

Mr Mike Board; Mr Bob Kucera; Acting Speaker; Mr Max Trenorden; Mr Bernie Masters; Deputy Speaker; Mr Ross Ainsworth; Mr John Day; Mr Martin Whitely; Dr Janet Woollard

“NATIONAL REVIEW OF NURSING EDUCATION 2002” REPORT

Motion

MR M.F. BOARD (Murdoch) [4.00 pm]: I move -

That the Minister for Health immediately accepts, endorses and implements the recommendations made in the “National Review of Nursing Education 2002”.

I thank the Minister for Health for being in the Chamber today to receive this report and to discuss the issues that we will raise today. In moving this motion, the Opposition is acting in a constructive manner to look at the recommendations of this review on an issue that greatly affects the community of Western Australia and is of major consequence for the long-term delivery of health services in this State, in particular by the public health system. The National Review of Nursing Education was commissioned in April 2001 by the then commonwealth Minister for Education, Training and Youth Affairs, Hon Dr David Kemp, and the Minister for Health and Aged Care, Hon Dr Michael Wooldridge, in solid consultation with state ministers and territorial representatives and, of course, health professionals. The players involved in this review represent health professionals from every jurisdiction and at every level of the nursing profession, whether it be the practical side, the education side or the promotion of nursing. There has been a tremendous amount of consultation.

The “National Review of Nursing Education 2002” dovetails with and coincidentally comes down not long after the Senate has also inquired into many practical aspects of the nursing profession, including nurse education, throughout the Commonwealth. That demonstrates that this issue is not only of major consequence to this State but also of national and international importance. Therefore, it is timely that we are dealing with this report today. I hope we will deal with this report in a manner that is constructive to the Government but also will put pressure on the Government to act quickly and decisively in the interests of the Western Australian community.

At the outset in this debate, the Opposition should put on record - as I am sure the minister will do also in his response on behalf of the Government - our respect for the nursing profession and for what nurses do, often under stress and a great deal of pressure, within the health system in Western Australia. We tend to focus on the public health system because it is primarily funded by the taxpayers, whom we represent. However, the reality is that nurses in the private sector, which is delivering a large proportion of health services, whether they be in hospitals, aged care or community health, also play an integral and important role that should be recognised and supported. There has been significant change in the way in which nurses are educated and employed, and there are now greater stresses and strains in the nursing profession and greater demands on that profession. There is a range of reasons for the current shortage of nurses in Western Australia and Australia. Many of those reasons are probably beyond the total control of this Parliament and this Government. However, those issues need to be addressed.

Some of the issues that have been addressed by this review, and some of the issues that we are aware of as a Parliament and that have been raised by the community and nurses, can be addressed through the Bills and Acts of this Parliament, through regulations and through policies and programs. We should do our utmost to alleviate the situation in which we find ourselves today. It has been estimated in various reports that over the next four years 20 000 vacancies will arise in the nursing profession. It is estimated that there are currently between 5 000 and 6 000 vacancies in the nursing profession and there is that number of shortages of nurses in the country. If we work on our normal shortage of 10 per cent - in this instance I believe it is greater, although the minister may argue with that - Western Australia has a current shortage of between 500 and 800 placements that could be made if nurses were available. With that in mind, we have a growing crisis on our hands, because the shortage of nurses is growing. While the minister will indicate that the Government is taking a number of steps to alleviate this issue, the reality is that the gap seems to widen every day because of the huge demands on the health system, in particular the public health system. Some of the cost drivers in health are the increased community demand for access to public hospitals, in particular emergency services, which is running at about nine per cent; the huge cost of technology; and the other increasing costs associated with the delivery of health, such as wages, which are very much part of that. That presents a significant challenge to government in trying to meet the expectations of the community.

The minister is well aware, through his education in this area and through other debates in this Parliament, of the increasing need for health professionals, not only at the specialist and general practitioner level but also in the widest and most populous occupation within health; that is, nursing. It is not just registered nurses; it is also enrolled nurses, health care workers and specialist-type nurses, whether they be in psychiatric care, aged care or community health. All those areas are under threat and challenge. It is the issue of nurses leaving the profession after training and the changing role of the nursing profession that causes us to be in the position that we are in today.

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Members who have spent time in hospitals in Australia and who have talked to members of the nursing profession know that the types of individuals who work in the profession are changing. The ages, the ratio of males to females and the cultural background of people within the nursing profession have changed. Those changes are very good and are necessary to meet the community's expectations, cultural demands and the like. Overall, the nursing work force is dedicated, highly trained and delivers a first-class service to the Western Australian community. In some instances, it does not receive the credentials and support that it should from the medical profession or the community. Although the community respects nurses, we have seen growing trends of aggression against them and the community has placed more pressure on them. The community's perceptions and expectations of nurses today are different from those of the past. These days, nurses are educated to a professional level. Some Australian nurses have three, four or even more degrees. Postgraduate training in the nursing profession has increased. Therefore, the nursing profession is highly trained, skilled and motivated and is keeping up with technology and the expectations of the community.

However, many nurses feel uncomfortable. They believe that they are neither well received within the health system generally nor treated as professionals. The transition between the education system and the workplace is difficult for them. Unfortunately, since the advent of highly-trained nurses with tertiary degrees, many nurses have left the profession either temporarily, for long periods or permanently because of a range of difficult issues that can and should be addressed within the health system either through regulations or by legislation. Those issues challenged the Senate inquiry and the members who wrote the "National Review of Nursing Education 2002" report. Today, we are dealing with the national review of nursing education. It is important that we attract people to nursing, particularly young people. That issue is addressed in the report. We must support training and provide adequate places for it. I will refer to that as I go through the report's recommendations. A fundamental and critical issue to the resolution of these matters is to maintain highly-trained nurses within the profession who provide a first-class service to the community. It is a tragedy that so many nurses have left the profession. No one Government, State or country can be blamed for that situation; however, we must address that problem.

We have challenged nurses to meet the educational requirements of a changing health delivery system that increasingly relies on technology. Nurses also face greater demands from the community. We have not yet addressed some fundamental issues regarding the support of the profession. We must maintain the security of the nursing profession; hence the all-encompassing review, which was a first-class process. Although the members did not meet for a great length of time, they have produced a comprehensive report. The reference groups have played a key role in developing these recommendations.

The terms of reference for the review were -

To examine:

- the effectiveness of current arrangements for the education and training of nurses encompassing enrolled, registered and specialist nurses
- factors in the labour market that affect the employment of nurses and the choice of nursing as an occupation
- the key factors governing the demand for, and supply of nursing education and training.

To make recommendations on:

- models of nurse education and training to meet the emerging labour force, including practical training, processes for articulation between different levels of competency and professional expertise and re-entry into the work force
- the types of skills and knowledge required to meet the changing needs of the labour force involved in nursing
- mechanisms for both attracting new recruits to nursing including those from different age groups (both male and female) and encouraging the commitment to lifelong learning of those already engaged in nursing.

To consider the following wider issues from the perspective of both the health industry and education:

- the changing context of nursing and health requirements and the levers influencing these changes
- the links between nursing, medicine and other groups in the health work force (including those with no health qualifications) in the provision of health services.

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To have regard to:

- regional needs and circumstances
- financing arrangements
- the work of current research projects and reviews such as the New Zealand review of nursing education, the Australian Health Workforce Advisory Committee nursing workforce review, and the British review of funding for nursing.

The review panel was chaired by Mrs Patricia Heath, who is a well-credentialed person with expertise in this area, and comprised Ms Jenny Duncan, Ms Ella Lowe, Ms Susan Macri, Mr John Ramsay, Professor Christopher Selby Smith and Professor Robin Watts. I will not name all the members of the reference group because it is a fairly extensive list. The reference group comprised people from the profession who played an informed and constructive role in advising the review panel on the outcomes of this report.

Before I address some of the recommendations of the report, it is worth informing members that many of the recommendations require a cooperative approach between the Commonwealth and the State. They require the State to dovetail with other state jurisdictions and to take a holistic approach to work across borders and jurisdictions to ensure consistency of service. A range of practices must cross borders and the achievements of one jurisdiction should not drag behind the others. Although advances have been made in Western Australia, in some areas we lag behind. That is not a criticism of any one jurisdiction. It is critical that we act with speed and work together to achieve a positive outcome. It is critical for the State to work constructively with the Commonwealth and to not play politics with these issues. It is critical that resources are put in place to meet the expectations of this review. I have no doubt that this review will be universally accepted around the State and within the health profession. Some people might say that it does not go far enough and others might say that it did not address certain issues. However, overall, the almost 40 recommendations, made with 85 recommendations of the Senate -

Mr R.C. Kucera: Thirty-six recommendations.

Mr M.F. BOARD: I thank the minister. Some 36 recommendations and 85 recommendations of the Senate inquiry met with previous reviews. They probably also met with the expectations of trainers, the Australian Nursing Federation representing the nursing profession, the community and the Department of Health. With all of that support, I hope the recommendations are seized upon, embraced and moved on in a concise, constructive and deliberate way to maximise the alleviation of the problems that exist today. I hope that in time, however long that takes, we find ourselves in a position that is not as critical as the position we are in today.

This must be frustrating for the Minister for Health's desire to deliver changes to the health system. There have not been many changes. I have been critical of the Department of Health and the minister for the production of a number of reports, inquiries, administrative changes and some models that have been discussed. However, no fundamental attack has been made on the way in which public health is delivered in this State, where it is delivered, who delivers it, the access by the community to it, both in normal hours and after hours, and the resulting outcomes. Those are the aspects of which I am critical of the minister.

Mr R.C. Kucera: Are you blaming me for the level of general practitioners in this State?

Mr M.F. BOARD: No, I am not blaming the minister for the level of GPs in this State, nor am I blaming the Department of Health. I am saying that in 20 months there should have been more constructive programs, policies, initiatives and regulatory and legislative changes to show the way and promote the rhetoric that we have heard since the Government came to power. We have not seen that, notwithstanding that today was the first day on which I received a copy of the nurse practitioner legislation, and only after a personal request to one of the minister's advisers. It has been very difficult talking to nurses and other interest groups that have a copy of the legislation when I did not have a copy of it. I received that copy today in draft form.

Mr R.C. Kucera: Is that the normal procedure? I understood that if you asked for a copy of the draft legislation you got it. You asked for it only the other week. I can bring into Parliament your dated letter, so don't make silly points like that. If you fail to have enough interest in health to ask for the legislation, it is on your head.

Mr M.F. BOARD: The minister has said that he is prepared to send the draft legislation to various interest groups that play a role in the delivery of nursing, in particular nursing education, but he is not prepared to send it to this side of the Parliament which comprises representatives of a large proportion of the Western Australian community.

Mr R.C. Kucera: You were offered the legislation plenty of times. You never took up the offer until last week. You should tell the truth. I have a bit of respect for you. Tell the truth about all your little machinations. I

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offered you input every time you talked about the nurse practitioner legislation. Until last week you never had the decency to approach my office for it, so don't come that silly little ploy.

Mr M.F. BOARD: The minister indicated that he would send me the draft copy but he did not do so.

Mr R.C. Kucera: You have the draft copy.

Mr M.F. BOARD: Only because I had to ask for it.

I place on the record that I ask the minister, from now on, when he is proposing regulatory, legislative or major policy changes, to send me a copy as a matter of course rather than my having to write to him on every separate occasion.

Mr R.C. Kucera: You are trying to make something out of nothing and wasting more time, as you have done all day.

Mr M.F. BOARD: I ask that the Opposition be included in the process. If the minister does that, he will find it a more constructive and productive way of going about legislative changes in this Parliament.

Mr R.C. Kucera: You have just given me some parameters to go by, thank you.

Mr M.F. BOARD: Those were the minister's interjections.

We as a Parliament have said that it is very important to work in this regard. The Opposition, having been through the recommendations in the report, support that work. I was about to say to the minister that we will support him in his action to gain additional commonwealth support, both for funding for the cooperative ways in which the State and the Commonwealth must work in this regard and to increase the number of higher education contribution scheme places, whether they be fee-paying places or otherwise, so that we can alleviate the problem. There must be a constructive way in which we can work through this major issue. That is not to say that the minister can stand, as he often does in the House, and totally blame the feds for every proposition, every issue and every problem of the Government, or the former Government, in health. There are opportunities for this State Government to take advantage of this report and to act with the Commonwealth to alleviate the situation. That will require a commitment from not only the Commonwealth, but also the State. Many of these recommendations must be addressed by the State within the power of the state jurisdiction to do so, so that the State can get on with the job and not procrastinate about major changes based on the fact that it is not getting enough money or resources from the Commonwealth. We have seen media reports in the past few weeks that the commonwealth-state contribution balance has changed significantly in recent years. Although we will always want more commonwealth support and will always ask for more resources from the Commonwealth, there are issues that this State should address, and must address, and on which it must take some responsibility for the delivery of health to the community in Western Australia.

It is appropriate now that we deal with a number of specific recommendations that the State and the minister can act on immediately. It is interesting to note that the primary recommendation is the implementation of the task force. The task force that all Australian jurisdictions, including the Commonwealth and Territories, are required to implement will action and monitor the progress of the recommendations of this report. The task force must have representation from Western Australia and will need to be resourced from Western Australia. I am sure the state and federal Ministerial Council of Health will support and endorse that task force. We should be proactive in promoting that task force and ensure that we resource our share and take responsibility for its implementation because it will be the body ultimately that will monitor progress of the implementation of these recommendations.

I will not refer to all the recommendations, only the major ones and particularly those that the State can effect within a reasonable period. The second recommendation of the report is the establishment of a national nursing council of Australia. That is a very constructive and positive step forward. I am not saying that the current nursing boards and bodies that represent nursing nationally are not doing their job; I take my hat off to them for raising issues. However, it appears that the national council will be charged with the responsibility over a five-year period to move in a constructive way across the nursing profession borders. The nursing council will be empowered by those jurisdictions to meet the expectations of government and the community. It will have representatives from Western Australia. It is important that we play our role in resourcing the national nursing council. If we are to have consistent strategies across jurisdictions in this profession, that council will play a major role.

Recommendation 3 relates to nursing education and work force reforms. Each State and Territory is asked to play its own part in establishing nursing education and work force reforms. That will facilitate collaboration between the education sector and the health and community aged care sectors including both the public and private sectors. Private sector participation is very important. Since this Government was elected, somehow the

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private sector has been on the nose and the importance of what it is doing in delivering health services in Western Australia has not been fully recognised.

Mr R.C. Kucera: That is an absolute nonsense and you know it.

Mr M.F. BOARD: If that is not the case, what was the intent of the minister's comments on private health insurance only last week and also his comments about the Peel and Joondalup health facilities?

Mr R.C. Kucera: As you very well know, private health systems do not assist the public system. There has been a six per cent rise in demand on the public hospital system in this State since the last increases in the price of health insurance. That put private health outside the reach of the battler, and pushed them back into the public system. The federal Government is absolutely no use to the public health system in this or any other State, and the quicker the member wakes up to that and starts telling it the better.

Mr M.F. BOARD: I have to disagree with the minister. Those people who seek private health insurance and treatment within the private sector are alleviating the pressure within the public sector.

Mr R.C. Kucera: You know that is a nonsense.

Mr M.F. BOARD: The Minister for Health should ask the Minister for Education whether independent schools play a significant role in education. I am telling the minister that if private school children flooded into the public system, it would not cope. The Government ought to support those who make that choice and those who deliver that system. The minister ought to embrace the private system in the total health care delivery system. I have heard this minister say on numerous occasions that he will have a seamless, total health care delivery system in Western Australia. I applaud that. However, the minister has not said that he is referring only to the public health system. The minister is leaving the private health system out of the equation. The national review body, which includes representatives of the health professionals and the community, said it is important that the private sector is included in the equation and that there is a constructive and cooperative approach to a total delivery of health services.

Recommendation 4 relates to national consistency, which has been mentioned in the course of the debate. Recommendation 5 relates to national standards for nurse practitioners. The recommendations are written in a way that indicates the review body believes that all jurisdictions already have nurse practitioners, yet Western Australia does not. They talk about national consistency, but Western Australia does not even have nurse practitioners.

Mr R.C. Kucera: You have not read the report.

Mr M.F. BOARD: I have a draft and we do not have nurse practitioners in Western Australia, so at this stage we cannot deal with national consistencies. We need to expedite the legislation that will come before this Parliament. I will totally support the minister in speeding up that legislative process. Although I have not had the opportunity to go through the draft at this point, the initial nurse practitioners legislation was produced as a result of the efforts of the previous Government, so the Opposition will endorse and support it. In fact, if the legislation goes even further, we will support that. There are many like-minded people on both sides of this Parliament who will totally support nurse practitioners within the framework that we have and who are trying to push the boundaries to some degree to maximise the delivery of health services for the community of Western Australia. It will be a challenge. We have overlapping occupations and demands and people looking after their current jurisdictions, so there will be challenges and pressures on this whole Parliament in how we deliver that. If we do this well, it will set us up for many of the challenges in public health in the next 10 years.

Mr J.H.D. Day: As a member of the previous Cabinet, the member for Murdoch will recall that the previous Government made the decision to go ahead with nurse practitioners.

Mr M.F. BOARD: I did mention that, member for Darling Range, and I give previous ministers, including the member, a pat on the back for having worked through that issue. I would have preferred to see our Government take it further. However, I commend this Government for bringing it forward. I hoped it would be more expeditious in that and would give it more priority, as I know there are consequential issues to move through. I support the minister in this instance. I understand, having dealt with the draft, that the legislation will take us further than isolated and remote jurisdictions, which I totally support. We could take that even further and follow other jurisdictions around the world which are providing services to members of our community in a way that widens their opportunity for professional help. I do not want to undermine our GPs and specialists but to aid them, in particular because of the current shortage of at least 85 GPs in Western Australia. The nurse practitioners legislation is critical. The Opposition urges the Government to bring it forward. The minister will have the support of the Opposition on that, although we may propose some amendments.

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I will not detail all of the report's recommendations that deal with research and training for nursing. However, they need to be supported. A number of recommendations deal with information, particularly the image of nursing in Australia. I indicated to the minister earlier, and I am sure most people will agree, that nursing is an extremely well respected occupation and one in which people respect and rely heavily on nurses who, unlike politicians, are at the top of the totem pole with community support. However, there are increasing pressures and demands on nurses and different expectations from the community as to what nurses can do. Nurses are criticised, often within the hospitals, because they do not have enough time for the bedside, face-to-face consultation and care. If I were to ask the nurses of Western Australia what single thing they would love to address, it would be to spend more time with patients than on administrative functions. That is an important point that needs to be addressed.

Government and employer information on nursing relates to the status of nursing in Western Australia. I spent some time at Curtin University of Technology this week, and one of the major issues that was raised was the status of nurses and how they are perceived both within their profession and by the community. I say this as a massive challenge: nursing, the education of nurses and the demands on nurses have moved on; the expectations of the community and the medical profession have not. That is one of the reasons many nurses have left the profession. They have studied for a four-year degree, and where they see themselves in the health hierarchy and the health profession, how they can be challenged and how much they should be paid are issues that do not necessarily meet the expectations of all in the health profession. I am not singling out individuals or groups. However, that is the reality; that is how they feel about it. We must do something to address those issues. There needs to be a constructive program within the community, the health profession generally and the training sector that encompasses in education the total concept of what nurses are and what they achieve. If we do that, and do it well, we may find that fewer nurses will leave the profession.

The continuing clinical development of nurses is an important matter that has been addressed by nurses around the State. Although I know there are programs for the continual development of and postgraduate training for nurses that are supported nationally and by this State, nurses are not paid in line with their accreditation. Nurses can get various accreditations, or even a PhD, but they are not paid according to the level of accreditation they have achieved.

Mr R.C. Kucera: Can you tell me any other profession that does?

Mr M.F. BOARD: It is job related. Many other professional qualifications -

Mr R.C. Kucera: Name one.

Mr M.F. BOARD: Medicine.

Mr R.C. Kucera: Not until they are qualified.

Mr M.F. BOARD: These people are qualified.

Mr R.C. Kucera: No, they are not.

Mr M.F. BOARD: Nurses are.

Mr R.C. Kucera: You are talking about nursing students.

Mr M.F. BOARD: No; I am talking about postgraduate training. Registered nurses who do postgraduate training find themselves with additional accreditation, but they are not paid for that accreditation. If they happen to go from a level 1 nurse to a level 2 or 3 nurse -

Mr R.C. Kucera: That is part of their enterprise bargaining agreement.

Mr M.F. BOARD: Those jobs are very limited within the system.

Mr R.C. Kucera: Are you suggesting that every worker who gets an accreditation should be paid extra simply for getting the accreditation?

Mr M.F. BOARD: No, I am not saying that; I am saying that we should support further accreditation and pay additional allowances in the nursing profession in particular.

Mr R.C. Kucera: You obviously did not listen to my answer to the question you asked the other day.

Mr M.F. BOARD: The minister indicated that nurses who were undertaking training could be paid during their training.

Mr R.C. Kucera: Before you develop that argument, I suggest that you read properly the EBA that was recently negotiated with the Australian Nursing Federation. I do not want to see you get yourself into a hole.

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Mr M.F. BOARD: I am not talking about people being paid during training; I am talking about people achieving accreditation, regardless of whether they are a level 1, 2 or 3 nurse or a specialist. They should receive an additional allowance in recognition of the fact that they have that accreditation, which will benefit them in the workplace.

Mr R.C. Kucera: Is that what the report recommends?

Mr M.F. BOARD: That is what it recommends.

Mr R.C. Kucera: Not quite in the sense that you are suggesting.

Mr M.F. BOARD: That is the argument I am developing.

Mr R.C. Kucera: You need to read it in conjunction with the EBA.

Mr M.F. BOARD: My time is limited.

Another major issue - the minister knows about it - is the transition of nurses from education to work. Support for that transition has not been as well developed as it should have been in this State. There are different models in other States. I understand that Fremantle Hospital has developed a reasonably successful model, but other areas need to be developed. Nurses who come from an education environment - a university environment - need to be supported into the workforce. They may have had some clinical experience during their education, whether it be in-house or on the job at the hospital, but that clinical experience is limited and under threat because it is the most cost-effective part of training. I understand that the universities are finding it difficult to maintain that clinical education because of the increasing costs and the difficulty with funding total training. I would support the minister approaching the Commonwealth for additional funds for that area. It is an area for which the State also needs to take responsibility, particularly in the workplace. Nurses who come from an education environment need to know the workings, priorities and pressures of a hospital. The transition from an education environment to a fairly pressured work environment, whether working as part of a clinical team or alone, depending on the circumstances, must be funded. It must be more orderly, controlled and consistent across hospitals, particularly the tertiary hospitals.

I will skip some important recommendations and address the issue of enrolled nurses. Another of the recommendations in the report states -

- b) in establishing the appropriate level of qualification, account should be taken of the training requirements for evolving models of care and changes in supervisory practice, including those related to medication administration and new enrolled nurse specialisations.

Mr R.C. Kucera: That is an excellent idea.

Mr M.F. BOARD: It is an excellent idea.

Mr R.C. Kucera: It also refers to teamwork and team situations.

Mr M.F. BOARD: Exactly. It is a developing area. Models for a team approach in other parts of the world provide that specialists, specialised general practitioners, general practitioners, nurse practitioners and enrolled nurses have a defined level of responsibility, but they also must have an understanding of their role within that team. I support that model. Other countries that have taken a different approach are developing another profession between the nurse practitioner and the GP. Some are calling them medical assistants; some are calling them something else. I appreciate that it is a controversial area in this country. It is something that may not meet with everybody's approval. However, as we see greater specialisation, particularly in the United States, Great Britain and Canada, different roles will emerge for different professionals. There also will be an ability for people to move between professions. There will be a less stringent line between academic achievement at the bottom end and achievement based on competencies. Those who are competent and suited to handle the additional requirements of specialisation will get that opportunity.

I turn to the need for this State to also support postgraduate training for general practitioners. Although this moves away a little from the national review of nursing education, it is a very important and integral part of being able to expand the number of GPs whom we have who are trained in our State's jurisdiction, and to work deliberately and constructively with nurse practitioners and on an emerging model for nurses, particularly if we support the clinics that we hope will be available to the community to help alleviate some of the pressures in the public hospital system. GPs will be critical for this. The spread, availability and access to GPs after hours are critical matters. We can talk about regulatory changes, how to attract people from overseas and the need to provide a number of initiatives and so forth; however, at the end of the day we need to train more GPs. I will support any moves to do so. I have written to the federal minister about the greater number of GPs required for this State. I will be grateful for any support that the federal Government can give to additional full-term training

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for higher education contribution scheme places in traditional training institutions and also to shorter postgraduate training. I believe it will be a key to alleviating the long-term problems.

It is criminal that a State like Western Australia attracts and brings in GPs from Third World countries, where they are desperately needed for the delivery of health systems. Although I cannot discriminate against people's choices, the reality is that we promote and encourage this. They are needed in their own jurisdictions to deliver services, because there is a much higher ratio of doctors to the community here. Although we in this State feel that we are disadvantaged, people in very many parts of the world are extremely disadvantaged. It is therefore incumbent upon us to train as many GPs as possible. I believe that the federal Government needs to be proactive and work with the State Government to achieve this.

In the area of postgraduate training we attract a different kind of person, usually from an older age group and usually a person who may have been in another profession but who wants to come into health. Those people should be encouraged. We should be developing postgraduate training with the utmost haste. I know that a debate is taking place about where that training should be located. I believe that we could see a number of courses created. I support the University of Western Australia having postgraduate training places, and also the University of Notre Dame having a full fee-paying program. The minister may smirk at that, but I see no logical reason not to support that program given that people would need entry requirements and credentials.

Withdrawal of Remark

Mr R.C. KUCERA: I take exception to those last words. The member is suggesting that I am not supporting applications for postgraduate places in this State. He is not aware of what is in my mind about postgraduate courses. He should withdraw that remark.

The ACTING SPEAKER (Mr A.J. Dean): There is no point of order.

Debate Resumed

Mr M.F. BOARD: I know there is no point of order, but I put on the record that I recognise that the minister does support postgraduate training. That was not the intent of the comment. The intent of the comment was to say that with our support he should be putting forward a proposal that supports applications for both the University of Notre Dame and the University of Western Australia. If he has done that, I would like to hear in his response that that is the case. There needs to be a multifaceted approach to dealing with the issues that are facing the public health system.

We recognise that the health system is under strain and stress because there are greater expectations within the community and rising health costs. At the same time while all of this is happening and the pyramid is getting bigger, we have a huge shortage of doctors and nurses, who comprise the two major forms of the delivery of health services. That is not good enough in the year 2002. It will become far worse as years pass. We therefore need to work towards resolutions of the problems. Many such resolutions are now embedded in the excellent report of the Senate and the "National Review of Nursing Education 2002". It is incumbent on the Government to come back to this Parliament, having accepted this report and played a role in working towards a task force and a national nursing council, and inform the Parliament of how it will address the health services shortfall in Western Australia, notwithstanding the programs it is endeavouring to undertake. Many of the initiatives will require resourcing and funding. Although we can produce a lot of rhetoric about how we will achieve an outcome, we need to resource the initiatives in a way that puts money up front. We must also try to support those who are attempting to alleviate the problems outside our own jurisdiction.

I hope that the minister recognises today in this debate that we are being constructive. We have not gone to any great lengths to criticise the minister in the course of this debate. We recognise the shortage of nurses in this State and around the country. We recognise that he faces a difficult problem. If I have been critical, it has been about the speed at which we should be working on a number of the initiatives, the resourcing that needs to go with them and, in particular, the need to work in a constructive way with the federal Government to achieve a positive outcome.

MR M.W. TRENORDEN (Avon - Leader of the National Party) [4.57 pm]: This is an interesting and important debate. One of its outcomes will be the minister's response to the report that has been highlighted by this motion. I have a genuine interest in the minister's points on a whole range of issues to do with this very substantial report.

The issue of nurses is important. As I travel around rural Western Australia and speak to and interact with people, I find it amazing the number of people who in the past have been nurses and who have decided for whatever reason that nursing is not for them. I recall the minister in this House saying something similar not long ago. I believe he said that he was in one of the wheatbelt towns attending a meeting when he was surprised

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by the number of people who approached him and informed him that in the past they had been nurses. The minister must ask himself why high-quality people are no longer taking up the profession.

I can express my views and no doubt the minister can express his views, but they are merely views. We must take note of the research that is being carried out and base some of our requirements for the future on reality. One of the problems is that some of the people who are no longer nursing are very competent people who have moved into other professions that suit their competency. It will be hard to get those people back into the nursing profession if they are doing satisfying work that meets their needs. One of the important aspects of life is that if one looks at one's friends and at what they trained for in their youth, one finds how few people are working some 20 or 30 years later in the professions for which they trained. Where people are working right across the spectrum is amazing. We cannot expect people to remain in any particular occupation. As people develop and experience life, they will make choices. One of the measures then must be to bring people in behind those people.

We then get into the question of nurse training, which is a hotly-contested area. I have heard the minister say in this place and in other places that it is interesting to listen to people who are elderly - and there are people who are older than the minister and I, and have less hair and hair that is a different colour -

A member: Not many!

Mr M.W. TRENORDEN: There are probably not many people who are older than the minister and I! Some of those people speak with passion about the old system of training nurses on site. Equally, a lot of those people speak with passion about a tertiary training process for nurses. Obviously there are advantages in both. However, in my view one of the disadvantages of a formalised training process is that some of the people who seek to expand themselves actually grow out of nursing. They find that after they have been nursing for a time, they have skills and competencies that take them beyond nursing; therefore, they leave the profession. However, many of the people who went into nursing 20 to 25 years ago as nursing aides and in similar sorts of classifications have been happy to stay in the profession because they get the satisfaction of caring for people in a practical way, rather than in a more technical way.

We are also having a debate now about nurse practitioners. We in the National Party are passionate about nurse practitioners. We are realistic and acknowledge that we will not always be able to attract doctors to the areas in which they are needed, and that accidents and emergencies will always occur. When people are rushed to their local centre, whether it be a nursing post or a hospital, they want to know that the person who treats them has the capacity to treat them. A lot of rural Western Australians would rather be treated by a nurse with 20 or 25 years experience than have no-one to treat them. In rural and regional areas it is difficult to attract and retain these people. It is interesting that the debate about nurse shortages is often paralleled with the debate about teacher shortages. Some people who go into the teaching profession teach for a while and then go into administration, whereas others desperately hang on to teaching because that is what they want to do and that is what they are good at. In my view the arguments are the same. We need to reward those people who provide the services that we need. We need to change the system to give recognition to the range of people who want, and have the competencies, to deliver the services. Therefore, if the minister asked me whether we should pay people more if they have gained extra qualifications, my clear answer would be yes, we should. We should reward people who are motivated and are prepared to get extra education and training, whether that be paid for from their own pockets or from the health budget, or a mixture of both. I thought members on my left would well and truly understand that process. It has been part of the process of being a worker for 1 000 years, so why would we not recognise that?

The Minister for Health has a few problems, and I will quote a few statements from the Auditor General's report No 3 of August 2002, entitled "Performance Examination: A Critical Resource: Nursing Shortages and the Use of Agency Nurses". The Auditor General states that there is a nurse shortage of around 800 nurses. The Auditor General makes some interesting points in the report. The report states -

Further, there has been little evaluation of the various approaches adopted and accordingly their effectiveness was not known.

In other words, individual health services were not doing enough research into the requirements of the people whom they were drawing into their hospitals through the different mechanisms that they were using. He states also that similar high-level initiatives and strategies had not ultimately translated into practical, achievable and effective implementation of action plans. That has been the argument in health for some time. It has not changed much. The Auditor General pointed out also that agency nurses comprise only about eight per cent of the health system. I must admit that was a shock to me. I found that a surprisingly low figure, even though the report points out that it can get as high as 38 per cent in the Northern Goldfields Health Service. The bottom

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line, and the sentence in the Auditor General's report that I locked into, was the statement that neither the Health Department nor the health services examined had undertaken an adequate financial analysis of the use of agency nurses.

The question of the payment of nurses has been hanging over the head of the health system for some time. Agency nurses are an issue. I was interested during the estimates committee when the minister talked about nurse bank. I have given a lot of thought to nurse bank, and I am not that keen on it. I have done some reading and research, and I have even spoken to some people in the United Kingdom, where the equivalent of nurse bank is a major procedure. I am told by practising nurses in the United Kingdom that they bail out of being a nurse and go into nurse bank because they are paid more. If every nurse were to bail out of the standard contract and head off to something like nurse bank, that would increase the cost of nurses.

Mr R.C. Kucera: Do you know what nurse bank is? It is a state-run program to make sure there is a relief pool of nurses so that we do not need to use agency nurses.

Mr M.W. TRENORDEN: I know, but we are still paying them more.

Mr R.C. Kucera: We are, but at the end of the day it is a 30 per cent saving because we are not putting the money into the pockets of a private operator.

Mr M.W. TRENORDEN: The minister cut me off before I had completed my last sentence. I was about to say I would prefer to have that money used to pay all nurses more.

Mr R.C. Kucera: Absolutely.

Mr M.W. TRENORDEN: I am not a fan of nurse bank, even though I can understand why the minister is being pushed into it. There would be a better outcome for all Western Australians if we could spread that money across all nurses. This is a supply and demand problem.

Mr R.C. Kucera: The difficulty with the argument, if you read all these reports, is that it is not money that the majority of nurses talk about, particularly in this State.

Mr M.W. TRENORDEN: If the minister had listened to the first two minutes of my speech he would know that I said that we need to meet the needs and desires of two types of people. As far as I can see, there are people who go into nursing for caring reasons and there are people who go into nursing for the gratification of being in a technical position. We need to meet the needs of both these types of people. The argument is identical in education. We want people to stay in the area that they enjoy and be rewarded for it. People should not have to go into administration to increase their income when they really want to remain on the practical side. How many people does the minister know in the teaching and nursing professions who have made the decision to go into administration because their children need to be educated and the mortgage needs to be paid and all of those things? Those are fundamental issues. We need to change a system that has existed for decades to reflect those issues.

I am happy that I do not have to scream at anyone in this debate, as I have been doing in the past day and a half. I will be interested in what the minister has to say, not so much in response to what I have said but about the report, because the education of nurses is at the core of this problem. The results of education and training take some years to flow through the system.

I am running out of time, but I will refer the minister to a couple of other issues. I refer to the national standards of nurse practitioners. It would be useful to have a national standard that allowed nurses to move across the States because it would help with the shortage of nurses. A few moments ago, the minister tried to tell me that the number one issue in regional and industry development is not infrastructure, but lifestyle.

Mr R.C. Kucera: The proposed legislation will take that into account. As the member for Murdoch said, the proposed legislation will examine the very top level practitioners and will allow the maximum that we can get into the legislation. In regard to national standards, I would be happy if the rest of the country came up to our level. Currently, there are varying levels. To adopt some of the levels from other States would restrict nurses in this State. I am aiming for the best we can get for our nurses, which in turn would attract nurses to work here. As long as it reflects first-class nursing and does not get into the argument of second-class doctoring, I agree that there should be a national standard.

Mr M.W. TRENORDEN: I agree with the Minister for Health. We need to raise the standard of excellence. The higher education contribution scheme is also an important issue. I will be interested to hear the minister's views on what resources the State will provide for HECS and how it will provide nurses with scholarships and other schemes. I refer to clinical educators. Obviously, they are not in large numbers. However, if many nurses are to be educated, the educators must be of top quality. From what I have read and been told, there is a shortage in that area.

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The last issue I will raise is workplace culture. The culture of nursing is one of the problems that is causing pain and hurt in the industry. Work cultures are difficult to change. They are not deliberate; they seem to gather a pace of their own. An organisation that employs large numbers of people will develop a culture. It is not true that a work culture is a deliberate outcome of a mass of people; it is the result of the mass interaction between all of the people. Although someone might have been part of a culture for years, that does not necessarily mean that he likes it. The minister is nodding his head in agreement because he knows that many policemen love being police officers but they are not necessarily happy with the culture of the Police Force. I am not picking an argument with the minister, but it has been suggested that the work culture at the King Edward Memorial Hospital -

Mr R.C. Kucera: That was acknowledged in a report. I am not arguing with you; I agree.

Mr M.W. TRENORDEN: The staff who worked in that hospital at that time were under extreme pressure and were suffering pain from not only the pressures of the job, but also the work culture. Work cultures are very difficult to change, but we must concentrate on them. People in positions of leadership - for example, the minister - who can influence attitudes within industries must think about the work culture. Although it is a difficult issue to handle, it is very important.

This is a classic situation to which people who like the stock market can relate. I have spent years in the financial industry and therefore I do relate to it. When I relax, I read about the stock market and wish that I had some money. Although I got a pay increase a while ago, it does not mean that I can play the stock market as I would like. The stock market teaches people about supply and demand. That is what is driving this argument. It is linked to the matters we have just discussed, including people's attitudes, aspirations and lifestyles etc. There is an enormous demand in the health industry and we must allow that supply to be met.

With all due respect, that will not be met by asking nurses to return to the profession, because that is only a limited market. A few nurses might return, which would be excellent and useful. However, to solve the situation, we must create the process whereby people who enter the nursing profession get financial and personal gratification from it. The National Party would prefer to see the rewards of nursing spread across the base of the nursing activity rather than through nurse bank and those types of schemes.

MR B.K. MASTERS (Vasse) [5.15 pm]: I am pleased to say that I have never had the need to attend an Alcoholics Anonymous meeting and, as a result, I have never attended. I am told that to be accepted into AA groups, people must first acknowledge that they have a drinking problem.

Mr M.W. Trenorden interjected.

Mr B.K. MASTERS: Other politicians. I have heard that from friends and relatives.

Before taking the necessary steps to solve their problems - not just treat the symptoms - people must accept the truth that faces them. It is not good enough for them to say only that they have problems, they must also define the nature of the problems. It is not good enough for people to acknowledge only that they are drunk all the time or that they do not have enough money in their pockets or that they have lost their driving licence because of drink driving, for example; they must acknowledge that the problem is their addiction to alcohol. Only when people make that internal psychological acceptance of the truth can they take the next steps that will lead them to overcoming their addiction. Similarly, I was disappointed that after I quickly thumbed through the "National Review of Nursing Education 2002 - Our Duty of Care" I could not find any recognition in the recommendations of the root cause to the problems that countries around the developed world face in the nursing profession. Before I use my own words to describe it, I will read a letter that was sent to the editor of *The West Australian* and was published on Thursday, 10 May 2001. Amanda Kirkup from Bayswater, who I presume is a nurse, wrote the letter. I will read it in full because it explains the root cause of the problem that we face in Western Australia far better than I can. The editorial title is "Why nurses can't carry on", and it states -

I am writing this letter in the hope that the public may understand the nurses' position. At the stopwork meeting on Monday I saw nurses standing in front of their colleagues and telling them they could no longer carry on.

What upset me most was that one of those nurses was an extremely motivated person with whom I had the pleasure of attending university. This factor alone is not distressing but, the fact that we graduated only four years ago is. If nurses who are relatively new in the workforce are feeling burnt out and despondent, how are the older nurses feeling? Nurses feel this way because they are overworked and their workplaces understaffed.

The current nursing scenario - public or private - has implications not only for nurses, but also for patients. Patients are not receiving the care they deserve or need. I cannot see a change in this situation in the near future.

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To enter and stay in the profession, nurses need an incentive. A pay rise is part of the solution, but the working conditions and job satisfaction are a lot more important to most nurses.

A lot of nurses feel they cannot go through another winter with less than adequate staffing levels - and why should we?

If the Government does not seriously negotiate with nurses about working conditions, I fear it will be driving away the few nurses who remain in the profession and the new graduates will be leaving the profession quicker than they are now.

There will, of course, be nurses like myself who love their jobs and will stick it out for as long as possible, but you cannot survive and stay sane on love alone.

The most important step is for Governments to accept that the problem, which has been explained to me again and again by nurses, is overwork and understaffing. I say that bearing in mind that the motion we are debating states -

That the Minister for Health immediately accepts, endorses and implements the recommendations made in the National Review of Nursing Education 2002.

Based on my experience, the quality of care that nurses seek to provide to their patients is the number one motivator that has caused nurses to seek to enter the profession or to remain in it. The brief reading I have had of the review indicates that it has made some very good recommendations. However, the Government must first acknowledge that it must make nursing education work. In other words, it must attract quality nurses into the system who know they are entering a system in which they will be not only valued and paid well but also able to give the care that most of them seek to provide as a key part of their profession. If the Government does not believe that should be at the forefront of its mind from day one, it must accept that there will continue to be a crisis in keeping nurses in the system and getting the ones that are out of the system back into the system in large enough numbers.

I am pleased to say that the Government has taken some worthwhile steps to try to recruit nurses. I do not know how successful the minister has been with those steps. I am not the spokesperson for health and the minister might, by way of interjection, say how many more nurses are now in the system.

Mr R.C. Kucera: I will address that matter.

Mr B.K. MASTERS: Okay. I commend the Government for realising that is part of the problem. However, as in Alcoholics Anonymous, it is important that members on both sides of the House acknowledge that the core problem does not relate to pay or a range of factors that people regard as symptoms of the problem but, rather, overwork and understaffing. Until those two problems are resolved, everything else will continue to haunt us in our attempts to solve the problem. The understaffing problem hit home in my electorate. Coincidentally, on page 41 of today's *The West Australian* is an article about the Busselton District Hospital which closed eight beds last week because it was unable to provide nursing staff for all its beds.

Mr R.C. Kucera: That is totally incorrect and I will refer to that in my contribution to this debate.

Mr B.K. MASTERS: Michael Moodie is quoted as saying that it is apparently normal procedure for the hospital to employ additional staff to cope with an increased workload in winter. Presumably, as we go into spring, those numbers will safely wind down.

Mr R.C. Kucera: That is exactly what has happened.

Mr B.K. MASTERS: Presuming that the newspaper article is correct, I point out that the general ward of 36 beds is fully occupied. That means there is no leeway, no fat on the bone and no ability to cope with a sudden increase in patients should the State return to a cold snap and an increase in respiratory problems, or whatever. All of the oldies up north escaping the winter blues down south are now returning down south. Unless there is a little leeway in the system, 36 beds may not be enough.

Mr R.C. Kucera: Any good member would talk to the management of his or her local hospital and find out what the true picture is rather than simply presuming the newspaper is correct.

Mr B.K. MASTERS: I said that I understood the normal procedure is to reduce the number of beds in spring. Have I criticised the minister for that?

Mr R.C. Kucera: No, but I am criticising you for presuming that what the newspaper writes is absolutely correct.

Mr B.K. MASTERS: When did I make the presumption? All I did was read out the article.

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The bottom line is that there is a nursing shortage around the world, including Australia. The first step in resolving that problem is to accept the reality of the problem and not just the symptoms; that is, understaffing and overwork.

For my sins, I subscribe to the *Guardian Weekly*, which I know is a bit of a left wing, bleeding heart newspaper, but it provides useful pieces of the jigsaw puzzle to put the global picture in perspective. From reading that magazine in the past 12 to 18 months, it is clear to me that countries such as the United Kingdom, Canada and, obviously, Australia, have problems in finding and keeping enough nurses. Efforts have been made by those three countries to bring in nurses from Scandinavia and other English-speaking countries, in particular, the Philippines where there is a high level of education and English is the second language. That clearly shows that the nursing shortage is a worldwide problem.

It is strange that the inability of Governments around the world to find and keep enough nurses is a problem when one considers that about 60 per cent of all women are now in the work force in the countries I mentioned. In other words, compared with a few decades ago when about 20 per cent of women were in the work force, the number of women in the work force has more than doubled. One would think that as a general rule there should be a great deal of mainly women in the community who are prepared to work in the nursing profession. The minister might correct me, but I believe that about 90 per cent of all nurses are women. With that many women working in these developed countries and the nursing profession mainly comprising women, why can we not attract women and men into the nursing profession and retain them? I suggest there are many reasons why we cannot retain them, but the root of the problem is the inability -

Mr R.C. Kucera: Are you talking about overseas?

Mr B.K. MASTERS: I will take the minister's interjection in a moment. The inability of Governments around the world -

The DEPUTY SPEAKER: Just a moment, member for Vasse. Members, there is far too much conversation going on in the Chamber, which is making it difficult to hear. I ask those members who wish to have a conversation to please have it outside.

Mr B.K. MASTERS: Thank you, Madam Deputy Speaker. I thought I had a loud voice, but obviously not. Governments around the world have failed to acknowledge that nurses are understaffed and overworked.

Mr R.C. Kucera: By way of clarification, are you talking about attracting nurses from places such as the Philippines?

Mr B.K. MASTERS: No, I am pointing out that it is one of the solutions that other countries around the world are using.

Mr R.C. Kucera: I will address that matter.

Mr B.K. MASTERS: The Government must consider getting nurses from other countries and I believe the Government is making a strong attempt to do that. Interestingly, I recently met a German girl who was visiting this State on holiday. She asked me whether it would be possible for her to get a student visa to study nursing here and then stay on and work. When I phoned the office of the federal member for Forrest, Geoff Prosser, I was told that there would be no problems at all so long as there was a willingness to pay the fee, whatever that may be, and she would be welcomed into Australia. Clearly, that situation is improving and I acknowledge the steps that both the federal and State Governments are taking in that regard. However, why can we not attract more nurses and retain them?

In recent years we have moved away from the enrolled nurse system of training nurses to a university-based system. That is obviously very desirable because nursing has become far more technical and more complex, and great caution must be applied when administering drugs and so on. It means at least a three-year training course. During that three-year period, students must pay higher education contribution scheme fees, which discourages some people, and they have minimal or no income. Clearly, it takes longer for nurses to acquire the practical skills to work in a hospital system compared with enrolled nurses, who years ago would be doing useful work and getting paid for it, virtually from day one. I am not an expert in this area, and I do not know how to achieve the right balance between enrolled and university-trained nurses. However, my gut feeling is that we have gone a little too far away from the enrolled nurse system and we need to go back in that direction.

One of the other problems I need to mention is that nursing has become far more of a technological, technical, highly professional and highly specialised activity. These days both doctors and nurses must be extremely competent technically because of the multitude of drugs and the large range of treatments that are available. The difficulty consequent to that is that while the concept of patient care - that is, patients' psychological care - is still a factor and something that everyone would agree must be provided, members of the nursing profession have

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explained to me that two or three decades ago it used to represent, say, 75 per cent of the day-to-day activities of nurses but has now been largely overtaken by the imperative of providing specialist medical care or care that relates very much to the administration of drugs or treatments. Why is it important to provide psychological care? I suggest it is important for two reasons. From the patient side of the equation, I have been told - I do not have the exact figures - that about 50 per cent of all patients who attend a doctor do so because they need some form of psychological reassurance that they are not about to die or have not contracted some serious disease; therefore, only about 50 per cent of patients who visit a doctor are there for genuine - meaning physical - reasons. I have to admit I am guilty of doing the same thing. A few years ago I had a few creaking bones and after the doctor examined me he said, "Bernie, you're getting old; get used to it!" That was important psychological knowledge; it meant that I was not in the process of falling to pieces.

[Leave granted for the member's time to be extended.]

Mr B.K. MASTERS: I will give members another example. I was listening to the radio this morning and Dr Phillip Nitschke, who will be well known to many members, was being interviewed by Liam Bartlett about euthanasia. I admit that I am a supporter of euthanasia. Dr Nitschke said that people given the knowledge of how to end their lives with dignity at the time of their choosing end up living longer than people who have to await a fate that is beyond their own control. People who have been given the knowledge and the ability to end their lives with dignity at a time of their choosing live longer than people who are denied that knowledge. In other words, the psychological importance of dealing with an illness or a condition is extremely important. Patients need to have their psychological needs attended to.

The second part of the equation - again, this is based on what nurses have said to me - is that most nurses go into that profession because they wish to care for patients. They do not necessarily want to get sadistic pleasure out of putting needles into people, applying bandages or emptying bedpans or whatever. Primarily, they want to care for people, and a lot of that means caring for their psychological needs. That means they want to spend a couple of minutes every day talking to those patients who need psychological support. They want to be able to wipe their brows occasionally and let the patients know they are valued and important people about whom the nurses care. Nurses often wish to feed those patients who have trouble feeding themselves. Nurses want a psychological interaction with their patients that is completely different from the physical interaction of administering drugs and doing all the other physical things that nurses must do. The problem with being overworked and understaffed is that nurses do not have the time to provide that psychological care to patients. As the letter to the editor from Amanda Kirkup said, salary increases are useful and desirable. To be a nurse and to say that she did not want a salary increase would make her a rather unusual nurse. The thrust of the letter from that woman, and what I have been told time and again by nurses both in the Red Cross blood transfusion service - where I am up to donation No 90 - and also by friends who are nurses and people I meet as a member of Parliament, is that nurses say without hesitation that their inability to cater to their patients' psychological needs is making them believe that they are not doing a good enough job to give them the job satisfaction that will allow them to put up with all the other negatives associated with a job that might be relatively low paying, very demanding, hugely responsible and so on. I will not go on because other members would like so to speak.

I will finish by quoting from an article that appeared in *The Bulletin* magazine of 1 May 2001. It was titled "Lunch with Maxine McKew", a well-known journalist, who was talking to Tom Bentley, a public policy analyst and I understand one of the chief advisers to Tony Blair. One paragraph of that article reads -

He nominates the critical areas of health and education as systems "that can't be improved indefinitely simply by increasing public spending - they depend far more on changes in lifestyle which engage the citizen actively in living more healthily and making use of learning opportunities".

I will repeat these words: they depend far more on changes in lifestyle which engage the citizen.

The final comments I will make are, unfortunately, a criticism of this Government for abolishing the country health and hospital boards. I have criticised the minister specifically for closing down the Vasse-Leeuwin Health Service. The minister believes - only time will tell - that a more centralised system will deliver better results on the ground, with greater efficiency of taxpayer expenditure and so on. The real problem was that the Vasse-Leeuwin Health Service wanted to be given the power to make decisions at the grassroots level and was denied that ability. It may have been denied that decision-making ability by the previous Government, but it was denied it absolutely by this Government, when boards like that of the Vasse-Leeuwin Health Service were abolished.

Mr J.H.D. Day: It was not denied any decision-making ability; it was part of a distinct board, which had full responsibility.

Mr B.K. MASTERS: As John Edwards, the former Chairman of the Vasse Leeuwin Health Board, explained it to me, about 12 months ago that board went to the minister and asked what its budget would be for the year. The

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numerous replies the minister sent to the board basically did not provide an answer other than that it would receive the same amount of money as last year. The reply from John Edwards was that the board could not cope with the same amount of money that the Government gave it last year, because the Government had given nurses a three, four or five per cent pay rise and Busselton's population was increasing at six per cent per annum, so it needed more money. The minister declined to give the board that money. That is the minister's political decision, and we must all live with that. If the minister had given the board the ability to make some grassroots decisions, I know from talking to John Edwards that it would have replaced some of the administrators and accountants within the Vasse Leeuwin Health Service with nurses - people who would have gone a long way towards overcoming the problems that I outlined to the minister as stated by Amanda Kirkup, such as being overworked and understaffed. The minister denied it that opportunity and then sacked the board. We will wait and see what happens.

I repeat: Tom Bentley, one of the advisers to Tony Blair, has said that unless we actively engage citizens, we will not solve the problem, and certainly we will not solve the problem by simply increasing public spending. The "National Review of Nursing Education 2002" is a very good document. I commend the authors of it. I look forward to the Government responding positively to the report. However, the minister should remember what I said about Alcoholics Anonymous.

MR R.A. AINSWORTH (Roe) [5.41 pm]: I will address my remarks to three of the recommendations in the "National Review of Nursing Education 2002". Recommendation 5, which the Leader of the National Party said earlier is very important, relates to national standards for nurse practitioners. Overseas experience and trends indicate that nurse practitioners have been utilised quite widely throughout those health systems, and for very good reason. A lot of the activities that nurses are capable of undertaking, particularly if they get some additional training, are correctly the responsibility of a carer as opposed to a general practitioner or a specialist. In most cases, nurses are placed in a situation in which they are on site in the hospital more often than is perhaps the general practitioner or specialist. There is good reason for employing them not only in the remote areas of Western Australia, where to all intents and purposes some nurses are already nurse practitioners, but also within the overall health system. I note that the draft nurse practitioner legislation in this State seeks to restrict nurse practitioners to designated areas, which I suspect will be those remote areas. I understand also that that is not a view supported by the Australian Nursing Federation in this State; in fact, it supports the wider use of nurse practitioners, as is done in other countries. It is also the policy in New South Wales and Victoria for nurse practitioners to be used in hospital emergency departments. I am not sure how widespread that practice is, but it is an important area in which nurse practitioners currently are being used.

I agree with recommendation 5, which refers to a national standard. I also agree with the minister's comments about the need for that standard to be very high. In saying that, as a State we must work very hard to lift the rating of nurses, who are quite capable of taking the next couple of steps in their professional life, and to reward them accordingly.

The second recommendation of great importance is recommendation 13, which relates to student nurse employment. I understand that that is not a position the Government is particularly keen on.

Mr R.C. Kucera: That is not correct.

Mr R.A. AINSWORTH: I am pleased the minister has said that.

Mr R.C. Kucera: I will explain that when I respond.

Mr R.A. AINSWORTH: I have been misinformed if that is the case. From what I have read on the issue, it appears that the experience student nurses gain while working in the general health work force would go a long way towards overcoming some of the problems outlined by the members for Vasse and Avon. In the old system of nurse training, nurses were trained in the teaching hospitals, such as Fremantle Hospital - they certainly were when I was a young man. Today, they are trained at university. A blend of the two systems is required. The highly technical areas of training are obviously found in the tertiary sector. However, the hands-on experience of the real workplace comes only from being in there. Student nurse employment would go a long way towards solving that problem.

When I said that the Government was against student nurse employment, I meant to say that the Nurses Board of WA has indicated in the past its opposition to this proposition. An ANF survey of hundreds of nurses indicated that over 90 per cent of nurses supported the concept of student nurse employment. I am pleased to hear the minister say that he also supports that proposition.

Mr R.C. Kucera: I need to qualify that in my response.

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Mr R.A. AINSWORTH: I also strongly support recommendation 23, which was for some higher education contribution scheme assistance for undergraduate nurses. The report called it an incentive to help defray increased course costs. In the same way that the state Minister for Education has offered HECS reimbursement to science graduates to encourage them to go into the teaching profession and to specialise as science teachers, a similar situation for training nurses would be of assistance, given that the minister - I do not criticise him for this - has been looking at various ways to attract nurses back into the profession and to attract new people into the profession. This is another way to assist with that process. It has been recommended in the national report. Obviously, it is seen Australia-wide as one way to overcome the shortage of nurses in the system. I strongly support that recommendation.

I did not want to repeat what other members had said, other than to highlight those three recommendations, which struck a chord with me as the key issues to be addressed if we are to not only overcome the shortage of nurses but also give those nurses greater job satisfaction within the system. That is a key part in keeping them in the system once they have been trained.

MR J.H.D. DAY (Darling Range) [5.47 pm]: I will make a brief contribution to the debate on nursing education in not only Western Australia but also Australia. The review that has been undertaken is important for two reasons: first, to ensure that we have a national approach to nursing education and the highest quality nursing graduates in the country; and, secondly, to ensure that we do whatever we can to attract as many people into the nursing profession as are necessary to provide for the needs of the community in forthcoming years. It has been recognised on many occasions - other speakers have mentioned it - that we are facing a shortage of nurses in Western Australia, Australia and, indeed, the western world.

I dealt with these issues in some detail until about 19 or 20 months ago. Since that time I have not focused on the health portfolio in particular. Some of the issues are not as fresh in my mind as they were prior to the election in February last year.

Mr R.C. Kucera: You haven't stopped smiling either!

Mr J.H.D. DAY: It is good to get a broad range of experience in this Parliament. However, I would like to still be the Minister for Health, because many issues were not completed. That will always be the case when there is a change in government. However, my approach to a number of issues was somewhat different from the approach taken by the current Government. One that is close to home - I am sure I do not need to remind the minister of this - is the future of Kalamunda District Community Hospital, which will be the subject of debate at another time.

Quite substantial changes have been made to the training of nurses over the past 20 or 25 years. In particular, a move has been made from hospital-based nursing education to university-based nursing education. That has been the subject of quite a bit of discussion, debate and criticism on the part of some people, particularly some of the senior members of the nursing profession who were trained in the old hospital-based system. However, I believe it is generally recognised these days that nurses who are trained in a university setting are trained to a much higher level and have a higher level of theoretical expertise, at least, than was the case with hospital-trained nurses. As a result of that, university-trained nurses -

Dr J.M. Woollard: It is education, not training.

Mr J.H.D. DAY: Education, training or whatever. Obviously the member for Alfred Cove attaches a particular meaning to those words.

University-educated nurses are able to perform a whole range of tasks at a higher level because of the greater theoretical base they have to their education and experience than was previously the case. I believe that it has been recognised in recent years that probably all university-educated nurses, at least when they first graduate, have less clinical experience than was the case with nurses who were trained under the previous hospital-based system. I recall that a couple of years ago, as part of the nursing studies that were being undertaken in Western Australia, one of the issues that was being addressed was to try to ensure a greater clinical component to the university-based courses than was the case. I am not sure how much things have changed in the past two years, but the Minister for Health will have the opportunity to give us something of an explanation.

I referred to the review of nursing that was undertaken and initiated during 2000. It was a wide-ranging review of nursing in Western Australia and to a large extent dealt with the issues that have now been dealt with on a national basis by the review that is the subject of the motion we are currently debating. The review of nursing in Western Australia was chaired by Her Honour Judge Antoinette Kennedy. A wide range of people from the nursing profession, other professions and the community generally made up the steering group of that review. I believe the group was very well balanced and was one set up to ensure that a very thorough approach could be

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taken to reviewing a whole range of issues relating to nursing in Western Australia. Of course, one of the aspects was nursing education.

Another issue that was being addressed at that time is still a very important issue. I hope the minister will comment on it. It is the role of nurses in the health professions in Western Australia. As I have said, as a result of university-based education, nurses these days are given a far greater theoretical base on which to be able to perform a whole range of procedures at a higher level than perhaps was the case in the past. There has therefore been a need for a change to legislation and a recognition in the community generally that nurses are able to perform at a different level than has been the case in the past.

I am pleased that the nurse practitioner legislation, which I hope we will see soon, is still being drafted and supported by the current Government. As was commented earlier, the decision was made to go ahead with that legislation during the time of the previous Government. It has been a little disappointing that it has taken as long as it has to come into this House. We are now getting towards the second year of this Government's term in office. I certainly hope that we will see that legislation before the end of this year. Is that likely to be the case?

Mr R.C. Kucera: Yes, very much so. It is being drafted. However, if we see another debacle like that which we saw today with the wasting of time that went on in this House, I would be really concerned that that kind of important legislation might not get up.

Mr J.H.D. DAY: During the eight years that we were in government, I felt the frustration that the minister is now feeling. He has only been here since the last election. It is necessary that there be some give and take between the Government and Opposition. This Opposition will certainly cooperate with the Government in a reasonable way if a reasonable approach is taken by the Government, but the issue that arose today took up a greater amount of time than would have been necessary had a more reasonable approach been taken by the Government. There must be give and take. I am sure that the minister will come to see that to a greater extent as he spends at least the next two years in this Chamber.

Mr R.C. Kucera: That piece of legislation has the highest priority in my portfolio.

Mr J.H.D. DAY: It is important. I am sure that it will certainly not be opposed by this side of the House, although we will want to see the details contained in it.

Either by way of interjection or when he gives his substantive response, I would like the minister to explain whether the nurse practitioner legislation will apply to nurses in remote areas only or whether the minister intends to provide nursing coverage on a much more widespread basis, including the metropolitan area.

Mr R.C. Kucera: If the legislation is drafted in the way that I have explained, my intention would be - and I will put it on the record - that it would give to the Director General of Health the capacity to declare areas of need for nurse practitioners, full-stop.

Mr J.H.D. DAY: It would therefore be based on areas of need as opposed to being a universal basis across the State, would it?

Mr R.C. Kucera: When I say "areas of need", the Director General will decide what is an area of need. If that means emergency departments, so be it.

Mr J.H.D. DAY: In the metropolitan area?

Mr R.C. Kucera: Yes.

Mr J.H.D. DAY: The minister and the Government need to face many issues. Another that has already been identified is the suggestion that there be the ability for student nurses to be able to be employed in hospitals. I do not have a problem with that in principle. However, I note that the Nurses Board of Western Australia is opposed to such a suggestion. If it is to occur, it would need to occur on a very carefully monitored basis. It is the case at the moment, of course, that nurses who are undergoing education must have some clinical experience in hospitals. I do not think that anybody would suggest that student nurses should in any way take the place of fully trained nurses. However, they would be able to undertake some tasks in an appropriately supervised way. A whole range of issues need to be pursued relating to that.

I am interested to see that the Australian Nursing Federation, a senior state officer of which is sitting in the public gallery, is supportive of such a suggestion. I think I am right in saying that has been a major change on the part of the ANF. Mark Olson is nodding. The suggestion was very strongly opposed by the ANF until quite recently. I am interested to see that there has been quite a substantial change in its position.

The debate is a good opportunity for the minister to outline the plan that he has and the issues that he is considering in respect of the nursing shortage that Western Australia faces. I will be interested in what plans the

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Government has to address the important issues that we face. I will not take up any more time, because I am interested to hear an outline of the minister's plan. The Government needs to adopt a very serious approach to the issues that we have been discussing.

MR R.C. KUCERA (Yokine - Minister for Health) [6.00 pm]: I have read the report entitled "National Review of Nursing Education 2002". I have actually spent the past few days poring over it. I am delighted, and welcome the opportunity, to debate this issue today. I also acknowledge the role played by the member for Darling Range in the report of the West Australian study of nursing and midwifery, entitled "New Vision, New Direction 2001". I acknowledge all the people who contributed to this report, because it reflects absolutely the issues raised in the report on nursing education.

The nursing education report has formed the basis of the direction that this Government has been taking in the past 18 months on nursing generally. Before we accept or endorse the "National Review of Nursing Education 2002", or anything else, one of the things we should do is acknowledge that the report commends Western Australia for the direction it is taking in nursing and says that it is on the right track. It is interesting that we are on the right track with many of the changes we are making, as has been acknowledged by not only me, as the Minister for Health, but also many of the key players in the medical field. The Australian Medical Association, the Australian Nursing Federation and many other people are acknowledging that the long-term health plan in this State is the way to go.

I will deal first with the issues raised by the member for Darling Range, who, as he said, has been well versed in this issue for the past few years. The first matter is clinical-based training. We support the return of student nurses to the work force. We can do that under the banner of patient care assistants. There is no barrier to that, other than, as the member said, the barrier that we had until recently from the Australian Nursing Federation. However, at the moment it would be against the law to employ them as student nurses in the same guise that they were employed originally when there was clinical-based training for nurses. Some fairly dramatic legislative changes would be needed to enable us to return to that system. However, I would welcome those people back into the hospitals as patient care assistants, and we could do that.

Mr J.H.D. Day: This Parliament can change the law if a decision is made to do that.

Mr R.C. KUCERA: Exactly. We can do it now. We can bring those students back into the system now as patient care assistants. I do not have a problem with that. However, there is an issue, as the member well knows, with the ratio of nurses in the work force. That takes me to the main report, because the principal theme that people need to pick up on is cooperation across-the-board; namely, cooperation from Governments but also, and more importantly, from the nursing work force. One of the most important points made in the report appears at page 46 when it states, "Who does nursing work?" We talk much about registered nurses and enrolled nurses, but the report states that the nursing work force is made up of nurse practitioners, nurse managers, registered nurses, enrolled nurses, nurse educators and trained care assistants. We are not talking simply about enrolled nurses and registered nurses. The report does a paradigm shift when talks about not the role of individual nurses on the floor of the wards, or wherever they are working, but the team. With all this talk at the moment about the lack of support for nurses, I would be delighted to be able to change the ratios of patient care assistants to nurses etc, and to work through some of the industrial barriers that have applied for many years. A major issue at the moment is the scope of nursing, and what the nursing team should look like. The report discusses that matter. I suspect that not all people will agree and accept what the report says about some of the issues in the work force. The important point to be made about getting more people on the floor and more support for nurses is that it must be recognised that the entire shape of the team must be looked at.

The member for Vasse read out a letter that a nurse wrote to a newspaper during the recent industrial dispute about the pay claim for enrolled nurses. That enterprise bargaining agreement was settled very quickly, as were all other EBAs in this State in the past year and a half, and nurses are now being paid what we consider is a decent rate of pay. I acknowledge that the secretary of the Australian Nursing Federation is in the gallery. He was quoted in *The Australian* last week - I do not have it with me - as saying that it was the best deal done for nurses in the past decade. That is something the previous Government needs to take into account.

Mr J.H.D. Day: A lot of that was negotiated before the change of government.

Mr R.C. KUCERA: At the end of the day, as the member said, things move on and times change. This Government fixed the agreement with the nurses; end of story. That is a fact.

The "National Review of Nursing Education 2002" released yesterday contains 283 pages and makes 38 recommendations. As indicated yesterday, I have had a preliminary read of the report, and in the past few days I have had a chance to read the entire report. I have considered the 36 recommendations. It should be noted that the implementation of the recommendations is a joint responsibility for the federal Government, the State Governments and professional nursing organisations. There needs to be cooperation between all those agencies

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in order for the recommendations in this report to be implemented. I do not have a problem with that. Therefore, it was with a great degree of disappointment that I read a press release by the member for Murdoch this morning that states -

“But instead of acting on the recommendations of the report, Mr Kucera is trying to blame the Federal Government for the nursing shortage in WA.”

I also heard the member for Murdoch use words during the debate such as “criminal”. I agree with him that there has been criminal neglect in that area. However, the report sheets home to the Commonwealth and State Governments the absolute responsibility. I am not blaming the Commonwealth Government for the issues raised in the report, but there are issues in the report that I cannot deal with unless the federal Government lifts its game and does the things that we want it to do. I am more than happy to work with the federal Government on the issues raised in the report, but it must be endorsed by the federal Minister for Health, and all state Ministers for Health. The pleasing thing for me as Minister for Health in this State is the enormous number of recommendations that are included in both these reports, and on which we have now started to move forward. At the end of the day, the fact that the member for Murdoch is putting out that kind of nonsense in the community is one of the reasons for the shortage of nurses. If the member for Murdoch keeps ignoring the things that the Government is doing and keeps referring to the shortage of nurses all the time, he will double the difficulty faced in recruiting nurses to the system. If the member for Murdoch is continually running down the system, it becomes very difficult to get nurses to come back.

Let us talk about some of the great things that have been happening for nursing in this State in the past couple of months. Of course, I will work with my fellow ministers to make sure all these recommendations are examined fully and implemented. In one way or another, virtually every one of the recommendations in the report is being addressed. I invite the member for Murdoch to read the report entitled “New Vision, New Direction”, and the Auditor General’s report entitled “Performance Examination: A Critical Resource: Nursing Shortages and the Use of Agency Nurses”. The member for Avon quoted from that report, in which the Auditor General talks about his examination of nursing and the effectiveness of the programs that are being run. He states at page 4, in the introduction to the report -

Here the situation differs. In 2002, I determined to examine the management of nursing shortages in the public health system with a report to Parliament scheduled for 2002. My Office commenced work on this examination in October 2001 and conducted field work in the period to March 2002. At the same time, a range of fundamental reforms to the public health system also commenced. Many of these go wider than the immediate issue of managing nursing shortages, but undoubtedly the structure of the public health system today is different to the system that existed when my Office commenced this work.

The report goes further, and commends some of the changes that are being made. I requested the Department of Health’s Principal Nursing Adviser, Dr Phillip Della, to establish an advisory framework in conjunction with the nursing profession to review all recommendations of the 2000 report “National Review of Nursing Education”. I invite the Australian Nursing Federation, the Australian Liquor, Hospitality and Miscellaneous Workers’ Union and all major stakeholders in this issue to come on board. The one pleasing aspect of this report was the involvement of all those major groups at a national level. No one group can fix this problem. Everybody must be part of the solution, and should not simply continually highlight the problems. We all know what the problem is. The member for Vasse used a strange analogy about recognising problems, but we know very well what the problem is. It is a matter of moving forward cooperatively, as this report quite rightly points out.

Things must change. The way that care on the floor of hospitals is presented must change. It must be recognised that a range of people now provide care. The tremendous work that some of our senior nurses are now doing must also be recognised. I agree with the member for Murdoch that there is a desperate need for nurse practitioners and that type of thing in this State. Of course, the Government will move forward on those matters. Let us not lose sight of the things that it has already done.

The letter that was referred to came after a series of long, and at times robust, negotiations to make sure that settlement took place of what has been described as the best deal in wages for nurses in a decade in this State. The same issue has been acknowledged for the enrolled nurses and virtually all health workers in the system at this time. The key issue of this report, and where this Government is so well placed, involves a broad strategy to take us forward. The sorts of milestones that this report deals with have already been mapped out. The direction in which we must go has been mapped out.

The whole issue of nurse education is about not only the education of new nurses, but also a broad range of principles and strategies that need to be applied across the whole spectrum. The Government has undertaken that. The Government employed strategies last year, some of which were introduced under the previous Government by the member for Darling Range, such as the Are You Good Enough to be a Nurse program, and

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which this Government has bolstered. For the very first time, this year every university nursing place was filled with ease in this State. That is acknowledged in the report. The report also acknowledged that there is a desperate lack of places for nursing training in this country. The view is that at least 400 new places are needed. That is something I cannot do, because I am a state minister, but I will bring this issue to the notice of Kay Patterson. The Government will certainly push those issues. The Government has recognised the need to train clinical trainers, preceptors and people of that kind to allow us in future to introduce training on the ground within the hospitals.

As the Western Australian Auditor General recently reported, the Government has undertaken a number of initiatives and has been proactive in creating a more attractive working environment for nurses in the public system. Nursing, like any other frontline emergency position, is not an attractive job in itself. Issues arise. There are pressures in many departments that are not faced in any other job; for instance, in emergency, the oncology departments of children's hospitals and in palliative care. At the end of the day, no matter what the Government does to the terms, conditions and salary, it cannot change the nature of the job. However, it can supply the support that will at least make the job as bearable as possible. For instance, with the specialisation in nursing, particularly in some high-stress areas, nurses are not rotated. Clinical managers have advised me that often when these nurses are asked to rotate, because their stress is evident, they will not move from those areas. That is their choice, and that is the nature of the workplace. However, where possible, we need to offer those alternatives. Again, that is clearly outlined in the report.

Dr J.M. Woollard interjected.

Mr R.C. KUCERA: I do not have time to take interjections. I want to get through my speech. The Government has reformed the overall structure of the system. The member for Vasse raised the issue of health boards. What were the major barriers to getting a single education system and a single system for supporting nurses in this State? It was the fact that this State had 71 different boards and authorities, all of which had the statutory authority to do their own thing, such as hiring nurses and paying their own rates. One of the biggest problems the Government has faced in implementing the enterprise bargaining agreement is the culture in the health system that each health service and hospital administrator should stand alone, do its own thing and choose, in its own way, how to implement a statewide EBA. That was the old system that I inherited. Unless we had put in place a single, unified system, which is what this Government has done, how on earth could we have worked towards these recommendations, which rely absolutely on coordination and on getting a single standard for nursing education and those sorts of things? It would have been impossible. As is pointed out in this report, the report titled "New Vision, New Direction", and the Auditor General's report, a single direction and vision are needed in this State to do those things. I clearly believe that through the changes the Government is making, which are now being recognised, we will be able to achieve that.

This Government will not be able to stop the worldwide shortage of nurses, but it will work towards what it is trying to achieve for this State. A nursing issues management group has been established to collect work force information. The Auditor General clearly pointed out and discussed that issue with the new director general of health as soon as he came on board. It was very difficult to collect work force data to perform a clear analysis. That was one of the problems in all States, which was reflected in the report.

We are stuck with agency nurses at this time. We have started to develop a generic contract for those nurses. That is no reflection on the nurses themselves, because some agency nurses are as good as any other nurses in this State. However, at the end of the day, the process of employing nurses under that system is costing the State. I was in Derby three weeks ago. An amount of \$800 000 was spent on agency nurses in one town alone last year, which again comes out of the system that should be supporting nurses working under the conditions that the Government wants to achieve. The Government negotiated a 13.5 per cent increase for registered nurses, midwives and enrolled nurses, together with a wide range of improved conditions and better career paths. We have created new nursing positions as a result of a review of workload.

The Government has allocated \$16.4 million to the Nurse-Link recruitment program, for which more than 500 expressions of interest have been received. Last weekend I was with the member for Kimberley at the Halls Creek District Hospital when a woman came up to me and thanked me for the letter I sent to her. She told me that it was my fault that she was back in the job. She had been travelling around Australia when she received my letter, because she was on the register, and decided what a good idea it was to go back into nursing. Thank goodness she picked a place like Halls Creek, where there is always a desperate need for nurses. She is back in the job. I do not resile from the fact that I have contacted nurses or that I talk to them and visit them on the job to bring them back into the process. I do not mind what system I use, as long as we bring them back into the system and retain them. That is happening. The Government immediately funded 400 new positions. The money for those new positions is available. The Government provided \$500 000 in scholarships to undergraduate and postgraduate students in the last budget. That amount has been increased to \$600 000 in this

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budget. The Government is well advanced in the implementation of the "New Vision, New Direction" report into nursing, which highlighted the need for improved flexibility. Again, I stress that that report mirrors the current report and many of the things that are in it, so we are well on the way towards implementation. The member for Murdoch issued a press release that states that I am trying to blame the federal Government instead of acting on the recommendations of the report. I am not blaming anybody for this.

Mr M.F. Board interjected.

Mr R.C. KUCERA: That is what the member for Murdoch said. This Government has been getting on with the job.

Earlier, the member for Murdoch raised the issue of general practitioners. By way of interjection, I asked him whether he expected me to fix the problem of GPs in this State. The member knows darn well that that is an issue for the federal Government. I recall that the member referred to it being criminal that we could not have GP clinics in our major hospitals. Is the member aware of the action the Health Insurance Commission is currently taking against the State Government for doing that? Is the member aware that the federal Government has said that it will fine our doctors if they work in the public hospitals of this State? Is the member aware of what the federal Government is doing in that regard? I bet that he has not raised it with his federal colleagues. It is easy for him to sit tritely and talk about cooperation. I do not see much cooperation from the federal Government in that regard at all. However, I do not knock it for that, because that is its responsibility. As I said to the member for Murdoch recently, he should tell the federal Government to get off its bottom and do something about it. He should not try to hang the blame on me.

Mr M.F. Board: Why do you not try to have clinics outside the hospitals?

Mr R.C. KUCERA: We were doing that. However, now the HIC is threatening the GPs that if they enter into that type of arrangement, they will be in trouble. How does that work in a public system whereby people in Rockingham cannot get treatment from a GP after five o'clock? Seventy-two per cent of people who walk through the front door of a hospital should be treated by a GP, yet we are accused of cost shifting. I do not think that the member should get into that argument.

Mrs C.L. Edwardes interjected.

Mr R.C. KUCERA: That is a different arrangement under a private hospital system.

Mrs C.L. Edwardes: It is a public-private system and they have a separate GP, but it is not in the private system. Is it totally separate?

Mr R.C. KUCERA: That arrangement was agreed to in the private system. I hope it is not being done in the same way as it was done at Fremantle Hospital, because otherwise they would also get a visit from the federal Government.

Mrs C.L. Edwardes: I wonder what the difference is.

Mr R.C. KUCERA: The difference is that in 1997-98 when the former Government negotiated the Australian Healthcare agreement, virtually every other State except for one Territory already had that arrangement in place. Rather than argue for it - I do not know who the then minister was - the minister allowed that arrangement to continue. Since that time, the Healthcare agreement has meant that the status quo exists. Since 1997-98, Western Australia has missed out on that arrangement while other States have been implementing it.

Mrs C.L. Edwardes: What happens at Fremantle Hospital?

Mr R.C. KUCERA: It set up that arrangement.

Mrs C.L. Edwardes interjected.

Mr R.C. KUCERA: The difference is that the Fremantle Hospital is a public hospital rather than a private hospital.

Recently, I went to the United Kingdom. While I was there, I saw an emergency system in operation that involves nurse practitioners when patients arrive at triage. The nurses direct people to a public GP clinic run by a consortium of GPs, which is separate from the hospital -

Dr J.M. Woollard interjected.

Mr R.C. KUCERA: The member will have her turn. The nurses hive people off into a GP clinic.

Mrs C.L. Edwardes: Do they go through the same front door?

Mr R.C. KUCERA: Everybody goes through the same front door. If a GP were available, the patients would go to him rather than the emergency department. That is the fundamental difference between the other States and

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WA. That is the advice I have been given and that is the advice I gave to Senator Patterson and the then minister Michael Wooldridge. Last year when I suggested to Wooldridge that we should do that, he said that if we did, we would suffer from clawback and would lose money. That is supposed to be cost shifting. How can it be cost shifting when no GPs are available? I agree with the sentiments about public clinics expressed by the member for Murdoch in an article in the newspaper. I would applaud it if the federal Government did that. I will fight my darnedest to make sure that it is in this agreement because it was neglected in the last agreement.

Mr J.H.D. Day: Do you know about the set-up in the Armadale-Kelmscott Memorial Hospital?

Mr R.C. KUCERA: I will move on because this debate is about nursing education, not GPs. The issue of GPs was raised as a red herring. I refer to the "New Vision, New Direction" report. A lot has been said about agency nurses. The Government has commenced work to establish an internal government staff pool to reduce the reliance on agency staff. As has been said, in Victoria recently, it took 18 months before that Government could recruit nurses, bring them into the system, set up a pool and offer them the types of conditions that would attract people to a central pool; for example, child care and after-hours school care. When we can provide those types of conditions, we will be in a position, as Victoria is, to say that, as far as possible, we do not want any more agency nurses. Let us bring nurses back into the public system. I suppose that this will be seen as an attack on the private system; however, it is not. People must realise that the public system has enormous needs. Unlike private systems, we cannot close the door; that is the difference. I am not knocking the system.

Mr M.F. Board: I will support any move to get nurses out of agencies and into the public system.

Mr R.C. KUCERA: That is a long-term process; it cannot be done overnight. Some of the people in the Australian Nursing Federation have suggested that we should stop agency nursing. That would mean that hospital beds and hospitals would immediately close.

Mr M.F. Board: That is not sensible.

Mr R.C. KUCERA: Of course that is not sensible. I would be delighted to work with the federation if it has solutions it thinks we can work towards. I am talking not about industrial solutions, but about commonsense solutions through cooperative efforts that could implement the type of solutions that are suggested in this report.

The issue of the scope of practice is already under way. Earlier, I referred to the report. It is pleasing that the report recognises that there is a scope of practice running from patient care assistance to the very top; that is, the people who we would expect to be nurse practitioners. As the member for Murdoch said, it might go even further. The current rigid lines of demarcation often do not allow us to deal with the nursing shortage in a sensible and planned way. It is not, as some people have suggested, that we are trying to employ fewer nurses; it is about recognising the reality that we do not have sufficient groups of nurses trained in that whole scope of practice. In the meantime, we must support them using other means. We must use the nursing work force, as it is called in the national review. That term takes into account all those people.

The member for Vasse was right about some things he said, although I do not agree with him that nurse training should be taken out of the universities. The top-end level of nursing is so technological and complicated that it could not be done without the involvement of the universities.

Mr M.F. Board: You must deal with an issue over which you have majority control; that is, the attrition of nurses from the system.

Mr R.C. KUCERA: I will refer to that in a moment because I have some figures in regard to that.

Western Australia already has a long-established nursing and midwifery education liaison committee to facilitate dealings with the universities. The Nurses Board of Western Australia, using the Australian Nursing Council, assesses all nursing courses in Western Australia that lead to registration. Our Nurses Act already has a recency of practice clause and a self-declaration of competency clause. A study of the role of competency is currently being conducted. If that study's findings are what I expect them to be, we will address the issues raised by the members for Avon, Murdoch and Vasse about paying people for their level of competency. However, when that is done, the lines between the so-called levels of nursing will blur. In order for that to occur, we will need the agreement of the nursing federations, the various unions and other professional groups.

Mr M.F. Board interjected.

Mr R.C. KUCERA: They would be paid for their competency eventually when that issue is worked out. However, that cannot be done while there are rigid industrial demarcation lines. That must be recognised. The report says that we must work towards the recognition of competency. We have not reached the stage of determining whether that competency would be recognised and rewarded by payment or in another way; for example, by promotion. We must talk about that matter in a practical and pragmatic sense, not just in a clear industrial sense, as has happened in the past. This Government is now starting work on that self-declaration of

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competency issue in all nursing courses. It has already established the Nursing in WA web site to get information to the nursing work force. This year, \$750 000 has been committed to enhance the graduate nurse transition into the work force. However, there is still an enormous culture to overcome within the nursing profession itself, within the administration of hospitals and within all the areas that allow for that transition to work. The Government has expanded the role of nurse practitioners so that it is not limited to remote areas. That will be recognised in the relevant legislation that is currently being progressed.

I will refer now to some figures that will pose a real problem to the member for Murdoch and some of the issues he raised. In his media release he said that we needed to increase the number of nurses in public hospitals. However, he also said that this is not occurring. The member for Murdoch should get his facts straight. In this year alone, this Government has already put 124 nurses through renewal of registration courses and 111 nurses through refresher courses. During the past year, the nursing full-time equivalents in the public sector have increased by 325. In an unprecedented step, as I said, I wrote to every one of the 25 000 nurses on the Western Australian register to tell them that they are wanted and needed in the public system, and I received over 600 replies. I have already referred to the woman to whom I spoke at Halls Creek. Since receiving my letter, the oldest person to come back into nursing is 63 years of age. That is the advice I have been given by the chief adviser of nursing. I welcome all of these -

Mr M.F. Board: Did you say 600 responses?

Mr R.C. KUCERA: Yes. Does the member know what the wonderful thing is about those responses? The nurses not only responded to my letter, but also pointed out specific needs in specific areas and gave me good feedback on where the system needs to go. Some of the replies were critical; I accept that. However, some were not critical and were sensible and supportive of where we are headed.

In October this year a major recruitment campaign will commence. I hope the member for Murdoch will support that absolutely. The main theme of that campaign will be to show nurses that the Government and the community value them. Much of this initiative deals with the recognition of that issue. However, there are far broader issues to deal with than that. I have been assured that the "National Review of Nursing Education 2002" will be a priority at the November meeting of the health ministers conference. Incidentally, I will chair that meeting, so there is a fair chance that I will get a choice of topics on the agenda.

Mr M.F. Board: Will you make a financial commitment to those recommendations?

Mr R.C. KUCERA: The Government has already made huge financial commitments to the recommendations that I can deal with now.

Mr M.F. Board interjected.

Mr R.C. KUCERA: Of course we will examine those kinds of things to see what the issues are. It may be that the federal Government recognises there is enough merit to provide federal funding. I do not know what the situation is. Members opposite are saying that is very likely! Well, they must have more information than I do.

Mrs C.L. Edwardes: No, I said that would be right, pass it over to the feds.

Mr R.C. KUCERA: That is the sort of twisted mentality this Government comes up against whenever I raise the issue of cooperation with the federal Government. It may be, member for Kingsley, that Senator Patterson might say that it is a federal issue and it will receive federal funding. That would be fantastic because I could then put money into other areas of nursing.

Mrs C.L. Edwardes: And if she does not say that, what will you do?

Mr R.C. KUCERA: I will then talk to the federal Government about what we must do. At the end of the day, if members opposite took the time and trouble to read both of these reports, they would see that the Government has already addressed many of these issues. I do not pre-empt those kinds of things. However, we will take our place, along with the Commonwealth and the other States, to develop these issues when they are discussed in November. We are already well down the track in dealing with the issues and if the member for Murdoch reads the report in its entirety, he will be aware of the recognition that Western Australia has received regarding these issues.

Of the 36 recommendations in the report, perhaps the most significant one relates to the commonwealth responsibility to put an additional 400 university, or higher education contribution scheme, places into the tertiary sector. This Government has been asking for that since I came into office for not only nurses but also general practitioners and medical training generally. At the end of the day, apart from my lobbying for it fiercely, it is something that I cannot provide as a state minister. I am not blaming the federal Government; I am just stating a fact. If the report says we need 400 extra HECS places, for goodness sake, give them to us so we

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can start training nurses. I do not have a problem with that. It is well known that that is not an overall cost. The rest of the infrastructure cost related to additional training is borne by the States one way or another, whether we like it or not. If I ask for another 40 or 50 university places, of course I will support the Commonwealth on that. I have no other option.

Mr M.F. Board: Have you considered non-HECS placements?

Mr R.C. KUCERA: We have not considered that issue at this stage. However, as I said before, the problem is not getting young men and women into nursing education. Many of the courses this year were oversubscribed at a rate of five to one. We do not have a problem getting people into nursing education or university. The problem is that we do not have enough places. It is exactly the same with doctors. This State is now producing the same number of doctors as it did 20 years ago. It is a ridiculous situation.

Mr M.F. Board: When we were in government we were faced with many issues that the State funded. Some of them may have been deemed a commonwealth responsibility. However, we wanted to expand on them, to play a role and to be pro-active.

Mr R.C. KUCERA: Why then did I put in the magnetic resonance imaging machine at Princess Margaret Hospital for Children? The member knows that that is a commonwealth responsibility. He knows darned well that the Commonwealth is welshing on its responsibilities to this State. I will not back away from that and let it off the hook. The obligation of the federal Government is something the member for Murdoch missed yesterday in his question to me and in his press release today. I am not blaming the federal Government. I am simply putting on the table that it has a clear responsibility and whatever the outcome, this State will be prepared to go along with it; it is as simple as that.

Mr M.F. Board: There are many things for which you blame the federal Government.

Mr R.C. KUCERA: I am sorry, but I always state the facts. As the report indicated, this State also relies on graduate nurses coming from other States; there is no doubt about that. That is because we do not have enough tertiary places in Western Australia. In South Australia - a State with a lower population than Western Australia - far more tertiary nursing places are available. That is an inequity in itself, particularly with the growing demand for nurses in this State. From the figures I was given by the education system and the department's chief nursing advisers, I am pleased to say the number of students choosing nursing as a career this year has increased by 20 per cent from last year, despite the negative publicity that nursing has received. We do not have any problem filling tertiary places. However, we do not have enough places. I would also like to think that the Department of Health's "Are You Good Enough To Be A Nurse?" campaign has targeted that area and has added to that increase. With the additional tertiary places, we will be on track to achieving a substantial increase in the number of young nurses in the profession.

However, that is not all of it. I will recap. The tertiary places are filled so the recruitment campaign is going well, particularly the one that is running in the high schools. The refresher courses and the Nurse-Link program have now attracted more than 600 replies and brought 325 nurses back into the system this year, including some 225 others who are doing refresher courses. The Government is already on target to start dealing with the issue of agency nursing. Recently - much has been made of this by the Opposition - I spent two weeks talking to people in the health systems in England and the rest of the UK. I looked at hospitals and systems but, most importantly, I did not talk to them about pinching their nurses. That was the feeling expressed by the British Broadcasting Corporation when I got off the plane and what was discussed on national television. When I spelt out the need to give nurses a safe and sensible exchange, if they wished to come to Australia, and to make sure that they did not work as waitresses and the like because the nursing system was not flexible enough, people were delighted. They also recognised that about 1 000 nurses work through that system every year.

The member for Murdoch raised the issue of safety of nurses.

Mr M.F. Board: The Northern Territory and Queensland have backpackers.

Mr R.C. KUCERA: The Northern Territory and Queensland want to work with me on that program. We are way ahead of the member for Murdoch.

Mr M.F. Board: It works well.

Mr R.C. KUCERA: Of course it works well, provided we can get them into the system.

We must also talk about nursing leadership. Although a lot of work has been done already, a great deal must still be done to improve the working life of the existing nursing work force. That is the crunch - retaining them. It is not only a matter of recruiting those we want to attract into nursing but also of retaining those who are already in the nursing work force whom we do not want to lose. This year we must address the issue of nursing leadership,

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which is very much a real problem in WA, as it is in other parts of the world. These problems were identified in the "New Vision, New Direction" report, which, I repeat, mirrors the current report. Consequently, I have commissioned the production of guidelines for best practice in those areas, which I expect will be issued by the end of this month. The Department of Health has already had discussions with Curtin University of Technology's graduate school of business.

I will read these points because they are important and I want to get them on the record. We are also establishing a leadership development course for nurses within Curtin University of Technology. On my recent trip to the United Kingdom, I spoke to an improving-working-life team that was specifically formed by the Blair Government to address the issue of nursing leadership. It is as plain as the nose on one's face that the whole idea of teamwork, cooperation and collaboration in the health system is the way forward. In many instances, obvious points have been made in the review that we have known about for a long time. As I said, I am pleased to be on the front foot with nursing in this State and to know that we are now moving forward. The Australian Medical Association and the Australian Nursing Federation have acknowledged that we have short-term shortages and there is a long way to go. However, they say that the Government is heading in the right direction.

Mr M.F. Board: Why has it taken 20 months?

Mr R.C. KUCERA: Members opposite took eight years to get us to this position. The member for Murdoch should not talk about 20 months.

Mr M.F. Board: What about the review?

Mr R.C. KUCERA: I can tell the member for Murdoch that it has now been released for discussion in the community and it will come into the House.

Mr M.F. Board: In the next few weeks?

Mr R.C. KUCERA: The consultation period ended on Friday. All the people who wanted to make submissions have done so, and there will be some changes. There was a degree of angst because we extended the submission period and people wanted to talk about other issues. We will now put all of the submissions through a drafting process. I do not know how long that process will take; members know what drafting processes are like. However, I expect to bring legislation into the House before the end of this year, because it is a key priority of this Government. It is, however, only one part of the whole equation.

Mr M.F. Board: We haven't seen much health legislation in this Parliament; in fact, we have seen none.

Mr R.C. KUCERA: That is not correct. A few amendments to health legislation have gone through the Parliament. Health legislation, like any other legislation, has priority. With the issues that we have dealt with in this House and the time wasting that has gone on, such as occurred today, we will be lucky to get any legislation into this place. In fact, what happened this morning was disgraceful.

Mr M.F. Board: I do not think a motion on a matter of privilege is disgraceful; it is important.

Mr R.C. KUCERA: It may have been important, but I suspect that the people of this State would not welcome the news that the Opposition wasted four hours on what eventually became a triviality in the House when important legislation was waiting to be passed; it is as simple as that.

I have addressed all of the issues in the review. I shall draw this speech to an end, as I am sure I have addressed all of the issues dealt with in the debate. I have outlined specifically where we are going with nursing education, the changes to the nursing work force and the structure of health generally in the State. The structure of health that I inherited did not allow us to introduce the kinds of reforms that we hoped to bring into the Parliament. Ultimately, none of those reforms will help the situation if members simply stand every day of the week and highlight the problems with the system without suggesting a solution.

Mr M.F. Board: Did I not say that today's debate was constructive?

Mr R.C. KUCERA: I did not include the member for Murdoch in what I said. However, as he knows, it is very easy for members to constantly highlight problems. It is very easy to say that there is a nursing shortage in Busselton District Hospital without looking behind what is going on there. It is very easy to say that there is a nursing shortage without realising that the winter peak has dropped off and there is no need to put additional money into an additional eight beds at this stage. The issue is not about nursing shortages or ratios; it is about proper management of health, all of which includes the proper management of the nursing work force.

I am pleased to be doing the kinds of things that we are doing for nursing at the moment. Yes, we get some things wrong; yes, it takes time to get an enterprise bargaining agreement into place right across the State; and, yes, there are situations in nursing in which the job itself is inherently pleasant and at other times inherently unpleasant. I cannot change those things. However, I will never cease getting on my feet - I say it every time I

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stand - and speaking about one key aspect about health in this State: I have never met anybody in health who does not want to be the absolute best. That includes every one of the nurses, nurse practitioners, patient carers, enrolled nurses and any kind of carer that we have in the State. They are a great bunch of people. We have gone through a difficult time in the winter peak, which we are gradually coming out of. However, I have not seen any member stand in this place, other than me and members of this Government, and applaud the doctors and nurses who have brought us through that peak. I have not heard anybody else in this State generally who has done that.

Mr M.F. Board: I just said it today.

Mr R.C. KUCERA: I acknowledge that the member for Murdoch accepted nurses in that regard, but I am talking about the current winter peak that we are coming out of. I have only ever heard members opposite knock the health system and use the winter peak - in winter there are always pressures on the system - as a cheap political exercise or as a way of pushing their own issues.

Mr Acting Speaker (Mr P.W. Andrews), we have a great health system in this State, but I do not talk it up, because, when I do, someone comes along and knocks it down. It is the same negativity from members opposite that occurs right across this Parliament. It is the same negativity in which members do not talk up this great State of Western Australia; they do not talk up the industrial development that the State is going through at the moment and they do not talk up the features of the State that will benefit the people of Western Australia.

The health system is well on track. I will be taking this bunch of papers I have with me to the conference of Australian health ministers to show them what the State is doing and to acknowledge the great write-up that we got in the report.

Mr Acting Speaker, in this State we have a great bunch of nurses, we have a great bunch of nurses-to-be, and we have a great nursing work force, and this Government is absolutely committed to supporting them.

MR M.P. WHITELY (Roleystone) [6.47 pm]: Mr Acting Speaker -

Point of Order

Dr J.M. WOOLLARD: Mr Acting Speaker, is it normal that speakers alternate or is it at the discretion of the Chair to alternate the speakers?

The ACTING SPEAKER (Mr P.W. Andrews): It is, member for Alfred Cove.

Debate Resumed

Mr M.P. WHITELY: I am the second government speaker on this motion; therefore, those on the opposition benches have had a fair go.

I want to start by reading the motion, because it is most illuminating. It states -

That the Minister for Health immediately accepts, endorses and implements the recommendations made in the National Review of Nursing Education 2002.

The motion therefore calls on the minister to immediately accept, endorse and implement a report that was delivered yesterday. That is stunning! Given that the Opposition has wasted four hours of the time for debate since yesterday, in 20 hours the Government is supposed to have gone through a process of public comment, consultation, debate and consideration of the issues raised in the report and, finally, to have developed strategies. We have therefore had 24 hours in total to do that, including four hours wasted frivolously today by the Opposition.

Although much of what opposition members said was meritorious, it is a pity that they did not take more time and put a little more effort into drafting this motion. It is inherently nonsense to call upon the State Government to implement a commonwealth report in 24 hours. It is a very wide-ranging and good report and certainly requires commonwealth and state cooperation. As I said, it is ridiculous that the Opposition should expect all of its recommendations to be implemented in 24 hours. This motion is reckless, lazy and negligent in the extreme and does no credit to the Opposition.

Mrs C.L. Edwardes: Have you read the motion?

Mr M.P. WHITELY: I have read the motion. Many of the things members opposite have said certainly had merit.

Since being elected, I have been struck by the number of parallels that exist between you, Mr Acting Speaker (Mr P.W. Andrews), and me. We are both former teachers, we both used to drive 1987 Falcons prior to being elected and we both married overseas, hospital-trained registered nurses. I believe that both our wives were trained in London. My wife was trained at Lewisham Hospital and the Acting Speaker's wife was trained at

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New London Hospital. My wife emigrated from Ireland in 1987, because, at the time, there was a nursing shortage in Western Australia. There was no such nursing shortage in Ireland or the United Kingdom, so a flood of nurses arrived from overseas. Since she immigrated, my wife has worked in coronary care at Royal Perth Hospital and Fremantle Hospital. Since moving to Roleystone last year, she now works at the Armadale-Kelmscott Memorial Hospital. She is very impressed by the standard of facilities at the hospital. However, she is somewhat demoralised by the fact that as a highly trained and skilled professional, she often has to deal with patients who should not be in public hospital beds and who should not be in the public health system. Rather, they should be in aged-care facilities. Members do not have to take my word for it. My wife is quite angry that the Commonwealth Government is not pulling its weight on this issue.

As is the case with many nurses, my wife had a calling to be a nurse. In fact, such was her dedication to nursing, that she left her family in Dublin at 18 years of age to live in London so that she could do her training. She did this against a background of economic decline in Ireland - the situation has since turned around - and an oversupply of nurses in her home country. That situation has certainly changed, and rather than rely on nurses immigrating from Ireland, the United Kingdom and other nations, we must address our nursing staff requirements by competing in the highly competitive international market. The international nursing labour market is a sellers market, not a buyers market. We cannot simply rely on purchasing nurses from overseas. The reality is that the nursing profession is a broad profession and the nursing work force requires those involved to demonstrate a high level of technical training and skill, which must also be combined with a preparedness to do what can be described only as menial tasks, some of which are most unpleasant. I often ask my wife how her day was and sometimes I regret having asked her, because she tells me about some of the unpleasant things she has had to do. Although she is highly trained and skilled, and has 20 years experience in the field, she must undertake many of the menial and unpleasant tasks that we can all imagine, but upon which I will not elaborate.

The role of a nurse is incredibly demanding and important. Nurses must be equipped with not only technical skills, training and expertise but also a sense of compassion, an ability to care for people and a desire to pick up the pieces in many situations. As I said, we are dealing with an increasingly competitive and international nursing market. Therefore, we must find new ways of dealing with the task of patient care, and we must be more innovative in our approach.

An option of merit that was outlined in the report - I believe the Australian Nursing Federation has changed its attitude about this option - is the employment of nursing students as patient care assistants. The Nurses Act 1992 has no category of registered student nurses. Therefore, although the idea has merit, there is no formal category that allows for the employment of student nurses as qualified or partially qualified professionals. That does not mean that we cannot explore and pursue the idea, because it is meritorious and would benefit both student nurses and the health system. Some of the benefits to student nurses are obvious, because, as a student, one's income is fairly limited. Therefore, the capacity to earn income while studying would be of great benefit. It would encourage a higher calibre of nursing applicants because students would be able to pay their way. Although it cannot be a part of a student nurse's formal training, working as a student nurse in the health system would be a valuable part of their informal training. For some students the experience would provide a reality check.

[Interruption from the gallery.]

The ACTING SPEAKER (Mr P.W. Andrews): Will that person please remove himself from the public gallery.

Mr M.P. WHITELY: One of the comments that my wife and some of her colleagues often make is that nurses who undertake a three-year university course are dumped into the hospital system when they come out at the other end. They graduate as highly trained and skilled professionals, but they do not receive exposure to some of the less pleasant and less attractive aspects of nursing. Working as a patient care assistant in a hospital will help student nurses decide whether that is the place they want to be and where they want to direct their efforts. As well as gaining valuable experience, student nurses will receive a reality check, and they will be able to determine whether the nursing profession is the one they want to pursue in the long term. The value to the health system is obvious, because there will be a supply of enthusiastic and willing health care workers. Eventually, this will mean that when they have completed their studies, they will enter nursing as better health professionals. We must recognise that nurses are required to carry out a spectrum of tasks, including those that are highly skilled and those that are unpleasant. We must look at innovative ways to offer career pathways to nurses. The idea of having student nurses as patient care assistants at the low-skilled end of the spectrum allows an entry point into the system, and it also provides student nurses with the ability to make important decisions early in their careers.

I turn to the motion that was moved by the Opposition. As I said earlier, it is a nonsense to argue that we should accept, endorse and implement a report that was released into the public sphere only yesterday. I endorse some

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of the comments made by members opposite. However, it is regrettable that they did not take more time to draft the motion.

The Minister for Health outlined many of the tangible ways in which our Government has enhanced the status of nurses. I will add a few comments from my personal experiences. Given that the other breadwinner in my family is a nurse, my wife's 13.5 per cent pay rise over the next three years will be of considerable benefit to my family. Another measure that has been beneficial to my family has been the implementation of flexible rostering. For the first time, my wife has been able to work family-friendly hours. Typically, she works morning shifts, and, instead of having a lunch break, she knocks off at 2.00 pm. She works her seven hours but she does so in a way that allows her to pick up the kids. This issue is about not only money but also recognising the reality for many nurses in the community. Like many other families, my family has benefited from the innovations that were recently introduced. My family has been a beneficiary of the Gallop Government's approach and commitment to nursing.

Amendment to Motion

Mr M.P. WHITELY: I move -

To delete all words and substitute the following -

That this House congratulate the Minister for Health for the steps he has taken to improve the situation for nurses in Western Australia which are supported by the recommendations made in the "National Review of Nursing Education 2002".

DR J.M. WOOLLARD (Alfred Cove) [6.59 pm]: I will not support this amendment. This debate has not discussed the real issue in nursing, which is workload. I support the recommendations in the "National Review of Nursing Education 2002". However, I do not believe they go far enough.

Debate interrupted, pursuant to standing orders.

House adjourned at 7.00 pm
