NURSES AMENDMENT BILL 2002

Second Reading

Resumed from 6 November.

MR M.F. BOARD (Murdoch) [12.55 pm]: The Opposition supports this Bill, and congratulates the minister's staff, the minister himself, the staff of the Department of Health and others involved in the period of consultation that has resulted in this Bill being brought before the Parliament. It is a significant piece of legislation which, although not large in size, amends at least seven Acts, some of which have been in force for a long time. It is also one of the first moves in this State to bring about change and flexibility in the delivery of health care, and the way in which we deal with the unique circumstances facing our community. Legislators and those involved in the health professions need to adapt to the changing needs of the community, in how and where the community is able to access health professionals, and deal with the stresses and strains on the health system, particularly the public health system. During the second reading debate, the Opposition will indicate why the House is dealing with nurse practitioner legislation, what that means to Western Australia, and its short-term and long-term ramifications. We also want to place on the record our understanding of where the nursing profession is at present, and where we hope it will go in the future.

Probably no profession has been the subject of as many reports, inquiries, political deliberations and scrutiny as that of nursing. It is important that such be the case, because of the important fundamental role of nursing in the delivery of health services. The profession has gone through some significant changes, and yet today finds itself in difficult circumstances in terms of the number of its members and the pressure that is put on them. As legislators we have a duty to do what we can to not only ease that pressure, but also to move the profession forward. At the outset, it is important that we indicate, in a bipartisan way, our support for nurses in this State. Notwithstanding the day-to-day politics, and the issues confronted by government and others involved in the delivery of health, we all respect and understand the critical importance of professionally educated nurses in our system and the need to support them, because they are very much at the coalface of health care delivery. Notwithstanding the incredible contribution of general practitioners and specialists, it is through nurses that the community judges and values the health care system.

Today we are dealing with nurses, and I will concentrate on their role. Nurses in this country have experienced significant career changes. In many ways that is reflected in world trends. There have been significant changes in the way nurses are educated. Edith Cowan University, Curtin University and University of Notre Dame Australia are now offering three-and-a-half-year degrees in an attempt to bring nursing to the required professional level. It has moved from an enrolled nursing-type training situation, in which much of the work was done in a clinical environment, to an academically-based training program with a mixture of academic studies and clinical work. Debate is raging in the community and the profession about whether that clinical experience is adequate, whether it meets the needs of the nurses and the hospitals, and whether that mixture may be the reason for the high attrition rate. Notwithstanding that, the career has changed significantly. Greater expectations and demands are placed on nurses. Indeed, their role in our hospital system, particularly the acute tertiary system, has changed. They now deal with far more sophisticated internal management systems, equipment and technology. There have been changes in drugs and their utilisation; and in the combination of systems. Nurses must deal with different professions, particularly allied health professions. There has been a large expansion of the type and number of allied health professionals working within the system. Hence, the role of the nurse today is different from what it was even 10 years ago and particularly 20 and 30 years ago. That becomes evident as we talk to nurses within our health system. The nurses who have been in the system for some time have had to adapt to these changes and deal with those increased expectations through additional studies or training within the system. There is a greater need for nurses as our public health system expands throughout the State. Of course, our private health systems and not-for-profit systems also have a greater need for nurses. Nurses are employed in a range of other areas, such as public or community health. A range of additional services has expanded throughout the integrated and reasonably well-coordinated health system. There is a greater need for nurses and higher professionalism. We hoped that this would result in an expansion of the number of people wanting to train as nurses, and the number of nurses entering and staying in the system and progressing through a career structure within the system. During this second reading debate and the consideration in detail stage we will see that many of those expectations have not been met. This is a worldwide trend. It is not isolated to Western Australia or this country. There is a difference between the expectations about the numbers of nurses and how that can be achieved and the reality of who is in the system and the number of people coming through. In a strange way, this reduction in the number of people training has probably come about for good reasons.

Although both men and women choose nursing, it has historically been a profession dominated by women. Women today have far more career choices. Some 30 or 40 years ago, the choices for young women coming out

of the school system were primarily teaching, secretarial work or nursing. The choices then were narrow compared with those available over the past 10 or 15 years, and particularly today. In a real sense, every occupation is now available to women, and they are succeeding in them. In many ways they are achieving greater academic success than many of their male counterparts. That is evident in a range of careers, particularly those that are science related. It is a real issue for the Minister for Education, who must try to keep the performance of boys within our schooling and tertiary entrance examination system at the same level as that of girls. It is reflected in the universities. One need only go to the graduation ceremonies of various programs to see how much they are dominated by women. Women have moved on. They have had the assistance of government policies and programs to do that. That has had a direct effect on the number of women entering the medical professions. A higher number of women are doctors and allied health professionals as a result of better education opportunities. However, in real terms, fewer women are going into nursing. That is being addressed through a number of programs. I understand there has been a 20 per cent improvement at the school level, with both males and females choosing nursing as a first career option. That is a significant improvement. However, we went through a period in which there was a lack of growth and even a downward movement; and now there is generally a lack of nurses in the State. The result of that has been twofold. The pressures and expectations within the health system have resulted in many nurses moving into agencies. Although the size of those agencies and the number of nurses within them were small 10 years ago, today a significant number of nurses are employed by a greater number of agencies. This has created a great dilemma. The reason nurses are going into agencies reflects on the health system, both public and private. It also causes concern within the system about the additional costs and the profit taking by the agencies that provide those nurses. Nurses go into agencies for a range of reasons. Primarily, it seems that it is because they have more flexibility about what they do and where they go, and they are better paid. It appears there is less expectation about what the agency nurses will provide, so they are removed from the stresses and ongoing concerns of a given hospital or health sector. I do not belittle agency nurses. We need them, we support them and they are great nurses. However, their increased use creates a dilemma for those wanting to provide orderly administration and to accurately forecast the cost of the delivery of health in this State. The cost of agency nurses is blowing out. They are now far more expensive than nurses employed within the system.

In dealing with the nurse practitioner legislation, we must talk about why we need nurse practitioners at all. There is a general shortage of general practitioners and other health professionals throughout the State. I will concentrate on the GPs. This is a significant issue. I remind those who will read this speech that the State of Western Australia is the size of Queensland, New South Wales and Victoria combined. It accounts for one-third of the Australian land mass. Other people talk about the size of their States and various isolated areas, but they have no concept of the enormous issues and difficulties facing the delivery of equitable public health or any other health care, whether with private general practitioners or other systems, in Western Australia, because the numbers are just not there. Basically, 80 per cent of the population lives in the metropolitan region and the remainder is spread throughout our enormous land mass. Even with the best of intentions, administrators can never provide total equity in towns of 400, 500 or 600 people. These regions do not allow for a full-time general practitioner position - unless it is subsidised by the State, the Commonwealth or any other outside body - other than through the user-pays system. We must look at how we can attract and keep general practitioners in regional and country areas. We need a total rethink on a commonwealth and state basis of how we can achieve equitable health delivery in our remote and regional areas. I say that unashamedly. With the best interests in the world, the Commonwealth is trying to do things throughout Australia, and Western Australia does its best notwithstanding the politics and the difficulties faced in this State. The reality is that from a customer, patient and community point of view, things can be achieved across borders in a cooperative sense. People do not see the difference between commonwealth and state dollars or between Medicare agreements, and they do not see who has ownership of a territory; they are only interested in the services they get. They pay their taxes and they believe they are entitled to some justice. We should make a more deliberate attempt to ensure that even if it is a subsidised system - which it would have to be - it provides at least primary health care equity to people right throughout the Western Australian community.

We have a shortage of general practitioners. Western Australia has the lowest proportion of GPs per head of population in the nation, particularly in our country regions. The gap has been filled by overseas-trained doctors. This State has a high proportion of overseas-trained doctors compared with other States - thank God for them - but such a system of attracting people from Third World countries to developed countries is not sustainable or advisable for world health, because other countries are desperately short of GPs. This nation should take responsibility for the total number of GPs that are required, particularly in Western Australia. I will work with the minister in this regard. My advice to the Commonwealth has been to somehow support this State's endeavours to increase the number of trainees for medical schools - undergraduates and postgraduates. I support the entry of the University of Western Australia and Notre Dame University into this area. The Commonwealth has the opportunity to implement a subsidised system, and there is the opportunity for full fee paying students as

well, given that any medical school will have to go through many hoops and barriers to gain accreditation. If that accreditation were gained there would be an opportunity for greater integration between the private health system and the not-for-profit health system, the public health system. In this State we must address the utilisation of all our resources, and we must utilise our resources for the delivery of health in the best way possible. Sometimes those resources do not lie within the public health system; they may lie in the not-for-profit system or the profit system. However, the reality is that the expertise and the capital do exist, and we will not do the taxpayer justice unless we can cost effectively utilise all of that for a better outcome and ensure that those who are not insured receive adequate support. We must address how we use our total resources to provide better outcomes in elective surgery and care awaiting placement, which is becoming a massive issue in tertiary hospitals.

The Auditor General's report this year estimated that Western Australia is 720 to 780 nurses short of requirements. More significantly, approximately 700 nurses left the system in 2000; and by the year 2020, based on current trends, notwithstanding efforts that are being made at the moment, we will have a shortage of 12 000 nurses in Western Australia. This is a significant issue and it should be addressed.

I will now refer to the history of the Nurses Amendment Bill 2002 and explain why, in terms of movement in Australia, we will be going from slightly behind the pack to well above where other States have gone with their nurse practitioner legislation. The previous Government under Minister John Day appointed a project committee that was headed by Justice Kennedy to look at the remote nurse practitioner role. That committee identified that some 32 geographical areas in the State required assistance because of a lack of GPs and other support for nurse practitioners in these isolated areas. Some of the areas were not so isolated, because they were tourist related, some had large indigenous populations and some were subject to mining operations. Notwithstanding that, the public health system was not delivering general practitioners, nor were private general practitioners available to those communities.

For the past 10 or so years, pursuant to various regulatory changes, nurses in those areas have been permitted to do procedures that they would not normally have been entitled to. However, there was no legislative framework to protect them. Hence, nurse practitioner legislation has been introduced to do two things: first, to provide a legislative framework and a more solid base to current practice, which has been operating in Western Australia for some time; and, second, to take it to the point where it opens the door to the accreditation and appointment of nurse practitioners. This legislation will allow nurse practitioners to deliver services in areas designated by the Director General of the Department of Health. Nurse practitioners may find themselves working in emergency departments, aged care, in secondary hospitals after-hours, and wherever other areas of practice are designated. That is a significant shift from what was initially proposed. It has come about through the large amount of consultation that has taken place in regard to that. The Opposition is happy for this legislation to come forward, but the only reason I can see to justify its appearance almost 20 months after the election of this Government is the great deal of consultation and drafting work that was done prior to that. The Government has now moved beyond that through its consultation to include additional designated areas, which would previously have been regarded as isolated or remote. As a result, it changes significantly the way we see the relationship between nurses and the hierarchy in the system. We support that because it is overdue and it is moving health forward in providing opportunities for nurses and a better delivery of health in our system. We assume, and we know, from reading the report that there has been virtual universal acceptance of these changes. I have personally consulted with a number of groups including the Nurses Board of WA, the Australian Nursing Federation, rural practitioner groups and the Royal Australian College of General Practitioners. They all support this legislation. The Australian Medical Association and other groups have played a significant role, both in the early stages of the report and with further consultation as a result of the draft legislation. It was with some surprise that we greeted the AMA's comments on these changes. I think it was a somewhat soft protest that did not fully support the changing role. It did not say that the changes are coming about because of a lack of government direction and real initiatives to support additional general practitioners, especially in country areas. Although the AMA may have a point, the reality is that we have this issue today and I see nurse practitioners working very constructively with general practitioners in an integrated system, wherever that may need to be. The Australian Nursing Federation also supports this legislation. The main issue raised by the ANF was that, whilst it was pleased to see amendments to the Nurses Act made by this Parliament, it would like to see further amendments to the Act that would address other significant issues. Now is not the time to go into those areas.

The legislation creates an additional qualification for nurses. In a qualified way, it is very specific geographically. Nurse practitioners can gain a qualification either through practical skill, history or applied work or through additional training at Curtin University. The university has won the tender for a 12-month full-time training program. The qualification does not really stay with the individual practitioner on an ongoing basis. Nurses will have a qualification and, as we understand it, will need to keep it up-to-date and continue their registration. To practise as a nurse practitioner and advertise oneself as such can only be done when occupying a designated position. As I understand it, the bulk of those positions will be in country and rural areas. To my

knowledge, the number of positions available will be 32. I may stand to be corrected on that. Indications are that the remaining number - up to 60 in Western Australia - will be in other designated areas of need. The need might be for after-hours work, triage, or as I have previously outlined. It will be interesting to see the application of it in the private sector. It will be interesting also to see any extension of that and any applications that come forward from either the community or the health system as to where are the designated areas. During the consideration in detail stage we will need to examine how the designated areas will be achieved. Will it be by numbers, the accessibility of general practitioners, or pressure points to assist with general practitioners? What will be the ratio or balance of where the positions are to be? It will be a very significant issue for the number of positions and how they are applied. During that stage, issues will be raised about how nurse practitioners hold on to their credentials if they are unable to hold on to a position. For example, a nurse practitioner may be transferred from the country to the city or move from a designated area of need within the city to another job. If the new position is deemed not to be in an area of need, a nurse practitioner will, on the face of it, lose pay and be unable to hang out a shingle as a nurse practitioner. We need to explore exactly how the system will work.

There is also a role for the Nurses Board of WA. The Opposition puts on record that the Nurses Board has done valuable work. To some degree, the extent of its work has not been recognised. It appears that the public face of nursing is not with the Nurses Board but with other groups, which, for a range of reasons, get all the publicity. I understand that but the Nurses Board has played a significant role in the registration of nurses and the maintenance of standards. It is not there to represent nurses, it exists for the community. The board works in a way that adds incredible value to the nursing profession. It is appropriate that the board has a significant role in maintaining that accreditation and lifting its ability to create additional standards within the State.

There is also a need for the Director General of the Department of Health to play a significant role. I do not know whether that role will be delegated. The State already has a position of chief nurse. As I understand it, further developments are to come from those representing nursing in the Department of Health. I understand there will be further administrative changes in that regard. Whether the director general plays that role through this legislation or whether it is achieved through delegation, it needs to be worked through. We must determine how it will work on the ground.

This legislation has other significant aspects, as it amends seven other Acts. When we deal with legislation that amends so many Acts, it would be constructive to produce a Bill that shows the particular changes within the text of the amendment, as has been done in the past. The text of the original Act should be included, with the changes made by the amending Bill next to it. That would obviate the need for members to have eight Acts in front of them and to go from one Act to another as each amendment and its effect on a particular Act is explored. This would enable members to deal with one document rather than a stack of papers.

Mr R.C. Kucera: I support the member's comment. This is my first major Bill.

Mr M.F. BOARD: It is not a criticism. We are yet to see this done with any legislation that comes into this place. However, it was a trend that was happening towards the dying days of the former Government - when I say "the dying days", I choose my words carefully.

Mr R.C. Kucera: I did not interject.

Mr M.F. BOARD: I know, but the wry smile on the minister's face gave me the opportunity to correct myself. To put it another way, in the year or two before the last election the previous Government produced draft legislation that incorporated a number of Acts; in a Blue Bill, it was easy to pick up and read what the original words were and how the amendments would change them. Members did not have to shuffle a lot of paper around on these very small desks that we have in the Chamber. I have spread my paperwork around me today to accommodate what are relatively small amendments.

The changes to these Acts are significant. A significant change will be made to what is allowed under the Pharmacy Act. This may open up a debate as to how we deliver a range of pharmaceutical goods, who does that job, where the pharmacy profession will go in the future and whether there is a need for additional occupations and support in that area. It may even open the door for nurses to be employed in pharmacies as we move towards having a greater range of public health services, methods of delivery, advice and the support that flows from that. Who knows where these things will go if we move out of the square and become flexible, notwithstanding the fact that people need to protect their reputations, their occupations in a professional sense and also their salaries. However, at the end of day, we must consider how health care can be delivered to the community and how that is best achieved in the most cost-effective way.

The Bill amends other Acts such as the Misuse of Drugs Act, the Road Traffic Act and the Radiation Safety Act. The latter is significant at the moment because the Radiological Council, if anything, is tightening the qualifications it requires and, hence, the trends in some other areas are heading the other way. What does that

mean for health care standards? How do we achieve the right balance when looking after these professions and maintaining safety standards for the community whilst maintaining access and equity?

This Bill also amends the Poisons Act, the Nurses Act and, of course, the Medical Act. I am receiving a lot of correspondence, as I am sure the minister is, about the Medical Act. It has been long due for an overhaul, and the Opposition would like to see legislation to do that pass through Parliament next year. I am sure that that is the minister's intention. There are significant opportunities in consultation to visit that Act and make a number of constructive changes to it and, at the same time, bring the professions along with us.

This Bill is about to be dealt with in consideration in detail. The Opposition supports this Bill; it started the process by drawing up drafting instructions for the Bill. The current Government has picked up those instructions and gone through a period of consultation to produce a Bill that meets the expectation of the vast bulk of the community, the nursing profession and most of the other health professions. Although it will need clarification in a number of areas, the Opposition will not move to amend any part of the Bill, depending on what transpires during consideration in detail. The Opposition reserves the right, if necessary, in the upper House - depending on how we understand things - to address those issues.

In closing, it is significant to note that we are potentially going to have at least 60 nurse practitioners in Western Australia. That is a confusing figure. The second reading speech of the minister indicated that at least 20 trainees a year at Curtin University of Technology would qualify for the scholarship. That would provide us with three times 20 nurse practitioners, which is 60, over three years. However, the Bill also indicates that existing nurse practitioners will be accredited without the need for any additional training if the Nurses Board of WA indicates that that is the case. At the moment there could be as many as 30 or more nurses in that situation. Does that mean that we are looking at the possibility of having 90 nurse practitioners in Western Australia? If that is the case, it is a significant number given that New South Wales, which was the model on which this report was based, has only 12 nurse practitioners. Hence, as I said at the outset, this figure takes us from being well behind to well ahead in Australia, which will significantly change the profession.

Other issues must be considered. Although the nurse practitioner is geographic specific or needs specific - if that is the right terminology - it will create some problems for those who have obtained their qualification. How will they go about advertising themselves on their business cards and so forth? This must be clarified. It causes concern about the continuance of a pay scale when people move in and out of those geographic situations. It also creates the possibility of there being the haves and the have-nots in some of these locations. It may signal a more significant change to the designation and criteria of those areas of need. I put on record that there must be further career structure enhancement for nursing in this State. Although there were some attempts to address this in the enterprise bargaining agreement, there does not seem to be a real recognition, particularly of payment, of accredited nurses and their postgraduate studies and training. Again, the positions are position specific. There is a preparedness to push the best and the most qualified nurses out of the practical side of their profession and into the administrative side, because in that area there is a progression in salaries and recognition, and that takes nurses away from the coalface and into management. Hence, we ought to introduce a better career structure within the hospitals and within the clinical side of nursing. Maybe nursing should run parallel with the administrative side so that people can choose the clinical or administrative side to achieve further professional advancement, so that nurses would not have to leave nursing in a practical sense. We ought to address the way in which nurses move from one profession to another. The Education and Health Standing Committee is currently inquiring into the role of health professionals and how their services are delivered. Part of the inquiry will consider moving nurses into allied health, allied health workers into nursing or nurses into medicine. Emerging world models indicate that a number of countries are moving towards total generic training in the first and second years - not just in one or two subjects - before moving into specialisation. I am not sure if that model is good for Australia. However, it is certainly one that requires investigation.

I turn now to specialisation in nursing. It seems that the more nurses become specialised the more they isolate themselves into a particular progression cell, which often does not provide the flexibility that is required.

All the major issues to which I referred must be addressed. I know that the Department of Health is aware of them, because they have been discussed on a number of occasions. I reiterate that the Opposition supports and welcomes the legislation. We would have liked it introduced sooner, but here it is. The Opposition looks forward to examining the Bill in some detail - without holding up the House - during the consideration in detail stage.

MR R.N. SWEETMAN (Ningaloo) [1.43 pm]: I support my colleague the member for Murdoch, who is the shadow Minister for Health, in his remarks on the Nurses Amendment Bill 2002. Since his appointment to that position the member for Murdoch has done an extraordinary job, and I applaud his efforts and the research he has undertaken on this Bill. At the same time, I commend the Minister for Health for his efforts in recognising the dire shortages in particular areas of medical expertise within rural and regional Western Australia.

I understand that when the Bill passes into law certain areas will automatically be designated as eligible for nurse practitioners. There is also provision within one of the draft documents for other areas to make application to register as areas eligible for a nurse practitioner. The Opposition spokesperson on health referred to this when he spoke about the 20, 22, and ultimately 60 nurse practitioners. There are six nursing posts in my electorate of Ningaloo. I note that not one of those nursing posts is referred to in the remote area nurse practitioner project report. The only areas referred to - there are a significant number of them - are in the remote areas of the State, and most are Aboriginal communities. I recognise the dire need for nursing expertise at such posts.

Without many applications, hearings or submissions to register other nursing posts, there must be a quicker way of designating an area eligible for a nurse practitioner. I make particular reference to towns such as Yalgoo, Cue, the mining settlement of Useless Loop, Denham in the Shark Bay area, and Coral Bay, which is north of Carnarvon. Over the past five or six years there has been difficulty with the nursing post in Shark Bay and, to a lesser extent, those in Useless Loop and Yalgoo because of the changing situation within the regional health service. The change has been not so much in the health service itself but in the senior medical officer within the health service, who imposed his will on the way some of the nursing posts operated. Many of the nursing posts in my area have traditionally been manned by knowledgeable and senior nurses who have acquired skills over a long period. They have worked in not only nursing posts but also a variety of hospitals in metropolitan areas, regional centres and small country towns. For whatever reason, many have taken a position in a nursing post. In many cases it was a bitter experience for such nurses to be told by the senior medical officer that they had to contact the SMO or the doctor on call at the nearest hospital before they could even pick up a stethoscope. I am sure it was not their pride that was hurt; they were hurt by the fact that they could no longer do the work that, in many cases, they had been able to do for decades. Such nurses are capable and competent to undertake a range of diagnoses and to prescribe certain treatments to assist those who come in to see them from the region or the local community in which they practise. I am sure that many people from the shires or various communities in which the only access to medical assistance is at one of the nursing posts have relayed to the minister that people feel they have been disadvantaged by the new rules that apply to the functions of nursing sisters in some situations.

The Bill is a practical and commonsense piece of legislation - something that we do not see much of in Parliament - that will have immediate benefit, certainly once the first of our nurse practitioners are registered. In that regard, I have a question for the minister that he can answer when he responds to the debate. Without going through the 12-month post-graduate course, will nurses who are currently practising automatically be granted the certificate of competence? Certainly, there are nurses currently practising who are very capable. I am sure that if an assessment were carried out by a panel, such nurses would receive approval. It might be done in the same way that overseas doctors have to sit the Royal Australian College of General Practitioner's exam after practising for two years in Australia - previously it was the Australian Medical Council exam - to establish whether they are competent enough to continue practising in this country. If something similar were applied to nurses I am sure that the real benefits the Government is trying to achieve through the legislation will be felt almost immediately the Bill is proclaimed.

Mr R.C. Kucera: I can answer that by way of interjection. The simple answer is yes. However, I will address the issue in my reply.

Mr R.N. SWEETMAN: That is good.

The member for Murdoch made reference to the three years. It does not seem right that - the minister can also respond to this - if a person has sat the 12-month course or, separate from the 12-month course, has been registered as a nurse practitioner, that qualification will lapse after three years when, for whatever reason, the person has not practised as a nurse practitioner. Why was that provision included in the legislation? There are many reasons that people may not practise. For example, they may relocate for family reasons or be seconded to other duties in a regional or city hospital. In his second reading speech the minister made reference to the situation in the UK and Ireland where nurse practitioners handle up to 25 per cent of triage cases in hospitals. The nurse practitioner may not move from one of the nursing posts into that situation, if that situation is developed in Western Australia. I would certainly support the minister if he tried to implement that in many of our hospitals, because it would certainly have the effect of reducing many of the dire shortages of doctors being experienced in many of our hospitals.

I will deal with the last aspect of the minister's second reading speech. He referred to the schedule 4 poisons. We spent a small amount of time talking about this in a meeting of the Joint Standing Committee on Delegated Legislation this morning. It was seen as quite unusual that powers should be conferred on a director general, whether it be the Director General of the Department of Health or whoever. The second reading speech states the Director General of the Department of Health is to designate an area for the purposes of the Act. Amendments to the Poisons Regulations 1965 allow the Director General of the Department of Health to designate areas in which a nurse practitioner may possess, use, supply or prescribe poisons in accordance with

the requirements of the Poisons Act. It is seemingly a fairly simple thing. If, after qualification, this responsibility is to be conferred on the nurse practitioner, some of these things would automatically follow. However, I see how significant some of the consequential amendments are that need to accompany this Act to enable the nurse practitioners to adequately do their job. Previously, schedule 4 poisons were restricted to medical, dental and veterinary prescriptions, so it is a significant change. A reading of schedule 4 shows that a person needs to be able to prescribe various pharmaceutical or pharmacological drugs or whatever, and that seems a reasonable thing to do. However, I can understand the broader public interest in and implications of these changes.

In conclusion, I support the Bill and commend the Government and the previous minister, Hon John Day, the member for Darling Range, for his efforts, and those of the various people on the committees that were set up as early as 1998, I believe, to examine this issue of the remote area nurse practitioner. I hope that the legislation passes speedily through this and the upper House and we see the benefits very quickly in regional Western Australia, and ultimately in our regional and city hospitals, along the lines of what is happening currently in the United Kingdom and Ireland.

DR J.M. WOOLLARD (Alfred Cove) [1.52 pm]: I listened carefully to the members for Murdoch and Ningaloo, who offered their support for and raised some of their concerns about this Bill. Although I believe the Bill should have been introduced 12 years ago, there are many opportunities for this legislation to improve health care delivery throughout the State. However, that will depend very much on whether this Government is genuine with this Bill, because the way in which this Bill is implemented will depend very much on the regulations or the code of practice that come from the Bill.

The member for Ningaloo mentioned the problems in the remote and rural areas. I hope that this Bill is not a quick fix by this Government to sort out some of the problems in the remote and rural areas and that the Government is genuine in the statements that it has made in support of the nurse practitioner role. I worked as a nurse practitioner 20 years ago. I have worked here in Perth with other people who could immediately, under this Bill, work as nurse practitioners. Many nurses, not only in the remote and rural areas but also in the metropolitan area, could immediately be classed as nurse practitioners.

The member for Ningaloo was concerned about the designated areas. In the medical profession over the past decade, in order for doctors to receive provision under Medicare for a new area, their professional colleges would normally submit an application to the Government for that area to be recognised. The way in which this Bill is drafted provides for flexibility within the codes of practice for professional bodies to work together, and for groups of nurses, be they from the aged care sector, the hospital sectors, the Silver Chain Nursing Association sector or other sectors, to have areas designated. I know that is slightly different from what is happening currently in the remote and rural areas, where each post is seen in isolation. However, the Bill provides the opportunity for those professional groups to approach the Government and for the Government, as it has done with the medical profession, to accept that an area is a specialty area. For example, in the past 10 years or so, the specialty area of sports medicine has been recognised. The Government may say that in the accident and emergency area or within aged care, we could have nurse practitioners. That flexibility does exist. When the codes of practice and the regulations come back to this Parliament, we will know whether the Government is genuine or whether this is a quick fix of the problems in the remote and rural sector.

The nurse practitioner position will almost be the pinnacle for clinical nursing practice. In the future, the Government will bring the nursing care assistants under the control of the Nurses Board of WA, because in the past they have very much fulfilled the role of nursing auxiliaries.

The DEPUTY SPEAKER: It is unparliamentary for the member for Kalgoorlie to walk between the Chair and the member with the call.

Dr J.M. WOOLLARD: The Government will examine the full scope of nursing; that is, carers, enrolled nurses, Aboriginal health workers, registered nurses and nurse practitioners. One of the main problems in nursing at the moment is the shortage of nurses. In this House, the minister, in speaking to that shortage, stated that the Government is trying very hard to encourage more nurses back into the public hospital system so that there is not an over-reliance on agency nurses. In a way, it is a shame that the Attorney General does not take a leaf out of the Minister for Health's book to deal with the problems with the prison nurses. It very much looks like the prison nurses are leaving the area in droves, and more and more agency nurses are going into that area. Those agency nurses do not know the prisoners well or their moods. A nurse in that area has many special skills. I hope that the Minister for Health will give the Attorney General the benefit of his advice and of the research that has been done in the public hospital sector to try to support those nurses in the prisons, to ensure that we keep full-time nurses in prisons and stop the over-reliance on agency nurses.

I said that some people believe that the Government is bringing in this legislation as a quick fix.

Debate interrupted, pursuant to standing orders.

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