

## Legislative Council

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### STATUTES AMENDMENT AND REPEAL (INSTITUTE OF MEDICAL AND VETERINARY SCIENCE) BILL

**The Hon. A. BRESSINGTON** (17:29): I have had the pleasure of receiving a number of briefings from minister Hill's office and, yesterday, I received a briefing from one of his staff members on this bill. It came as no surprise to me that, obviously, we only hear of the benefits. When I asked the question, 'What will the cost be to particular stakeholder groups?' the gentleman sat there almost dumfounded to think that I could even comprehend that there would be costs to any people with a bill from the government. However, I kept in mind the personal briefing I had from the minister (the Hon. John Hill) on the health care bill. I was reassured that there would be very little inconvenience to rural people, that most certainly hospitals were not going to close, and that it would be a more refined service for rural people.

Last week we heard that 43 out of 66 hospitals will be closing. We have had mass resignations from anaesthetists and doctors. It will not be long before nurses, too, are up in arms about the conditions that they work under, especially at the QEH. My daughter-in-law is a theatre nurse there and I hear some horror stories about what staff are now having to put up with regarding some of these reforms.

I have learnt that I cannot rely on these briefings to give me a broad spectrum view of what the long-term (or even short-term) ramifications will be. I remind members of this council of the Glenside proposal. We were told that it would be a you-beaut mental health facility, which would be state of the art and the best thing since sliced bread, and now we hear that our mental health patients will be sharing the grounds with movie stars on a movie set. I wonder how a Hollywood theme and mental health patients will mix and what the therapeutic value of having such a combined site will be. I am sceptical of the intention behind this.

Yesterday I met a staff representative from the IMVS. I was appreciative of his honesty in saying that they were supporting this bill only because they had the opportunity, after amalgamation, to salary sacrifice, which meant an extra \$6,000 or \$9,000 a year in their pockets. What I found interesting was that, for the past six years, the IMVS staff have been applying for taxation status to allow them to salary sacrifice but have been knocked back.

I read in Vickie Chapman's address on this issue, in the other place, that in 2006 the Treasurer made an announcement that the government would like to create an amalgamated pathology service called SA Pathology. I wonder whether it has been so difficult for IMVS staff to get the FBT status that they need to salary sacrifice because this has been in the wind for quite some time.

After speaking with the staff member yesterday and saying that, although I feel for the 1,200 employees of the institute, their ability to salary sacrifice was hardly a reason to pass a bill that could have long-term impacts on the health and welfare of people in this state. That employee left my office yesterday saying that he would be rethinking his stand and that he is sure that most of the staff, if they could be assisted to get the status they need to salary sacrifice with the Taxation Office, would not support this bill; that they do want to keep their autonomy; and that they take pride in the services that they deliver and the research that they undertake. It is not their wish that they be amalgamated with the other two services.

At the briefing I asked what the other costs would be (apart from not being able to salary sacrifice) to the IMVS with this amalgamation, and I was told that the IMVS at present has a great deal of autonomy in being able to purchase new equipment that is required for research, whereas once the amalgamation takes place it will come under yet another layer of government and it will have to seek approval and funds for the purchase of equipment, which is probably going to compromise the quality of service that it has been able to deliver in the past. He was quite concerned about that. Again, it was stated that the only reason the staff are supporting this is the opportunity to salary sacrifice.

The gentleman yesterday also made the point that just because people are quiet and are not lobbying hard on this particular bill does not mean that there are not major concerns amongst the staff of the IMVS regarding this amalgamation.

I return to the lack of lobbying on this bill. It is very reminiscent of the lack of contact made regarding the health care bill, as well. My office went to a great deal of trouble to try to contact people working in the health care industry, prior to the adoption of that bill, and took their silence as a sign that all was well and that they had accepted the reforms. However, as I said, last week we saw mass resignations from the health care industry because of their dissatisfaction. I have learnt that lack of lobbying does not necessarily mean lack of interest or lack of concern.

I will read an email that I received from one of the employees of the IMVS. As I said, there has not been a great deal of comment but there are some valid points made in this email. It states:

Whilst the IMVS has been established for 70 years (this August) it is the history of the last 25 that has made it a unique contributor to public health in Australia.

In addition to its vital public health role, and unlike most public health institutions, it generates tens of millions of dollars in competitive earnings each year.

The money the IMVS earns by supplying diagnostic pathology to general practitioners and specialists is spent on training and research. This is money that the state does not have to extract from taxpayers, money Treasury does not have to find.

Public health—where to start; the HUS outbreak, the Yorke Peninsula water scare, legionella on Kangaroo Island, salmonella outbreaks, white powder incidents, the list goes on and on. Interestingly, and often, it's not the IMVS who takes the credit; the press most often talk to hospital spokespeople or to the department, but be in no doubt, it is the IMVS who does the work and provides the expertise. Furthermore, we do the work across the state through a network of regional laboratories; the staff lives and work in the local community. The IMVS supports and works in regional and rural South Australia, not everyone does.

The IMVS was the first public pathology provider, and only the second in Australia, to undertake ISO9000 series quality accreditation, a major undertaking and a major achievement. This is in addition to NATA accreditation requirements.

The Hanson Institute is the research division of the IMVS, it provides a career in medical research for hundreds of South Australians; these jobs simply did not exist before the IMVS directed its efforts and earnings into research. Young South Australians now have whole of career opportunities in medical research in this state and competitive earnings are paying for it. The results are visible.

I imagined that this was the sort of thing political parties dreamt of, a public institution showing initiative, generating valuable ideas, licensing the intellectual property, whilst minimising the burden on the state's financial resources. It seems not.

The earnings also support training; sessions for rural doctors, for students now that medical courses no longer provide comprehensive training in pathology. Training for scientists and technicians, look around the private pathology providers and ask where their staff were trained, overwhelmingly it was at the IMVS, from top to toe. Imagine if you had to find the money for all that solely from the public purse. Imagine how much poorer the service to South Australians would be if the IMVS just turned up for work each day and cranked the handle.

The reason the IMVS has been able to do these things, to actively contribute to the health of South Australia in so many different and innovative ways, is because the IMVS act enabled it to. The IMVS is independent but recognises that with independence comes responsibility; in my view it has amply met its charter.

That gives a feel of the staff and their passion for the work they do and for the institute for which they work. As I said, the gentleman who came to see me yesterday said that all but two of the 1,200 employees at that institute support this merger—as in a merger that will improve services and quality of service to this state.

We also must not forget that there are a great many assets that go with this amalgamation. That is of concern to me, as it was with the Glenside project, and it has not yet been proven that our suspicions on that were unwarranted. I will support the second reading of this bill, and look forward to the committee stage; however, at this point, and with the information I have at hand, I indicate that I am very unlikely to support the bill.

Debate adjourned on motion of Hon. J.M. Gazzola