gallagher:** Yes, there is. There's a Tuggeranong clinic. I'm not sure if it's—

**MR SMYTH:** Is there an Erindale clinic? That is the answer. They just do not keep their promises, and nobody trusts them.

**MR STANHOPE** (Ginninderra—Chief Minister, Treasurer, Minister for Business and Economic Development, Minister for Indigenous Affairs, Minister for the Environment, Water and Climate Change, Minister for the Arts) (11.47): I am pleased to be able to respond to this motion.

**Mr Smyth:** I'm sure you are.

**MR STANHOPE:** I am; it is remarkable. It is remarkable in the context of the way in which this particular policy proposal has been advanced and presented and it is remarkable as being what must be the quickest backflip on a policy position in the history of ACT self-government. With full fanfare yesterday morning, we had the Leader of the Opposition presenting his health policy, his vision—bulk-billing GP practices at three identified, specified places within the territory. That was on the Ross Solly program on the ABC at 9 o'clock on Tuesday morning. By the 6 o'clock WIN news, the policy had been changed completely, from a bulk-billing GP service to a fully funded ACT government service—in the space of nine hours.

Three bulk-billing—in other words, commonwealth funded—GP clinics at designated places within the ACT were to be provided and were to be the centrepiece or the latest instalment in the Liberal Party's health policy for the purposes of this coming election. That was at 9 o'clock. That position persisted until about 12, until the Leader of the Opposition had digested advice that had been provided by the minister: "That's not exactly consistent with the Health Insurance Act. Have you got commonwealth approval to open bulk-billing GP clinics in the ACT?" If you do not have commonwealth approval to open a bulk-billing GP clinic then to open a bulk-billing GP clinic would be inconsistent with the Health Insurance Act and you would not be able to pursue a bulk-billing health clinic. You cannot promise it if you do not have that approval. The commonwealth does not give that approval. It has never given it to a state or territory government and there is no reason to believe it will now begin to give that sort of approval to a state or territory government.

We never promised a bulk-billing GP after-hours service, because we were aware of the way in which the legislation operates and the basis on which commonwealth payments are made. State and territory governments have been representing, perhaps forever but certainly for the last seven years, for a change in the nature of commonwealth-state-territory relations in relation to responsibility for the funding of public health. It is a constant issue in the consultations between the commonwealth and the states—and always, during the years of a Liberal federal government, a case that fell on deaf ears.

It is at the heart of the issue about cost shifting and the blame game that has been a feature of commonwealth-state relations. The commonwealth has specific responsibilities in relation to the provision of health care. The constitutional positions, the agreed positions, in relation to a division of responsibility are quite clear. Under those arrangements, the states and territories are responsible for hospital care, mental health services, cancer services, aged care and rehabilitation services, early

intervention services, population health, community-based care and good-quality infrastructure. The commonwealth is responsible for the provision and support of private medicine practice, including GPs. The commonwealth does not support, and never has supported—in the ACT, at least, and I am sure it is the same for every other place—the possibility of states and territories employing GPs who can bulk-bill.

What we have here is a major and very significant diversion from practice by all governments around Australia being announced as part of the Liberal Party's centrepiece for health care—that they will accept commonwealth responsibility; they will fund commonwealth responsibilities; and, consistent with a bulk-billing arrangement, they will accept the responsibility for paying the wage of GPs—government employed GPs providing services consistent with those that are provided under a bulk-billing service.

That was not the position yesterday morning. The position yesterday morning was that these would be bulk-billing GP centres. By the time we got to WIN news last night, there was a clear, emphatic, unambiguous, new position by the Leader of the Opposition: “Oh, no, these centres were never intended to be funded by the commonwealth. That was never our intention. We called them bulk-billing because we didn't quite understand what we were saying and we didn't understand the legislation. We thought we could just pass this through to the commonwealth.” The commonwealth does not permit that; the legislation does not permit that. You do not have agreement from the commonwealth to open a bulk-billing centre anywhere in the ACT; nor will you get it. Your promise—

**Mr Smyth:** You're upset by this, aren't you?

**MR STANHOPE:** I am not a bit upset. I am upset that a party that has spent the last four years fighting amongst itself—that has jettisoned four deputies and three leaders, that has done nothing but squabble, backbite, change leaders, jockey for position, expel members, dump deputy leaders and sack leaders—is now prepared to say and do anything, even promise things that are not consistent with the law, promise things that cannot be delivered and promise things that have not been properly costed.

You need to go to that. One assumes—this is relevant to the amendment that Ms Gallagher will move—that the costings that have been released by the Liberal Party in relation to this bulk-billing centre were costed on the basis originally announced by the Leader of the Opposition, that the commonwealth would agree to bulk-billing. From the fact that the Leader of the Opposition has now explicitly informed WIN that it was never his intention that there be bulk-billing, it was never his intention that there be a commonwealth contribution, one assumes that the shift between 9 am and 6 pm distorts the costings completely. Are the costings provided—of \$8 million, \$8.9 million, followed by \$8.9 million, followed by \$7 million plus \$5 million of capital—the real costs or should we essentially double those costings?

That leads to the other issue in relation to this particular promise and why we know that it is just one of those wild promises that an opposition in disarray and despair make, a promise that they know they can make and that is made only on the basis that they know they will never implement it. Can we assume that of the other promises made on the record? They are on the record and they have been costed. I think they

were made by the then shadow spokesperson for health, if not the then Leader of the Opposition; I am not quite sure.

**Mr Mulcahy:** Who was it?

**MR STANHOPE:** At the point of the promise, the promises were made by Mr Smyth. They are on the record. They are unambiguous; they are emphatic: a Liberal government, after the next election, will reduce hospital waiting times at a cost of \$5 million a year, will increase funding for mental health to 11 per cent of the health budget at a cost of \$35 million a year and will provide 100 additional acute care beds at a cost of \$63 million a year. Those are promises made explicitly, unambiguously and on the record by the Liberal Party in the course of this last term.

*Mr Smyth interjecting—*

**MR STANHOPE:** No, no. They are all in this term and they are all on the record. We have the documentation. We have the promises in writing; they are on the public record. There are promises from the Liberal Party—promises made by Mr Smyth, promises that were authorised by his party room.

Those three promises in relation to health—100 acute care beds, that mental health funding will increase to 11 per cent of the health budget and that they will provide an additional \$5 million a year for reducing hospital waiting times—add up to just in excess of \$100 million. \$100 million per year! On top of that \$100 million a year, we now have the GP clinic, which we now know will be fully funded by a Liberal government. Even under the Liberal Party's own funding and costing, it comes in at \$8 million, and we now know that that costing is wrong.

When announced, the policy was to be a fully funded bulk-billing clinic—in other words, we employ the doctors and then the bulk-billing component of the arrangement is paid for by the commonwealth. The Liberal Party thought: “Oh, crikey, we don't understand what bulk-billing is and we don't understand the Health Insurance Act. Our policy certainly cannot work.” It was never intended to work; it was just a throwaway policy from a party in complete disarray.

That particular promise in relation to health takes the Liberal Party's promises in relation to health to in excess of \$110 million a year at this stage.

**Mrs Burke:** What are your costings?

**MR STANHOPE:** Our estimated budget surpluses, whilst healthy, average out at just over \$50 million a year. The Liberal Party's health promises to date are double the anticipated surplus. The Liberal Party's health promises alone will drive the ACT budget into deficit. The Liberal Party's health policies represent a deficit of \$200 million over the term. They were never meant to be kept. They are jokes. *(Time expired.)*

**MR ASSISTANT SPEAKER** (Mr Gentleman): I advise members that we have visitors in the gallery: year 5 students of Holy Trinity primary school.

## Health—general practitioners

Debate resumed.

**MR MULCAHY** (Molonglo) (11.57): This is an important motion which I am glad to speak on. I will try to deal with the various elements of the Liberal Party's proposal and also the amendments. When I got home last night, my family members said, "Did you hear the news, dad? The Liberal Party announced something that has turned out to be illegal." I said, "Well, I have heard a bit about this and I am intrigued to know how this policy is going to unfold."

I do agree with the sentiment in the first part of Mrs Burke's motion, which is that we have a shortage of general practitioners in outer suburban areas and that access to bulk-billing services in a number of these areas after hours is particularly problematic. But I am certainly not sure it is accurate to say that the current shortage of doctors is chronic. There is certainly a lack of doctors. I have received and taken up a number of complaints from constituents and I have referred them all to the minister.

But we are not yet in a situation where people are completely incapable of receiving treatment and I think that it is a stretch to say that this is a chronic problem. I think we need to look at our problems in perspective, and throwing around terms like "chronic shortage" without some very clear, serious evidentiary backup is not a particularly intelligent approach.

Nonetheless I think the first part of the motion does well to identify a problematic situation in the ACT where it is clear that many residents are having increased difficulty in accessing basic services from GPs in a timely fashion. Our family's experience is that sometimes it takes longer to get into the GP. When you have got sick kids and you do not want to use the public hospital facilities because they are not emergency circumstances, then it is a problem, and it is not one that I believe will be solved quickly.

The second part of Mrs Burke's motion calls on the Assembly to welcome the proposal of the Liberal Party to establish bulk-billing clinics to provide incentives to GPs, to discourage interstate relocation, to guarantee internship places at the Canberra Hospital to ANU graduates and to help young GPs into private practice through the establishment of an entrepreneurial fund. I have several problems with these proposals. With respect to the bulk-billing clinics proposed by the ACT Liberals, as was raised yesterday and as has been raised again today, there have been some important questions as to whether, in fact, it is possible, given the current commonwealth law and commonwealth arrangements, to set up this kind of system.

In the short time I have had to consider this issue I have not had the chance to receive legal advice on this point so I cannot offer any authoritative view on the question. But I have other concerns about the scheme. In particular, I am always sceptical about the idea of government run clinics competing with private doctors. I listened intently to Mr Seselja on radio yesterday. He sounded to me, Mr Assistant Speaker, as though he was struggling on the detail. I am certainly struggling on the detail because it is certainly not clear to me how this is all going to work.

I thought, “Well, say they set up one of these government owned and run, subsidised facilities next to where my GP operates—

**Mrs Burke:** Look at the hours of operation.

**MR MULCAHY:** The word Mr Seselja used yesterday—

**Mrs Burke:** You love that word.

**MR ASSISTANT SPEAKER:** Order, Mrs Burke!

**MR MULCAHY:** He said, “We are going to cover all the costs.” What happens? The doctor goes in. He draws a salary. All the bills are paid and the bulk-billing arrangements are provided. The poor GP next door goes broke because he simply is not in a competitive position—

**Mrs Burke:** I am not sure.

**MR ASSISTANT SPEAKER:** Order, Mrs Burke!

**MR MULCAHY:** Mrs Burke is shaking her head and saying no. That is the sort of detail that troubles me. We heard the AMA president say, “I wish they would consult us.” It troubled me when I heard that second interview that the position may not, in fact, have been well thought through.

We already have a subsidy scheme under Medicare to ensure that doctors are supported. This is very different from an entirely government funded clinic that will be competing on a completely uneven basis with private practitioners who do not have access to a bottomless pit of Treasury funds. And where does that leave the clinic at Phillip, for example? You can go down there until 10 o'clock at night, and members of my family have. It bulk-bills and it is run as a private operation. Whether you like primary health care or not, the fact is that the waiting room down there is as busy as Pitt Street on a Saturday morning. A lot of people go there.

Are you saying, “We are going to set up in competition with you. We will have none of the costs that you have got to wear. The taxpayer will foot it all. We will just drag your patients away”? It does not seem to me to sit terribly comfortably. The real danger with this kind of proposal is that the fully subsidised government clinics will push out existing private GPs, who are already leaving the field for a host of reasons—part of which is insurance and part of which is pressure—because these new clinics will compete on entirely different terms. If this is the case, then we could ironically be left with a worse health system than we have today instead of a better one.

I am confused about how they have come up with their costings, Mr Assistant Speaker. It is not surprising because, as I have said in this place before, the Liberal Party's capacity to properly cost, especially in health, is now legendary. I still want to know about the acute beds. Is that still on or is that off? Has that one just gone out the door? Has it been rescinded? I do not know if Mr Smyth promises or Seselja promises or

Stefaniak promises. You have to try and work it out, or do we lump them all together and say, "This is the deal"? There was no mention of this yesterday in Mrs Burke's comments or Mr Seselja's comments about all the other stuff. I am confused. Maybe it will be explained later on.

The incentive fund proposed by the Canberra Liberals and the entrepreneurial fund are targeted initiatives, but I am sceptical whether these will have the desired effect. It concerns me whenever government tries to get involved with or subsidise entrepreneurial activities. I know that Mr Smyth thinks it is great to get into airlines. What was that mob that went broke—Impulse? Then there was Fujitsu. The approach is, "Let's get into the business of being entrepreneurs. We will play with other people's money. We are really not up to taking the risk ourselves. We do not have the means. Let's be entrepreneurs in government." I worry about these things. There is a long history of them failing. The dangers that exist in the health system are as many as, if not greater than, in other areas, with an annual increase in costs of 11 per cent. Whilst you might say that there is some merit in these schemes, they are dangerous—just as government involvement in entrepreneurial schemes is dangerous.

The suggestion that ANU Medical School graduates should be guaranteed internship places is somewhat problematic since it detracts from the application of the merit principle of selecting the best interns. Dr Foskey had that view and on this occasion I agree with her. There are many medical schools in Australia and there may well be applications for internship places from medical graduates from interstate or even overseas. Perhaps it is old fashioned of me, but I do not believe in provincial affirmative action. I think that the interns admitted to our hospital should be the best medical students we can find, regardless of whether they went to school at the ANU or elsewhere.

Years from now when interns at the Canberra Hospital have become fully fledged doctors, the patients under the scalpel will want to know that they are the best qualified for the job. I do not think they will take much comfort in the idea that the person may not be the best, but at least he or she comes from the local university. This is not good policy and it is not something that I am at all comfortable with.

If you know anything about medical training—my brother is a specialist—you know that you do not get all your local experience in a town of 330,000. Why do people think doctors go to Dublin and New York? They go overseas for broader clinical experience. You go to cities where you actually see, for example, gunshot wounds. We might not get many in Canberra, but if you sit around waiting for six months for that clinical experience, you will not advance your skills. Doctors go to places where there are a lot of examples of different illnesses, conditions and diseases so that they can bring that skill back to their own communities. Hopefully they are better qualified and hopefully they are able to provide good service.

I have issues with parts of the government amendment. Proposed paragraph (a) is worth supporting; frontline medical staff are to be congratulated on their efforts. But I do not entirely accept proposed paragraph (b) which asserts that it is the responsibility of the commonwealth to ensure that adequate primary healthcare services are provided in our community. The ACT has a major role. I accept that the commonwealth has a pre-eminent role, but I have issues with that paragraph.



In respect of proposed paragraph (c), I do not think the government can claim a great deal of credit from the Canberra community for its management of health. I believe the ACT government could have done more to support our local GP workforce.

In the limited time I have left to speak, let me say that there is a complete misunderstanding by Mrs Burke. She said, "There is too much red tape to bring in doctors from overseas." I have studied this very carefully because I have a friend in the Czech Republic who is an orthopaedic surgeon. I know quite well the rationale. I know the requirement that you have to have gone through the South African, British or Irish systems. It is hard to get in, and the reason is because we do not want to run the risk of poorly trained doctors practising on people in our community. You need to understand that these commonwealth arrangements are there for very good reasons.

**MR PRATT** (Brindabella) (12.07): Mr Speaker, I commend Mrs Burke's motion and welcome the opportunity to talk about the ACT opposition's visionary, creative and constructive approach to alleviating medical service concerns in the ACT. I absolutely celebrate the opportunity to take note of and speak about the government's moribund approach to the administration of health in the ACT.

We heard Ms Gallagher talking earlier in this debate about trust. She asserts that the community cannot trust the Canberra Liberals to deliver on their promise to introduce bulk-billing GP clinics. She is one to talk! This is coming from a government that cannot be trusted to deliver on health or much else for that matter. What about the lying by the government about closing schools? How is that for trust?

What about the Gungahlin Drive extension? It is three years late; it has half the lanes; it is twice the cost. That is great trust. What about the ACT government misleading the community on the power station? They shoved that beneath the radar and misinformed and misled the community. How is that for trust, Mr Speaker?

**Ms Gallagher:** Mr Speaker, relevance.

**MR SPEAKER:** Order! The question before the house is that the amendment be agreed to. I don't know where you got the trust line from but—

**MR PRATT:** Mr Speaker, may I speak to the point of order? It was Ms Gallagher who raised in this debate the question of trust. I think I am entitled to respond to that point made by Ms Gallagher. She set the parameters; I am speaking to them.

**MR SPEAKER:** Continue.

**MR PRATT:** Thank you, Mr Speaker. The final point I will make on trust at present—although I will indeed return to it—is the misleading of the community about the Tharwa bridge and the absolute waste of time and space on that. The fact of the matter is that these clinics will assist in alleviating some of the burden on our emergency departments. They will alleviate the up-front cost for people attending a privately run health service after hours.

I want to make these points: the government have said that they will provide a series of walk-in clinics. We in fact congratulate the government on at least coming up with

something that is partly constructive. The only problem is that they will not be providing any GPs to man those clinics or looking at how we as a territory can solve the problem of GP shortages to staff those clinics.

Mr Speaker, they only offer more of the same—the choked emergency wards; waiting lists; and the centralised system, which is simply grinding under the weight of community need. They refuse to provide any creative way to sort that out. What the ACT opposition offers here is a decentralised system to take the weight or the strain off the centralised hospital system. We are very proud of this policy, Mr Speaker.

Let me talk about CALMS. The CALMS initiative, which provides GP after-hours services, is a useful adjunct to the ACT health system. But it is a pay up-front service. What about the poor family that may have one child or even two children and does not have the cash flow to pay for those GP services in the middle of the night? CALMS does not work for them. They need the availability of bulk-billing after hours. That is where the ACT opposition steps in to rescue this government and its moribund administration of the ACT health system.

We will offer bulk-billing after hours. The bottom line for Canberrans who need GP services after dark is that there will be no out-of-pocket expenses for attendees at the new GP clinics which we are proposing to establish. The services will be bulk-billed to the ACT government. We are proud of the fact that we are doing this. Mr Speaker, the bulk-billing that we are talking about is fundamentally a bulk-billing service charged to the ACT. Why do we do this? We do it because the private sector cannot support bulk-billing clinics after hours; they simply are not in the business of being able to do that.

Secondly, the commonwealth subsidy is simply not enough to provide the after-hours bulk-billing services which we so badly need. We need these services decentralised, away from the centralised service. We need to get these services out to our communities, and that is why we are proposing services decentralised to Tuggeranong, Belconnen and Gungahlin. We are doing this so that families can get to those clinics. They do not have to travel all that distance to Woden and to Calvary. We can take the weight off the emergency ward waiting lists in hospitals.

It is an ACT responsibility to do something about delivering the sorts of services which are needed; so if the commonwealth subsidy is not enough, if the private sector cannot put in place these after-hours clinics, we will. We believe the ACT government has that responsibility.

As to the point about these clinics that we are offering up as unfairly competing with the existing GP services, that is simply not the case. We are not in the business of exercising competition with existing GP services. We have said that clearly. We heard this minister stand up here yesterday and mislead on this matter. She continually misleads—

**MR SPEAKER:** Withdraw that, Mr Pratt.

**MR PRATT:** Sorry, Mr Speaker?

**MR SPEAKER:** You accused the minister of misleading. That can only be done by way of a substantive motion. You know that; withdraw it.

**MR PRATT:** I withdraw that, Mr Speaker; I withdraw that.

**MR SPEAKER:** Thank you.

**MR PRATT:** I say again that the minister constantly stands up in this place and misrepresents the position put by the ACT opposition. She does that simply to create the dust and the smoke to detract from the ACT opposition's policy. The point is this: the ACT opposition has put this policy in place to identify the unmet needs. This initiative goes to the heart of servicing the unmet need. What does "unmet need" mean? The unmet need is that need which cannot be satisfied by existing GP services. We have made that point clear time and time again.

I must say that it is very sad to see Mr Mulcahy stand up in this place today and to offer the same impediments. He spoke in a most obstructionist fashion about the ACT opposition's policy. He is simply echoing the health minister's views on these matters. What we heard today in this place was the health minister standing up in question time offering excuse after excuse as to why the ACT cannot underwrite an after-hours GP bulk-billing system.

All we see are excuses by the minister. Now we see this echoed by the independent member for Molonglo, Mr Mulcahy. Again, we see no creativity by the crossbench; we see no imagination; and we see no will to move forward and break what is a fundamentally important issue here for the ACT—failure to provide affordable first-post medical services to families with need. And we see Mr Mulcahy on the same bandwagon: lots of obstructionism, no ideas.

Why are we going to do this? Why will the ACT opposition step in and do this? After hours the pressure is already on the public purse with Canberrans coming into the hospital emergency departments, thereby adding to the pressure on the accident and emergency staff. This policy is about directing less severe cases of sickness to GP clinics which are better tailored to dealing with these cases. When sickness goes untreated in the early stages it can cost the public purse more in the long run. The GP clinics will help many people who cannot afford care after hours when sickness strikes.

The fact of the matter is that the ACT government rabbit on about trust but they cannot be trusted themselves to provide fundamental services. They have failed continually with their delivery of medical services and health preventative services to the ACT. The ACT opposition steps in. I congratulate Mrs Burke on this wonderful motion. It is an opportunity to show the people that we have a vision.

**Ms Gallagher:** WIN TV have arrived; so Zed comes in.

**MR SESELJA** (Molonglo—Leader of the Opposition) (12.17): I actually was not aware of that, but thank you. I welcome always the informed interjections of the health minister. We have a health minister who has been caught short here, a health

minister who has been caught out doing nothing and saying to the community that they can do nothing. That has been her message on GPs and that has been her message on so many areas of health policy.

This is a minister who has gone from portfolio to portfolio and has not got it done. We have a plan to get it done. We have a plan to fill the gaps left by this government. In fact, we have heard promises from this government in all sorts of areas. I believe they did make a promise about after-hours clinics. They made promises about after-hours clinics and they have failed to deliver. They have failed to deliver on their promises.

**Mrs Burke:** Absolutely. Promised it absolutely.

**Ms Gallagher:** They are all in operation—all three of them: Tuggeranong, Canberra Hospital and Calvary.

**MR SPEAKER:** Order, members!

**MR SESELJA:** It is worth comparing our promises and our plan to deliver versus Katy Gallagher's proposals. What we have is a plan that is fully costed, fully funded and will deliver—

**Ms Gallagher:** It is not; what a joke!

**MR SESELJA:** Well, we amuse ourselves with the press releases that come from Katy Gallagher and from the Treasurer on costings. They take the costing and they times it by 10. They take the costing and they times it by five. That is the standard operating procedure from this government. They have no credibility when it comes to costings; none whatsoever.

Even on the basis of their own budgetary management, we see the estimates out every year by hundreds of millions of dollars. It is about the fact that we have seen massive amounts of revenue and they still tell us that they cannot give any of it back. It is about their promises that they are now making for the next election, which not only do they not cost; they also do not fund them.

They tell us about a pool promise for Gungahlin. How much is it going to cost? We are told, "Oh, well, it will cost somewhere between \$10 million and \$20 million." And when will it be built? "Well, sometime in the next few years." And how will it be built? "Well, we have not quite worked out that level of detail."

This is a government that, after seven years and with eight weeks to go until an election, put forward uncoded, vague promises to the community. They did the same thing on the GDE. We saw them on the GDE. What this debate is about today and what Ms Gallagher's response is about is being embarrassed because she has done nothing on this issue. We know her attitude to the issue of GPs because we have heard it. We have heard her on the record say: "It is out of my hands. There is nothing I can do." That is the Katy Gallagher approach to GPs in the suburbs. Mr Speaker, we know that there are issues—

**Ms Gallagher:** How are you going to do it? How are you going to bulk-bill? How are you going to do it?

**MR SESELJA:** Ms Gallagher is getting very fired up. She is very defensive here.

**Ms Gallagher:** Well, tell us how you are going to do it.

**MR SPEAKER:** Order, members!

**MR SESELJA:** We are going to and we have funded it fully, and what it is—

**Ms Gallagher:** How? No, you haven't.

**Mr Stanhope:** Bulk-billing, is it?

**Ms Gallagher:** Is it bulk-billing?

**MR SESELJA:** We have. As opposed to your promises, ours are funded. We actually say where it is coming from and we actually say how it is going to be spent.

**Ms Gallagher:** Pratty says it is bulk-billing the ACT government.

**Mr Stanhope:** Bulk-billing the ACT government? Oh, it's a new policy!

**MR SPEAKER:** Order! The Chief Minister and the Deputy Chief Minister will cease interjecting.

**MR SESELJA:** Mr Speaker, the Chief Minister is just as embarrassed as the health minister.

**Mr Stanhope:** It is bulk-billing.

**Mr Pratt:** You won't bulk-bill. We will.

**MR SPEAKER:** Stop, Mr Pratt. Order! Sit down, please, Mr Seselja. The house will come to order. Mr Seselja has the floor. Please hear him in silence. Mr Seselja, direct your comments through the chair.

**Mr Stanhope:** On his nine-hour policy.

**MR SPEAKER:** Order, Mr Stanhope! I have ordered you to cease interjecting. Stop, please.

**MR SESELJA:** Indeed. Thank you, Mr Speaker. So what we have here is a plan that will actually go to the heart of where some of the gaps are in the delivery of health services in the ACT. We know that west Belconnen is an area that is particularly under-serviced by GPs. We have seen that and we have seen this government's refusal to actually put in the extra couple of hundred thousand dollars that are needed for the west Belconnen health clinic to get off the ground.

We have said that that is the least a government can do to ensure that the people of west Belconnen who are so disadvantaged in many ways in terms of the delivery of health services can get the kind of health services that they need. The people of west Belconnen under our policy will also have access to after-hours GPs. These will not cost them. There will be no out-of-pocket expenses for people accessing these after-hours services.

Likewise, the people of south Tuggeranong have been promised so much by this government and have had so little delivered to them. They have had so little delivered to them. We have a plan to ensure that the people of south Tuggeranong, who are particularly geographically isolated from our hospitals, who are the most isolated in terms of access to hospitals in the ACT, will have access to after-hours GP clinics in their area where they need it. Of course, we turn to the people of Gungahlin—

**Mr Stanhope:** Are you telling us they are going to be bulk-billed?

**MR SESELJA:** who in so many ways have been let down by this government. Whether it is the issue of one-lane roads—

**Mr Stanhope:** Swimming pool?

**MR SESELJA:** whether it is the phantom swimming pool—

**Mr Stanhope:** No swimming pool?

**MR SPEAKER:** Order!

**MR SESELJA:** Whether it is the phantom swimming pool that the Chief Minister talks about—

**Mr Stanhope:** Point of order, Mr Speaker.

**MR SPEAKER:** I call Mr Stanhope on a point of order. What is the point of order?

**Mr Stanhope:** Mr Speaker, the claim by the Leader of the Opposition now that the Labor Party is not fully committed to a swimming pool in Gungahlin is—

**MR SPEAKER:** Order! That is a debating point. Resume your seat.

**Mr Stanhope:** The claim is simply false, Mr Speaker.

**MR SPEAKER:** That is a debating point. Resume your seat.

**Mr Stanhope:** Well, the claim is false.

**MR SESELJA:** It is a debating point and it is a very poor debating point, too.

**MR SPEAKER:** Order! Resume your seat. Cease interjecting.

**MR SESELJA:** He is very touchy on the issue of the swimming pool. He is touchy on the issue of delivery of services to Gungahlin, Mr Speaker, because—

**MR SPEAKER:** Come back to the subject matter of the question; otherwise you will be sitting down.

**MR SESELJA:** Well, we are talking about it. We are talking about the people of Gungahlin. That is why we are going to deliver a health service—

**Mr Stanhope:** A bulk-billing one?

**MR SESELJA:** to the people of Gungahlin.

**Mr Stanhope:** Is it going to be bulk-billed?

**MR SESELJA:** It is worth comparing the commitment to the people of Gungahlin from this government. The phantom swimming pool that we now hear about—they do not know how much it is going to cost; they do not know when it will be delivered; they do not know how it will be delivered. That is their attitude to the people of Gungahlin. We see it in health. I return to the issue of health. We have the issue put forward by Ms Gallagher of this clinic in Gungahlin. There is capital money but there is no provision for ongoing costs. Apparently, this will not cost anything to run. Apparently, this is free to government. It is free to government.

**Ms Gallagher:** Read the budget papers. Read the budget, mate.

**MR SESELJA:** They have a policy for a health centre which will be built but presumably there will be no staff; presumably there will be no ongoing costs.

**Mr Pratt:** Just increase parking fines.

**MR SPEAKER:** Order!

**MR SESELJA:** We certainly know, and it has been confirmed by Ms Gallagher, that there will be no doctors and that is a key difference. There will be no doctors. We do not know what else there will be, because there is no money. There is no money set aside by this government for the ongoing cost associated with this centre. They will not deliver it. We have set aside funds for these centres, for these GP clinics, in the areas of critical need—

**Mr Stanhope:** They are no longer bulk-billing centres?

**Ms Gallagher:** Bulk-billing?

**MR SESELJA:** in south Tuggeranong, in Gungahlin.

**MR SPEAKER:** Order, Chief Minister! Sit down, please, Mr Seselja. I have called you to order repeatedly, Chief Minister. I warn you. If you interject again, I will name you.

**Mr Stanhope:** On a point of order then, Mr Speaker. On a point of relevance, we are not sure on the point of relevance whether Mr Seselja is talking about bulk-billing centres or just medical centres. I think we need the point clarified or the contribution is not relevant. Are these bulk-billing clinics or not?

**MR SPEAKER:** Order!

**Mr Stanhope:** Are they bulk-billing clinics or not?

**MR SPEAKER:** Chief Minister, resume your seat. The member is speaking to the amendment by Ms Gallagher. The question is that the amendment be agreed to.

**MR SESELJA:** Indeed, and we are speaking to the amendment and we know that we get these kind of—

**MR SPEAKER:** And the member is directing his comments through the chair. No finger pointing.

**MR SESELJA:** As I am, Mr Speaker, and as I will. It is embarrassing for the Chief Minister, which is why we see the sensitivity and why we see this constant interjection. He is embarrassed that his health minister, on his watch, has done nothing to address these issues. They have done nothing to address the issues of the lack of health care, lack of GPs and the lack of after-hours service to the people in the outlying areas of Canberra.

Whether it is the people of south Tuggeranong, whether it is the people of Gungahlin, whether it is the people of west Belconnen, they are not being well served by this government. They are not being well served by this health minister and they are not being well served by this Chief Minister when it comes to health services in their area. Mr Speaker, there is a clear difference. There is a clear difference in approach.

**Mr Stanhope:** Is ours illegal?

**MR SESELJA:** We have the do-nothing, can't-do approach of this government and we have clear ideas put out there, as opposed to the vague, uncoded promises that we have seen from the other side. We have clear ideas to get a solution to the issues. People actually want to see some commitment to tackle the difficult issues we have, not a minister who continues to say she cannot do anything about it, a minister who continues to wash her hands of the real problems in the health system.

Mr Speaker, we know that there are no easy fixes to the health system but there are things that we can do and this is a government that is asleep at the wheel. We know it is because the minister keeps telling us that there is nothing she can do. Well, there is nothing she can do, unfortunately, nothing that she will do. There is something that can be done and we will do it.

**MR SPEAKER:** The member's time has expired. The question is that the amendment be agreed to.



**Ms Gallagher:** What a shame; WIN has gone.

**Mr Stanhope:** Are they going to be bulk-billed, mate? Are they going to be bulk-billed?

**MR SPEAKER:** Order! Chief Minister, I name you.

Question put:

That Mr Stanhope be suspended from the service of the Assembly.

Question resolved in the affirmative.

**Mr Stanhope:** Did you warn me, Mr Speaker?

**MR SPEAKER:** I did.

*Mr Stanhope was therefore suspended at 12.29 for three sitting hours in accordance with standing order 204 and he accordingly withdrew from the chamber.*

*Debate interrupted in accordance with standing order 74 and the resumption of the debate made an order of the day for a later hour.*

**Sitting suspended from 12.29 to 2.30 pm.**

## **Ministerial arrangements**

**MS GALLAGHER** (Molonglo—Minister for Health, Minister for Children and Young People, Minister for Disability and Community Services, Minister for Women): The Chief Minister is unable to be in question time today. I will be taking questions on his portfolio. Minister Barr will be taking questions for Minister Hargreaves, who is also unable to be here today.

## **Questions without notice**

### **Gas-fired power station**

**MR SESELJA:** My question is to the Minister for Planning. Minister, the Hume north industrial estate at block 20 of section 23 has been passed in at auction I think on 8 August. What discussions have you had concerning the planning for future uses of the site?

**MR BARR:** None that I am aware of.

**MR SPEAKER:** Supplementary Mr Seselja?

**MR SESELJA:** Minister, have you asked officials to reconsider the use of the land for the Tuggeranong power station and data centre now that the Aboriginal heritage issues have all been solved? If not, why not?

**MR BARR:** No.

**Gas-fired power station**

**MRS BURKE:** My question is to the Minister for Health. As health minister, what input have you had into drafting the terms of reference for the Tuggeranong power station and data centre EIS to protect the health of nearby residents?

**MS GALLAGHER:** Mr Speaker, as you would know, the terms of reference for that health impact statement are still in place, and that work is being done. I have also seen a copy of the terms of reference for the EIS, and I thought they covered off the health aspects most adequately.

**MR SPEAKER:** Is there a supplementary question?

**MRS BURKE:** Thank you, Mr Speaker. Minister, what input have you had as a shareholder in Actew into the EIS to protect the shareholder value?

**MS GALLAGHER:** A member of the consortium is ActewAGL, of which I am not a shareholder, Mrs Burke. As the Minister for Health, and in discussions or information passed to me by the Minister for Planning, I have certainly seen the scope of the EIS. As I said, it is most comprehensive and addresses all the issues that were raised by the independent planning authority most adequately.

**Health—private medical records**

**MR MULCAHY:** My question is to the Minister for Health. Minister, on 28 July you announced the government's intention to introduce a health card containing individual medical records to all ACT residents. What undertakings can you give the people of Canberra that private medical records will not be jeopardised by the introduction of the card and the associated database containing confidential information?

**MS GALLAGHER:** I thank Mr Mulcahy for the question. The question goes to the technology that is going to progressively be introduced around developments in e-health.

It is most interesting that you ask this question today. On Monday, I was fortunate enough to meet with the Danish minister for health. I think everyone is aware that the Europeans probably lead the way in the implementation of e-health technology. Denmark, he informed me at that meeting, has had a unique patient identifier—which is the trigger you go to before you move to an electronic health record, particularly a card that would detail all that information—since 1968. So they are 40 years more advanced than we are.

We are just getting to the point where the unique patient identifier will progress. Once that is in place, it will enable a whole range of technology to flow from that. One of the opportunities here, in a jurisdiction our size, is to enable others—with very strict safeguards; those safeguards are that the patient or the person himself or herself has to give specific authority or permission—to view their health records. That would be one of the first safeguards.

The idea about the health record would be that a GP, a specialist, a hospital or a community health clinic would be able to access a whole range of information about an individual, but only if that individual expressed permission. It would not be to create any additional information to that which already exists. This information already exists in less secure means than an electronic version. It exists in paper files, notes and folders—paper-based records—across, say, five or six different health providers, who have offices full of people who potentially have access to that information.

One of the benefits in e-health, particularly in relation to an electronic health record, is that you would be able to restrict that information in an electronic sense and allow viewing of that information only with the express permission of the individual. It would not be about creating any additional information. It is not about putting on the social security number or those issues that people have been concerned about when issues like the Australia card have been thought of in the past. It is about tightening up access, restricting access, but allowing the benefit for the whole range of health professionals to have access to that information if needed.

For people who, say, have a chronic disease and need that disease managed by a whole range of health providers, the electronic health record signifies a really important step forward in terms of the management of their illness and them being able to manage their illness themselves—because they too, in the long run, would have access to all that information.

**MR MULCAHY:** Mr Speaker, I ask a supplementary question of the minister. In practice, won't the ability to secure individual authorities for each and every access of a patient's records be so impractical that you will be wanting a blanket authority when a patient seeks to avail themselves of Canberra's health services?

**MS GALLAGHER:** No, not at all. If you take a really good look—and I am happy to provide you with some of the documents from across the world that I have been looking at—the developments in e-health are the single biggest changer of how we are going to deliver health services in the future. There is going to be this massive change.

We are seeing it across the world. Australia is probably slightly behind everywhere else in adopting e-health technology. The way we would move forward here, too, is that people would opt in. We would start with those people that wanted to be a part of this system and ultimately progress it out. No-one would be forced to be part of something that they did not want to be part of.

The idea, particularly if we can get one here in the near future, would be that people opt in. They give their permission to enable a number of health professionals to access that, and that is often through a PIN number or a code—

**Mr Mulcahy:** So it would be a blanket authority?

**MS GALLAGHER:** To go to the technical details of how it would actually operate in practice, a provider of a health service has a particular number. They can use that number to access another number, which is your number, the patient's number. So it

would not be a blanket authority. You would not just say, "I am a person that sees five health professionals and I am going to let all of those five health professionals view my records." If you only want one to do it, you have control of that.

It is not impractical. It works across the world now. You have to get a unique patient identifier. Then you have to get an electronic health record. From that, everything else flows. As I said, in our lifetime we will see a massive change in the delivery of health services. People are demanding it. They are already adopting the technology themselves. In terms of efficiency and patient safety and with adequate safeguards, it really is the single biggest change that we will see over the next 10 to 15 years.

### **Economy—budget surplus**

**MR GENTLEMAN:** My question is to the Deputy Chief Minister, representing the Treasurer. Minister, can you advise how the government's management of the economy has contributed to the ACT budget surplus?

**MS GALLAGHER:** The ACT is experiencing a period of sustained economic growth and prosperity. The last few years have seen renewed economic activity providing a foundation for increased confidence in the ACT. This would not have been possible without running strong policies and initiatives and making some of those tough decisions since coming to office in 2001, decisions which have prepared this community for the future. We are building a better city and a stronger community by investing the dividends of our strong economy in the long term, with more money for hospitals, schools, tackling climate change and improving our local neighbourhoods.

One of the biggest initiatives that this government has made is the structural reforms of the 2006-07 budget. In the absence of these reforms, the budget would be in deficit by around \$150 million per annum over the next four years instead of being in surplus. So the reforms were necessary, not because there was an immediate crisis, but because there would have been in the coming decades had the government not taken action. As a result of these reforms, the ACT now enjoys a very strong balance sheet.

It is important to recognise that the government's structural reforms were largely focused on efficiency gains and were not entirely reliant on revenue measures. About two-thirds of the adjustments were based on expenditure savings, and only about one-third related to revenue measures. The budget incorporated more than \$100 million per annum in efficiency savings from more streamlined structures and reducing back-office costs. These reforms needed to be pursued, regardless of the short-term financial position.

Because of these reforms, the government has been able to invest in building a better city and a stronger community. We have made record investments in health and have provided an extra 147 fully staffed and equipped hospital beds. We are renewing our schools and building new schools in areas of high demand. We are investing in quality education. We have made the community safer with more police on the beat, and we are making our neighbourhoods better with investments in community facilities, parks, playgrounds and renovations of local shopping centres. We are upgrading and building new roads and have released new, affordable housing packages for Canberra

families. The government delivered 3,400 blocks in 2007-08, the largest amount of residential land released in a single year since self-government. A further 4,200 blocks are scheduled to be released this year. Our \$1 billion infrastructure investment announced in the 2008-09 budget will make key community services even better and ensure that they meet the needs of the Canberra community into the future. We are doing all of this while still delivering budget surpluses.

The ACT has experienced a period of sustained economic growth and prosperity. The last few years have seen renewed economic activity, providing a foundation for increased confidence in the ACT. Currently, unemployment is at near record lows, the participation rate is around the highest ever, and investment continues at near record levels. In fact, the most recent data shows that the number of vacant jobs in the ACT exceeds the number of unemployed persons. Official labour market data shows that over the past 12 months, 4,200 new jobs have been created, bringing to a total 21,700 new jobs created in the ACT since we came to office in 2001. Recently, the government has responded to the report of the Skills Commission with a comprehensive package of initiatives and investments totalling \$51 million. This was in response to consistent demand for labour.

The confidence stems from this government's sound fiscal and economic management. We have put the territory's finances on a sustainable footing, and we have committed to the future. We are helping to create an environment that is conducive to doing business. Under this government, there have been high levels of private investment, which indicates a high level of confidence in the future prospects of the economy. Most impressive is the fact that this high level of investment is being sustained. The volume of private investment in the ACT in the March quarter 2008 was almost 20 per cent higher than the volume of investment three years ago in March 2005.

Looking forward, the government is aware of projects worth over \$3 billion which are committed or proposed with a high degree of certainty over the coming three to four years. This unprecedented level of private sector investment reflects confidence in the future. This government's investment record is already the best of any government since self-government. Since the election, the ABS data shows the volume of investment undertaken by this government has averaged around \$225 million per annum, around \$20 million per annum higher than in the previous period since self-government. The whole community benefits as a result of this kind of approach to economic management.

**MR SPEAKER:** Is there a supplementary question?

**MR GENTLEMAN:** Thank you, Mr Speaker. Deputy Chief Minister, are there any issues that you are aware of that might put our strong balance sheet at risk?

**MS GALLAGHER:** Our careful management of the economy means that this government is well placed to be able to withstand some of the external factors that have the potential to impact on the ACT economy. With virtually full employment and ongoing strong demand for workers, a high level of investment activity in the pipeline and a high level of confidence in the territory's economy, we are perhaps as well placed as ever to deal with these factors.

We know that interest rate changes and impacts associated with a reduction in spending in the ACT by the commonwealth government have the potential to impact on the ACT economy, so we have worked hard to minimise the risks to the budget. And we have been carefully managing our own budget to ensure that we have the surpluses into the future. We are balancing the books and implementing long-term, fully-funded initiatives for a better future for all Canberrans.

This is in stark contrast, of course, to the opposition, whose election policy commitments to date would send the ACT back into a deep deficit for the whole of the next term of government. We are still three weeks away from the caretaker period and eight weeks from the election, yet the Liberals have already made spending promises amounting to half a billion dollars between now and 20011-12, along with promises to cut revenue amounting to more than a third of a billion dollars—a hit to the budget bottom line over the term of the government that adds up to more than \$800 million.

The 2008-09 budget forecast surpluses over that period are forecast at \$243 million. The total recurrent impact of the Liberal Party's promises to date would be \$97.3 million for this financial year alone, obliterating the healthy \$84.9 million surplus and sending the territory into deficit for the first time since the Liberals were last in office. Based on the policies on their website, the cost of the Liberals' commitments to date would reduce the current budget surplus by more than 82 per cent in the space of just four months.

Having spent the last four years fighting amongst themselves, the Liberals are now engaged in this populist, kneejerk policy on the run that can never be delivered upon, for the simple reason that it would send the territory broke. I think we have all seen, particularly in the last couple of days, that the Liberal Party will say and do anything to get elected.

The question we must now ask is: what promises will the Liberals get rid of if they form government after the election? The GP clinics? The smaller class sizes? The 100 extra acute hospital beds? The tax cuts? These are promises that are obviously never meant to be kept—promises that cannot in fact be kept without sending the territory spiralling into a debt from which it would struggle to recover.

We have had it confirmed this morning and yesterday in this chamber that the Liberals cannot be trusted to manage the territory's finances responsibly. The Liberal record in government was successive deficits compared to Labor's unbroken record of surpluses. We have taken the hard decisions to put our budget on a sustainable footing for the future. The opposition have made many of those decisions in order to seek their own political gain, but when it comes to spending the results of those decisions, they are very happy to spend it, and then more.

We have certainly been documenting all of those promises over the past four years. As we can see, Mr Smyth's promises in health alone would eat up an extra \$97 million recurrent a year. So the surplus has gone—it has gone in four months—and the territory will be plunged into deficit if they keep all the election commitments they have already announced. But, as we know, they will not be able to do that. They

cannot deliver some of them for other reasons, but they cannot deliver most of them because they simply cannot afford it.

### **Gas-fired power station**

**DR FOSKEY:** My question is to the Minister for Planning. It relates to the environmental impact statement for the proposed data centre. Now that the Minister for Planning has directed that an EIS be prepared for that development application—and recognising that under section 123 of the Land (Planning and Environment) Act the minister is required, among other things, to give the proponent detailed directions specifying matters to be included in the EIS and the relative emphasis to be given to each matter—can he detail to the Assembly whether and how he has ensured that the health impact assessment incorporated into the EIS will be conducted within the framework of the World Health Organisation’s social determinants of health and comply with Australian guidelines for health impact statements?

Before the close of business today could the minister please table in the Assembly the directions he has issued?

**MR BARR:** I have written to the proponents outlining the detailed aspects of the EIS and their order of priority. I am happy to table that document later today.

**MR SPEAKER:** Supplementary question, Dr Foskey?

**DR FOSKEY:** How does the Minister for Planning plan to ensure that the expertise of the steering group originally set up to oversee the health impact assessment will be fully utilised in the preparation and assessment of the EIS?

**MR BARR:** The EIS will follow the statutory process.

### **Sport and recreation—swimming pools**

**MR SMYTH:** My question is to the Minister for Tourism, Sport and Recreation. Minister, yesterday in question time you failed to provide details of the source of funds to pay compensation arising from your bungled capital works projects for the Tuggeranong pool. Where will you source the funds to pay the compensation, and will there be a reduction of funds that are available for sports grants?

**MR BARR:** Obviously we will need to quantify the level of compensation following the relevant meetings with stakeholders. Any compensation will be provided entirely consistently with the Financial Management Act.

**MR SPEAKER:** Supplementary question, Mr Smyth?

**MR SMYTH:** Thank you, Mr Speaker. Minister, how will the compensation that is to be provided to the swimming clubs and the pool operator that are being adversely affected by the closure of the Tuggeranong pool be determined?

**MR BARR:** There will be a series of meetings that my department will hold with the relevant stakeholders. Following those meetings, I expect to receive a brief from the

agencies outlining a range of options in terms of compensation. I can indicate that no other sport and recreation organisation will suffer a loss of funds.

Mr Smyth, if you had any understanding of the appropriation within the sport and recreation portfolio, you would be aware that provision is made within the sport and recreation portfolio for emergency assistance for sporting organisations and that there is a budget that is allocated each year for such assistance. That would be the first port of call in terms of providing financial assistance to the organisations affected. If the amount is greater than that budget allocation, the appropriate recourse would be consistent with the Financial Management Act.

### **Planning—pergolas**

**MR STEFANIAK:** My question is to the Minister for Planning. Minister, on 1 July 2008 Canberra-based company, Patioworld, wrote to you about a range of serious planning concerns under your new system. For instance, under your new system, pergolas—class 10a structures—now take 34 working days to approve when previously they were stamped and approved within 24 hours.

Minister, isn't your new planning system a nightmare for small operators? What measures are you taking to separate pergolas from large development applications like houses?

**MR BARR:** Thank you, Mr Speaker. I welcome back Mr Stefaniak and thank him for his question. In relation to the reforms under the new planning system that I note had the support of everyone in this place, a new streamlined process around the lodgement of various forms of development application is in place. There are three tracks: code, merit and impact.

It would appear that some further industry education is required as some of the players within the industry have been lodging applications in the wrong track and that has led to a requirement for notification. Members would be aware that as part of the new system a greater number and type of activities were, in fact, exempted from any planning approval process. The Planning and Land Authority has met, and continues to meet, with relevant stakeholders in order to provide further information and education on how the new system operates.

I do acknowledge the receipt of that particular piece of correspondence from that particular industry group. We continue to meet also with a number of the stakeholders, namely, MBA, HIA and others in relation to further education around how the new system operates because there has been some confusion for some individual operators who have been lodging under the wrong track.

**MR STEFANIAK:** Minister, why aren't you taking the issue as seriously as you should be? Only two weeks ago, due to this new system, Patioworld and similar organisations have actually had to lay off workers?

**MR BARR:** I am taking it very seriously, as is the Planning and Land Authority. Contact was made very quickly with this particular firm in order to address the concerns. The Planning and Land Authority seeks to meet with anyone who is seeking



further information and further understanding of how the new planning system works. They have been very proactive in their approach to working through some of the issues that the new system has presented.

However, we have made a significant change in our planning system, picking up the development assessment forum's model. It is best practice in Australia. Other jurisdictions are seeking to move in the same direction the ACT has. One of the key elements in the reforms to the planning system was to exempt more activity from planning requirements. This is an area where, with a little bit of further information and some more education, these issues can be adequately resolved.

### **Education—capital works program**

**MRS DUNNE:** My question is to the Minister for Education and Training. Minister, why has your department forecast an underspend of \$30 million out of the Stanhope government's total capital works forecast during 2007-08, and what impact will this have on the delivery of services to students?

**MR BARR:** I thank Mrs Dunne for the question. I understand that the bulk of that underspend relates to projects that were either at the final stages of completion or had already been completed since that end-of-financial-year date rolled by. A capital works program as significant as the ACT government has undertaken across all of our schools means that there are some projects that were not completed by 30 June. Of course, the estimations that are made do require that all work is completed within a certain time frame. From time to time, that is not possible. Largely due to the strength of our economy and the availability of tradespeople in particular areas, there have been some delays. But I would much prefer to have a situation where there is a government investing in the quality of our school facilities and that we have a problem of not being able to finish all of the projects than the alternative.

I know Mrs Dunne is on the record on numerous occasions as suggesting that this investment in schools is throwing good money after bad. Given that the education department has completed more than 200 projects across more than 70 schools in the ACT, the department has a very good track record of delivering on improving our school facilities. I know the Liberal Party opposes this; I know it opposes this bitterly and that there is a huge amount of division on that side of chamber, as there has been over the last four years, in relation to investment in public education. Members of the Liberal Party really, really dislike it. It is evident in the nature of the questions they ask and the nature of their behaviour around the government's record investment in public education. They dislike it; they disapprove of it; and this is another example of Mrs Dunne and her particular agenda that investment in public education is throwing good money after bad.

**MR SPEAKER:** A supplementary question, Mrs Dunne.

**MRS DUNNE:** Minister, why can your department not provide accurate forecasts for its capital spending program?

**MR BARR:** The department does an outstanding job in investing in our schools; it does an outstanding job in ensuring that we have the world's best education facilities.

I know the Liberal Party opposes that; that is very clear, again, from this line of questioning. It is disappointing that there is not a bipartisan consensus in this place around investment in public education, that there is not a view that our students deserve the best teachers teaching in the best facilities, and that the Liberal Party believes that investment in public education is throwing good money after bad. That is very disappointing.

### **Hospitals—patient satisfaction**

**MS MacDONALD:** My question is to Ms Gallagher in her capacity as Minister for Health. Minister, could you update the Assembly on our community's satisfaction with the current public hospital system?

**MS GALLAGHER:** I thank Ms MacDonald for the question. I am delighted to be able to report to the Assembly on the latest data available to us on patient satisfaction with the public hospital system. In the past I have given reports on this when these surveys have been completed. As I often say in this place, the ACT has one of the best health systems in the world, and I believe the best health system in this country. We are very lucky to be able to offer the level of service that we do through our public hospital system for a community and a city our size.

It is important, as we provide public hospital services, that we continue to talk with the community that use them—particularly, in this instance, the patients that use them. To do that, over the past two to three years we have undertaken four surveys of patient satisfaction within the Canberra Hospital. The latest report, which is known as *Wave 4*, collects data from March 2007 to August 2007 and compares these results with those of like Victorian hospitals, which are surveyed in the Victorian patient satisfaction monitor.

The report compares TCH results against A1 and A2 benchmark hospitals. Category A2 is the benchmark category for the Canberra Hospital and includes 11 similar-sized hospitals such as Box Hill, Dandenong, Frankston and Geelong hospitals. A complete list of hospitals is available in the report.

Category A1 data has also been included in the report for comparative purposes only; statistical analysis compared to TCH has not been carried out. The A1 hospitals include Austin Health, Monash Medical Centre, Royal Melbourne Hospital, St Vincent's Hospital and The Alfred. The range of services provided at TCH sits between both A1 and A2 benchmark groups.

The current TCH patient satisfaction survey had a 43 per cent response rate. So 453 randomly selected patients were sent a questionnaire and 186 patients participated. This is significantly up from the last report—about 39 per cent. The A2 benchmark hospitals had a 37 per cent response rate. Eighty-two per cent of those who responded were Medicare patients—that is, public patients, for those opposite—and 14 per cent were private patients.

The remaining four per cent were Department of Veterans' Affairs patients. TCH respondents were more likely to be male—52 per cent—and have had an emergency admission—54 per cent. The highest percentage of respondents—38 per cent—were people in the age group of 65 and over.

The survey asks three questions. The first one is: “Thinking about all aspects of your hospital stay, how satisfied are you?” The second question is: “How much do you think you were actually helped by your stay in the hospital?” and “What was the length of time you spent in hospital—too long, too short or about right?”

I am delighted to say that the survey identified a high level of satisfaction—70 per cent—in response to that first question “Thinking about your stay, how satisfied were you?” A further 24 per cent of patients were fairly satisfied, meaning overall—when they combined—94 per cent of patients surveyed were either highly satisfied or fairly satisfied.

Further, 83 per cent of respondents answered that they had spent the right amount of time in hospital and 87 per cent of respondents felt that they were helped a great deal or quite a bit by their hospital stay. Ninety-two per cent of patients responded that they did not have a reason to complain and 25 per cent of respondents stated that they were provided with information about making a formal complaint.

We take these results—this independent survey and feedback from our patients—very seriously. Overall it shows that there is a very high level of satisfaction with how they perceived their stay at the hospital; how they were treated. There is a whole range of different indicators—the respect for cultural or religious needs, their personal safety, courtesy of nurses, respect for privacy, helpfulness of staff, recovery room, courtesy of doctors, clarity of information, help received for your pain, cleanliness of the room, opportunity to ask questions, helpfulness of admission staff, response of staff to health care problems and response time of nurses.

All of these areas showed increases in satisfaction rates from the previous survey. This also indicates the importance of continuing with these surveys, constantly measuring how we provide services, listening to the feedback from patients, and rewarding the staff, because these results are down to the work of staff, who work tirelessly across the Canberra hospital system.

**MR SPEAKER:** Is there a supplementary question?

**MS MacDONALD:** Thank you, Mr Speaker. Minister, how does this data align with previous surveys?

**MS GALLAGHER:** I thank Ms MacDonald for the question. I have just outlined the areas where there were increases in satisfaction rates, but as is the case in such surveys, when you are looking for improvements in how you provide your service, there are also areas where there were decreases in satisfaction rates. Those do cut right across those areas as well. Of course, we always see some concern around the quality of food and how quiet and restful hospitals are. They are very difficult areas to manage because providing food for such a number of people with different dietary needs three times a day means that the food in hospital is often quite bland, because it needs to be, and this does not always please patients in hospital.

There is also the matter of how busy a hospital is. Because it is a 24/7 operation it means that often it is not the quietest place to stay, and people can have trouble in terms of finding their stay relaxing. We need to look at that. I think our billion-dollar,

10-year plan for the future indicates that many of the rooms in the new hospital will be single rooms. To some extent this will address some of those issues around how restful hospitals are. We are looking to build infrastructure that really improves the patient's journey through the hospital. So it is key that we look at those matters when we are in the forward design phase.

We welcome the opposition's agreement to that policy and the fact that they will adopt it as part of their commitment to the Canberra community across the health system. I thank Mr Seselja for agreeing to adopt the Your Health—Our Priority document. It is a very comprehensive piece of work. It has taken a lot of effort to bring it to the point that we are up to today. It sets out, without political boundaries, what we need to do for this community for the next 10 years.

It might, of course, be a little in opposition to Mrs Burke's macro health plan that she is going to release soon—the 20-year plan being formulated by the secret committee, by the cloaked men and women who have to go in the dark of night and talk to Mrs Burke about her macro plan. We look forward to receiving that plan. I am sure it will have key elements of this in it, but we are excited by the potential of the secret committee's advice to Mrs Burke and that she might be able to formulate that into some sort of comprehensive policy. I guess she will have to let Mr Seselja in on the secret at some point and let him know that she is formulating a secret health plan. But we do look forward to it. We will just wait and see. We have not seen too much common sense come from Mrs Burke in the last four years, but we wait with much excitement to see the idea of a macro health plan to guide this community for the next 20 years.

In the meantime, whilst the secret committee is formulating that and giving Mrs Burke that specialist advice that she so desperately needs, we will get on and deliver the women's and children's hospital at the Canberra Hospital for \$90 million, the adult mental health acute in-patient unit for \$23 million, the new community health centre at Gungahlin for \$18 million, the secure adult mental health in-patient unit for \$11 million, the 16-bed ICU-CCU facility at Calvary Hospital for \$9.4 million, digital mammography at \$5.7 million, the neurosurgery suite for \$5½ million, the redevelopment of all our community health centres at \$5 million, the 16-bed surgical assessment and planning unit for \$4.1 million, the 24 additional beds at TCH for \$2.4 million, the mental health assessment unit for \$2 million, the skills development centre for \$1.3 million, and the mental health young persons unit for \$800,000. We will get on and do that whilst we await with much anticipation the 20-year macro plan from Mrs Burke and her secret health committee.

### **Gas-fired power station**

**MR PRATT:** My question is to the Minister for Planning. Minister, at the public meeting in Tuggeranong on 3 July, Dr Guest and the members of the newly appointed health impact assessment steering group admitted that they were totally restricted to reviewing—only reviewing—the ActewAGL plume study. As you know, the plume study has been widely discredited, underscoring the community's deep distrust of your government's processes around both the power station and the data centre. Minister, can you confirm to the community that this same limited frame of reference is not also used in relation to the health aspects of the EIS?

**MR BARR:** I can advise the Assembly that a full EIS has been called and will be conducted using the statutory processes.

**MR SPEAKER:** Supplementary question, Mr Pratt?

**MR PRATT:** Thank you, Mr Speaker. Minister, will you table in the Assembly the time frame of reference agreed upon for the EIS by close of business today? If not, when? If you do not intend to, why?

**MR BARR:** I have indicated in answer to Dr Foskey's question that I am happy to table the further information that I have provided to the proponents in relation to the detailed aspects of the EIS, and I will do so later today.

### **Schools—movements survey**

**MS PORTER:** My question is to the Minister for Education and Training. Would the minister advise the Assembly of the results of the school movements survey released today and how these findings accord with the record and plans of the Stanhope Labor government.

**MR BARR:** I thank Ms Porter for her question and for her ongoing interest in the ACT's education system. Today I had the opportunity to release the 2008 school movements survey, a survey that shows that ACT parents and carers prioritise quality in education when making decisions about where to send their children to school. The annual survey, conducted by the ACT Department of Education and Training, asked just over 700 parents and carers about the factors that they considered when moving their children between schools.

The survey indicates that Canberra parents and carers prioritise quality teaching, with 83 per cent citing quality of education as the main reason that they choose to move their children into an ACT public school. As we know—at least, as those on this side of the chamber know—research shows that the single most important factor in the quality of a child's education is the quality of the teacher in front of them in the classroom. Because of the Stanhope government's work to date to raise the status of the profession, ACT students are already taught by the best teachers in Australia. This is reflected in the literacy and numeracy results of our students.

To ensure that our education system remains the best in Australia, the ACT needs a financially responsible government with a focus on improving the quality of our education system. The government is investing, and will continue to invest, heavily in the training and development of our teaching workforce. In the last budget alone, we committed more than \$2 million to providing extra training for our teachers.

The budget also contained almost \$1 million for specialist literacy and numeracy coordinators to work in our public schools. The government will provide extra funding to help teachers to teach socioeconomically disadvantaged students, to help them to receive the support they need to improve their outcomes. We have provided a further \$421,000 to enhance professional development for teachers in leadership positions. This builds on the ongoing investments made by the government in quality teaching since 2001, including the establishment of a centre for teaching and learning in Stirling.

If re-elected, the Stanhope government will continue to take steps to attract and retain the best teachers in Australia. This means paying the best and most experienced teachers a six-figure salary and providing enhanced career progression based on experience and training. I have already committed to this publicly and will work to achieve this through the negotiation of the next teachers EBA.

The school movements survey also finds that 68 per cent of parents cited school facilities as a reason they moved their children into public education. We all know on this side of the chamber that an important part of ensuring quality education is giving students and teachers quality environments in which to learn and work. That is why the government is investing over \$350 million—more than any other ACT government, and per capita, for students in the ACT public education system, more than any other jurisdiction in Australia, and more than the non-government sector in any other jurisdiction in Australia. There is one government in Australia investing record amounts in quality facilities.

That is what we need. We need the best teachers teaching in the best classrooms. That is how we get the best outcomes for our education system. We want the best teachers in the best classrooms in the best schools. That is how we get the best outcomes.

While the Liberal opposition—and Mrs Dunne in particular; it is probably why she was sacked as education spokesperson—has criticised this investment as throwing good money after bad—

*Mr Mulcahy interjecting—*

**MR BARR:** And the parents agree. This survey demonstrates that. It indicates that parents and carers see the benefits of quality facilities for their children's education and cite this as a reason that they move their children into public schools.

The government has a very proud record of investing in education to ensure that every student, no matter which school they attend in the ACT, has access to quality education. We have done this by investing in facilities, by investing in reduced class sizes in the early years and by investing in and attracting the best teachers to the ACT public education system and providing them with professional development, a plethora of work experiences and career paths that enable teachers to grow professionally and make them want to stay teaching in the ACT education system.

This survey again indicates that parents and carers agree with these investments and that the Stanhope government is on the right track, investing in better schools, better classrooms and better teachers.

**Ms Gallagher:** I ask that all further questions be placed on the notice paper.

### **Supplementary answer to question without notice Schools—early childhood**

**MR BARR:** Yesterday, Dr Foskey asked me about the refurbishment of schools, and most particularly whether anything could be reused or recycled. I can confirm that, for the new early childhood schools, there was minimal material that could not be reused or recycled. All equipment was assessed in accordance with normal departmental

procedure, with all suitable material offered to operating and new schools for their use. If equipment is found to be unsuitable for direct use in existing school settings, it is disassembled and individual components that might be useful for other schools are identified and retained. The remaining material is disposed of to recycling centres in respect of categories such as metal, wood and suitable plastics.

## **Answer to question on notice**

### **Question No 2100**

**MR MULCAHY:** Pursuant to standing order 118A, I seek an explanation from the Attorney-General for his failure to respond to question No 2100 within a 30-day period.

**MR CORBELL:** I thank Mr Mulcahy for the question. I have signed off an answer to that question; it should be with Mr Mulcahy later today.

## **Personal explanation**

**MR SMYTH** (Brindabella): I seek leave to make a personal explanation under standing order 46.

**MR SPEAKER:** Do you claim to have been misrepresented?

**MR SMYTH:** I do indeed, Mr Speaker. In question time yesterday, the Minister for Tourism, Sport and Recreation, in answer to my question, said:

... I noted in Mr Smyth's press release that he raised the question of what would happen for swimming as part of the Pacific School Games ...

I was quite surprised that he would have this interpretation and I went back to the press release. I only mentioned the Pacific School Games in one paragraph, and I would like to read the paragraph:

This latest failure to manage a relatively small capital works project also raises concerns about the proposed upgrade of the dome at the Civic Pool—and another question: what alternative arrangements are being considered for the Pacific School Games, in the event that the Civic Pool is not ready in time for this event?

It is clear from that, Mr Speaker, that at no time did I mention “swimming at the Pacific School Games”. Indeed, I mentioned the whole event. Having checked the website before we put the press release out, I was well aware of the fact that the diving—

**MR SPEAKER:** Order! That is a policy statement. Sit down.

## **Paper**

**Mr Speaker** presented the following paper:

Superannuation (Legislative Assembly Members) Act, pursuant to section 22—  
Australian Capital Territory Legislative Assembly Members Superannuation  
Board—Annual report—2007-2008, dated 18 August 2008.

## Education

### Discussion of matter of public importance

**MR SPEAKER:** I have received letters from Mrs Burke, Mrs Dunne, Dr Foskey, Mr Gentleman, Ms MacDonald, Ms Porter, Mr Pratt, Mr Seselja and Mr Smyth, proposing that matters of public importance be submitted to the Assembly. In accordance with standing order 79, I have determined that the matter proposed by Ms MacDonald be submitted to the Assembly, namely:

The importance of building a better future for our children through investment in quality education.

**MS MacDONALD** (Brindabella) (3.18): There is nothing more important that a government can do for young families than to ensure that the community's children have access to world-class public education. That is why the Stanhope government has increased expenditure in education by more than 40 per cent since being elected in 2001. That is why we are investing \$350 million in critical infrastructure that our public schools need to ensure that they can offer 21st century learning environments.

The Stanhope government is committed to ensuring the best future for our children and to making every education dollar count towards improving our students' educational outcomes. This government continues to produce forward-thinking policies in areas of high-quality curriculum, quality teaching, early childhood education, information and communication technology in schools, standards in education, languages education, revitalising physical education and school sport, and initiatives in Indigenous education, pastoral care and languages.

We are backing those policies with record levels of government investment. For example, we are investing over \$27 million to ensure that our public education system has state-of-the-art information and communication technology, over \$14 million to provide a pastoral care and student welfare coordinator in every ACT public high school, \$3.3 million to improve outcomes for Indigenous students in our education system, and more than \$1.2 million to revitalise physical education in our schools.

In 2007, this government released the new ACT curriculum framework—an exciting and historic development in ACT school education. The new framework ensures that we are providing the very best teaching and learning for our students. The framework lays the foundation for schools to continue to develop a rigorous and contemporary curriculum that prepares students well for life in the 21st century. The exercise of teachers' professional judgement is at the heart and soul of the teaching and learning process. It is therefore of no surprise that this curriculum framework recognises that quality teaching is the key to student enjoyment. That is what parents want—the best teachers in their children's classrooms, who are skilled, trained and supported to ensure that their child achieves to their maximum potential.

The Stanhope government is making a considerable and sustained investment in improving the capacity of all our teachers—our early childhood teachers, teachers in primary schools and our high school and college teachers, as well as our school leaders. The 2008-09 budget provided over \$2.3 million to provide additional



professional staff and expert consultancy support to help schools to implement the quality teaching model. All teachers will be provided with resources to support their professional learning; schools will be supported to work together in clusters; and school leaders will be offered a program of professional learning to assist them in implementing the quality teaching model in their schools. Thirty-three teachers have already been provided with scholarships to study for a graduate certificate in educational studies, focusing on quality teaching.

We know that having up-to-date resources and quality learning environments are important, but these need to be combined with good teachers and a meaningful curriculum. Ensuring the best future for our children is about ensuring that we have quality teaching in our schools.

International and national research also highlights the importance of investment in early childhood education. The early years are critical in setting the foundation for future learning behaviour and health throughout the school years and on into adult life. Studies have demonstrated time and again the positive effects of quality early childhood education. This includes higher school completion rates, further education participation, better employment outcomes, better earnings and better general social wellbeing. One US study showed that each dollar invested in early childhood education can save us up to \$7 in later public expenditure.

Research on the value of early childhood programs, particularly for children who are disadvantaged, is undisputed and well substantiated. The Stanhope government is responding to this research and strengthening our provision of early childhood education through a range of policies. This government is investing over \$15 million in establishing four new early childhood schools at Southern Cross, Lyons, Isabella Plains and Narrabundah. These new schools will join the very successful and popular O'Connor cooperative school, which already offers a dedicated focus on early childhood education. These four new P-2 schools will ensure that we can offer this focus across all areas of Canberra, not just in the inner north.

The focus in the early childhood schools will be on quality learning, student wellbeing and family participation in a purpose-built environment. Services will vary from site to site and will be available from a number of government and community agencies, including education, childcare, health, parenting, early intervention and preschool programs. Additional funding of \$1.895 million over four years has also been provided in the budget for an officer in each school to coordinate the delivery of integrated child and family support services and to ensure a successful start to the schools as well as funded childcare places for children from disadvantaged families.

Early childhood is just the beginning of our government's investment in our students' education. It is a matter of great pride that school students in the ACT achieve the highest levels of academic performance as measured against national and international reading, writing and numeracy benchmarks. The ACT government is committed to maintaining our high national and international educational ranking.

Recent data from assessment programs across Australia point to the need to focus attention on the literacy and numeracy needs of all students. The government is providing nearly \$1 million over four years to build capacity within the teaching

workforce to improve the literacy and numeracy outcomes of all students. Providing targeted professional development for literacy and numeracy coordinators in every school has been identified as an effective way of building teacher capacity. Mr Assistant Speaker, you cannot underestimate the importance of literacy and numeracy as the building blocks for further education. So this is a very substantial initiative.

In addition, the government has committed \$3.3 million to a suite of strategies designed to improve the literacy and numeracy of Indigenous students. Indigenous students from kindergarten to year 4 are being provided with explicit and systematic support to improve their literacy and numeracy development. This funding will also be used to provide support for and to mentor higher achieving Indigenous students in years 6 and 10 to successfully transition to high school and college respectively. Indigenous education officers based in high schools will support one or more high schools and contributing primary schools and work to improve attendance and establish the connection between the schools and their Indigenous communities—another very important initiative.

Studies have also shown that effective educational leaders are vital in assisting teachers in the delivery of engaging and challenging curriculum programs. In recognition of their key role, the government is providing current and aspiring school leaders with quality professional learning in educational leadership, including quality teaching, evidence-based practice and the integration of ICT into the curriculum. In 2008, professional learning in school leadership for principals will focus on Indigenous education. Principals will engage in discussions about the collection, analysis and use of data to inform the development of strategies to improve student outcomes, and particularly the outcomes of Indigenous and disadvantaged students. Seventy-seven schools have joined the Dare to Lead program to improve educational outcomes for Indigenous students through innovative resources and teaching methods.

In recognition of the importance of sustaining effective leadership for our schools, \$420,000 over two years has been provided to develop existing and aspiring educational leaders at all levels of the ACT Department of Education and Training. This initiative includes a mentoring program for newly appointed leaders, a residential program to be offered to selected aspiring leaders and a new leadership framework outlining the leadership skills required at each level of school leadership.

As part of our overall focus on quality teaching, this government has also provided funding of \$300,000 to provide professional development, including high-quality interactive language training for primary school teachers and language teachers, to ensure quality programs for students. This initiative has been implemented because of the research that demonstrates that studying other cultures and languages enhances intercultural understanding and prepares our children and young people for participation in a culturally diverse and globalised society.

In 2008, teachers have been provided with numerous opportunities to undertake targeted professional learning in languages education. Eminent speakers have addressed teachers and provided practical strategies for teachers to engage students in sustained languages learning. This year, high-quality language-specific and ICT professional learning workshops are being provided, focusing on resources which

teachers can use to improve the quality of their teaching and enhance the learning environment. Schools have also been provided with the best of curriculum resources across the country, including online resources and CDs to support their teaching programs. Support is also being provided to clusters of schools to encourage and ensure continuity of the same language from primary school through to high school.

A student's overall wellbeing is critical to the successful achievement of academic outcomes. An important element of building a better future for our children through education is support for their wellbeing. This government has allocated \$14.6 million to provide 16 additional teachers to high schools as pastoral care coordinators—one for every public high school in the ACT. Pastoral care coordinators commenced at the start of the 2008 school year and are offering a range of pastoral care and student welfare initiatives for ACT public high school students and their families. The pastoral care coordinators coordinate whole-school student pastoral care programs that take a personalised approach to supporting student wellbeing. They also have a role in supporting staff to promote and increase student attendance and engagement with learning and ultimately their connection to school.

The government has also allocated over \$3.4 million over four years to the Moving Forward initiative, which has delivered an additional eight teachers as career advisers—one in each college. This will ensure that students have the very best advice and support in making decisions about their post-school pathways. It is very important to provide this for their future because it is always an uncertain time. No matter how confident you might be at that particular time in your life, you will be needing post-school advice on what you plan to do once you leave school.

The ACT government has also been a national leader in advancing the physical activity levels of school-age children. Three specialist physical education teachers have been appointed over the next three years to strengthen the capacity of public primary school teachers to deliver quality physical education experiences for their students. The ACT government provided \$1.2 million in the second appropriation bill to support this commitment. This year, we instigated a physical activity challenge for the first time and this has proven to be a highly popular strategy for engaging students in physical activity.

A recent Access Economics report stated:

Education is increasingly becoming the 'engine room' of modern economies. If we get this part of the economy right, most other things ought to fall into place ...

Research indicates that communities with a strong commitment to education can enjoy not only greater economic prosperity but also higher levels of participation in the community, greater social cohesion and integration, lower levels of crime and social disadvantage, and a more trusting, equitable and just society.

I noted with concern today that the number of Indigenous people in our jails has doubled, to 28 per cent of the prison population. If we are to break this cycle, we need to have these sorts of initiatives in place early on, to try and break that cycle. It is most important that we have these programs in place within the education setting. It is

very important that we have those things in place and it is great that we have put that level of investment into our education system. After all, this is the future that we want for our children. Our investment in quality education is preparing our children and young people for further study and the workforce, for participation in a culturally diverse and globalised society and, ultimately, for the 21st century.

**MR SESELJA** (Molonglo—Leader of the Opposition) (3.34): I thank Ms MacDonald for bringing this matter forward today. It is indeed a very important issue and one that we are very happy to have a discussion and debate about. I understand that the odds of getting the MPI two days in a row are roughly 1:121. That is my budget statistician's efforts, but I believe that is correct if every non-executive member puts one in. So well done. I would not say that it is quite winning the lottery, but if there are any raffles around, Ms MacDonald, perhaps you should get in: you will be a very good chance; you are on a roll.

This is a very important issue and we need to frame this debate for this discussion. I think we all agree, and there is broad agreement in the community, that education, particularly quality education in the early years, is of critical importance to our society. It is not just another thing that government does; it is a critical issue in how our society functions. If we do not get these things right—Ms MacDonald has touched on some of them—we face very serious issues. We face issues of disadvantage; we face issues around crime and all sorts of other social issues that go with poor education outcomes, with the social isolation that sometimes goes with poor achievement and poor literacy and numeracy. There is the difficulty that that creates for employment prospects and all of those things that we as a society grapple with.

So this is not just another thing that government does; this is critical and at the core of what we do as law makers and what governments need to do as they implement their policies.

As we talk about this issue, it is worth touching a little bit on the importance of building a better future for our children through investment in quality education. I suppose I reflect on some of the children at some of the closed schools—the betrayal of kids at Cook, Flynn, Tharwa, Hall and other schools who had the expectation, and whose parents had the expectation, that their school would not be closed. They had that expectation because they were told that by the Labor Party prior to the last election. They were told that their schools would not be closing—certainly not for the next few years. But the government turned around and closed many of those schools.

When we reflect on that, it is worth reflecting on the issue of school closures—the betrayal of the community, children and parents that that was. And there is the immeasurable, the intangible, that goes with that—the intangible educational outcomes that go with having your local school with the community, that go with that. It is particularly those school communities where the numbers were still very strong. They were small. Sure; they were smaller than some of the other schools. They were smaller than a number of the superschools. Of course, we are going to move to this superschool model.

I have spoken to people in the non-government sector as well—principals recently. Enrolments in some of their primary schools in Canberra are fairly low. There are no

plans that I am aware of for the CEO or other organisations to be closing those schools. They see the value of that. They see that financially it can work and they see all of the benefits that go with that. One of the reasons we chose the school that we did for the education of our children was that it was smaller than our local school. It was a few hundred children smaller. We made a deliberate choice to choose an out-of-area school because we did not want our child to get lost.

Parents will have different views as to whether they see opportunities in sending their child to a larger school. But this one-size-fits-all model and the move to push as many kids as we can into these superschools are of concern to many parents. We get many parents at both our forums and at shopping centres; people send us emails, write and call our office. There are very few parents—I cannot remember anyone; I stand corrected but I cannot remember one parent—who have come up to me and said, “I think these superschools are great; I think the concept is fantastic; I am looking forward to my child going there.”

There may well be parents out there who believe that, but the parents who have spoken to me generally raise concerns. The concerns are these: “I do not want my 4½-year-old or five-year-old mixing with men who drive at school—16-year-olds and 17-year-olds who will be at the same school.” That is a very natural and genuine parental concern. I have not had anyone come up to me and say, “Gee, I think these superschools are great; gee, they are going to do wonderful things for my child.”

As I say, there may be parents out there who see the opportunities. Of course, there are some opportunities that go with having larger schools that you cannot quite replicate in smaller schools. But I would submit that there are inherent risks in it and I think the natural parental instinct tells you that; it tells you: “There is something that I am just a bit concerned about on this.”

One of the outcomes of the school closure debate has been that there has been a lot of focus on which schools should and should not close. The government pitted one school community against another because of the way it did things. But in the end the outcome of closing these 23 schools has been this push to superschools, and the ramifications of that are as yet unknown. Perhaps people in the early stages are quite impressed. We have new facilities and large facilities, but as that infrastructure ages and we see some of the issues that are inherent in this model we may well see a very strong backlash against this model.

The achievement gap is something that still concerns us in the education system. The achievement gap is something that we need to be hitting at the primary school level. We still have large gaps between the achievement of kids from higher socioeconomic backgrounds and kids from lower socioeconomic backgrounds. That should concern us all. Our public school system should be continually striving. In our policies, we should be continually striving to try and bridge that gap.

We cannot fix every problem. We cannot change the fact that there will always be some gap between the best students and the worst students. But we do not want to see a situation where, as a result of this continuing move to non-government education—we are great supporters of non-government education. We support its right to exist; we support its right to adequate and decent government funding—absolutely. I send

my children to a non-government school—a low-fee basic Catholic school. That was the education system that I was raised in and I make no apology for that. It is a good system. It is certainly not a privileged system, though, it must be said.

In this debate, we often hear people try and pit one sector against another, try and portray non-government schools as wealthy and as privileged. That simply does not stand up to scrutiny, particularly here in the ACT. There may be one or two schools which do have a very high standard of facilities in the non-government sector, but I would submit that they are the rarity; they are the exception. Most of the non-government schools we have here in the ACT are fairly basic in terms of their facilities. They are not bad but there is nothing spectacular about them. We do not have rifle ranges or swimming pools at many of these schools; we just have the ordinary facilities that we would expect. At a visit to Gold Creek recently, I noticed at the shared campus there the stark difference between the government school and the non-government school in terms of facilities. The minister has been out there. It is clear that the government school there, in terms of the infrastructure, has better facilities. There is no doubt about that.

**Mr Barr:** We've been investing a lot of money to ensure that happens.

**MR SESELJA:** That is fine. We do not begrudge that, but—

**Mr Barr:** Mrs Dunne does.

**MR SESELJA:** You can verbal Mrs Dunne all you like, but the reality is that these are the facts of the matter. I will return to the non-government schools in a second. It is worth noting, though, that people are not choosing for the facilities. People are still choosing to go to those Catholic schools; they are choosing to pay fees to go to those Catholic schools. It is not because they have got better classrooms, better playgrounds and a gym. At that campus they happen to share some facilities, but most of the facilities are separate.

People are choosing for different reasons. In any logical and reasonable debate on this issue, we need to get to the bottom of why people are making that choice. We all have our ideas as to why people are making that choice. Some of the reasons that people give me, and these are consistent, are these: "There is more of a sense of community in the non-government school that I've chosen to go to than what I had." That is not true of every government school or every non-government school, but people are making that choice.

Parents who send their kids to the same school as my children have made the choice to go from various government primary schools for various reasons. We cannot pretend that there are not issues there and that people ought to dismiss the concerns. We cannot say that people are making these choices for superficial reasons, as the former education minister in particular implied. I do not accept that. I do not accept that parents make these choices for superficial reasons.

When parents make the decision to spend their own money, on top of their taxes, to pay for their child's education, the vast majority make it for very serious reasons. Sometimes it is issues around discipline and other things. As I say, I do not think it is

about buildings. If it was, in a lot of those cases they would be flocking back to the government sector and we would see the drift going the other way. I have not seen today's statistics, but I do not think that is happening and I do not think that is likely to happen in the short term.

We are committing to improving our public education system. We believe that our policy of lowering class sizes is inherently good. In answer to questions today, we heard from the minister how we have the best teachers in the country. I agree; I think we have got fantastic teachers. But the minister is saying that the only way to improve educational outcomes is to give these excellent teachers more training. I suggest that if we do have excellent teachers, which I believe we do, a better way to go is to say: "Look, many of you have very high skills, very high-quality training. You are quality teachers; we acknowledge that you are quality teachers. What we are going to do is, instead of you having 27 or 28 kids in your class, we will give you 21." A quality teacher teaching 21 students will get better outcomes for their kids than a quality teacher teaching 28. There is no debate about that. The reality is that it is not one or the other. We do have quality teachers. We want to invest in a quality workforce.

The minister has floated a vague plan for \$100,000 salaries for teachers. We have not heard anything about how he plans to pay for that. We have not heard the costings on that. We think that it was something that he was putting out there as a sort of ideal which he never intends to follow through on, but maybe the minister can share with us when he has the opportunity to speak. But this is not an either/or. We absolutely need to keep supporting our teachers in their additional training and professional learning. That is why we have got policies in relation to that.

In response to our education announcement, the government's argument appears to be this, if I can sum it up: "21 or low class sizes in kinder, in year 1, in grade 2 and grade 3. Very good; great educational outcome. But as soon as you extend that to grade 4 you are wasting your money. Good in year 3; bad in year 4—waste of money; do other things." That is a ludicrous argument. It does not stand up to any scrutiny that somehow we are not going to get better outcomes if we extend that process through primary school. Each of those children can still continue to have that more personalised learning, but that child who is struggling can be helped more than they otherwise would. They can be identified and assisted. That child who needs greater challenge can be assisted in their learning and challenged in where they are at.

No amount of spin from this government can change the fact that is at the centre of their argument. Their argument against our policy is that it is a good thing—in fact, it is something they are committed to—from kinder to grade 3, but after that there is no benefit and we should not bother. That is a ridiculous argument. It is an absolutely ludicrous argument. The people of the ACT are much brighter than that. They understand and the parents and teachers inherently understand that. That is why we are getting so much feedback, particularly from teachers—we got it both before we announced this policy and after we announced it—saying what a wonderful thing it is.

Is it the whole answer? No, of course it is not. We have heard from the AEU and others, as we often do from lobby groups and others. They say: "Thank you very much, but what about this? What about high school teacher numbers, student numbers and class sizes?"

Of course, there are lots of things in the education systems that we can do better. We have chosen to focus our energies particularly on grades 4, 5 and 6 and lowering those class sizes. Absolutely it will improve educational outcomes. We do have quality teachers and we will back them up. We will back them up with smaller class sizes right through primary school. That will make a huge difference. The argument that has been put on this by the government, by the Labor Party, simply does not stand up to scrutiny. It does not make any sense. That is why we have not heard much from them in the last few weeks.

**DR FOSKEY** (Molonglo) (3.49): Of course the Greens welcome investment in quality education. What a motherhood statement—the importance of building a better future for our children through investment in quality education. It would be very hard to stand up and disagree with that one. What, of course, we might do is have a different idea of what makes up quality education and what should be the priorities for investment, and it is not just about infrastructure.

One of the things that we have been concerned about is the loss of neighbourhood schools through the 2020 process. We are not just investing in our children's education with schools like that; we are investing in whole communities. For instance, let us look at Hackett when its school was closed. I am not arguing whether it was a good or a bad thing that that school closed on educational grounds; I am just going to point out what happened to the shopping centre when the school closed. All these parts of a community work together as a fabric, so schools are really part of building communities. Not only that, their location is hugely important in terms of production of greenhouse gases. If you applied the greenhouse gas test to the 2020 plans, as I have said to Mr Barr a number of times, we probably would have had something that looked a little bit different from what he has come out with.

I believe some of those school closures were fundamentally wrong on educational as well as other grounds, and I refer most particularly to the closure of Flynn and Cook primary schools. While I welcome the early childhood schools, again, I do not believe that was well thought through. I will talk a little bit about the school that I know best, which is Narrabundah primary school. It is interesting to consider the schools that survived the 2020 process in terms of being reprieved at the end of it. How can anyone imagine Dickson college closing now? What kind of idea was that? Was someone flying a kite? That school has just gone from strength to strength, and it was always going to do that.

I believe Melrose primary school is another school that was verging on having a renaissance, and that there was a very strong community of people who would have ensured that that happened. I am talking about things that I do not believe that the minister and his advisers noticed in this case, which is the social capital which surrounds a school. In a sense—this is a rather sad thing to say—I believe the schools I have just listed as schools that should not have been closed and that should always have pathways to be reopened, are schools that had strong communities and strong, fighting parents.

It is rather sad that schools which closed and which did not have those sorts of communities might have been the ones whose students needed them to stay open most.



It is almost paradoxical. Unfortunately, that need did not give them political strength, but it probably gave them a lot of strength in terms of social and educational equity. But we will not know, because those parents remained silent. Those parents may have been disengaged with the educational process all along and did not speak up. I have no doubt that that is what, in the end, made the difference between those schools that closed and those that did not.

As to the decision to turn some of those schools into early childhood schools, I regret that a school like Narrabundah primary school is going to lose the social capital that it has in its community. Mr Barr would have read the article in the paper the other day about children who are attending programs there that are not replicated in nearby schools and that the nearby schools are not likely to replicate. I have mentioned the culture shock, the cultural differences, between Narrabundah primary school and the schools that its students are going to have to attend. I have mentioned families that cannot or do not drive and who currently walk to school in Narrabundah. Will their children go to school if they have to go to Red Hill, Forrest or Telopea Park?

These things are important, but you might not find those parents jumping up and down and making an electoral fuss. They rely on us to do that for them, and that is what my job is here. It really disturbs me that my concerns have been answered slickly: "There will be bus routes." There are children who are just marginally going to school now while it is handy and they can walk. They are not the ones who are going to make it to that bus stop on time and whose parents are going to get out of bed and give them breakfast. They are the kids who matter to us, because they do not have their own advocates. I could talk at a great deal more length about that, but I will not.

We all welcomed an hour of language teaching a week for all students, but it is only a tiny start. It is a bit like exposure to another culture, or the geography of another country. Children might be able to count to 10 at the end of it, and I have spoken at length about that. In our global world, the ability to speak another language has become crucial, otherwise we will stay in our language silos or we will expect the imperialism of the English language to see us through.

I have talked about class numbers. I think that we need a much more creative approach to that. I do not think it is enough to just go in there and say, "Okay, all primary school class sizes will be such and such." We have been told class sizes have to be fewer than 20 children to really make a difference, and I think that there are groups of children that would benefit hugely from being in small groups and teachers who would benefit from that as well.

I would argue that we do need to have more teachers, but we should allow schools to use those teachers flexibly. Team teaching would make life an awful lot easier for a lot of teachers who have very difficult classes. If you are spending all your time dealing with the one child who makes a lot of noise and who is disruptive, then I am afraid that an awful lot of other children are missing out. There are many classes where that happens. If you have two adults in the classroom—they do not both need to be teachers—you have ways of dealing with that, not to mention the sheer support which teachers often lack. It is also a way that we could utilise specialists in science, specialists in the arts and specialists in other areas.

There is much that could have been said. The minister has put out a discussion paper about increasing the school age. It sounds good and gets people talking, but I am wondering about how much the government really wants to know the answer to that question and how much it wants to appear to be consulting on an educational matter. My concern is what we are doing about the children who are falling through the gaps now. A couple of years ago, I was told there were about 200 children in the ACT who have just fallen out of the system all together even though they are not old enough to leave school. I know of children in my own suburb, Narrabundah, who do not go to school. I know they do not go to school; everyone knows they do not go to school. But there is no follow-up on that. These children are young; they should be at primary school—perhaps one of them should be at high school—but what is their future? They do not have parents, and there is no-one there creating a structure in which they go to school.

I happen to think that education is the most crucial thing that makes a difference to your life and work. Without an education, you will not get work. I want to see real, concerted efforts to get all our kids to schools, and that means the schools have to be appropriate so that kids do not see school as a gaol system. It is hard; it is a real challenge, but that is the measure of our education system. That will take investment, but that investment needs to be mostly investment in teachers and the other personnel in our schools.

**MR BARR** (Molonglo—Minister for Education and Training, Minister for Planning, Minister for Tourism, Sport and Recreation, Minister for Industrial Relations) (3:59): I thank Ms MacDonald for raising this important matter and the previous speakers for adding to the debate. I will just make a few comments around some of the observations that the Leader of the Opposition and Dr Foskey made before I address a couple of other important issues that are priorities for the government.

In the first instance, Mr Seselja made an observation around the gap in student performance. Unless I misheard him, I thought he indicated that public schools had a responsibility to reduce the gap in student performance. I certainly agree that public schools do have that responsibility, but I would extend that responsibility to all schools. I do not think it should fall on the public education system to be solely responsible for reducing the gap in student achievement. As Mr Seselja has indicated himself, not all students who attend non-government schools are from high socioeconomic backgrounds. It is incumbent on all schools in our education system to be striving to reduce the gap in student performance.

It was also interesting to note Mr Seselja's comments in derogatory terms in relation to schools that go across year levels. I wonder how those comments apply to Orana school, Emmaus Christian school, Brindabella Christian school and Burgmann Anglican school. There are a number of schools in the non-government system that offer education from preschool all the way through to years 10 or 12 where there are students from four years of age right through to 16 or 17 on the one campus. Again, to suggest that this is in some way unique to the public system or that it is a bad education model is an unfortunate remark. Unfortunately, it reflects on all of those schools which offer an outstanding education program and which provide great continuity of education and an emotional connection for students with their school throughout their years of schooling.

Of course, it is a matter of choice for students and parents. We have within our education system a number of different configurations so that children are able to attend P-12 schools, P-10 schools or P-6 schools. Children can even go through the education system by doing four years, at an early childhood school, then moving on at year 3 to a primary school or a middle schooling program, having years 9 and 10 in another setting and then moving on again for years 11 and 12 separately. It is a matter of choice. I think it is a good thing that our education system offers that choice and that you can have that range of educational experiences in both the public and private school systems within a city of our size. I think that is important.

In relation to the issues around class sizes, I know that Mr Seselja is desperate for some sort of a quote from me. In previous debates he has said, "Commentators like the minister." Just to reassure Mr Seselja, I am not a commentator in this debate; I am a public policy advocate. I am here representing a particular view; that is what politicians do. I do not tend to sit back and observe the process; I am a participant in it, putting forward ideas and debating those. The question and the challenge that faces the education system across the board in terms of class sizes is why should we just focus on years 4, 5 and 6? What about years 7, 8, 9, 10, 11 and 12? What about—I do agree with Dr Foskey here—the capacity for schools to have flexibility? I think in some settings it is appropriate for class sizes to be as small as six to eight, and we have that in the public system. In many other settings, the groups are between 10 and 15 students. In fact, the average class size across the system in the upper primary years is in the order of 24 or 24.5 students.

There are some classes that are up to the maximum size, but there are others that are well below Mr Seselja's goal of 21. We need that flexibility in our school system. We need to ensure that we are putting downward pressure on class sizes across all levels of schooling, not just years 4, 5 and 6. What about high schools? What about colleges? That is why the government has invested in pastoral care coordinators and additional staff in our colleges to take some of the pressure off teachers by providing specialist support in those areas. Each time we are able to supplement resources for a specific purpose, be it pastoral care or careers advice, that takes a load off existing classroom teachers and it means we have the capacity to have smaller classes in our high schools and colleges.

Through a range of investments in our primary school sector, we have also been able to drive the average class size down. When you look at the data in terms of student-teacher ratios in the ACT, since 2003 to 2007 the ratio for primary schools has fallen from 15.1 students per teacher to 13.6. That compares with an Australian average of 15.7 in the government system. In the secondary system, we have one teacher for every 12.2 students, and that is just below the Australian average of one teacher for every 12.3. It is interesting when you compare that with the non-government system where there has been a slight reduction in the student teacher ratio in the primary sector from 18.1 to 17.3 and from 12.9 to 12.8 in the secondary system.

In the time remaining I want to respond to a couple of points that Dr Foskey raised, most particularly in relation to some of the schools that did close. She talked in terms of greenhouse gases. I understand and acknowledge that there are and always will be transport issues associated with getting to and from school, and that is why we invest

so much in our school bus network. The government was faced with a situation where, in many of these instances, the local communities had already voted with their feet and there was 80 per cent bypass of the local schools. The chance to walk to school was being overlooked because other factors were rated more highly, most particularly the quality of education and the quality of facilities.

When a government is faced with a situation where 80 per cent of the catchment, the priority enrolment area, are choosing to go to other schools, that raises questions about how the community is valuing the particular school in the local area. That is when tough decisions need to be made about prioritising quality. In the end, there are only so many resources available to share across the education system. We took the view, and continue to hold the view, that prioritising quality over quantity is the right thing to do. If you have to travel a little bit further to go to a better school, you will get a better educational outcome, and that is better for society overall.

Dr Foskey also wondered what we are currently doing in the context of a discussion paper that I have released in relation to engaging with that 10 to 12 per cent of students who are not completing year 12. I point to the success of the CIT vocational college and the ability of students to access programs like CIT's access 10 and access 12 programs. Nearly 4,500 students are enrolled in the CIT vocational college. That gives an indication of the success of that program. It received additional funding in this year's budget.

In terms of engagement with students of an earlier age who are disengaging from education, the government did fund the establishment of three achievement centres within our high schools, focusing on students in that transition from primary school to high school, looking particularly at years 7 and 8. Those achievement centres have been established at Wanniasa, Campbell and Canberra high schools and are in place this term. There will be a student-teacher ratio there of one to six. There will be a maximum of 18 students in those programs, and there will be three staff working with those students. We are targeting resources in areas where we know we can achieve good outcomes and where we can engage with students who are disengaging. That is important in terms of ensuring our education system is meeting the needs of all students.

In the 30 seconds that remain to me, I would like to again thank Ms MacDonald for raising this issue. I indicate that the government will continue to work in education across all aspects of our education system—from preschool to PhD. We want to ensure we have a comprehensive education policy that meets the needs of all students—preschool, kindergarten, primary school, high schools, colleges, vocational education and training, and on to tertiary education. It is important to have a comprehensive policy in place, and I am very pleased this government has been able to achieve that, Mr Speaker.

**MR STEFANIAK** (Ginninderra) (4.09): I also welcome the debate on Ms MacDonald's matter of public importance. Despite the fact that it is a motherhood statement, education is one of the most important things in the minds of most people in Canberra. Health and education always seem to be the two big issues, and I do not think anyone could gainsay the need for and the importance of building a better future for our children through investment in quality education.

I want to concentrate on a couple of things. Sadly, I think the government has not really advanced quality education. We have a system in Canberra that is probably still the best in the country. It was definitely the best in the country up until a few years ago, and it probably still is. But a number of bad decisions have been made, which I think the government will rue. I saw an interesting letter in the paper today from Senator Humphries, who was very critical of the government in relation to opposing school closures right up until about 2004—the senator did mention 15 years—and then suddenly deciding, as a result of the functional review, to do a complete 180 degree turn and close 23 schools, although it was initially proposed to close 39.

I think the government has gone from the sublime to the ridiculous. No-one disputes that you have to review schools and the most effective way of providing a quality education system, and in that process some schools do need to close. The opposition has tried on about three or four occasions this term to put into law a very good method of consulting the school community in terms of what is needed in the future, including addressing the need for school closures. That was the criteria set out in 2000. Mrs Dunne has attempted over the last few years to get that into law on several occasions when she was the opposition's spokeswoman for education, but all to no avail. It involves taking the community with you, something this government clearly did not do.

We are seeing quite frequently now that this government is suddenly trying to fix up some of its mistakes with rather illogical and ill-thought-out schemes and knee-jerk reactions. I will just mention some in the last budget in relation to education. As I indicated, the government arbitrarily and without proper community consultation decided to close 23 schools. The consultation happened only after the event, and the process pitted school communities against school communities. As a sop to the community, the government put aside money in the budget for certain things like, for example, an arts centre at Cook primary. Some \$3.2 million, I think, was provided for that. I am not quite sure how much it cost to run Cook primary per annum, but I understand not much over \$100,000 a year was saved from closing Cook primary in terms of recurrent running costs.

**Mr Barr:** About \$400,000 or \$500,000.

**MR STEFANIAK:** Was it? That is interesting. That is a bit more than Hall, which was \$100,000, but I will come to that. Let us say the minister is right. Even if it is about \$400,000, the money set aside for the arts centre would pay for about 10 years of operation of Cook primary. The people out there do not want an arts centre; they want their school, which has now been slated twice for closure, to remain open. A lot of other groups use that site. It was a smallish school, fluctuating between 120 and 150 students, but it provided good quality education.

One point the government is missing in this debate is that one size does not fit all. One of the best features of our education system was the fact that you could put your child into a larger school or a smaller, more intimate school. From seven years or thereabouts as the education minister, I know well and truly that there ain't a helluva lot of money to save from closing a primary school. A bit more may be saved from closing a high school, but huge amounts are not saved by closing a primary school. A

lot of parents feel a lot more comfortable in having their children in smaller schools than with them being in a huge school. I cannot think of anyone coming to me saying, "We are really looking forward to the superschool around Kippax in Holt or the superschool that is planned for Kambah." I just hear people who are concerned about that school being too big. I think it might have been Mr Seselja who said that a lot of parents do not want their four or five-year-olds at school with 16-year-olds who might be driving cars or riding bikes. I can fully understand that, so the one-size-fits-all policy is a real problem for this government.

The minister said that savings from Cook were about \$400,000. I know in the case of Hall that it was something like \$100,000—it might have been \$109,000—that the government saved. Guess what? The Hall community are now going to get a hall that is going to cost either \$1.6 million or \$1.8 million dollars. They already have a very nice hall at Hall; it is a community progress association hall down there near the oval. They do not need another hall. They had a very good school with just over 100 students; it might have been 120 to 150 students as it varied. Yes, certainly about 50 of them might have come from interstate, but a lot of people come from interstate to attend other senior secondary colleges as well. Guess what? Some people actually go from the territory to attend school interstate. Not many do that, but some do go that way as well. That is a subject the minister needs to take up with the Grants Commission. That was done fairly successfully in the late nineties, and maybe the minister needs to try that one again. The same can be said of health; we are a regional centre and either 25 or 33 per cent of the people using that system actually come from interstate. That is just a fact of life with a place like Canberra.

The people of Hall have a hall; they do not need another hall. That is an insulting slap in the face to them from this government. The Hall school is an historic school; it has been going continually since 1911. In the case of the Tharwa school, it started in 1899. It might have closed on one occasion in the past, but, again, it is a small, unique, rural school. It is the centre and hub of the community, with minimal savings generated from its closure. As a matter of fact, I would like to chat to the minister later about his figures because they seem to be very different to what I have seen and read in relation to this debate. I wonder where he gets his figures, and perhaps we can have a chat about that later. The government is making minimal savings at a maximum cost to the community.

The government is now adding insult to injury in planning to spend extra money in an effort to placate these communities. That is not working—the communities feel even more insulted. That is a very good object lesson for the government in terms of doing proper consultation and not making arbitrary decisions. People will respect you far more if you do proper consultation. The government has a very good blueprint, which it continually refuses to use, and it does that to its detriment.

There are a number of other things too. There were a few good programs for students who may not be travelling too well, especially at high schools, that we do not have any more. There was a very good program at Dairy Flat, which no longer operates. It used to operate two days a week, and I knew some of the teachers who ran it. It was a particularly good program for kids at risk and kids with problems. I do not think project Saul is done anymore, and that was also very good, especially for year 8 students. It is very difficult to see any decent programs in terms of kids who are

falling through the cracks, the kids who are disruptive in class and who need that extra intervention to get them back on track.

There are a number of issues where the government has dropped the ball. I am pleased to see that at least it has kept literacy and numeracy testing. That is an initiative of the former government; I think it was an initiative of mine back in about 1997. I am pleased to see it has been kept and maybe slightly enhanced with three additional teachers. There is also the compulsory physical education activity from kindergarten to year 10.

I am very sad to see that the government has gone into these arbitrary school closures. Whilst the position probably became untenable over the last 15 years, for the government to go completely the other way has just appalled the school community. You need to take people with you. The government was given a template, and it has refused to use that.

The emphasis on vocational education and training has not changed, which is good. There was a significant push for that, which I am pleased to have had a lot to do with, from 1995 to 2000, where we saw the numbers go from about 700 kids doing vocational education courses in college up to about 6000. Some students doubled up and did two courses. There has to be a growing emphasis on vocational education and training, especially in years 7 to 10, if you are going to raise the compulsory age for leaving school. Those options must be available for students in our educational system.

The government says it is spending a lot of extra money, and it seems to hang its hat on this, on better school facilities. There have always been good upgrades within the system. There were some good technical upgrades over the 10 years up until about eight years ago. Spending extra money on better facilities is not going to get the government off the hook, though, because it gets back to this one-size-fits-all policy. People are more impressed by a quality education system where there is choice, where there is diversity and where they can actually send kids to a small school or a large school, rather than by a government that is trying to gloss over the problems by spending a massive amount of money on upgrading facilities. That is important, but it is far more important to take people with you and provide that choice and diversity that was the hallmark of the education system. Sadly, that is lacking now. (*Time expired.*)

## **Health—general practitioners**

Debate resumed.

**MRS BURKE** (Molonglo) (4.19): I will just be speaking to the amendment and will save other comments until I close the debate later on.

It is interesting again to note, and it is always worth putting on the public record, that the government just cannot bring themselves to acknowledge anything good by way of motion. They have to completely remove all words and come up with a motion of their own. About the only thing they have done is come up with a bunch of words, much like a lot of the things that we have seen talked about in relation to GPs, bulk-billing and the like in this debate.

The minister just produced a whole load of waffle about how we on this side of the house do not care about our health professionals. It is again—the word I keep thinking of—disingenuous to say that. It simply is not true. The minister is treading on very thin ice when she continues to use those sorts of words. No-one would dispute—and this is the government's words—“the hard work of our primary healthcare industry”. In particular, our community GPs have continued “to provide first-class health care despite workforce shortage”. Staff anywhere and medical people, as we all know, do their utmost for us as a community. I do not think anybody on this side of the house has ever bagged and dragged through the mud our health and medical professionals—our nursing staff, our GPs, our allied health professionals. We have always had nothing but good to say about them. Let's face it: staff will do their best, do their utmost, in spite of governments.

The minister raised the fact that it was the responsibility of the commonwealth to ensure that adequate primary healthcare services are provided in our community. It is interesting to note—we have referred to it before—the minister's comments on the ABC on 13 May 2007. Ms Gallagher said that more effort is needed to improve the ACT's bulk-billing rates. I quote: “It's not that we're even close to the rest of the country in relation to bulk-billing rates or the out-of-pocket expenses; we're way below and we should be treated with a separate solution to our individual and unique needs, which aren't seen across the rest of the country.”

What an admission. This is a staggering admission. I understand that it may have had some political connotations around it—that she perhaps wanted to bag the previous Howard government and did not want to take it to the Howard government or push hard enough. But now we have had over six months or so of a new Labor government. What efforts have we seen this ACT health minister make? We have seen her write and protest many times that she has written to the health minister, but how hard has she pushed? The last thing we all saw in the media was that Nicola Roxon, federal health minister, would not be bailing us out. I hope the minister is pushing this much harder. We cannot just say: “Well, I can't do anything. It's the commonwealth's responsibility.”

So there is that line there. She really needs to make sure that much more is done to push hard. As she says here, we need a separate solution. We the Liberals have come up with that today. All we have had is ridicule; all we have had is bagging out; all we have had is carping and whining. All we have had is a health minister who is content to dive to the personal, to say, “We haven't done this; you're not doing that; you're a fool,” or whatever she chooses to say. I have got broad shoulders; I can stand that. But at least we have come up with some suggestions. We have come up with a solution and some plans that need to be investigated.

The government also refer to “the efforts of the ACT government to support our local GP workforce”. This is interesting, isn't it? I was looking at some other stuff on the *Choice* website. It was talking about the corporatisation of the workforce. It said:

The more doctors move away from bulk billing, the more competitive forces between them are eroded and bulk billing rates will go into a free fall. This trend towards a less competitive GP sector has probably been hastened by increasing



**corporatisation of GPs**, where GPs who once competed in a particular area move into large joint practices thus eroding competition and making access to bulk billing less likely.

We cannot just stand here and watch it go into free fall; we have to intervene. Even the AMA talks about the fact that we as an ACT government have to ensure that the primary health market remains sustainable. It is our duty and our responsibility to provide services to people in our community, particularly those who can least afford it. Nicola Ballenden, the Consumers Association health policy officer, says:

Unfortunately, poorer people tend to have more health problems than the rest of the community which means that they, more than other groups, need to have timely access to primary care provided by GPs.

It says it here. The minister mocked the fact that they want to come in during the day. I have messages left on my office phone at all hours of the day and night from people wanting to talk. We know that they are trying to get help. What we have said is that we have a solution. We have come up with something that would help people who perhaps do not work normal hours. We will be looking at shift workers as well. We are looking at people who could not access a GP—particularly poorer people at the lower end of the socioeconomic scale. Nicola Ballenden goes on to say:

They are particularly disadvantaged by falling rates of bulk billing. People may wait until they are sicker or decide to go to public hospitals for treatment, despite the lengthy wait for service in emergency departments.

The government is trying to come up with more Wally words. It is not solving the problem. We on this side of the house have tried to come up with the solutions. All we get is ridicule. I am working. We will continue to work with all those people.

The government ridicule people for being some faceless people somehow out there that are advising the opposition. How ridiculous and naive of them to say it. There is a very good reason why very senior medical people in the ACT will not say it. It stands to reason. Anybody with a bit of common sense would understand that. What the government are saying here is that they are supporting their local workforce. To me, they have just let them flounder, for the most part, causing corporate takeovers, as I have just read out. That has been the result of that.

We have seen the government's much-heralded \$1 billion 10-year plan to overhaul the public health system. There was no detail in that. They may be yet to provide that—the full costings of all of that and what is going where. We have seen some of that and we have agreed to some of that. We are all working from the same bucket of money here, people seem to forget. We will target our spending in areas of greatest need where we believe that need to be.

The minister referred to “the complexity of the health care system and the need to provide responsible, realistic and achievable solutions”. Yes, obviously. We realise that. We have said that it is not a straightforward and simple solution. It has not just been thrown out. We have worked on this for a long time. We have consulted with many levels of the community for a long time.

I will leave my comments there. What these amendments boil down to is that the Canberra Liberals have a policy for bringing more GPs to our suburbs, and Labor do not.

**MR STEFANIAK** (Ginninderra) (4.27): I want to add a few comments in relation to this debate. I will address the motion and the amendment together. In terms of the government's predictable and typical amendment, I just make a little sensible suggestion to them. Why not just insert maybe (a) and (b)? The rest is just total self-praise as usual. Paragraphs (a) and (b) probably are not too bad, because that is motherhood and it is quite accurate. Of course we would all like to thank, and we appreciate, "the hard work of our primary health care industry, particularly our ... GPs who continue to provide first-class health care despite workforce shortage". Yes, we all applaud that, and we should thank them.

I am pleased to see them state that the commonwealth has got some responsibility here—even the Rudd commonwealth—noting "the responsibility of the Commonwealth to ensure adequate primary health care services are provided in our community". No-one in this place is going to say that that is not a worthy statement.

The rest is typical politics—the typical self-laudatory praise by this government, which is just meaningless out there in the electorate. And there is the second paragraph, calling on the Leader of the Opposition to table certain documents. Again, that is just typical. But (a) and (b)—I would encourage you to add that. That is something we can all agree to.

We have just had a debate on education. As I said in that debate, there are two areas of government that are crucially important: health and education. If anything, health usually seems to come out number one and education number two, although there is not much in it, for obvious reasons. It is crucially important to all of it. It is crucially important that we have the best possible health system in all the circumstances that we can provide to the people of the ACT.

So Mrs Burke's motion is a very timely one indeed. We do face a chronic shortage of doctors. The outer suburban areas are particularly badly affected. I can remember almost begging the doctor at Charnwood, saying, "Do you really have to go?" But he had had enough; he had other things to do. That practice closed up. The doctor at Macgregor—over 3,000 patients. He left; he also just wanted to do something else. West Belconnen is a crucial area where we do need those healthcare services. The chemist at the Charnwood shops regularly treats about 20 or 30 people on any one day, because they have trouble getting themselves over to Calvary.

*Members interjecting—*

**MR SPEAKER:** Order! Members, would you take the conversation outside, please.

**MR STEFANIAK:** That is a real indictment of the system. The shortage in west Belconnen is probably accentuated, but there are similarities in the rest of Canberra, especially in parts of the Tuggeranong area, compounded by the fact that the clinic in Wanniasa is set to close. Yes, doctors might try to alleviate the situation. There was a

new bulk-billing centre, and a medical centre and a dental centre, at the intersection of Coulter Drive and Nettlefold Street. My doctor from Higgins went over there. He thought it would be really good because he would not have to do the paperwork. But it is very difficult to get to see your own doctor. Even some of the doctors are starting to find that in some of those centres too. There are some problems there and there are issues even there. It is a very real problem.

I was very concerned to see that, whilst we are training doctors here, there seems to be almost some sort of disincentive in terms of employing them here. Paragraph 2 (d) of Mrs Burke's motion is very poignant here—to “help young GPs into private practice through the establishment of a Young GP Entrepreneurs Fund”. That is especially important if we are training doctors here in Canberra who we want to employ in Canberra but, when they leave medical school, they are going elsewhere. There is absolutely nothing to assist them or encourage them to get into the workforce here. In fact, it seems that there is actual discouragement, from what I read in relation to that.

That is a very important initiative. We are now starting to train young GPs. We want them to stay here. We want them to get out there into the outer suburbs. We want them to remain in Canberra and satisfy that huge shortage. It has been well known over the last few years in Canberra that we have the lowest number of bulk-billing doctors in the country. A lot of people interstate could not give a stuff about that. They think: “Oh, you know, Canberra silvertails. Bugger them. Who cares?” But it is a very real problem here. There are not too many silvertails in west Belconnen or down in the south and areas of Tuggeranong—socioeconomic areas where there are people with some real problems. I hark back to the 20 or so people every week who the chemist at Charnwood helps out. They simply do not have the wherewithal or the means to even get over to casualty at Calvary.

All of these initiatives which Mrs Burke outlines are good ones and are worthy of being welcomed. Even Dr Foskey commented favourably in relation to initiatives to establish bulk-billing clinics in south Tuggeranong, Gungahlin and west Belconnen.

We need to encourage people to practise here. I have spoken about young doctors leaving the medical school and the concern over it. I am not even going to blame the ACT government for that; I think it was something that originated from the university. Correct me if I am wrong and the ACT government had a hand to play there, in which case I castigate them. But it seemed to be from another source. It does seem to be utterly crazy not to encourage our own home-grown doctors to stay here. That is crucially important.

Paragraph 2 (c) says “guarantee internship places at The Canberra Hospital to all ANU Medical School graduates who want one”. Again, that is a means of keeping young doctors here in Canberra. That is crucially important with our doctor shortage. And the rest of the country has a doctor shortage. It is crucially important that we do all we can to ensure that people stay here in Canberra and that we get as many here as possible. Similarly, the motion refers to “an incentive fund to encourage general practitioners (GPs) from interstate to relocate in the ACT”. We are trying to do that in all areas in terms of skilled immigration into the territory. What more important area is there than medical service?

I contribute those thoughts to this debate and I welcome the motion brought by my colleague Mrs Burke.

**MR HARGREAVES** (Brindabella—Minister for the Territory and Municipal Services, Minister for Housing and Minister for Multicultural Affairs) (4.34): I rise to speak in support of the amendment moved by Ms Gallagher. I would like to make two things clear up front. The first one is that I do not intend to respond to any interjections from those opposite. I have given an undertaking to examine my innermost heart, to embrace Zen and not to rise to the bait of those opposite. I shall lead by good example so that they can see how it is done.

The second thing is that we need some perspective about this. From what I understand, what Mr Seselja is proposing appears to be the old community health centre by default. In the 1980s, I was the executive officer in this town for the community health division of what is now the department of health. I was responsible to an officer whose title was “community physician”. That officer had responsibility for everything in the ACT outside hospital, other than mental health services, and it included all of the community health centres.

This was a Whitlam initiative, you may recall. Many health centres popped up around the countryside. They were good in the days of universal health care; they were very good. But they were very expensive indeed. For nine-tenths of the time, people got a long consultation because it was free and because the medical practitioners decided that that is what they could do. There was no business-type imperative.

What ensued was that the medical profession moved on. The ACT got out of that system and leased out its medical suites—sometimes to the same doctors and sometimes to others to operate private practices from. I can remember just after coming into this place having a chat with the then president of the Division of General Practice around the environment of general practice—what it was all about and why it was not providing services to people in Canberra. The reason that I was given was that people had forgotten that doctors do not go into it for esoteric reasons. Some of them do. I know one GP who lives in Curtin and operates around there; he is a magnificent GP. But there are not very many of them. Most of them are businessmen.

I can remember one particular doctor. You would remember him—Jamie Cookman. You would remember Jamie Cookman from when you were minister for health. Jamie said: “Look, people have got to wake up to themselves. These are small businesses; they come with attendant practice costs and all the rest of it.” I think what this stuff here is trying to move back has moved on. I do not think the time has come to move back; we need to be moving forward. That is what Ms Gallagher is doing with nearly a billion dollars worth of funding going into the health system and trying to encourage the private sector, the private GPs, to provide an even better service than the one they do now.

I do not have any difficulty in seeing my GP. My GP is a private practice GP and he is a brilliant general practitioner. I have just come back from the hospital. I thank members for their forbearance in my absence today and the pair that was graciously given for my absence; I appreciate it very much. I have just come back from a unit of

the hospital, the coronary care unit, after being carted off a couple of times. I have to tell you that that hospital functions absolutely brilliantly. This is firsthand experience which is no more than half an hour old. When it comes to patient care, every one of them—whether they be salaried specialists, VMOs or nurses—are without peer. And so are our community GPs, in my view.

The point is this: who is expressing faith in that particular sector and who is not? Who is trying to meddle in it when they do not have a right to and when in fact it borders on illegality? Not this side of the house, Mr Speaker. What is happening here is that the Minister for Health is using every piece of influence that she has with the federal government, with those practising in the sector, with the planning regimes and within the cabinet to make sure that adequate resources are provided for the most significant issue facing Canberra today—our health system.

What we are seeing is a promise of a costing from across the road. They are saying, “Well, we’ll reveal our costings in the passage of time.” Those people over there are like an episode out of *Yes, Minister*.

**Mrs Burke:** It certainly is.

**MR SPEAKER:** Order, Mrs Burke!

**MR HARGREAVES:** When you have a good look at it over here, you know you have got the A team, the B team and the Zed team. We do not see anything concrete to give us any faith. Earlier, I heard Mr Smyth using the word “trust” regularly. I have to say that I was surprised. I sat myself down because I nearly had a heart attack when I heard that. I thought it was incredible that someone who has not worked out what the word means would use it like that. Mr Speaker, we talk about trust.

**Mrs Dunne:** Relevance, Mr Speaker.

**MR HARGREAVES:** This is in health care; this is—

**MR SPEAKER:** Mrs Dunne, members on both sides have raised the issue of trust.

**MR HARGREAVES:** Mr Speaker, this is a former shadow health spokesman using the word “trust”. I cannot honestly see how. We can trust those opposite, and particularly Mr Smyth, to take a thousand houses out of the housing portfolio—when he was minister for housing.

**Mrs Dunne:** Relevance, Mr Speaker.

**MR SPEAKER:** Come back to the issue.

**MR HARGREAVES:** We talk about the trust being now applied to the health policy that they are coming forward with. That is what this motion is all about. That is really what this motion is all about—trying to sell the health policy: their health policy, Mr Smyth’s health policy, the one based on trust.

We look at it and we say, “Give us a look at your costings”—that is what the Minister for Health has put in hers—“by 5 o’clock today.” Do you know what I am going to be looking for in that costing, Mr Speaker? I trust those opposite to provide us with that information, because I know that trust would never be misplaced. I trust that in that policy will be the restoration of the 114 beds they took out in the first place. I do not remember Mr Seselja saying anything about that on the radio.

**Mrs Burke:** This is about GPs, not—

**MR SPEAKER:** Order, Mrs Burke! I have called you to order once before. I warn you.

**MR HARGREAVES:** We are talking about a government which is putting a viable process and a vision on the table well ahead of the election. This Minister for Health has come into the cabinet with guns blazing and has walked out with a significant contribution to the health of people in the ACT. And we put it on the table before the election. What we are seeing here is full of promise.

Basically, what we are hearing from Mr Seselja, the leader of the A team, is “trust me”. We will trust them when we see the numbers. We will trust them to restore the 114 beds. I do not think they can do it. But we have already done it. That is the issue, Mr Speaker. What we are seeing in the Minister for Health’s amendment is what we promised to do. With her usual modesty, she has not told us about all of the things that she has done, but as a recent patient in that hospital I saw it for myself today. I thank the good Lord that it was Canberra Hospital I was able to go to.

**MRS BURKE (Molonglo) (4.45):** In wrapping up, let me say that it is a disappointment that the government would seek to radically change the mood of the motion. But that is the case. Unlike Labor, we will not turn away graduates of the ANU medical school who want to stay in Canberra. We will offer internships when Labor refuses to. This is not competing with existing GPs: the vast majority of GPs operate only until 6.00 pm or 8.00 pm; after 10.00 pm, even the largest corporate practices have closed their doors. This policy is about filling that market gap and taking pressure off the hospital emergency departments. We will not compete with private practices during normal office hours.

The minister forgot to say this, I think, or made some allusion to it: the commonwealth Health Insurance Act 1973 allows the commonwealth to enter arrangements with states and territories for such services. We recognise that this will require negotiation, which is what we have said. Labor says that it is a commonwealth problem. We say that it is unacceptable that the ACT has the worst access to GPs. We will not buck pass; we will take responsibility for addressing the problem. The challenge is now on Labor to match our solutions and to match our commitment and new funding where it is needed, not just in bricks and mortar.

Canberrans do not choose when they fall sick. Unfortunately, most of Canberra’s GP clinics shut shop at the end of the office day. We will bring down the cost of the service by using nurses in combination with doctors. The locations for the three new centres have been chosen on the basis of greatest distance from Canberra’s hospitals and on the shortage of regular GP services in these three geographical areas and as

told to us by the community. The Stanhope government has admitted that Canberra faces a shortage of around 60 GPs, yet this same government has neither done anything to entice GPs to come to Canberra nor encouraged older GPs to remain in the workforce.

We offer real solutions to real problems. I commend my motion to the Assembly.

Amendment agreed to.

Motion, as amended, agreed to.

## **Asbestos related disease and injury**

Debate resumed from 5 March, 2008, on motion by **Ms MacDonald**:

That this Assembly:

- (1) honours the extraordinary life of anti-asbestos campaigner Bernie Banton;  
and
- (2) acknowledges the leading role taken by the ACT Government to minimise the prevalence of asbestos related disease and injury.

And on the amendment moved by **Mr Stefaniak**:

Omit “Government” in paragraph (2), substitute, “Assembly”.

Motion (by **Mr Hargreaves**) put:

That the debate be adjourned.

The Assembly voted—

Ayes 14

Noes 2

|              |               |            |
|--------------|---------------|------------|
| Mr Barr      | Mr Hargreaves | Dr Foskey  |
| Mr Berry     | Ms MacDonald  | Mr Mulcahy |
| Mrs Burke    | Ms Porter     |            |
| Mr Corbell   | Mr Pratt      |            |
| Mrs Dunne    | Mr Seselja    |            |
| Ms Gallagher | Mr Smyth      |            |
| Mr Gentleman | Mr Stefaniak  |            |

Question so resolved in the affirmative.

## **Environment—waste management**

**DR FOSKEY** (Molonglo) (4.52) I move:

That this Assembly:

- (1) calls on the ACT Government to implement the recent State of the Environment Report recommendations relating to waste, to:

- (a) use resources more wisely by:
  - (i) developing and implementing a sustainability community awareness program that emphasises waste minimisation and avoidance as the fundamental first step in effective waste management; and
  - (ii) requiring all ACT Government agencies to report annually on their waste generation, and actions they propose undertaking to use resources more efficiently; and
- (b) further advance waste management by:
  - (i) developing and implementing a waste minimisation/avoidance action plan with specific measurable performance measures;
  - (ii) progressing a domestic and business organic waste collection system;
  - (iii) developing and implementing a Business Waste Reduction Strategy that includes:
    - (A) reducing waste;
    - (B) recycling and reusing waste;
    - (C) collecting and reporting on data; and
    - (D) holding a businesses waste forum to encourage innovative and cost effective approaches for reducing waste;
  - (iv) providing more facilities for recycling in public places and at major events; and
  - (v) establishing an ACT e-waste consortium, including Australian and ACT Government agencies, universities and the Canberra Institute of Technology, the CSIRO, businesses, industry and other major e-waste generators to:
    - (A) provide data on e-waste;
    - (B) raise awareness about e-waste;
    - (C) develop e-waste minimisation and management strategies; and
    - (D) promote waste minimisation as a practical way to advance sustainability;
- (2) affirms the principles of extended producer responsibility that underpin the Waste Minimisation (Container Recovery) Amendment Bill 2008; and
- (3) calls on the ACT Government to:
  - (a) adopt a whole of life cycle analysis approach to procurement policies;



- (b) purchase goods made of recycled materials wherever possible;
- (c) develop recycling and reuse performance targets for the construction, commercial and retail sectors;
- (d) develop and implement a plan for green and organic waste, including a green waste kerbside collection service, and an onsite organic waste recycling scheme in new suburbs;
- (e) develop a “zero waste” education facility;
- (f) include waste as a separate identifiable component of domestic and business rates;
- (g) institute a regular collection of large households items to promote reuse;
- (h) establish a tyre recycling facility in the ACT and marketing of its end products; and
- (i) develop and implement reduction strategies for hazardous waste, including:
  - (i) increasing fines for illegally dumping chemicals and other wastes in wastewater and stormwater systems, with more trained inspectors; and
  - (ii) instituting a regular collection of toxic chemicals and other items, including batteries, from households and farms, with a complementary education campaign.

Mr Speaker, you can imagine how pleased I was to see the attention that the Commissioner for the Environment gave to waste in her *State of the environment* report. We have not yet seen a response from the government to this report and I am very much hoping that we do see a response to the commissioner’s report before the election.

There were some very alarming figures in the report. In Canberra the use of most resources has increased. This is hardly surprising given how much higher our average disposable income is compared with the national average. On average, each of us, that is, per capita, spends about \$1,475 on unused items each year. We have that much to waste, mostly on food. Although our population growth over the past 13 years was around 10 per cent, our total waste has increased by 87 per cent during this time.

There is no data on the total electronic waste generated in the ACT, but it is estimated that its growth is three times higher than other waste. At present the only real systems to deal with e-waste, as we now call it, are being run by non-government organisations—the Canberra Environment Centre and Charity Computers. Hopefully this is about to change.

The commissioner has put forward some concrete proposals, which I hope the government prioritises, because e-waste, of which we are great producers, is far more

toxic than some of our other waste. I note that the resource recovery rate has increased by 315 per cent in the 12 years since the no waste strategy was introduced, but all this tells us is that more things are being recycled. At the same time our overall landfill waste levels are also increasing. This is because we are, per capita, consuming more, and this is the commissioner's point exactly.

Like the commissioner, I want to see real targets and actions from the government. We could use resources more wisely by, firstly, developing and implementing a sustainability community awareness program that emphasises waste minimisation avoidance as a fundamental first step in effective waste management and, secondly, requiring all ACT government agencies to report annually on their waste generation and actions that they propose to undertake to use resources more efficiently.

This is really radical stuff—asking people to minimise their waste and avoid producing waste! Does this mean that we are also asking people to think about their own annual waste generation and about how they could undertake to use resources more wisely? It sounds harsh, doesn't it? It could bring down the economy, couldn't it? If we stopped going to shops and buying useless stuff that we do not need, it might actually bring down the economy as we know it. And yet this is what has to happen. I do not see any government preparation for us to make these changes.

If we cannot ask people to translate these ideas to their own households, then we will not be reducing our waste levels in the ACT. This need not be a scary idea. There are many things that we can do, beginning by changing our own and our household's habits. For a start, we could reduce and perhaps even stop our use of plastic bags. Take an eco bag with you wherever you go. This is so simple and yet so effective. Although my motion today does not propose that the ACT phase out plastic bags, the Greens have certainly suggested it before.

Wangaratta and a few other Victorian towns are trialling a 10c charge for plastic bags in all supermarkets and there are other places in Australia where plastic bags have been banned altogether. In 2003 the Tasmanian village of Coles Bay became the first town to ban plastics altogether. The South Australian government has passed legislation to this end and from May next year lightweight polythene plastic bags will not be available from any shop in South Australia. So it is not impossible. We have all seen the pictures of thousands of plastic bags blowing around near the tip here at Mugga Lane. You can also see plastic bags hanging off the trees on Mugga Lane. If you have not seen them, just have a look at the picture in my office window or have a look at the picture on my website.

There are many ways to develop sustainable shopping. At the ANU food co-op and similar supermarkets customers bring in their own bags and containers and take their share from bulk bins. You can buy rice, flour, oats, oils et cetera without taking all that plastic packaging. You can buy fruit and vegetables without plastic bags. Just bring your own bags from home. This is a good idea for the next time you go to the farmers market or other fresh food markets.

Mr Speaker, you and I and anyone who is aged around 50 or more would remember a time when waste was not generated at such a tremendous volume. There was a lot less to be discarded. String and paper could be re-used. Things came wrapped in

newspaper or butchers paper or brown paper bags tied with string, wrapped by the greengrocer or grocer. Every house had a rainwater tank, although there was reticulated water in those days. I am not talking about the dark ages here. The bread and milk were delivered. In the town where I lived the grocer came to the house weekly and took a list from my mother and two days later delivered those groceries.

People did not buy so much food that they could never eat it all and then have to throw it away. Not so long ago there was a time when it was not more expensive to fix an appliance than buy a new one. How many people these days buy a new fridge, a CD player or a washing machine when something goes wrong? Somehow bulk department store and factory outlet purchasing has made it cheaper to buy a whole new thing rather than to pay a person real labour costs to put a new widget in.

We wonder how and why we are producing so much waste. By the way, the government is not an innocent bystander here. As I said when the EpiCentre debacle came to the notice of the Auditor-General and this Assembly, we do not need more shopping outlets. This is the last thing we need. We need it like we need a sixth toe.

The commissioner's recommendations need to be taken seriously and acted upon sooner rather than later. Minister, I want to see your response to the commissioner's recommendations and I want to see your election promises. I am not here to get kudos. I am here to make sure that real action gets taken on waste in this town. The Greens are used to having their proposals ignored but then taken up by government later. It is gratifying to see them as recommendations from the Commissioner for the Environment.

There are other strategies for waste reduction which need to be addressed. I would like to see the ACT government move towards encouraging extended producer responsibility. As a jurisdiction with very few producers, this is not easy, but the introduction of container deposit legislation, which I have tabled and which will no doubt be discussed in the next Assembly, is a firm step in this direction. In the old days when we did have container deposit legislation and much needed pocket money was available to children, the streets were kept clean by children picking up rubbish. Imagine that today!

The raft of measures in the motion that we are debating here today and which is of such interest to every member of the Assembly would vastly improve waste management systems and the reduction of waste. Let us have a look at some of the details of my proposal.

The motion calls on the government to adopt a whole-of-life cycle approach to procurement policies. I was pleased that Mr Smyth mentioned this yesterday in relation to cars. It is really good that Assembly members are thinking like that. I hope they think like that when they go shopping. A life cycle analysis involves a cradle to grave view of the energy and greenhouse use and impacts of the product and service—from the extraction and transport of raw materials to the manufacture, packaging, freight, usage and, finally, the disposal of that object. At the moment there is no room in ACT government procurement policies or guidelines to allow for such thinking.

Following on from that analysis is the need for government to purchase goods made of recycled materials, wherever possible, and develop recycling and re-use performance targets for the construction, commercial and retail sectors. This proposal is simply to give further direction to the *State of the environment* recommendation b (iii)—“Developing and implementing a waste minimisation avoidance action plan with specific performance measures”.

Another part of my motion is to develop and implement a plan for green and organic waste, including a green waste kerbside collection service and onsite organic waste recycling scheme in new suburbs. I have heard the minister responsible for trash say that he believes that we would be interfering with the private sector if we did that. A very good idea might be to actually get the private sector to undertake this collection. Let us bring them in. Let us not make them an obstacle to a really good idea. We do need a green waste kerbside collection. Trash packs simply are not enough. This is one of those frustrating issues where the answer is so obvious and yet there is so little action.

The call from Canberrans to get a third green or organic waste bin is getting louder. We all know that Queanbeyan has had a green waste bin fortnightly kerbside collection for many years. Queanbeyan people are always one-upping themselves about it. Why are we letting private companies make the profits that could be made by the government to run the same scheme? Why not bring in the private companies to run the scheme?

We should also be looking at options for suburb level organic waste systems while we are developing new areas such as Molonglo. The mulch from this could be used for landscaping, which goes on intensely for many years in the early years of new developments.

Paragraph 3 (e) of my motion calls on the government is to develop a zero waste education facility. Mr Assistant Speaker, I do not know if you have ever been to CERES in Melbourne. It is the Centre for Education and Research in Environmental Strategies. It is actually situated on an old rubbish tip, which is an excellent use of an old rubbish tip, and people can go and learn to do all kinds of things, from mulching, composting, growing food, developing solar passive house design and so on.

We know there has already been a proposal for this in Canberra by the Australian National Sustainability Initiative, and Eastlake is the perfect place for this. They have already suggested as much. I want to see Eastlake developed like that. The ANSI proposal was chucked out in favour of another one and I want to see that that new one incorporates these ideas.

We need to include waste as a separate identifiable component of domestic and business rates, and that is covered by paragraph 3 (f) of my motion. We know that unless people can see the size of the waste component of their rates bills they do not have an incentive to reduce it. We also need to institute a regular collection of large household items to promote re-use. Second-hand Sunday just does not go far enough.

I would have liked to have seen more support for Revolve because it is a community-based recycling centre. If there were problems I would have liked to have

seen assistance with dealing with those problems rather than heavy-handed action. I would also like to see a tyre recycling facility in the ACT and attempts to market its end products.

There are other issues. We know that we need reduction strategies for hazardous waste and increased fines for illegally dumping chemicals and other wastes. In fact, it is not well enough policed. I think it needs more funding. I am not sure whether the Office of Sustainability considers hazardous waste as part of its job, but the EPA is very unresourced to manage this area of our waste. We need a regular collection of toxic chemicals and other items, including batteries, from households and farms, with an education campaign to promote it.

At present there are plenty of rules governing toxic chemicals but no real incentives for people to do the right thing. It can be expensive to dispose of chemicals properly. In fact, it is cheaper to sneak them into landfill. So we have a problem with incentives. We need to turn around our thinking on waste. Yes, making landfill more expensive may reduce some waste, but it encourages illegal dumping. I look forward to the review of the no waste strategy. (*Time expired.*)

**MR HARGREAVES** (Brindabella—Minister for Territory and Municipal Services, Minister for Housing, Minister for Multicultural Affairs) (5.08): I first need to address some of the things that Dr Foskey said. She spoke about hazardous chemicals and all that sort of thing. I seem to have missed the congratulations that the Greens gave us over the latest initiative relating to fluorescent light tubes. They can now be recycled at Mugga Lane and at Mitchell. But I did not hear any encouragement from those opposite or Dr Foskey about that at all.

It is sad because sometimes Dr Foskey talks a lot of sense and sometimes she lets us all down. She talks from a considered basis of ignorance. She described our treatment of Revolve as heavy-handed. That is nothing short of pure ignorance from someone who can speak in this place under privilege. Let me say this for your information, Mr Assistant Speaker, and for the information of Dr Foskey: these people are the experts in green waste and they know how to dispose of green waste. We have seen it happen already. It is called a tap on the shoulder. That is the ultimate disposal of the green waste.

Let me turn to Revolve. There was a contract with Thiess, not with the government, and it terminated. It came to the end of its time. We are obliged under the Financial Management Act and the ACT Government Procurement Act to go to public tender. We would be crucified by the ACCC if we did anything else. We would have breached the acts and we would have been treated just like Mrs Carnell and thrown on the scrapheap of history—the same as Dr Foskey is about to go onto the scrapheap of history.

Mr Assistant Speaker, we conformed with the acts and what happened? Of course, she is doing as most people do. She is wandering off. She does not want to hear the truth about Revolve. But I will put it on the record. They lost the tender. There is nothing I can do about it. Why, I hear you ask? I was not involved in it. It was done by Procurement Solutions, an arm of Treasury. It was not done by my department. It was done at arm's length. They then established themselves somewhere else and they owe the territory in excess of \$20,000 in rent.

The heavy-handedness that Dr Foskey accuses me of is a little hard to stomach when it was I who invited Revolve's CEO into my office to try and work out a way forward. Did I receive such a request from Revolve? No, I did not. Did my office ask the CEO to come in so that we could work our way forward? Yes, we did. Did I present three options for them to go forward? Yes, I did. Did they think that these options might be acceptable? No, they did not. They prefer, in fact, to squat on that land and continue to rack up a debt in unpaid rent.

Let me tell you, Mr Assistant Speaker, that my preparedness to discuss matters with Revolve has its limits. I am fed up to the eye teeth with people saying we are being heavy-handed when we have complied with the legislation and I have invited these people into my office to discuss it. I do not care what people may tell Mr Pratt. Mr Pratt comes into this place and perpetrates all manner of mistruths from time to time. He passes them on. He himself is an honest man; I am quite happy to say that.

The trouble is that he does not know truth from fiction half the time. He comes in here and merely parrots the fiction that he hears. The matter of Revolve will resolve itself. However, I thank Dr Foskey for her motion calling on the ACT government to implement the recommendation relating to waste contained in the recent report on the state of the environment, and I welcome the opportunity to talk on the issue.

As you are aware, Mr Assistant Speaker, the ACT was the first jurisdiction in the world to set a no waste goal in 1996. On this point I need to pay credit to the former government because they set it. If it was an aspirational target that we are both stuck with, that would be fine. But it was an aspiration that we both picked up and we both embraced. Members have never heard me bag the previous government for that particular goal. I have no difficulty in saying that we have worked hard towards the achievement of that goal in the same way that the previous government would have done had they been returned to office. But the fact was that it was set in 1996. We have been the only mob to have to do it; it was down to these guys.

When they released that strategy, the year 2010 was a long way off and at that time no-one was really sure whether it was technically feasible to reach no waste. But the challenge was taken up and the progressive implementation of the no waste strategy has resulted in the ACT now recycling around three-quarters of total waste generation, which is an excellent result. It is one that the ACT community should be proud of.

A few examples would help put the ACT community's effort into some perspective. Since 1994, the resource recovery rate has increased by 315 per cent from 136,570 tonnes to 566,633 tonnes. That is huge. The waste going to landfill has reduced by 27 per cent. Rates of 75 per cent resource recovery have been achieved and 62 per cent of the total waste stream—that is nearly five million tonnes out of 7.85 million tonnes—is diverted from landfill for further use.

It is clear that no matter how successful we are with recycling there will always be some materials, such as asbestos, that we cannot reuse or recycle. I have said this before. It will need to be disposed of. Therefore, it is not technically possible to entirely eliminate landfill.

A balance also needs to be reached between the costs and the benefits of recycling to ensure that the community is getting good value for money from their investment in its waste services and programs that the government is delivering. It is within this environment that the government requested TAMS to undertake a review of the no waste strategy and targets and to report back to government in making recommendations on future sustainable waste management approaches for the ACT.

It would also be inappropriate to make any formal statements to support specific recommendations in the ACT commissioner for the environment's *State of the environment* report relating to waste, as proposed in the motion by Dr Foskey, until the report has been considered in its entirety and until the government has considered the next stage of its waste management strategy.

What I can say at this time is that the government remains committed to reducing waste to landfill and making progress towards sustainable waste management practices. The government has been progressively implementing policies, strategies and programs on waste minimisation and resource recovery that have helped maintain the ACT's national leadership position. I will just give a couple of examples.

The ACT's green garden waste recycling rate is currently the best in the country with about 95 per cent of green waste recovered and recycled into garden products through the free drop-off facilities at Mugga Lane and Macgregor. Around 200,000 tonnes of green waste is recycled each year. The Mugga Lane resource recovery contract established last year has changed the focus of operations from waste disposal to resource recovery. The no waste awards continue to showcase examples of excellence in the community—for example, Charity Computers, which is an organisation that is extending the life of computers through reuse and providing IT training and job placements in the process.

The sustainable schools program is a model other jurisdictions are looking to follow. As I have said, this week the government has established facilities at the Mitchell and Mugga resource management centres for the safe collection and recycling of fluorescent tubes and compact fluorescent lights.

While we have achieved much, it is recognised that there are still some real opportunities to make further gains in resource recovery and recycling. There are also challenges to face. For example, total waste going landfill in 2007-08 increased by a further 10,000 tonnes—five per cent over the previous year, with this trend likely to continue unless intervention measures are implemented. Business waste has been steadily increasing over the past five years and there is strong evidence that both the waste collection industry and businesses are not changing their practices and transitioning to separating standard recyclables from the landfill waste stream.

The government needs to give due consideration to the submission on the review of the no waste strategy and targets to address the challenges to be faced in moving forward and to determine the appropriate mix of policies, strategies, programs and services that are needed to position the ACT to continue to be a leader in sustainable waste management.

A critically important element in this process will be the government's ability to take the community forward as part of the development of coherent, cost-effective and timely policies and strategies. In this respect, I suspect we are all on the same page of recycled paper.

As mentioned earlier, it would be inappropriate for the government to make any formal statement at this time in relation to the specific waste recommendations in the *State of the environment* report, as is proposed in the motion by Dr Foskey. Therefore, the government will be opposing the motion. I think, in fact, that given the debate on the *State of the environment* report was adjourned, it would be ruled out of order if we started commenting on it.

I want to raise a couple of other small things. Dr Foskey's motion actually calls on us to do things we are already doing. It calls on us to develop a zero waste education facility. Mr Assistant Speaker, I think you may have visited the Mugga recycling facility—MURF—with the planning and environment committee. What do we have in the MURF? We have an education facility. What part of "education facility" do people with such significant tertiary qualifications not understand?

One of the concerns that we have is that this is so typically Greens' stuff. They say, "We have got these really good ideas and you guys are going to pinch them." That is not the case. We will adopt a good idea irrespective of who comes up with it. We will do this when we have considered its cost effectiveness, whether it is going to work and whether it is going to be embraced by the community. We will not do it based on the mad ramblings of a bunch of banshees who have this mantra that they run up the flagpole saying, "We need more of this and more of that and more of something else." They can say that, Mr Assistant Speaker, because as long as their backsides point to the ground, they will never be in a governmental position to be able to anything about it.

This motion calls upon us to spend heaps. It calls on us to establish an ACT waste consortium. That comes free, doesn't it? We are talking about a green waste kerbside collection service. We have a lack of faith expressed in the trashpack industry, but they are going great guns. But this would cost us. It would cost \$40 per household on top of the rates to deliver. We will have to think about it.

The motion calls on us to institute a regular collection of large household items to promote reuse. Who is going to pay for it? Here is a good one. It calls on us to increase the fines for illegally dumping chemicals and other waste in the wastewater and stormwater systems. We might think about that, because increasing the penalties is a good idea. They want us to have more trained inspectors. Where is the money going to come from?

There are a number of things this motion wants the government to do. Members of the opposition are saying that they are going to support Dr Foskey's motion. Let us hope that they give it some consideration. I make this point for the attention of the number crunchers upstairs who are putting numbers into the spendometer. The spendometer will reveal all of this extra cost. Where is all this extra cost going to come from? We might stop the prison; that is what we might do.



How many more trained inspectors do we need at 100 and something thousand dollars a head? Do I hear 10? Do I hear 15? Perhaps these guys over there might like to say something. I would like the opposition to tell me, if they are going to support this motion, where they are going to get the money from to support it.

If you guys over there do not oppose it, all of the things in this motion are going on your list of promises and we will tell the community you cannot pay for it. You cannot pay for it. You are now on notice that if you support this motion, everything on here that costs us a brass razoo is going on your bill. It is going on your bill.

**Mr Pratt:** Is that a threat, is it?

**MR HARGREAVES:** No threat; it is not a threat. It is a fact.

**Mrs Dunne:** It is a promise.

**MR ASSISTANT SPEAKER (Mr Gentleman):** Order, Mrs Dunne!

**MR HARGREAVES:** There is a big difference between a threat, a promise and a fact. What we are seeing here, for the benefit of Mr Pratt—one of the B team members over there—is absolute fact.

**Mrs Dunne:** Mr Hargreaves's behaviour is abuse like usual.

**MR ASSISTANT SPEAKER:** Mrs Dunne, cease interjecting! Mr Pratt, just before you commence your speech, I have called you to order several times, Mrs Dunne. Next time it will be a warning.

**MR PRATT (Brindabella) (5.23):** Thank you, Mr Assistant Speaker. In the wake of that magnificent presentation by the minister who is all about hyperbole and drifting away from the facts, let us see if we can put a bit of reason back into this quite important debate.

Firstly, I would like to say this: I am deeply disappointed with the minister's disdainful dismissal of Dr Foskey's motion and this cynical method of totally wiping out her motion with his amendment, which amounts to a hill of beans in any case. It is just a very irresponsible way of avoiding a very important debate. He is down here dancing around, playing political games and avoiding the fundamental debate. I think Dr Foskey's motion is a very interesting motion. I think it is a pretty good motion. The opposition wants to talk to that rather than shadow-box and carry on like a circus clown, as we see from members on the other side of this chamber.

I will pick up on a couple of points made by the minister. Firstly, his handling of the Revolve issue has been abysmal. The points made by Dr Foskey are very relevant in relation to this matter. The minister's description today of the way that he handled that Revolve affair paints far too rosy a picture of the way that this government dealt with that particular matter.

Let us not ever forget that regardless of the weaknesses and/or the strengths in Revolve's case—and, of course, there were many of each—Revolve did develop an

operation over many years from scratch. They developed a business competency in recycling that had not previously existed. They get little reassurance and little acknowledgement of that from a government that says they supposedly communicated in all respects with Revolve. Really, the view around the community is that there was little done to give Revolve a chance.

This was a company that had put in so much and developed a capability. Okay, put aside for a moment the fact that they had a number of issues to answer for in relation to the way that they were administering their practices. They certainly had debts which they owed the government. There was no way, of course, that you could have dismissed those particular debts. I do not believe there was enough done to give one of the few recycling companies we have in the ACT an opportunity to redeem itself.

Let us have a look at the record in respect of the no waste by 2010 program. This is a government that have banged on for some years and said that they were moving to a no waste objective by 2010. They used, for example, that clarion call as the reason for removing garbage tins in a number of areas. They took other initiatives which have not necessarily worked in the community's favour under the banner of no waste by 2010.

Let us have a look at the record. Let us look at even the government's own budget figures. In 1994-95 the tonnage of waste going to landfill was 272,000 tonnes. By 2001, that had been reduced to 220,000 tonnes. A reduction of 50,000 tonnes was achieved over those seven years. That is a pretty substantial reduction.

What have we seen in performance terms since 2001-02? The tonnage was 207,000 in 2002-03. According to the budget papers, that has been reduced in 2006-07 to 197,000 tonnes. There has been a 10,000-tonne reduction in the last seven years. For the first seven years we see a 50,000-tonne reduction. In the following seven years, we see a 10,000-tonne reduction. Work it out for yourself. That was 20 per cent of the performance rate of the previous period. What we have seen under this government is a 400 per cent reduction in performance in reducing the tonnages going to landfill.

What about the percentage of waste going to landfill? From 1994-95 to 2001-02, the percentage of tonnage reduced from 67 per cent to 36 per cent. In other words, the amount of waste to landfill halved. It halved in that period of time. What have we seen in the life of this government? What has been the performance reduction? It has been a lousy eight per cent. This government has been asleep at the wheel.

What we see is that the 2010 performance graph has flatlined. It has flatlined like this government's health policy, perhaps. What is the answer to that? We see the government in the budget this year allocating \$850,000 to seek an expansion of landfill. That is it.

The major initiative is to spend more money to expand landfill. Where are there in the budget any initiatives or meaningful dollars allocated to seek imaginative practices to recycle versus landfill? There is not very much there at all. Where in the budget is any meaningful contribution to analysing the biomass or putrescibles recycling? We do not see it. What we see instead is a tunnel vision or visionless approach of looking for more ACT territory dirt to dig up and to continue with the landfill initiative.

There are a few points I want to make about Dr Foskey's motion. This motion does represent a call for renewal of the government commitment to the no waste strategy. It is a commendable call given the apparent waning of government interest in this subject. But there is little that is new in Dr Foskey's call. It is a collection of all the issues she has been calling for over several years, although laudably. There are some worthwhile suggestions, however, in regard to community awareness, organic waste collection and procurement policies.

Community awareness about waste and recycling has been raised in recent years and the evolution of the education system in this area is producing a new generation, most of whom are more sensitised to waste and recycling issues. That is a good thing. But there is a need to go to the next level—community education—to ensure that interest and commitment are maintained.

The community needs to know that our waste minimisation performance is stagnating. We need another Clean Up Australia education program. We need to re-emphasise those sorts of initiatives. Organic material makes up only an estimated 14 per cent of waste going to landfill, but there are systems in operation today that are capable of processing this material.

Dr Foskey proposes a green bin system to handle this, but that is only part of the solution. More needs to be done and unfortunately Dr Foskey has not listed the other areas that need to be addressed. For example, all organic waste processing systems rely on purification of the waste stream. Green bin systems are notorious for failing to deliver that. Human nature and some bad behaviour inevitably result in contamination of the waste with plastic, metals and glass.

Glass particularly is a problem because the end product of most organic waste processing, compost, is of limited value if it contains shards of broken glass. What Dr Foskey should have proposed is that systems and processes to purify the organic waste stream be included. The Canberra Liberals' waste policy will certainly address that issue.

Governments already adopt procurement policies that aim for best value for money outcomes. Purchase price is only one consideration and procurement decisions should take account of quality of performance, maintenance costs and other impacts on ownership over the life of a product. It is only a natural extension of that approach to consider disposal cost and methods as part of the procurement decision. A full cradle-to-grave assessment should be made.

Dr Foskey would place greater emphasis on producer responsibility, requiring them to produce goods that can be recycled and to package them more appropriately. These are worthy initiatives but they are of little value if the ACT is to go it alone. That is the point. They are worthy initiatives that will be of little value if the ACT cannot bring our jurisdiction cousins along with us. We are a tiny island and we need to address those sorts of issues.

On balance, we are inclined to support Dr Foskey's motion mainly because it serves to highlight the government's declining interest in this important area. However, it

would have been better if she had sharpened her attack rather than using the broad brush that is evident in this motion.

**MR GENTLEMAN** (Brindabella) (5.33): I thank Dr Foskey for her motion calling on the ACT government to implement the recent *State of the environment* report recommendations relating to waste. I welcome the opportunity to talk on this issue. It is important to note that the *State of the environment* report is developed under the requirements of the Commissioner for the Environment Act 1993. Under this legislation, the commissioner is required to produce a report and the minister must, within six months after the day of receiving a *State of the environment* report, present to the Legislative Assembly, firstly, a statement that sets out the response of the government to that report or, secondly, a statement that sets out the reasons for not presenting a statement under paragraph (a) to the Assembly. The Chief Minister received the *ACT State of the Environment Report 2007-08* on 4 July. The report covers the period from 1 July 2003 to 30 June 2007. Under the legislation the government has until 3 January 2009 to provide its response.

The *State of the environment* report is very comprehensive and a number of areas within government agencies are currently reviewing the *State of the environment* report. It will take some time before the government will be in a position to respond in a considered and meaningful way to the commissioner's recommendations. I have a lot of respect for the report and the commissioner, so we would not want to rush into making a hasty response to the recommendations without thoroughly considering the best way to move forward on the report's recommendations generally, and on waste matters in particular.

However, I would like to make some comments about waste management in the ACT. We have been very successful in our approach to the management of waste. The ACT was the first jurisdiction in Australia, as we have heard, to set the aspirational target to achieve a waste-free community when the "no waste by 2010—waste management strategy for Canberra" was developed and released way back in 1996. The strategy recognised that, if government, industry and community worked cooperatively, we could achieve sustainable waste outcomes. The ACT has been achieving the highest level of resource recovery in Australia of any jurisdiction, and our community should be commended for their efforts to date.

I would like to commend the operations of the materials resource recovery area out at Hume. The minister talked about that a little earlier—the MURF. I have been involved with that MURF for many years. In fact, I was a member of the ACT No Waste Committee, along with Geoff Pryor and members of the ACT government in the waste area. We saw the operations of the MURF from its instigation. It is a fantastic operation. The recovery rate for resources is extremely high in the ACT. Of course, it has created a business.

One of the most important aspects of the operation of the MURF is that it is very labour intensive, so we see a lot of people employed successfully at the MURF by the operator. I was involved in their last enterprise bargaining agreement before I was elected to the Assembly, and I am very pleased that they are receiving the right sort of remuneration for the work they do. Of course, there are some safety issues at the MURF. They regularly find articles in the recycling bins that should not be there and

that are quite dangerous for the operators. But it is doing a very good job. The operator responded quickly to safety operations when we found that glass fragments were being spread about the place from the glass compacting machine. The operator of the MURF went in there and looked after those people who were working on the belt.

Waste management is one of the key strategic areas for creating a sustainable city and it is closely linked and aligned to our sustainability policies. It is fundamental to the first guiding principle of the ACT climate change strategy—being smarter in our use of resources. The government remains committed to progressing sustainable waste management programs in the ACT that help to build on the success that we have achieved to date. We are very pleased to receive the *State of the environment* report and we will deal with the issues it raises and provide a response to the Assembly in good time.

**DR FOSKEY** (Molonglo) (5.38): Mr Speaker, I want to respond to some of the minister's concerns. We have an amendment here. There is nothing noxious about this amendment. I do not think I will put it in the hazardous waste basket. It is just *de rigueur* that in this place the government amends a motion. I will definitely say that I moved a very large motion; I certainly did not expect the government to agree to it all. I thought the government would agree to the recommendations put by the commissioner for the environment. In fact, I thought that was a bit of a no-brainer. I thought that it would be looking at making an announcement prior to the election. However, we did not get that announcement today.

There is no doubt that the people of Canberra want to see an advance towards the no waste target. I was interested to hear Mr Gentleman call it an aspirational target. I do not believe that "no waste by 2010" was aspirational when it was set. It has become aspirational in the last couple of years. Once the government realised it was not going to reach it, we call it aspirational. I think those things really need to be noted.

The minister also said, regarding hazardous waste and toxic waste: "What do we want to do? Where are we going to get the money from?" Do you realise that at the moment we have only two Environment Protection Authority officers—two people? I would love to hear that I am wrong on that, but I am pretty sure my information is right. If we added one more EPA officer, we would increase the number by 50 per cent. That might be all we need to really police hazardous and toxic waste in this place. I think that, if it is about the health of people and our waterways, it is worth it.

I am concerned that I have not even heard from the minister a desire or an expression of interest to advance our progress. He did not have to say what it was; he just had to say that he believed in it. He is the minister for waste, for goodness sake. He could have talked about some of the things that are on the drawing board.

**Mr Hargreaves:** On a point of order, Mr Speaker: Dr Foskey said, "He is the minister for waste." There is no such position.

**DR FOSKEY:** Thanks for that; I needed that correction.

**Mr Hargreaves:** I'm just being helpful.

**DR FOSKEY:** In talking about the cost of computer disposal, we are paying for this, anyway. It is just such a joke to talk about these things being costs. They end up recurring, no matter what. We know that we have charities and other organisations doing it for us at the moment. We should thank them, support them and help them.

Mr Speaker, I did not expect the government to agree with all our points. I did not even include in the motion things such as plastic bags. But I did think we would hear something that was a little bit cooperative. I would have thought we were working together on this one.

**MRS DUNNE** (Ginninderra) (5.42): I would like to commend Dr Foskey for bringing forward this important motion and in the same breath condemn the out-of-hand dismissal of this that we have come to expect from Mr Hargreaves, who has shown that he is pretty much a waste of space when it comes to the issue of waste.

It is reprehensible that, after seven years of the Stanhope government and successive ministers for urban services with responsibility for waste, we see no progress. I have to reinforce the comment made by my colleague Mr Pratt that the only substantive item in the budget in relation to no waste was in excess of \$800,000 to find a new hole in the ground in the ACT in which to bury our waste, because this minister has dropped the ball on the no waste strategy.

Going back to Dr Foskey's motion, it is informative to see the extent to which the commissioner for the environment has dwelt on the waste issues, and I commend her for that. In a wider debate about the *State of the environment* report, if we had the opportunity to have that—it is not before the Assembly, as Mr Hargreaves says; there is no motion or paper to be noted—I would perhaps talk about the merits and demerits of the commissioner's *State of the environment* report, but I think that she covered the areas in relation to waste very comprehensively indeed.

Dr Foskey's motion points to the seven years of failings of the Stanhope government and their failure to address these issues. There are some elements in the third paragraph of the motion that I would have some concern about, in that perhaps they would not be the Liberal Party's priorities. I understand the merits of things like developing a zero waste education facility, but at the same time I would like to see the money that the Canberra Liberals would contribute to no waste go more to the pointy end at this stage. I understand the value of education but I would also like to see the pointy end of service delivery here. But there is much in what Dr Foskey has put in her motion that warrants support and that does not warrant the sort of dismissive approach taken by Mr Hargreaves, as is his wont. He has only one form of debate in here—that is, to ridicule everybody else and, in the same breath, discredit himself by his clowning around.

On the subject of clowning around, it is very informative to note the failure of successive ministers over seven years to address the issue of putrescible waste. I know it is something that I bang on about, but there are solutions and this government, through Bill Wood and John Hargreaves, have failed to address the issue. On a number of occasions I have quizzed successive ministers about their approach to putrescible waste, and the officials get up and say: "Mrs Dunne, we've been around

the world and it's so difficult and it's really hard. We've looked at some of these systems and then they blow up on people." Recently, Mr Pratt and I went across Marcus Clarke Street and visited the ANU. And what did we find? We found a system that works, and works well. It has been operating and turns out tonnes and tonnes of high-quality compost every week, every year. I understand that Dr Foskey has also visited the hot rock system.

I asked the people from the ANU whether urban services or the minister had visited, and they said: "No." So they could go around the world but they could not cross Marcus Clarke Street to see something that works in our own town. This is emblematic of everything that is wrong with John Hargreaves's management of "no waste". He probably should be put out to waste and should be condemned for his approach to Dr Foskey's thoughtful motion today.

**DR FOSKEY** (Molonglo) (5.46), in reply: In 15 minutes, I did not have a chance to cover all the really exciting possibilities around dealing with waste. I talked about when I was a child—when Mr Hargreaves was a child too, probably—and we used to buy our biscuits from a biscuit tin and they were put in a brown paper bag. I know there is a sense of romanticism here, but it is really important to let people know that these things are possible. It is not out of the realms of possibility.

I do not know whether people are aware of the issue of plastic bags, for instance, in the Pacific. Some people may have seen the incredibly graphic footage. It is like watching a polar bear trying to cling to an ever-shrinking piece of ice. It breaks your heart. It breaks my heart to see all of the plastic waste—not just ours but waste from the American side, our side, probably the Asian side and from the Pacific islands—that has become a vortex and more or less an island in the Pacific that is toxic and that is killing our marine life. This is actually quite a small thing that we can do. Our waste is a tractable problem. It is not like climate change, which requires really far-reaching behaviour; our actions on waste will be part of our efforts on climate change. It is so important.

The hot rock system is a beauty. I happen to know about it because I visited it a couple of years ago. I also visited ANUgreen four years ago, before they even had this hot rock system. They told me they had approached the ACT government about getting in with them on the hot rock system, because at that time they were not sure they had enough material on campus to feed the thing. This thing is very long. I do commend it to the minister; he should go and see it. It is a terribly simple principle and it works. It means that the ANU have got the material to feed their gardens.

I will conclude by reading something from the *Sydney Morning Herald*. It is not just a problem; it is actually a really exciting possibility. What we are doing is great. It is great that the government has set up a centre for receiving fluorescent lights. That is always an issue that you are never sure about when it comes to rubbish—where you should put those damn things. But we can turn it into much more of an adventure. People might have heard of Michael Mobbs. He is famous for developing his sustainable house in Chippendale. He calls his house a "trivial, well-intentioned failure", I think because he did not see how it was going to benefit society. It certainly benefited himself, and I actually do not agree; I do not think it was a trivial, well-intentioned failure. His house has become a model for everybody who wants to build a sustainable house.

He mentions that food contributes to 41 per cent to our eco footprint. He has the idea that we should produce food in the suburbs in which we live. He and another group of people have set up a group called Food for the Future. The newspaper article states:

... Food for the Future will turn grungy, working-class Chippendale into a model of urban feeding. Bringing in a food truck a week—and carting out inner-city coffee grounds and food scraps—it will make a direct link from Hawkesbury grower to city customer, sidelining the supermarkets.

Of course, we would not want to do that, would we? The article continues:

Now that's grassroots.

It will also establish community gardens, lobby for productive street trees, help people leakify their storm drains and hold a Hawkesbury growers' fair, scheduled for October.

So let us look at our green waste really constructively. We could grow food in our streets—we might have to—and we could also work in an arrangement with local farmers whereby our organic waste becomes their compost and the food goes back. To me, that is an exciting idea. I am glad that Michael Mobbs is doing that in Sydney but we could do it here.

My motion was a catch-all one. I particularly wanted to focus on the commissioner for the environment's recommendations because I have a feeling that the government will accept those in time. I do not see how it cannot, because they are such sensible recommendations. I think that the government is looking for a positive step forward on waste. It does not have a good community image on waste and it needs to take a next step, or several. I commend the commissioner for the environment for proposing what that should be. I ask the government, no matter what Mr Hargreaves has said today, to go and talk to the officers in the Office of Sustainability and hear what they are saying about the movement of waste.

It is a pretty exciting time. We have got challenges ahead of us, but we can make those challenges into adventures instead of using them as another chance to be vituperative, bludgeoning and bullying, which is what I believe the minister has chosen to do to me for putting forward this motion.

Question put:

That **Mr Hargreaves's** amendment be agreed to.

The Assembly voted—

Ayes 8

Noes 7

|              |               |            |              |
|--------------|---------------|------------|--------------|
| Mr Barr      | Mr Gentleman  | Mrs Burke  | Mr Pratt     |
| Mr Berry     | Mr Hargreaves | Mrs Dunne  | Mr Smyth     |
| Mr Corbell   | Ms Porter     | Dr Foskey  | Mr Stefaniak |
| Ms Gallagher | Mr Stanhope   | Mr Mulcahy |              |



Question so resolved in the affirmative.

Amendment agreed to.

Motion, as amended, agreed to.

### **Speaker's ruling** **Statement by Chief Minister**

**MR STANHOPE** (Ginninderra—Chief Minister, Treasurer, Minister for Business and Economic Development, Minister for Indigenous Affairs, Minister for the Environment, Water and Climate Change, Minister for the Arts): Mr Speaker, I seek your indulgence and that of members to make a short statement.

Leave granted.

**MR STANHOPE:** In relation to the incident earlier today which led to your ruling in relation to me, I wish to unreservedly apologise to you and to the chair for the disorderly conduct which led you to make the order that you made. I apologise to you and to the chair.

**MR SPEAKER:** Thank you, Chief Minister.

### **Executive business—precedence**

*Ordered that executive business be called on.*

### **ACT Civil and Administrative Tribunal Bill 2008** **Detail stage**

Bill as a whole.

Debate resumed from 19 August 2008.

**MR CORBELL** (Molonglo—Attorney-General, Minister for Police and Emergency Services) (5.59): I seek leave to move amendments Nos 1 to 26 circulated in my name together.

Leave granted.

**MR CORBELL:** I move amendments Nos 1 to 26 circulated in my name together [*see schedule 1 at page 3399*] and table a supplementary explanatory statement.

These amendments, as I indicated to members yesterday, deal with a range of matters raised by the scrutiny of bills committee in its comments on this set of bills. They also deal with a number of other matters that have been raised by the current President of the Administrative Appeals Tribunal, Mr Peedom, who has identified a range of technical and procedural matters that should be clarified ahead of the implementation of the new Civil and Administrative Tribunal. I commend those amendments to members.

*At 6.00 pm, in accordance with standing order 34, the debate was interrupted. The motion for the adjournment of the Assembly having been put and negatived, the debate was resumed.*

**MR MULCAHY** (Molonglo) (6.00): Mr Speaker, the government is introducing a range of amendments to this bill, and some of those changes are quite extensive and sufficiently numerous that it was necessary for my office to receive a complete briefing on the changes proposed by the government. I raised issues last night about the fact that I had not seen the amendments Mr Seselja made reference to and the fact that he received them at 10 to 5. I was a little nonplussed, until I inquired further and realised that they had actually not gone to my office. The matter has now been rectified and the Attorney-General's office made contact last night and set up a briefing this morning. I appreciate that process being now addressed. For that reason, I will keep my comments fairly brief.

These changes seem mostly sensible, although I had a few concerns with them, based on advice. I am, of course, a bit dismayed at the rushed nature of the bill and the need for this kind of ongoing, last-minute amendment. It troubles me—it has all week and I suspect it will into next week—that we have a situation in the lead-up to the election where it is clear that the government will use their majority power to rush through as much legislation as they possibly can. They are obviously not entirely convinced that those on the crossbench might be reasonable people to negotiate with, if they need them after 18 October. So bills are being hammered through in anticipation, I suspect, of the fact that there will be a less than desirable outcome from their point of view with the coming election.

One can certainly see why they want to make the most of things, but there is a serious danger in this kind of rushed approach. We have seen it with a number of bills that have been introduced recently, most especially with the unit titles bill. That is probably one of the more poorly thought out rush jobs that I have had the displeasure of seeing.

**Mr Corbell:** On a point of order, Mr Speaker: the question for debate is the amendments before the Assembly; it is not an opportunity to provide a general commentary about what you do not like about majority government. I would ask you to ask Mr Mulcahy to constrain himself to the question before the chair.

**MR SPEAKER:** Thank you. Remain relevant, Mr Mulcahy.

**MR MULCAHY:** May I speak to the point of order, Mr Speaker?

**MR SPEAKER:** Indeed.

**MR MULCAHY:** That is a high level of sensitivity from the minister. I simply made reference to the rushing through of this legislation and cited it in the parallel context of the unit titles bill, which is, in fact, related to this particular bill, because this bill deals with the administrative vehicle that is being established to deal with matters under the unit titles bill.

**Mr Corbell:** Relevance.

**MR MULCAHY:** It is very relevant to this debate, and it relates to the matter of the formation of these tribunals.

**Mr Corbell:** On the amendments, on the amendments.

**MR MULCAHY:** The amendments are relevant.

**MR SPEAKER:** Continue with relevant remarks.

**MR MULCAHY:** I will indeed, Mr Speaker.

**MR SPEAKER:** Do not be tempted to stray.

**MR MULCAHY:** Whilst the tribunals bill has a great deal of merit, it is still concerning that large numbers of last-minute amendments have become necessary. During the briefing today, my senior legal adviser pointed out to—

**Mr Barr:** Do you have a junior legal adviser?

**MR MULCAHY:** Yes, I do. We have got all sorts of advisers, Mr Barr. Sorry to disappoint you.

**Dr Foskey:** There are only two people, but there are many guises.

**MR MULCAHY:** There are actually five, Dr Foskey, and three of them are in the legal field. There are some issues in relation to evidentiary sections covered during preliminary hearings, but I do not intend to dwell unduly on those matters. They were going to be looked into; I do not think we heard back again, but I do not think they are important enough to convince me that we should not be supporting the bill.

The amendments make both substantive changes as well as technical or drafting changes to clean up the main bill, and I will go through some of those changes proposed by the government and give my views on those changes. The government proposes to amend section 8 of the principal bill to remove subsections (2) and (3). These subsections direct that the tribunal will consider the rules of evidence in the commonwealth Evidence Act, despite the fact that these do not apply by law to tribunal proceedings. This was intended solely as a signpost for the tribunal to alert it to the usefulness of what are, in essence, commonsense rules of evidence. My understanding from the briefing provided is that there was some concern that these provisions might give rise to technical objections, notwithstanding the desire of the government to allow the tribunal to proceed without following the rules of evidence. But I am satisfied with the explanation provided.

The government also proposes to amend the time limits for the review of decisions in section 10 of the bill. The unamended section gives 28 days from the time of the decision for review. This may be inadequate in cases where a person does not become aware of a decision affecting them until later. The change will mean that if a person

does not receive the notification of a decision within five days, then the 28-day time limit will run from the time they receive notification rather than from when the decision is made. This is clearly a sensible change, and I would have hoped that it would have been addressed in the original bill.

The amendments clarify the position for representation at tribunal hearings in section 30 of the bill. These amendments remove any special qualifications for representation from the bill so that a person can be represented by a lawyer or by anyone else. The tribunal is empowered to make rules regarding who may represent a person at a hearing, but there are no conditions in the bill itself. This does seem reasonable, as the tribunal is certainly in a better position to make these kinds of judgments than we are in this Assembly.

Moreover, I am quite partial to allowing people to make their own decisions as to their representation since they are the ones who bear the consequences of those decisions. The government proposes to amend section 34 of the bill to provide that evidence in a preliminary hearing may not be used in the main hearing or in criminal proceedings other than proceedings for a crime against justice, such as bribery. This section is intended to give effect to the standard rules for pre-trial discussion, which ensure that these are not later used in evidence in the hearing. This does allow parties to be perfectly frank in pre-hearing discussions, without fear of what may be used against them at a later stage. The rationale for this rule is to ensure the maximum possible chance of settlement at this stage rather than a prolonged litigation. For this reason, the amendments appear quite sensible.

There are several other changes in the amendments. The government propose to amend section 39 to allow the tribunal to close the court without the application of either party. They also propose to amend section 50 to expand the conflict of interest provisions applying to tribunal members. My understanding is that the rest of the amendments are for clarity rather than to make substantive changes to the bill. These amendments are, of course, extensive.

Mr Speaker, although I have some reservations about section 34, I am satisfied that this is a rather narrow scenario which is unlikely to cause any serious problem in the short term. The government may want to look at this problem, but I will be supporting the amendments since I think they make sensible changes to this bill.

**MR STEFANIAK** (Ginninderra) (6.08): The opposition will also be supporting these particular amendments. Might I say, this bill—indeed, there are a few others, and one that will be debated tomorrow, which I think will have amendments—has been around for some time. I think this one was actually introduced in about May or June. I am not too sure about the one to be debated tomorrow. I would impress upon the government that, even though we are heading towards the end of this Assembly, it would have been very helpful and a lot less problematic if amendments to this bill and others had been made before they were introduced rather than at the last minute. However, we have had briefings in relation to this. I was at the briefing to hear about the first amendment and then came back in time to hear about the last one, so I am relying very much on my senior adviser, Mr White, but I thank the government for the briefings.

The amendments remove any doubt that the tribunal is not required to comply with the rules of evidence under the Evidence Act 1995—that is a commonwealth act. I understand that is as per existing law. They provide flexibility in terms of the period allowed for lodgement and applications for renewal of administrative decisions. They clarify the fact that residential tenancy matters are not regarded as civil disputes for the purpose of jurisdictional disputes involving sums of money less than \$10,000. That sum, of course, is the maximum amount of a claim in the Small Claims Court. They allow ACAT to make rules as to persons who can represent a person before it and provides ACAT with discretion as to whether a matter would better be dealt with by going direct to an ACAT hearing rather than a pre-hearing settlement process.

They provide that privilege in relation to evidence given at a preliminary conference is not available for false or misleading evidence or some other evidence relating to the administration of justice, for example, matters that go to an application of the criminal code. They provide ACAT with flexibility as to whether a hearing should be a public hearing or not. They allow witnesses to make copies of original documents and provide ACAT with explicit power strengthening the implicit power to set aside a subpoena. They broaden the range of people with whom a tribunal member might be associated with who might create a conflict of interest for the member and the range of matters that might create a conflict. They clarify that an administrative order of the tribunal takes effect from the day the order is made and ensure that an authorising law may confer particular responsibilities only on a non-presidential member and cannot be delegated to the registrar. They also omit redundant definitions.

Amendments in relation to the ACAT amendment bill introduced on 3 July preserve existing law dealing with the time frame for dealing with applications for the review of administrative decisions under the Heritage Act, the Planning and Development Act and the Tree Protection Act. They allow the making of transitional regulations and correct minor drafting errors, including the impact of the renumbering of the sections of the Children and Young People Act 2008.

Amendments in relation to the ACAT bill No 2 introduced on 7 August remove an item from the list of reviewable decisions included in error, I understand, in relation to the Animal Welfare Act—that is, refuse to approve the way of using a tag. There is also an amendment to remove doubt that jurisdiction for civil matters under \$10,000 does not interfere with the Magistrates Court enforcement jurisdictions.

As Mr Mulcahy has said, they seem to be non-contentious amendments. I just close by saying that we have a number of bills left to debate, some tomorrow, some next week. If you have any further amendments in relation to those, would you please get them to everyone tomorrow, so we do not have a situation like we had this bill and with several other bills where we are still getting amendments. I just urge the government to do that.

**DR FOSKEY** (Molonglo) (6.12): I reiterate, of course, what others have said—that is, it was a rather sorry process for us to receive the amendments yesterday afternoon. Even though the minister claimed they were not contentious—of course, he knew that because he knew what was in them—and they are not, it is very hard for a member wanting to do this job properly to just accept that on trust. I am very thankful that the

minister and his advisers arranged briefings for everybody. I do think it was the least they could do, but it went part of the way to ameliorating the issues that we all raised. It did not go all the way, of course, because the amendments could have been contentious and the briefings might not have been enough to reassure us. All those things are possible. However, in this case, it was okay.

I can only assume that there is an awful lot happening in the Attorney-General's office. Certainly, there is a lot of legislation coming out of there at the moment. People are perhaps snowed under, and in that case I feel extra efforts need to be made. So far we have all been working together to get the legislation passed, and no-one wants to be obstructionist. I guess that could change; we are getting closer to the election every day. But that is certainly the spirit of the Greens at this point. So far as I and my staff can see, these amendments do improve the legislation. As such, we are quite happy to accept them all and to allow them to be passed in full today.

**MR CORBELL** (Molonglo—Attorney-General, Minister for Police and Emergency Services) (6.14): I thank members for their support. I certainly take on board the issues raised by members about timeliness, and I appreciate that it is a difficult set of circumstances when a fairly large number of amendments is presented at such short notice. However, I can assure members that there was no malignant intention in that regard. As members would appreciate, this series of bills is a very complex piece of drafting to capture all the different elements of jurisdiction and action available to a large number of tribunals and other bodies. In bringing that together, I think it is fair to say that officers in my department and the courts and tribunals themselves have still been working through every little detail until quite a late period in time.

The complexity of the task should not be underestimated. But, as I said yesterday, the changes are, in many respects, simply the transfer of powers from existing tribunals to the new consolidated Civil and Administrative Tribunal. I simply seek to reassure members that there has been no malignant intention on my part or, indeed, on the part of my department or office to not provide members with adequate periods of time to consider the amendments. It is simply a function of the very detailed nature of this particular piece of legislation.

That said, it has been incumbent on the government to listen to the comments made by the scrutiny of bills committee and, indeed, by the President of the AAT, Mr Peedom, in identifying some matters that need further amendment, and that is the intention of these amendments this evening. I thank members for their support. I thank them for taking advantage of the opportunity to be briefed in detail on the changes, and I commend the amendments to the Assembly.

Amendments agreed to.

Bill, as a whole, as amended, agreed to.

Bill, as amended, agreed to.

## **ACT Civil and Administrative Tribunal Legislation Amendment Bill 2008**

Debate resumed from 3 July 2008, on motion by **Mr Corbell**:

That this bill be agreed to in principle.

Question resolved in the affirmative.

Bill agreed to in principle.

### **Detail stage**

Bill, by leave, taken as a whole.

**MR CORBELL** (Molonglo—Attorney-General, Minister for Police and Emergency Services) (6.17 pm): I seek leave to move amendments Nos 1 to 30 circulated in my name together.

Leave granted.

**MR CORBELL**: I move amendments Nos 1 to 30 circulated in my name together [*see schedule 2 at page 3403*] and table a supplementary explanatory statement to the government amendments.

I have spoken on the substantive nature of these amendments in my comments on the previous bill. I will not reiterate those except to say that again I thank members for their willingness to consider these matters from the briefing that was provided by officials from my department today.

Amendments agreed to.

Bill, as a whole, as amended, agreed to.

Bill, as amended, agreed to.

## **ACT Civil and Administrative Tribunal Legislation Amendment Bill 2008 (No 2)**

Debate resumed from 3 July 2008, on motion by **Mr Corbell**:

That this bill be agreed to in principle.

Question resolved in the affirmative.

Bill agreed to in principle.

### **Detail stage**

Bill, by leave, taken as a whole.

**MR CORBELL** (Molonglo—Attorney-General, Minister for Police and Emergency Services) (6.19 pm): I seek leave to move amendments Nos 1 and 2 circulated in my name together.

Leave granted.

**MR CORBELL**: I move amendments Nos 1 and 2 circulated in my name [*see schedule 3 at page 3412*] and table a supplementary explanatory statement to the government amendments.

Amendments agreed to.

Bill, as a whole, as amended, agreed to.

Bill, as amended, agreed to.

## **Adjournment**

Motion (by **Mr Corbell**) proposed:

That the Assembly do now adjourn.

## **ACT Policing—Commander Shane Connelly**

**MR CORBELL** (Molonglo—Attorney-General, Minister for Police and Emergency Services) (6.20): I want to take the opportunity in the adjournment tonight to place on the record and express my sincere thanks for the efforts of Commander Shane Connelly, who has been the Deputy ACT Chief Police Officer (Investigations and Support) for ACT Policing since 2005. Commander Connelly has recently accepted a new position as commander, missions, for the AFP's International Deployment Group. He took up that role at the beginning of this week.

Commander Connelly has been an integral part of ACT Policing in the period of time he has been with the ACT police service. He has performed a number of very important and significant roles. Most recently, he has been the deputy chief police officer responsible for investigations and support, where he has had leadership of investigations and the subsequent prosecution of crimes here in the territory. He has also played a very important role during a period of some change and trauma within ACT Policing following the tragic death of the Chief Police Officer, Audrey Fagan, last year. Commander Connelly acted as the Chief Police Officer during that time and provided a steadying hand and role during what was a very upsetting time for the organisation.

He has also, prior to his role in ACT Policing, performed a number of very significant roles within the Australian Federal Police. From 2004 to 2005, Commander Connelly was the acting national manager of economic and special operations; from 2003 to 2004, he was the director of national investigations. He also has performed roles as the general manager for protective security, operations protective security; the national coordinator of the close personal protection program; and the coordinator of



the witness protection program. He has performed roles in parliamentary liaison and he is somebody who has a long association with community policing, having been a team leader in the Territory Investigations Group earlier in his career with the AFP.

I have come to admire Commander Connelly for his straightforwardness and his very amenable character. Shane is someone who you can always approach and discuss matters about policing in the territory with. His knowledge and experience in community policing is second to none. He understands the issues, he understands the personalities and he understands what needs to be done to deliver good community policing on the ground.

I have to commend him for some of the advice he has given me in my time as police minister. In particular, I mention his assistance in identifying the issues that needed to be worked through with the control operations legislation, which the Assembly has recently passed. And his assistance in developing a workable regime for on-the-spot fines for a range of antisocial offences has been very important to me. I would like to thank him for his efforts in that particular regard.

Shane Connelly is well admired by the men and women of ACT Policing. He has been an important leader, but a person who has always kept his feet on the ground. I am sure that the extensive passion and commitment he has shown to community policing will serve him well in his new role. He goes to take on a very important role with the Australian Federal Police's International Deployment Group. This particular piece of work will test his skills further and give him further experience and opportunity. I hope that at some stage in the future he will be able to bring those skills back to the ACT community.

In closing, Mr Speaker, I place on the record one of the more significant and high-profile matters that Commander Connelly has been responsible for recently. Commander Connelly was in charge of the overall planning and execution of the Beijing Olympic torch relay, perhaps one of the most significant security operations the Australian Federal Police have had to perform here in Canberra for many years. I was privileged to be present in the police operations centre whilst the relay was taking place and to see first hand Commander Connelly oversee the operation and provide a very high level of liaison, leadership and direction, not only to his fellow officers but also to representatives of the Chinese government and embassy, the Australian government and the ACT government. His calm, measured and affable character stands him in good stead in that very important role. The success of the Olympic torch relay can in no small part be put down to his ability and leadership.

I congratulate him on his new appointment and wish him all the best in this new and important role.

### **ACT Policing—Commander Shane Connelly**

**MR STEFANIAK** (Ginninderra) (6.25): I am very glad that the attorney raised the issue of Shane Connelly departing. He started his new job on Monday. I reiterate what Simon Corbell has said about Shane Connelly.

I have known Shane for many years. He does have his feet on the ground. He is a magnificent police officer. I was particularly impressed in recent times with how he handled the very difficult situation after Audrey Fagan's death and performed that role incredibly well indeed. He has great experience in a wide range of areas right across policing and certainly has his finger on the pulse. He is the sort of bloke who junior members can look up to. He knows his stuff. He is calm; he is affable. He has an easy-going manner. He is thoroughly professional. He is a thoroughly decent human being and a man of great honour and integrity—someone who is discreet, someone who just knows his job so well.

He will do an excellent job in his new role. He remains in Canberra. I think he is pleased that the job is based here in Canberra, because he has a great love for this town. I hope to see Shane come back here as Chief Police Officer some day. He has already acted in that role and done a magnificent job. He is truly one of the most competent officers the AFP has and is an ornament to the noble profession of policing.

I wish him well in whatever he does. I thank him for the dealings I have had with him over the years—it goes back quite a long way—particularly in more recent times, in our dealings on a professional basis and even on a couple of personal things which he has greatly assisted me on. He was always quick. If you ring Shane up, he is going to get back to you very quickly indeed, unlike some people. He is just a complete, thorough professional, a thoroughly decent person. We are lucky to have people of his calibre in senior positions in the AFP. I hope that in the not too distant future we will see him back here on promotion as Chief Police Officer. Whatever he does, I wish him well in his career and thank him for all his efforts on behalf of the people of the ACT.

### **Gas-fired power station**

**MR BARR** (Molonglo—Minister for Education and Training, Minister for Planning, Minister for Tourism, Sport and Recreation, Minister for Industrial Relations) (6.27): In question time today, Dr Foskey and Mr Pratt sought for me to table a particular document. I am very happy to table now the detailed written directions I have provided to the proponents of the Canberra technology city in accordance with section 123 of the Land (Planning and Environment) Act 1991.

Question resolved in the affirmative.

**The Assembly adjourned at 6.28 pm.**

## Schedules of amendments

### Schedule 1

#### ACT Civil and Administrative Tribunal Bill 2008

##### Amendments moved by the Attorney-General

**1**

**Clause 8 (2) and (3)**

**Page 5, line 10—**

*omit*

**2**

**Clause 10 (d) and note**

**Page 6, line 12—**

*omit*

**3**

**Proposed new clause 10 (2) and (3)**

**Page 6, line 20—**

*insert*

- (2) An application to the tribunal for review of a decision must be made by a person within 28 days after the day the decision to be reviewed is made.

*Note* The rules may prescribe a longer period for making the application (see s 25 (1) (e) and (2)).

- (3) However—

- (a) if notice of the decision is given to the person later than 5 days after the day the decision is made—the application may be made within 28 days after the day the notice is given; and
- (b) if notice of the decision is required to be given to the person under this Act or an authorising law, but is not given—the application may be made within 28 days after the day the person becomes aware of the decision; and
- (c) if the decision is taken to have been made under section 12 (When no action taken to be decision)—the application may be made within 28 days after the end of the period or reasonable period mentioned in the section.

**4**

**Clause 15, definition of *residential tenancy application***

**Page 9, line 23—**

*omit*

**5**

**Clause 15, definition of *standard occupancy terms***

**Page 10, line 2—**

*omit*

**6**

**Clause 15, definition of *standard residential tenancy terms***

**Page 10, line 4—**

*omit*

**7**

**Clause 18 (3) (b)**

**Page 11, line 18—**

*omit*

**8**

**Clause 30**

**Page 18, line 3—**

*omit*

other person prescribed under the rules

*substitute*

someone else (other than a person prescribed under the rules)

**9**

**Clause 31**

**Page 18, line 9—**

*omit*

The tribunal must

*substitute*

If the tribunal considers it appropriate, the tribunal may

**10**

**Clause 34 (1)**

**Page 19, line 23—**

*omit clause 34 (1), substitute*

- (1) Evidence given by a person before the tribunal during a preliminary conference is not admissible in evidence against the person in a criminal proceeding, other than a proceeding for—
  - (a) an offence in relation to the falsity or misleading nature of the evidence; or
  - (b) an offence against the Criminal Code, chapter 7 (Administration of justice offences).
- (1A) Also, any information obtained, directly or indirectly, because of the giving of further information by a person in accordance with a requirement under section 33 (2), or the giving of evidence by a person before the tribunal during a preliminary conference, is not admissible in evidence against the person in a civil or criminal proceeding, other than a proceeding for—
  - (a) an offence in relation to the falsity or the misleading nature of the information or evidence; or
  - (b) an offence against the Criminal Code, chapter 7 (Administration of justice offences).

**11**  
**Clause 39 (1)**  
**Page 21, line 17—**

*omit clause 39 (1), substitute*

- (1) This section applies in relation to an application, or part of an application, if the tribunal is satisfied that the right to a public hearing is outweighed by competing interests.

*Note* See s (4) in relation to competing interests.

**12**  
**Clause 39 (2)**  
**Page 22, line 1—**

*omit*

If this section applies in relation to an application, or part of an application, the tribunal may

*substitute*

The tribunal may

**13**  
**Proposed new clause 39 (2A)**  
**Page 22, line 14—**

*insert*

- (2A) The tribunal may make an order under subsection (2) on application by a party or on its own initiative.

**14**  
**Clause 41 (3)**  
**Page 25, line 1—**

*after*

inspect

*insert*

, or make a copy of,

**15**  
**Clause 41 (5) (b)**  
**Page 25, line 18—**

*omit clause 41 (5) (b), substitute*

(b) include—

- (i) a statement to the effect that the person may be represented before the tribunal by a lawyer or someone else; and
- (ii) if the rules prescribe someone who may not represent the person—a statement that the other person may not represent the person; and
- (iii) a statement to the effect that the person may wish to obtain legal advice in relation to the subpoena; and

16

**Proposed new clause 41 (6)**

**Page 25, line 26—**

*insert*

- (6) On application by a party or someone else having a sufficient interest, the tribunal may set aside a subpoena completely or partly.

17

**Clause 50 (4), definition of *associate***

**Page 31, line 10—**

*omit*

means

*substitute*

includes

18

**Clause 50 (4), definition of *material interest***

**Page 32, line 12—**

*after*

conflict

*insert*

, or reasonably be seen to conflict,

19

**Clause 56 (b), proposed new example and note**

**Page 37, line 13—**

*insert*

**Example**

an order dismissing a proceeding with the consent of the parties to the proceeding

*Note* An example is part of the Act, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

20

**Clause 56 (d), proposed new examples**

**Page 37, line 24—**

*insert*

**Examples**

1 an order dismissing a proceeding on the withdrawal of the applicant

2 an order dismissing a proceeding for want of prosecution

21

**Clause 69 (2) (b)**

**Page 44, line 23—**

*omit clause 69 (2) (b), substitute*

- (b) takes effect from the day the tribunal makes the order, unless the tribunal orders otherwise.

22

**Clause 107 (1) (a)**

**Page 63, line 20—**

*omit clause 107 (1) (a), substitute*

- (a) this Act or an authorising law provides otherwise; or

23

**Clause 111 (1) (a)**

**Page 65, line 4—**

*omit clause 111 (1) (a), substitute*

- (a) this Act or an authorising law provides otherwise; or

24

**Dictionary, definition of *residential tenancy application***

**Page 72, line 7—**

*omit*

25

**Dictionary, definition of *standard occupancy terms***

**Page 72, line 10—**

*omit*

26

**Dictionary, definition of *standard residential tenancy terms***

**Page 72, line 12—**

*omit*

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## **Schedule 2**

### **ACT Civil and Administrative Tribunal Legislation Amendment Bill 2008**

#### Amendments moved by the Attorney-General

1

**Clause 2 (2)**

**Page 2, line 17—**

*after*

special commencement

*insert*

provision

2

**Schedule 1**

**Amendment 1.1**

**Proposed new section 22OA**

**Page 15, line 1—***insert***22OA Time for deciding land, planning and environment applications**

- (1) This section applies in relation to an application for review by the tribunal of a decision under any of the following Acts:
  - *Heritage Act 2004*
  - *Planning and Development Act 2007*
  - *Tree Protection Act 2005*.
- (2) The tribunal must decide the application within 120 days after the day the application is made.
- (3) However, the general president may, in writing, extend the period for deciding the application if satisfied that the extension is in the interests of justice.
- (4) If the tribunal does not decide the application within the 120 days, the general president must ensure that the tribunal's annual report for the year when the application was decided includes—
  - (a) details of the period of time it took to decide the application; and
  - (b) if the 120 day period was extended under subsection (3)—the reasons for the extension.
- (5) A failure to comply with this section in relation to an application does not affect the validity of a decision on the application.
- (6) In this section:

*tribunal's annual report* means the report prepared by the tribunal under the *Annual Reports (Government Agencies) Act 2004*.

**3****Schedule 1****Amendment 1.8****Proposed new section 301 (1)****Page 18, line 10—***omit proposed new section 301 (1), substitute*

- (1) A regulation may prescribe transitional matters necessary or convenient to be prescribed because of the enactment of—
  - (a) this Act; or
  - (b) the *ACT Civil and Administrative Tribunal Legislation Amendment Act 2008*; or
  - (c) the *ACT Civil and Administrative Tribunal Legislation Amendment Act 2008 (No 2)*.

**4****Schedule 1****Amendment 1.8**



**Proposed new section 302**

**Page 18, line 21—**

*omit*

chapter

*substitute*

part

**5**

**Schedule 1**

**Amendment 1.8**

**Proposed new section 306 heading**

**Page 20, line 19—**

*omit the heading, substitute*

**306A Certain applications under pre-amendment Act—hearing**

**6**

**Schedule 1**

**Amendment 1.71**

**Page 51, line 15—**

*omit amendment 1.71, substitute*

**[1.71] Section 421, new definition of ACAT mental health provision**

*insert*

*ACAT mental health provision*, in a care and protection order—see section 491.

**7**

**Schedule 1**

**Amendment 1.72**

**Page 51, line 20—**

*omit*

**Section 420**

*substitute*

**Section 421**

**8**

**Schedule 1**

**Amendment 1.73**

**Page 52, line 1—**

*omit*

**Section 420**

*substitute*

**Section 421**

**9**

**Schedule 1**

**Amendment 1.74**

**Page 52, line 4—**

*omit*

**Section 421**

*substitute*

**Section 422**

**10**

**Schedule 1**

**Amendment 1.75**

**Page 52, line 8—**

*omit*

**Section 432 (2) (c)**

*substitute*

**Section 433 (2) (c)**

**11**

**Schedule 1**

**Amendment 1.76**

**Page 52, line 11—**

*omit*

**Section 463 (2) (d)**

*substitute*

**Section 464 (2) (d)**

**12**

**Schedule 1**

**Amendment 1.77**

**Proposed new section 490 heading**

**Page 52, line 17—**

*omit the heading, substitute*

**491**        **What is an ACAT mental health provision?**

**13**

**Schedule 1**

**Amendment 1.78**

**Page 53, line 5—**

*omit*

**Section 544 (2)**

*substitute*

**Section 545 (2)**

**14**

**Schedule 1**

**Amendment 1.79**

**Page 53, line 10—**

*omit amendment 1.79, substitute*

**[1.79]**        **Section 549 (e), note**

*substitute*

*Note* The Childrens Court must make an interim therapeutic protection order for a child or young person if an application for a therapeutic protection order for the child or young person has been made but not finally decided and the court suspects on reasonable grounds that the child or young person is suffering from a mental illness or mental dysfunction. The order must direct the child or young person to submit to the jurisdiction of the ACAT (see s 545).

**15****Schedule 1****Amendment 1.80****Proposed new section 838****Page 53, line 22—**

*omit proposed new section 838, substitute*

**839****Meaning of reviewable decision—div 24.1.3**

*reviewable decision* means a decision mentioned in table 839.1, 839.2 or 839.3, column 3 under a provision of this Act mentioned in column 2 in relation to the decision.

**Table 839.1 Review of decisions—ch 15 (Care and protection—chief executive has aspect of parental responsibility)**

| <b>column 1<br/>item</b> | <b>column 2<br/>section</b> | <b>column 3<br/>decision</b>   | <b>column 4<br/>entity</b> |
|--------------------------|-----------------------------|--|----------------------------|
| 1                        | 516                         | refuse to authorise person as kinship carer                                    | person                     |
| 2                        | 517                         | refuse to authorise entity as foster care service                              | entity                     |
| 3                        | 518 or 519                  | refuse to authorise person as foster carer                                     | person                     |
| 4                        | 520                         | refuse to authorise entity as residential care service                         | person                     |
| 5                        | 522 (4) or 523 (4)          | revoke authorisation of entity or person as foster carer                       | entity or person           |
| 6                        | 524 (4)                     | revoke authorisation of entity as residential care service                     | entity                     |
| 7                        | 525 (1)                     | refuse to approve place operated by residential care service as place of care  | residential care service   |
| 8                        | 525 (4)                     | revoke approval of place operated by residential care service as place of care | residential care service   |

**Table 839.2 Review of decisions—ch 20 (Childcare services)**

| <b>column 1<br/>item</b> | <b>column 2<br/>section</b> | <b>column 3<br/>decision</b>                        | <b>column 4<br/>entity</b> |
|--------------------------|-----------------------------|---|----------------------------|
| 1                        | 747 (3)                     | refuse to give proprietor childcare service licence | proprietor                 |
| 2                        | 751 (4)                     | refuse to extend childcare service licence          | licensed proprietor        |
| 3                        | 752 (3)                     | refuse to amend childcare service licence           | licensed proprietor        |
| 4                        | 753 (3)                     | refuse to transfer childcare service licence        | licensed proprietor        |
| 5                        | 758 (3)                     | refuse to renew childcare                           | licensed proprietor        |

|    |             |   |                                    |
|----|-------------|---|------------------------------------|
|    |             | service licence                                 |                                    |
| 6  | 760 (4) (a) | confirm compliance notice                       | licensed proprietor                |
| 7  | 761 (2)     | suspend childcare service licence               | proprietor whose licence suspended |
| 8  | 762 (3) (a) | confirm suspension of childcare service licence | proprietor whose licence suspended |
| 9  | 763 (2)     | immediately suspend childcare service licence   | proprietor whose licence suspended |
| 10 | 765 (3)     | cancel childcare service licence                | proprietor whose licence cancelled |

**Table 839.3 Review of decisions—ch 21 (Employment of children and young people)**

| <b>column 1<br/>item</b> | <b>column 2<br/>section</b> | <b>column 3<br/>decision</b>   | <b>column 4<br/>entity</b>  |
|--------------------------|-----------------------------|--|---|
| 1                        | 786                         | suspend educational institution's exemption (in relation to work experience program)           | educational institution   |
| 2                        | 787                         | revoke educational institution's exemption (in relation to work experience program)            | educational institution   |
| 3                        | 788                         | prohibit employer from employing, or continuing to employ, child or young person               | <ul style="list-style-type: none"> <li>• employer</li> <li>• child or young person</li> </ul> |
| 4                        | 790                         | state conditions in relation to employment of child or young person that must be complied with | <ul style="list-style-type: none"> <li>• employer</li> <li>• child or young person</li> </ul> |
| 5                        | 800 (2)                     | refuse to issue high risk employment permit  | <ul style="list-style-type: none"> <li>• employer</li> <li>• child or young person</li> </ul> |
| 6                        | 800 (3)                     | issue high risk employment permit subject to conditions  | <ul style="list-style-type: none"> <li>• employer</li> <li>• child or young person</li> </ul> |

## 16

### Schedule 1

#### Amendment 1.80

#### Proposed new section 838A, except notes

Page 57, line 1—

*omit proposed new section 838A, except notes, substitute*

## 839A

### Reviewable decision notices

If a person makes a reviewable decision, the person must give a reviewable decision notice to each entity mentioned in table 839.1, 839.2 or 839.3, column 4 in relation to the decision.

## 17

### Schedule 1

#### Amendment 1.80

#### Proposed new section 838B heading

Page 57, line 10—

*omit the heading, substitute*

**839B Applications for review****18****Schedule 1****Amendment 1.81****Page 58, line 1—***omit amendment 1.81, substitute***[1.81] Section 840 (1)***substitute*

- (1) The ACAT must not make an interim order staying or otherwise affecting the operation or implementation of a decision under section 747 (3) (Childcare service licence—decision on application) to refuse to give a childcare service licence.

**19****Schedule 1****Amendment 1.82****Page 58, line 12—***omit***Section 839, table 838.3***substitute***Section 840, table 840****20****Schedule 1****Amendment 1.83****Page 58, line 19—***omit amendment 1.83, substitute***[1.83] Section 927 (2) (e) and note***substitute*

- (e) for an order mentioned in the repealed Act, section 246 (3) (e)—a care and protection order with an ACAT mental health provision under this Act, section 464 (2) (d); and

*Note* Under s 246 (3) (e) a specific issues order may include an order that the child or young person submit to the jurisdiction of the ACAT for a decision whether the child or young person has a mental impairment.

**21****Schedule 1****Amendment 1.84****Page 59, line 1—***omit amendment 1.84, substitute***[1.84] Section 929 (2) (d) and note***substitute*

- (d) for an order mentioned in the repealed Act, section 255 (4) (d)—a care and protection order with an ACAT mental health provision under this Act, section 464 (2) (d); and

*Note* Under s 255 (4) (d) a final care and protection order may include an order that the child or young person submit to the jurisdiction of the ACAT for a decision whether the child or young person has a mental impairment.

**22**

**Schedule 1**

**Amendment 1.85**

**Page 59, line 10—**

*omit*

**Section 940**

*substitute*

**Section 941**

**23**

**Schedule 1**

**Amendment 1.85**

**Proposed new section 940 heading**

**Page 59, line 12—**

*omit the heading, substitute*

**941 ACAT review of decisions**

**24**

**Schedule 1**

**Amendment 1.89**

**Proposed new definition of ACAT mental health provision**

**Page 60, line 14—**

*omit*

section 490

*substitute*

section 491

**25**

**Schedule 1**

**Amendment 1.91**

**Proposed new definition of reviewable decision**

**Page 60, line 20—**

*omit*

section 838

*substitute*

section 839

**26**

**Schedule 1**

**Amendment 1.319**

**Proposed new section 41 (1) (a)**

**Page 166, line 5—**

*omit*

applied

*substitute*

applies

**27**

**Schedule 1**

**Amendment 1.387**

**Proposed new section 416 (4)**

**Page 192, line 7—**

*omit*

subsection (4)

*substitute*

subsection (3)

**28**

**Schedule 1**

**Amendment 1.391**

**Proposed new section 420 (2)**

**Page 194, line 9—**

*omit*

**29**

**Schedule 1**

**Amendment 1.391**

**Proposed new section 429**

**Page 199, line 22—**

*omit*

tribunal

*substitute*

ACAT

**30**

**Schedule 1**

**Amendment 1.391**

**Proposed new section 433 (4), note**

**Page 203, line 21—**

*omit*

public purpose fund

*substitute*

statutory interest account

### Schedule 3

## ACT Civil and Administrative Tribunal Legislation Amendment Bill 2008 (No 2)

### Amendments moved by the Attorney-General

**1**  
**Schedule 1**  
**Amendment 1.23**  
**Proposed new schedule 1, item 14**  
**Page 21—**

*omit*

**2**  
**Schedule 1**  
**Amendment 1.322**  
**Proposed new section 266A (1A) and note**  
**Page 222, line 12—**

*insert*

(1A) To remove any doubt, this section does not apply in relation to the enforcement of an order made by the ACAT.

*Note* The *ACT Civil and Administrative Tribunal Act 2008*, s 71 provides that a money order or non-money order made by the ACAT is taken to have been filed in the Magistrates Court for enforcement under the *Court Procedures Rules 2006*, pt 2.18 (Enforcement).

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