

ROYAL FLYING DOCTOR SERVICE — FUNDING

Motion

HON ROBYN McSWEENEY (South West) [10.08 am] — without notice: I move —

That this house urges the government to alleviate the current funding crisis being faced by the Royal Flying Doctor Service and to recognise that this worthy service is managed by dedicated people and not an “interest group” as claimed by the health minister.

Tomorrow is Flying Doctor Day. Therefore, it is appropriate that I move this motion in this house today. I do so because of the comments that were made by the Minister for Health last week when he was in Albany for a budget breakfast. I was absolutely disgusted at those comments, and, not surprisingly, so too were most Western Australians. Our vast state relies heavily on this excellent service. The minister referred to the Royal Flying Doctor Service as an interest group. According to my notes, the minister said, “You always expect when you deliver a budget for interest groups to come out and if you give them something, for them to say that it’s not enough, there’s nothing unusual in that.” The flak that he has worn during the past week has not exactly seen him backtracking but he has certainly made comments to the effect that if he offended anybody, he did not mean to.

Prior to the budget, the RFDS, in conjunction with the WA Country Health Service, asked the government for three additional aircraft and additional doctors, nurses and pilots to meet both current and future demand. The package, worth \$68 million over five years, was only allocated a share of \$2 million. Two million dollars is clearly an insult to our rural and remote communities. Tim Shackleton from the RFDS said that its resources are stretched very tightly. He was hopeful that the state health service would see the value of an investment. Not much can be invested with \$2 million. The government needs to realise what a worthy service these dedicated people provide to country WA.

The Western Australian RFDS will celebrate 80 years of remote medical care on Saturday, 17 May. I believe that over the past three years four state and commonwealth reports have confirmed that this government provides the least amount of funding for this essential service. As most people would realise, the RFDS is a national program. The dedicated men and women who work for the RFDS clock up some 5.5 million kilometres each year. In 2006 the RFDS evacuated 309 people from Albany, where my office is located. The RFDS flies into Mt Barker at least every two or three weeks. The nurses on duty work a 28-day roster. They work for 19 of those days. One of the nurses said that they are on call from 6.00 am. They go into the base and check the electrical equipment and expiry dates. If they need to take off for a priority 1 patient, they need to know that all their equipment is available and working. They have a pretty demanding job. They do excellent work.

During 2006-07 the RFDS flew 5 138 231 kilometres over 16 674 hours, transferred 6 238 patients and conducted 1 663 clinics. Its chartered aircraft flew 453 573 kilometres and the RFDS made 24 073 telehealth radio calls. The Western Australian operations are situated in Derby, Port Hedland, Meekatharra, Jandakot—both the public affairs unit and a base—and Kalgoorlie, where it also has a base. For the year ending June 2007, the RFDS’s 47 planes travelled 21 714 595 kilometres Australia-wide across some of the nation’s most isolated areas. The planes performed 35 089 aerial evacuations, an average of 96 a day, and conducted 12 247 health clinics, an average of 34 a day, throughout the nation. The RFDS operates the nation’s only flying dentist service, based in Broken Hill. It has a rural women’s general practitioner service operation in New South Wales, Victoria and Tasmania, which offers a range of medical services for women in remote areas, including cervical cancer screening, breast examination and consultations regarding diabetes, menopause and psychological issues. Over that same period, 26 female GPs treated 4 294 country women at 44 locations.

Back in WA, the RFDS is in crisis because it cannot respond to all life-threatening emergencies following a 50 per cent jump in demand in the past five years. Booming WA regional centres have left the RFDS struggling to cope, so it asked for a big boost in resources, including a move from 11 to 15 planes over the next five years. The dangers of not being funded properly were highlighted last September when the RFDS was unable to respond to a call from a man on a remote goldfields station who later died from a suspected brain aneurysm. Service medical director Stephen Langford said workloads had increased 35 per cent in the Pilbara and 25 per cent in the south west and great southern regions in the past five years. In that same period transfers from Karratha increased by 37 per cent, Port Hedland and Newman by 27 per cent and Bunbury by 32 per cent. Why are transfers from Bunbury up 32 per cent? Bunbury has a very good public-private hospital. What is wrong with the health system if the flying doctor has to land in Bunbury on that many occasions? I could understand Albany experiencing an increase in patient transfers as it is four and a half hours by road from Perth, but Bunbury has a straight run to Mandurah or Perth. There is a bit of an anomaly there.

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Many people in rural and remote WA raise money for the RFDS and do so willingly. A cake stall is set up every year in the area where I live, and that cake stall raises a lot of money. People just keep bringing produce to it because they know that it is a worthy service. The federal and state governments fund the RFDS to the tune of 90 per cent. Why can they not contribute that extra 10 per cent so that it is wholly funded by governments, particularly as it does the amount of work that I have just described?

Mrs Helen McKinnon is heavily involved with fundraising for the RFDS and does a great job. She came to Parliament not so long ago and told me about the Flying 1000 group. Its first fundraising function was held on 18 September 2002, with the catchphrase “If you start an idea, nothing can stop it”. Its mission was to raise \$1 million to provide the intensive care ward in the air for the first four new Swiss Pilatus PC-12s purchased by the RFDS. All funds have gone to the lifesaving medical fit-out. A cross-section of contributors, comprising 675 donors from as far afield as Albany and Margaret River in the south to Broome and Karratha in the north, have added to the huge success of this group. The RFDS has purchased a further two new aircraft. Flying 1000 will continue to raise funds for the medical equipment in these aircraft. The Oyster Harbour joint venture donated a block of land in Albany. WA country builders built a charity home for the RFDS Flying 1000. The outstanding generosity displayed by the country builders culminated with the auction of this home in March 2008. Since that first function in 2002, more than \$16.2 million has been pledged to the campaign by the WA corporate sector and individuals. The aim of the Flying Into The Future capital campaign was to raise \$17 million. As I just noted, more than \$16.2 million has been pledged already. The concept of Flying 1000 is for 1 000 people to each donate a minimum of \$1 000. They now aim to raise an additional half a million dollars to fund the fit-out of two new aircraft joining the RFDS fleet in late 2008. All these donations will be used exclusively for the medical fit-out of the new aircraft and, as I said, 692 people have pledged to support the Flying 1000. The purpose-built medical fit-out in an aircraft replicates an intensive care ward. The medical fit-out includes integral medical, oxygen, and suction systems, an inverter for AC power, comprehensive lighting, fluid-seal flooring, a communications system, aeromedical stretchers and a specialised restraint system for medical monitoring equipment. The medical fit-out for one plane costs \$250 000, and that comes just from fundraising. Many people living and working in regional WA regard the flying doctor as their doctor.

Many years ago I read about “The Sugar Bird Lady”, who, of course, was Robin Miller. After obtaining a private pilot’s licence and a commercial flying licence while training as a nurse, she approached the Western Australian Department of Health to ask permission to fly to northern Western Australia to carry out a vaccination program. Permission was granted and she borrowed money for a Cessna 182 and set out on her first flight on 22 May 1967. This was a girl who was way ahead of her time. After travelling to remote communities, she would treat children with the sabine vaccine in sugar lumps. She later flew with the Royal Flying Doctor Service of Australia, after carrying out nine aircraft delivery flights for it. She was married in 1973 to Harold Dicks, the director of the Royal Flying Doctor Service—who Hon Ken Baston has told me was his doctor when he was a little fella—and became Robin Miller Dicks. Later that year she was sponsored, along with Rosemary de Pierres, to compete in the 1973 All Women’s Transcontinental Air Race across the United States. I guess the very sad part of all that is that Robin died at the age of 35 years, which is far too young; however, she achieved a great deal in her very short life.

A total of 610 people were transferred by air to Perth by the RFDS from hospitals in the great southern region in 2007. Of this number, 82 were transferred from Katanning District Hospital, 140 from Narrogin Regional Hospital and 245 from Albany Regional Hospital. The RFDS assumes the role of remote area healthcare provider offering a continuous schedule of consultations and visiting clinics to thousands of families in 70 locations across WA. The vital work of the RFDS also extends statewide to women and infant health programs, with a strong emphasis on preventive health care. The RFDS provides more than 500 medical chests throughout the state. With help from BHP Billiton, the RFDS On The Road program is delivering primary health care to the doorstep of remote residents in the Pilbara and the goldfields-Esperance regions. The RFDS lifeline of support is provided 24 hours a day, seven days a week, 365 days of every year. The patron of Flying 1000 is Dr Patricia Kailis, and the Flying 1000 committee comprises seven volunteer women, all with outback and/or rural backgrounds and experience.

I found an article by Ryan Emery in *The Australian* that I believe is a good note on which to finish. It is headed “Attitude comes with altitude for airborne practitioners of the outback”, and states —

On a searing hot Christmas Day in 1980, a bus-load of tourists in Australia’s northwest learned the lengths the Royal Flying Doctor Service would go to to transport a patient when one went by on the back of a rubbish truck.

People in the north west are very inventive. The article continues —

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RFDS pilot Terry Richardson and nurse Dianne Graham had been called to help an unconscious woman about 350km north of Carnarvon when they found the patient on her stretcher would not fit in the car to transport her back to the plane.

As the temperature rose above 50C, Mr Richardson raced back to the nearby roadhouse and returned in what, he assured the sceptical nurse, was the only suitable vehicle: a rubbish truck.

Dr Graham, who completed a medical degree while working as an RFDS nurse, recalled: "All I could think about was what it was going to smell like. It was typical Terry. But it was the sort of thing that was done in those days."

When they drove up to the plane, the tourists were there to witness the spectacle.

"One to take home about the RFDS," Dr Graham mused.

The story and many others have been compiled by Gaye Richardson, an RFDS nurse and Terry's wife, in the book *Nurses with Altitude*, which was launched yesterday —

The article is dated 13 May, so it was launched on 12 May, a few days ago. It continues —

The book catalogues stories of heartbreak when patients didn't survive the rescue flight, as well as ones of bravery, including a night landing next to a mountain with only flares to light the landing strip.

Many a time on outback strips people have been called in to put their headlights on so that the flying doctor could land. Communities rally very well when help is needed. It continues —

RFDS chief executive Tim Shackleton described the book as confronting, humorous, deeply personal and touching.

One of Mrs Richardson's own accounts is the story of then four-year-old Shaun Whittaker, who could have lost his arm except for a series of coincidences and the speed of the RFDS in 1977.

When Mrs Richardson raced from a game of hockey to the airport, she was pulled over by the police, who, after she explained the emergency, escorted her to the airport.

About 250km away, Shaun, whose arm had been twisted off between his shoulder joint and the elbow by a rotating shaft on his father's tractor, was waiting for help.

Fortunately, an ambulance had been on stand-by at a nearby football match and sped the badly injured boy to the Kununoppin hospital.

Shaun was then flown to Perth by the RFDS for pioneering surgery to re-attach his torn limb.

Mr Whittaker, now married with two children, learned about the details of the accident, which he couldn't remember, by reading the book.

"I didn't know how fine a line it really was," he said.

As I said, tomorrow these wonderfully dedicated people will celebrate 80 years of the Royal Flying Doctor Service in Western Australia. Where would we be without it?

I have heard that Mr McGinty, the Minister for Health, is going to meet with Tim Shackleton and I hope in some way that this motion will help the health minister to see the wonderful service that the RFDS provides. It is the only way that many people can get a medical service. I know that people in the Mining and Pastoral Region, represented by Hon Norman Moore and Hon Ken Baston, would be absolutely devastated if the flying doctor could not get there.

HON KEN BASTON (Mining and Pastoral) [10.28 am]: I rise also to support this very worthwhile motion to point out some of the facts about the Royal Flying Doctor Service. I guess the Royal Flying Doctor Service has always been around my life in the area I come from. It was interesting to note an urgency motion on health services that was moved in this house last year on 28 August. I spoke to that motion and raised the issue of the Royal Flying Doctor Service and the shrinkage in regional health services. I said —

By shrinking the number of hospitals in regional areas, pressure is being put on emergency services such as the Royal Flying Doctor Service of Australia.

I also mentioned then that I did not have the figures or information on the increases. We now see the result of that in a very much overworked flying doctor service in Western Australia. This issue has attracted a lot of press, and I will quote from some press articles shortly. The issue brought the member for Kimberley, Carol Martin, MLA to ABC radio on Tuesday of this week. She said that the service should be equipped with a jet. The interesting thing was that she wanted to fly the patients from the Kimberley to Perth. It is very important that we

have reached the stage at which everyone believes that all the health services will be in Perth and we will have to fly to Perth from wherever we are.

When I was only a little tacker, I remember travelling to the Carnarvon airport. It was a big day, because the new flying doctor plane had arrived, and we were going to see a demonstration of how it worked. It was a Cessna 180 tail dragger. Anyone who knows anything about aeroplanes would know that that type of plane has its tail down like an old DC-3. It was a small four-seater, and I can still picture it very well. I was only five or six years old at the time, but I remember the demonstration involving the “patient”, who was covered in mercurochrome, to simulate blood, and the struggle to get this “patient” into this small flying doctor aeroplane. Everyone was saying then how marvellous it was, but how far we have come since then! Hon Robyn McSweeney mentioned the 500 flying doctor kits scattered throughout the regional areas of Western Australia. Having had one of those myself for 35 years, I can say that they are valuable resources on every remote pastoral property, and I guess mining companies would have them as well. Unfortunately, the kits always had to be locked because there was always the odd person prone to breaking into them to get a bit of extra pethidine or morphine. However, I appreciated having one of those kits.

The service has grown, and the demand has been increasing over the years. We have progressed from the Cessna 180s to the PC-12, which is a very good aircraft. We need aircraft that are able to land on fairly short airstrips. I asked some questions in this house about airstrips. A memorandum of understanding has been reached under which airstrips in Indigenous communities will be taken over by local government. These local airstrips were funded federally, but now they will probably be funded by the state. I asked a question on 16 October 2007, because I had had an approach from the Royal Flying Doctor Service to the effect that some of the airstrips, such as Christmas Creek, were not up to standard. I asked whether any funds had been allocated to alleviate the problem. One of the questions I asked was —

- (3) Will the minister confirm that funds are available for heavy maintenance work on the Christmas Creek airstrip; and, if so, when will they be released?

The answer to the question was —

- (3) There are no funds within my portfolio earmarked for any maintenance work on this airstrip.

I followed up with another question about airstrips —

- (1) Does the minister have responsibility for allocating funds for the maintenance of airstrips at Bidyadanga, Beagle Bay, One Arm Point, Lombadina, Gibb River, Tablelands, Kandiwal, Warmun, Kalumburu and Oombulgorri?

The minister’s answer was —

- (1) No.
- (2) Not applicable.
- (3) Hon Jim Lloyd, MP, Minister for Local Government, Territories and Roads, has responsibility for the Department of Transport and Regional Services — DOTARS.

That is all about to change, and the Department of Housing and Works will probably end up with responsibility for these airstrips. The flying doctor is also concerned about the upkeep of the airstrips in these Indigenous communities. The communities I mentioned are large ones, and the health services are very important. The more emphasis we put on providing health services to those communities, the more funding will be required.

I mentioned the increasing workload of the RFDS. I was looking through the service’s newsletter for April. It stated that in the past five years the workload has increased by 35 per cent in the Pilbara, 25 per cent in the south west and great southern and 15 per cent in the mid-west. There were 37 per cent more transfers from Karratha, 27 per cent more transfers from Port Hedland and Newman, and 32 per cent more transfers from Bunbury. I presume that most of these transfers were to the metropolitan area as a result of the city-centric attitude I referred to earlier. The Kimberley remains the largest source of patients for the RFDS in Western Australia, with 1 018 emergency cases each year. The second busiest area, the mid-west and goldfields, accounts for more than 1 000 emergency cases each year. For the past 10 years the service has been operating with 11 aircraft, with a very minor increase in staff, and a workload that has increased by 50 per cent.

The business case that was put forward, I believe, was for an increase in the number of aircraft by four over four years. Of course, the service needs more staff and doctors to go with that. The five bases mentioned by Hon Robyn McSweeney—Jandakot, Kalgoorlie, Meekatharra, Port Hedland and Derby—should each, when fully staffed, have five full-time pilots, three doctors and five nurses to provide a full 24-hour service. I believe that those bases are presently understaffed. The annual operational budget is some \$38.8 million, \$13.5 million of

which comes from the federal government to cover emergency evacuations and \$19 million comes from the state government under the hospital transfer scheme—in other words, cases in which a doctor decides to send a patient to Perth for extra treatment that cannot be covered by a regional hospital. That leaves a \$6.3 million gap, which is funded by many people through fundraising.

Hon Robyn McSweeney has already referred to the people involved in that fundraising. Everyone gets involved in fundraising. I learned only this morning that in South Hedland the Jaxon Construction group is bringing together all the local businesses to donate supplies to build a house for the Royal Flying Doctor Service. The government is probably not even aware of this, but the Department of Housing and Works has made some land available for the house. That information, hot off the press, came from somebody who rang me from Port Hedland on another matter. The Mt Keith nickel mine, some 720 kilometres north east of Perth, has been holding a race every year since 2002. All the proceeds from the race go to the RFDS. In 2007 the competitors raised almost \$16 000 from sponsorship, and BHP Billiton matched the amount dollar for dollar, to bring the total to \$32 000. Those are just some examples of the spirit of the flying doctor that still lives on in these regional areas of Western Australia. The people who work there in the mining and resource industries realise the value of having that linkage. I also appreciate that the more services that are available, the more demand and expectations rise. I read in the press that some people are demanding that services be provided, but I do not believe that is absolutely correct. We always know that there will always be some things against us resulting from being so far away. We need to move with the times to meet demand, although I acknowledge that we will never be able to fulfil every need. The press featured a large article about the helicopter crash the other day. However, the fact of the matter is that there was no light aircraft strip at the scene of the crash. Everyone has been saying that the Royal Flying Doctor Service did not have a pilot so that it could not send a plane. That was not the case. The circumstances of the crash meant that a helicopter was needed to evacuate the people involved.

I believe that the funding came from the federal government.

Hon Kim Chance: Emergency evacuation is federal.

Hon KEN BASTON: Yes; it will always be covered. Fortunately, there has been an influx of helicopters on the north coast because of the oil and gas boom.

I will not go through the figures because Hon Robyn McSweeney has already quoted them. However, I refer to page 576 of the *Budget Statements*, which deals with patient transport services. This is where one can find the \$2 million allocation. It is buried under patient transport services, which comprises St John Ambulance Australia, the Royal Flying Doctor Service and the patient assisted travel scheme. The total allocation is \$69 million. I presume that the \$2 million is part of that allocation, although one has to dig deep to find it. As I pointed out yesterday, one cannot always believe what is in the budget.

I was pleased to see an article in today's *The West Australian*, the heading of which reads "McGinty backs down on RFDS comments". His backdown is the result of the marvellous public reaction to his comments. Many people have supported the RFDS over a number years. On 9 May, *The West Australian* ran a story, the headline of which reads "Another kick in the guts for the country people, says RFDS". The article reads —

Describing the Government's neglect of the service as "another kick in the guts" for people living in the bush, chief executive officer Tim Shackleton said he was dismayed by the lack of funding.

The headline of an article posted on the ABC News website on Monday, 12 May reads "Rural doctors accuse WA Govt of funding failure". The article reads —

The doctors have criticised last week's Budget which saw regional healthcare spending increase 5 per cent to \$4.5 billion.

Association president Rob Whitehead says that is not enough. He says services are at breaking point and country people should be given more recognition.

That statement relates to a question that I asked in this place last year. When I was in Exmouth just before Christmas, I overheard a conversation between four young ladies, one of whom was very pregnant and one of whom had a baby in the pusher. The four ladies were discussing why a woman could not give birth in Exmouth. When they said "Where's a politician when you need one?", my ears pricked up. I just happened to be carrying one of my cards in my pocket, so I went over to them and introduced myself. I said, "I'm terribly sorry, I am in opposition, but I absolutely sympathise with you and understand what you mean." The nearest hospital for those living in Exmouth is in Karratha. There is no airline link to Karratha. The next nearest hospital is in Carnarvon, which is 360-odd kilometres away. There is no airline link between Carnarvon and Exmouth; indeed, not even a domestic airline flies planes between the two places. If anything happens to people in Exmouth, they have to rely on the Royal Flying Doctor Service to take them from Exmouth to a hospital in Carnarvon, Geraldton or Perth. It

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is because of that situation that rural doctors have accused the government of funding failure. I am not familiar with all the problems, but the basic services offered by the government seem to be shrinking, which is causing extra pressure on the Royal Flying Doctor Service as an air ambulance.

I refer to some letters that appeared in *The West Australian* on Tuesday, 13 May. I did not go looking for these letters; they just happened to jump out at me when I was reading the paper. One letter is headed, "Flying doctors deserve more funds". The letter was written by a gentleman in the city, and reads —

I am absolutely stunned that WA Health Minister Jim McGinty could call the Royal Flying Doctor Service just another "political interest" group.

That is the comment that got on everyone's nerves. The minister's comments about the service were arrogant.

Hon Kim Chance: They aren't actually the words he used. I am sure that the member has quoted accurately; however, the writer was incorrect.

Hon KEN BASTON: When I saw the minister on television, he used the words "another interest group". When asked if that was fair, he said that that is what it is.

Hon Kim Chance: He did not use the word "political" interest group. He said interest group.

Hon KEN BASTON: The issue is the public's perception of what he said. Perception is very important in politics. The letter continues —

Everyone knows that the cost of fuel has risen dramatically over the past few years, that the number of people working in remote areas of WA has increased with the mining boom and that the number of people living in WA has also increased considerably over the past few years.

Of course, the RFDS needs extra funding to simply meet those needs.

It is also being a responsible group by trying to plan for the future by organising funding for new planes which it will require in the next few years.

How can our Government, that is supposed to represent us and look after our joint needs, not respond with whatever funding the RFDS requires?

I donate each year to the RFDS and have often wondered why the Government does not provide sufficient funding so it does not need to rely on private donations to function.

In the past I have had the naïve belief that Labor governments were caring governments that tried to meet the needs of those most vulnerable in society.

It is clear from this funding situation with the RFDS that this was a false belief.

Other letters are headed "I'm disgusted" and "Too much 'spin'". I will not bother to read those out. I was pleased to read the article in today's paper that stated that Mr McGinty is backing down. I believe he will meet with Tim Shackleton today. I am sure that he will come good with some of that funding. I was quite amazed to learn that the federal government does not contribute as much as it should. It is certainly reducing the funds it provides Western Australia. The minister should apply extra pressure to ensure that extra funding occurs.

I support the motion. The Royal Flying Doctor Service is a valuable service. I am sure that most members know someone who has been helped by the Royal Flying Doctor Service. I know that the Royal Flying Doctor Service has saved many lives. I hope that it receives the funding that it deserves.

HON KIM CHANCE (Agricultural — Leader of the House) [10.48 am]: I thank Hon Robyn McSweeney and Hon Ken Baston for the points they made, which are strongly supportive of the Royal Flying Doctor Service. The Royal Flying Doctor Service is an iconic Australian organisation and is possibly unique in the world. I know that other far-flung large countries have aerial ambulance services. However, if the way in which the Royal Flying Doctor Service operates is not absolutely unique, it is unique in its form and function and certainly in its genesis. I thank Hon Robyn McSweeney for referring to Robyn Miller and the part she played. I also read that book when I was much younger. She remains one of my heroines. She was a great Western Australian.

The government shares the community's high regard for the Royal Flying Doctor Service. I am disconcerted that the Minister for Health's comments were taken in the way that they were. However, it is fair to say that it is technically inaccurate to apply the term "interest group" to the RFDS; it would be more accurate to refer to it as a service group. However, at the same time, I doubt that the Heart Foundation, the Cancer Council and other such groups would object to being termed an "interest group". They are all groups that we hold in very high regard, as I am sure the Minister for Health does. Although I think the minister's term was inaccurate, I do not think he meant it in any sense to be derogatory.

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My biggest concern during this debate has been that people have formed the view that \$2 million is all that the state provides to the RFDS. We all know that that is not accurate and that the \$2 million was an increase announced in the budget. As Hon Ken Baston indicated, the state provides \$19.1 million in funding to the RFDS, which represents 49 per cent of its total funding. According to my notes, the commonwealth's contribution is \$12.5 million—not the \$13.5 million indicated by Hon Ken Baston—which represents 32 per cent of RFDS income; that leaves the agreed gap in funding. Incidentally, since 2001-02—the first year of the Labor government—state funding of the RFDS has increased from \$11.1 million to \$19.1 million in the current budget year. With that \$2 million increase alone, and without the other matters that I will discuss now, the state government funding has effectively doubled in the past six years.

Importantly, members will be interested to know—because this goes to the core of the matters raised in the motion—that in January 2008 a business case was submitted to the Department of Treasury and Finance. That case aimed to build the capacity of the RFDS to meet both the current and future demands on its services and to improve response times. The business case identified that the RFDS requires three additional aircraft and associated flight teams, and that five aircraft need to be replaced over the next three years. The business case has established a substantial capital need. The cost of those two components is, in recurrent terms, \$44 million over five years and, in capital terms, an additional \$24 million over five years.

The Minister for Health has directed the WA Country Health Service to negotiate with the RFDS to finalise a joint funding plan for the next three-year contract. As I have indicated, I believe that we are now well on the way to achieving a successful outcome from those negotiations. I understand that broad agreement about the nature of the funding agreement has already been reached. I believe that the nature of the agreement is in these broad terms: the Department of Health, with the support of the health minister, has sought from the Department of Treasury and Finance an alternative three-year funding arrangement amounting to \$22.9 million. That funding will incorporate one additional aircraft and an associated flight and medical crew to be based in the goldfields and two replacement aircraft. It will be sufficient to enable the RFDS to meet its response times across rural areas. That agreement will be subject to the broader agreement of the RFDS board; however, both parties have a degree of confidence that the basis of the new agreement can and will be agreed to.

I believe that the progress made in the negotiations needs to be recognised. I believe that the house can use this motion very effectively to assist in showing public support for moving those negotiations on. I am interested in Hon Robyn McSweeney's view that the identified gap in state and commonwealth funding—that is, the gap between revenue need and revenue supply—should be picked up by the state government to prevent the need for fundraising. However, I recognise that corporate funding—to the extent that that it forms a part of the total funding needs of the RFDS—is one of the valuable things about the current arrangement. Corporations, in the same way as private individuals, get a considerable degree of satisfaction and a sense of contribution to the community as part of that funding loop. I have certainly been to some fun RFDS occasions, as Hon Ken Baston obviously has. Community fundraising gives the service a sense of community ownership. I am as enthusiastic as anybody about the need for the government to play a greater role in and be supportive of the importance of the Royal Flying Doctor Service; however, perhaps we need to look at how the government can get involved in improving and enhancing the service, particularly its response times. We all know the importance of emergency airlift response times and that a patient's chances of surviving a traumatic injury are very high if the response is quick; indeed, we talk about the golden hour in accident and emergency services. The capacity of the RFDS to transport people with traumatic injuries to treatment facilities has meant that it has saved hundreds, perhaps thousands, of lives. The RFDS is a critical service and I would not like to see individuals and corporations removed from the funding mix; however, I believe there is a case for government assistance to improve the service's capacity to respond in a timely manner. Also, I am glad to note that Hon Ken Baston referred to my former employer, Jackson Construction, as a contributing organisation. I am delighted to know that my former employer is gaining a sense of community responsibility.

Amendment to Motion

Hon KIM CHANCE: In light of what I have said, I propose an amendment. I move —

To delete the words after “house” and insert instead —

recognises and supports the current negotiations for a new contract between the state government and the Royal Flying Doctor Service and urges both parties to pursue an early and acceptable agreement.

HON WENDY DUNCAN (Agricultural) [10.58 am]: I commend the Liberal Party for raising this matter in the house and focusing our attention on the fact that the Royal Flying Doctor Service has had funding difficulties for several years. Hon Kim Chance told us that the state government contributes 49 per cent of the Royal Flying

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Doctor Service's current funding. However, it has now reached the point at which 82 per cent of its work is inter-hospital transfers. This is the critical pressure point for the Royal Flying Doctor Service, and it is a symptom of the decline in rural health services. As I indicated in this place a couple of weeks ago when I mentioned the WA Country Health Service, it is all very well to have a hub-and-spoke model, but if the spokes—that is, the transport—are not firmly in place, the wheels will fall off. That is what is happening in country health at the moment.

I agree with Hon Ken Baston inasmuch as I have also had personal experience with the Royal Flying Doctor Service in seeing the tin trunks sitting beside my School of the Air radio and knowing that the mantle of safety for people in isolated areas was in that trunk. I was involved as a kid in gathering four-gallon tins so that we could fill them with sand and diesel and set them alight so that the air strip could be lit for the plane to land to save yet another life in the outback. This matter is very dear to my heart, and I am pleased to know that the minister is today meeting with the chairman of the board of the Royal Flying Doctor Service of Australia (Western Operations), Tony Crook, and Tim Shackleton, the chief executive officer. I agree that we need a resolution of this matter and some recognition of the incredible pressure that the Royal Flying Doctor Service is now under.

As we all know, the flying doctor service has its benchmark time of getting to emergencies in one hour and 15 minutes. The honourable Leader of the House talked about the “golden hour”, yet the Royal Flying Doctor Service has made it known that it has been able to achieve that benchmark zero per cent of the time in recent times. That is just not good enough.

Another aspect touched on by honourable members today is the fact that even the increased cost of housing in the regions has impacted on the Royal Flying Doctor Service. It is having terrible trouble finding homes for its doctors, or is paying \$1 000-a-week rent for staff who cannot purchase or construct a home. These matters need to be taken into account when negotiations are taking place with the Royal Flying Doctor Service.

The Minister for Health called the Royal Flying Doctor Service an “interest group”. That has had plenty of airplay here today, and I am pleased to know that the minister has acknowledged that that perhaps was not the best terminology to use. The Minister for Health also described the \$68 million that the Royal Flying Doctor Service say it needs over the next five years as an ambit claim. I also believe that that comment is inappropriate because that business case was prepared by the WA Country Health Service with a lot of thought and research, and it is a realistic assessment of the demands on the Royal Flying Doctor Service both now and into the future. The service needs at least three new planes and, as the Leader of the House pointed out, five replacement planes. The service needs at least one doctor, pilot and nurse at each base in Kalgoorlie, Derby, Port Hedland, Meekatharra and Jandakot, and, as I mentioned before, assistance is required with housing and infrastructure in the base towns.

Hon Ken Baston mentioned that the Kimberley is the largest source of emergency cases—1 018 emergency cases have flown down from the Kimberley—yet he then went on to say that perhaps it is not realistic to ask for a jet and that we should be asking for specialist services in the Kimberley. We have to be realistic. The specialist trauma and other services for which even the town of Bunbury uses the Royal Flying Doctor Service will never be available in the Kimberley. I think the requirement for a jet should be seriously considered. For example, perhaps an aircraft like a Dash 8, which holds a reasonable number of passengers, could be used for inter-hospital transfers from the Kimberley to the metropolitan area in a timely manner. We cannot expect the people from the Kimberley, where the greatest increase in cases is being experienced, to put up with five or six-hour flights to receive the specialist treatment needed. I believe a jet should be of highest priority in future negotiations.

The pressure on the Royal Flying Doctor Service is symptomatic of the state of country health. We have heard the comments of Christine O'Farrell, the previous chief executive officer of WA Country Health Service, who said that country health is “blatantly bloody unsafe” and subject to “ongoing relentless chronic neglect and the metrocentric attitude of bureaucrats”. These matters need the attention of the government. I really hope that we will be able to inquire into that matter.

Hon Kim Chance: Is the honourable member aware we are building 33 new hospitals in rural and regional areas? It is far from a decline. There has been more increased spending in rural health than in any other area.

Hon WENDY DUNCAN: I acknowledge that, Leader of the House. However, those hospitals also need doctors. We are about 60 doctors short.

Hon Kim Chance: We have had a 62 per cent increase in the number of doctors on the public payroll; it has gone up from 500 to 1 000. We have an additional 2 200 nurses on the payroll; that is a 23 per cent increase.

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Hon WENDY DUNCAN: That is good news, but it is still not actually solving the problem. In my short time as a member of Parliament, I have had nurses wanting to speak to me in private, too concerned to even have me write their names down in my notebook. They were very concerned about some of the issues in our regional hospitals. In fact, I heard Dr Kim Hames on radio this morning saying that some regional hospital wards are underutilised because they cannot be staffed. It is great to have the bricks and mortar, but the ancillary services are also needed. I refer also to housing for nurses. I was up in Broome recently and was told that, “Yes, we can get nurses into the Broome District Hospital, but we can’t find a house for them.”

Hon Kim Chance: I do not disagree with you there.

Hon WENDY DUNCAN: The issue is deep-rooted, Leader of the House.

The other matter that I would like to touch upon, in support of my colleagues on this side of the house, is the fact that fundraising for the Royal Flying Doctor Service is a favourite activity in the regions. It is very strongly supported by people in the regions. I had the pleasure in the middle of April to be out on the Nullarbor for the Nullarbor Muster. It was a huge weekend during which a handful of pastoralists entertained over 500 people in the dust in a shed out on the Nullarbor. They are precious people, Leader of the House. If we asked these people to move to Kalgoorlie, they would rather wither and die! We must understand that the people who live in the regions are extraordinary people, and we must ensure that they can stay there, because, without them, this state would not be the wealthy state that it is.

Hon Kim Chance: Some of the RFDS fundraisers are so much fun, I think they actually create some of the demand!

Hon WENDY DUNCAN: I used to ride in the Nullarbor Muster. I declined the opportunity this time, but it is a great event. They are wonderful people. I believe that this government should not be exploiting those people who donate to the Royal Flying Doctor Service by overwhelming the service with demands that are rightfully the business of the state government.

Hon Kim Chance: Do you mean the inter-hospital transfers?

Hon WENDY DUNCAN: That is the inter-hospital transfers. People get involved with fundraising for the Royal Flying Doctor Service because a member of their family has needed, or they know a story about someone who has needed, or they know that in the future they may need, the emergency assistance of this service. If it cannot actually meet its benchmark time for its priority 1 evacuations, why should the people in the regions continue to put themselves at such great effort to fundraise for this service? These people are actually subsidising the government, and it should not be that way.

I conclude my remarks there. We have heard plenty of statistics here today, which I have referred to as well. The Royal Flying Doctor Service needs to be treated with the respect that it deserves, and I look forward to the outcome of the negotiations that are occurring today.

HON NORMAN MOORE (Mining and Pastoral — Leader of the Opposition) [11.10 am]: I just want to make a few comments on this without going into the detail of the service provided by the Royal Flying Doctor Service, which we all know is substantial and has for many years been of major benefit, particularly to people in remote Western Australia. It is, as has been described, an iconic organisation in Western Australia and deserves to be considered in that light.

What concerns me about all this debate is not only the question of money, but also the attitude of the Minister for Health. We have heard the Leader of the House today explain that really the Minister for Health did not mean to be derogatory and that “interest group” are not the appropriate words, and that the minister did not say “political interest group” so what he said was not all that bad. However, I listened to what he said on the radio. It was not the words that he used that offended me, but the tone of the words he used and the tone of his speech. Again, I heard him on the radio this morning on the ABC Geoff Hutchison program. It was interesting that Geoff Hutchison, who does not always give the government a hard time, asked Mr McGinty, “Don’t you ever apologise? Don’t you ever admit you are wrong?” This was after Mr McGinty had spent some time trying to explain that if the RFDS was offended, he did not mean to offend it. He gave the impression that he could not understand why it was offended.

Hon George Cash: The spin doctors were the ones who changed his mind.

Hon NORMAN MOORE: He would have carried on with the same position had there not been this huge outcry and it was not, as he described it, an iconic organisation. He gave the impression to me and other listeners this morning that he thought it was a political pressure group and that because it is an iconic organisation it could get away with giving him a hard time. That was the message he sent to the people of Western Australia this

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morning. As a result of that message, Geoff Hutchison asked, “Don’t you ever give an unqualified apology?” He basically said, “Well, that is your opinion” and left it at that. Indeed, the presenter of the program said afterwards that he was quite disgusted with the way Mr McGinty had described the Royal Flying Doctor Service on the previous occasion when the words “interest group” were used. That is what really offends me about this Minister for Health, who is developing into the most arrogant minister I have seen in my life. His arrogance is breathtaking. He stands and criticises everybody for everything he can think of, including this chamber on a regular basis, and just thinks that it is his right to do it. Whether it is an iconic organisation like the Royal Flying Doctor Service or an iconic organisation like the Legislative Council, it is all fair game, because if Mr McGinty says something, he expects it to happen. If he wants something, he expects to get it. This is the nature of the Minister for Health and Attorney General, which is very regrettable. I have had on a few occasions to speak in this house about what he demands of us as members of Parliament.

Hon Ray Halligan: Now it is rubbing off on the Premier.

Hon NORMAN MOORE: Exactly right. He says it as if we are here to carry out his demands. Again, on the radio this morning he criticised this house for rejecting some legislation—the only piece of legislation that I can recall we have rejected in recent history—and stated that that was a reason for an early election. He continues to ignore publicly the fact that the reason the legislation was not passed is that his party did not have a caucus position on it. If he thinks that we should go to the polls because five of his members in this house voted against his bill, I find that quite extraordinary. I am tempted to ask him a question. I guess he would not answer it because it is a caucus matter. Why did the government not have a caucus position on that bill? I do not know because I was not there. If the government is going to have free votes, it has to accept that occasionally a free vote will result in ministers not getting the legislation they want passed. That has nothing to do with this motion, but it is to do with the program on the ABC this morning.

We have heard about the fact that the RFDS wants some more money, not only for recurrent expenditure to carry out its role, but also for more aircraft. If people want to have a clear understanding of the government’s priorities with aircraft, I suggest they get into their motor car and drive to Perth Airport, down Fauntleroy Avenue. If they look to the left as they go towards the main terminal, they will see a little terminal called Maroomba Airlines. There they will see two magnificent aeroplanes, if they are there at that particular time. One is an incredibly modern and very large executive jet; the other is a brand-new King Air. They are there for the use of ministers. I do not have a problem with ministers having access to aircraft; in fact, we had access to the predecessors of those aircraft when we were the government. However, the decision to give the government an aeroplane in the first place was made by the previous Labor government; that is, the government that was concerned about the proletariat and all the poor folk out there that then said that its ministers should have an aeroplane to fly around in.

Hon Wendy Duncan: They did not want to drive on their rough roads.

Hon NORMAN MOORE: That may be the case. I have asked a number of questions over time about the two new aeroplanes and why the government needed two brand-new ones. They are magnificent aeroplanes. I have been inside the King Air because I was fortunate enough to get a lift somewhere on that. I have not been inside the jet. Perhaps the Leader of the House can tell us how magnificent it is, but I do know that it is a very salubrious piece of machinery. I do not have a problem if the government wants to provide that sort of equipment for its ministers. I do not have a problem with that because ministers have to travel quickly and often to all sorts of places in Western Australia that are a long way away from the city. To expect them to get on commercial aircraft on every occasion is to deny any concept of time management. I do not have a problem with that, but what I do have a problem with is that the government buys those aeroplanes for itself, but when the flying doctor service wants an aeroplane, or two or three extra, it cannot have them.

Hon Kim Chance: That is the purpose of the negotiations that my amendment refers to. We have the opportunity here to move those negotiations on and give them some public support.

Hon NORMAN MOORE: Does the Leader of the House know why those negotiations might lead to some outcome? It is because the Royal Flying Doctor Service and its supporters in regional Western Australia have been on the phone to talkback radio, have been reported in newspapers and have created a huge stir in this state that has led the Minister for Health to become involved in negotiations, which I suspect he would never have got involved in had this furore not arisen.

Hon Kim Chance: That is nonsense, and you know that is nonsense —

Hon NORMAN MOORE: I do not know that it is nonsense at all.

Hon Kim Chance: It is, because these negotiations have been under way since January 2008.

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Hon NORMAN MOORE: Is that right? How long did it take the government to work out that it needed a brand-new aeroplane? How long did it take to work out that it needed a brand-new jet? Did it have to get into negotiations with anybody about the jet? How long did the government spend negotiating about its new jet? Did it take six months —

Hon Kim Chance: Probably more than that. I do not know.

Hon NORMAN MOORE: — plus a budget and all the furore in the media before it made the decision? The government made the decision that it needed two new aeroplanes, and it put out tenders and paid for those tenders, and it then asked Treasury for extra money to pay for those aeroplanes!

Hon Kim Chance: They went to the government in January 2008.

Hon NORMAN MOORE: The government asked Treasury for more money for its aeroplanes. There was never any problem about making a decision about that. However, the government has said to the Royal Flying Doctor Service, “You’ve been negotiating for only six months. What do you expect—an early decision?” We all agree that that organisation deserves every support it can be given. I would not have thought the government would need to negotiate for six months on a matter such as this.

Hon Kim Chance: Where do you get the six months from?

Hon NORMAN MOORE: That is what the Leader of the House has told me—since the beginning of this year.

Hon Kim Chance: I said January 2008. It is now May, not July.

Hon NORMAN MOORE: Okay—five months.

Hon Kim Chance: Mathematics is clearly not your strong point.

Hon NORMAN MOORE: I am not good at numbers. That has always been my problem!

Hon Kim Chance: That is it not what I have heard, actually!

Hon NORMAN MOORE: The budget has just come down. It contains a massive amount of expenditure and a massive amount of revenue—figures that when I was a minister our government could only ever dream about. Vast revenues have been coming into the state of Western Australia, yet since January this year, this government has not been able to come to an agreement with the Royal Flying Doctor Service. I could understand it if the government was not able to come to an agreement in three or four months, or perhaps more, to build a stadium worth \$1 billion. However, I would have thought one would not have to be genius to come to an agreement with the Royal Flying Doctor Service about new aeroplanes. I suspect that the Royal Flying Doctor Service has been asking this government for new aeroplanes and additional funding for a lot longer than only since January this year. In fact, it has probably been asking for new aeroplanes for as long as anyone can remember. The point I want to make is that the government’s priorities on aeroplanes are completely wrong. If the government wants to get a new aeroplane for its members, fine. However, the government should make sure that those people who need a new aeroplane for lifesaving purposes are given first bite of the cherry. That is the case particularly when so much money is coming into this state.

Hon George Cash: Do you know why the government needs two planes? It is because it needs one for its ego, and one for its arrogance!

Hon Kim Chance: Did that apply to the Court government’s two planes as well? The Court government had a jet and a King Air. We have a jet and a King Air.

Hon George Cash: The problem is what you use yours for! It is who you carry!

Hon NORMAN MOORE: Yes. I would like to know who flies in the government jet. I asked a question a few years ago about who was on various flights, and I was told I could not be given any details about third parties, or something like that, which was very interesting to say the least.

Hon Kim Chance: They are used mostly used for the longer-haul flights to the Kimberley.

Hon NORMAN MOORE: I do not have a problem with the government having a jet. It is a fundamental requirement for an efficient, modern government. The government had a jet and a King Air that it had inherited from the previous government. I actually thought those were quite nice little aeroplanes. However, they were not good enough for this government! The government had to trade them in and get new ones!

Hon Kim Chance: The contracts ran out.

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Hon NORMAN MOORE: The new jet looks like a 747! I have not been in it, but it looks like a small 747 from the outside. It is a magnificent King Air—brand, spanking new. Nothing is too good for this government. However, unfortunately nothing is good enough, as far as this government is concerned, for the RFDS.

That is the reason this motion has been moved today. People have had enough of the government's priorities. They have also had enough of the arrogance of the Minister for Health. That is the kernel of this issue.

Hon Kim Chance: There is one word that you do not like. That is what it all boils down to.

Hon NORMAN MOORE: The Leader of the House did not listen.

Hon Kim Chance: I did listen.

Hon NORMAN MOORE: I said to the Leader of the House that the word did not offend me. It was the way in which the word was used.

Hon Kim Chance: Oh! It was the tone!

Hon NORMAN MOORE: Yes, it was the tone of what the minister said. The minister repeated that again today. The Leader of the House should get a transcript of today's Geoff Hutchison program. The Minister for Health is not the slightest bit sorry about what he has said—or the impression that he has created—about the Royal Flying Doctor Service. According to the minister, the RFDS is just some iconic organisation; and, because it is iconic, it can put a bit of pressure on him, and he does not like it.

The Leader of the House has moved an amendment to the motion. That amendment will basically delete all of the motion and replace it with the government's spin on this issue. The opposition will not be supporting the amendment to the motion. In fact, I will be proposing an amendment to the amendment moved by the Leader of the House that will, in my view, achieve a better outcome. The amendment that I am proposing to move is in two parts. The first part is to delete the following words in the amendment moved by the Leader of the House —

To delete the words after “house” and insert instead —

The second part is —

To insert after the word “minister” the words —

and recognises the current negotiations for a new contract between the state government and the RFDS and urges the government to pursue an early and acceptable agreement.

I have not had time to write out that amendment properly. If that amendment to the amendment was carried, the motion would then read —

That this house urges the government to alleviate the current funding crisis being faced by the Royal Flying Doctor Service and to recognise that this worthy service is managed by dedicated people and not an “interest group” as claimed by the health minister, and recognises the current negotiations for a new contract between the state government and the RFDS and urges the government to pursue an early and acceptable agreement.

Hon Kim Chance: Not both parties? Why would you confine it to just one party?

Hon NORMAN MOORE: The insinuation in the amendment moved by the Leader of the House is that the RFDS is not in any way seeking to reach an agreement.

Hon Kim Chance: No. It is a recognition that this is a negotiation between two parties. It does not make sense to say —

Hon NORMAN MOORE: The government would like us to believe that the RFDS is being intransigent and difficult to negotiate with.

Hon Kim Chance: Well, that is your spin. I did not say that.

Hon NORMAN MOORE: I am just asking the government to pursue an early and acceptable agreement. The government is the one with the money. The RFDS is willing to negotiate with the government to try to get the best deal it can get. Therefore, my proposed amendment calls on the government to pursue an early and acceptable agreement.

Hon Kim Chance: Your proposed amendment also removes the support for the negotiations, which I think is a bit sad.

Hon NORMAN MOORE: I do not know what the negotiations are about. I do not know whether I can support the negotiations that are being carried on by the Minister for Health, because I do not know what his negotiating

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position is. I support the fact that negotiations are taking place, but I cannot necessarily support what the minister is negotiating, if the Leader of the House can understand what I am trying to say here.

Point of Order

Hon ADELE FARINA: Mr President, it would be helpful if members could be given a copy of the government's amendment and the opposition's amendment to the amendment, so that we can follow the debate. I am finding it a bit difficult to understand exactly where we are at.

The PRESIDENT: Order! I agree that that would be very helpful to members. So far the honourable Leader of the Opposition has referred to a proposed amendment. Until I have that amendment in front of me, I do not know whether what has been proposed is an amendment on the amendment or an amendment to the motion. When I see what the wording of the amendment is, I will be able to deal with the issue. In terms of what members have in front of them, no doubt the chamber staff will deal with that when the documents come to hand.

Hon Kim Chance: Perhaps we should adjourn for a few moments, Mr President, to give the Leader of the Opposition time to write out his proposed amendment.

Hon NORMAN MOORE: I am not sure that my handwriting is going to help you, Mr President!

The PRESIDENT: Order! I am beginning to think that the Leader of the House was offering me some very good advice—not that I am in a position to criticise anyone else's handwriting! I invite the Leader of the Opposition to move the amendment that he proposes to move, and these documents can then be circulated.

Debate Resumed

Hon NORMAN MOORE: The problem we had today is that the government provided its amendment, which I did not expect. I was in a hurry trying to make a speech and write an amendment at the same time, which taxed my mental agility. I wish to move an amendment on the amendment moved by Hon Kim Chance. I wish to delete "To delete the words after "house" and insert instead —". Secondly, I want to insert after the word "minister", the last word in the motion moved by Hon Robyn McSweeney, the words "recognise the current negotiations for a new contract between the state government and the RFDS and urges the government to pursue an early and acceptable agreement". The intent of the amendment on the amendment is that we would continue to support the motion moved by Hon Robyn McSweeney but add the words I just read out, which basically recognises that negotiations are being undertaken and urges the government to pursue an early and acceptable agreement. That then covers the concern that the house expressed this morning about the way the Minister for Health has treated the RFDS but at the same time recognises, as the Leader of the House has sought to do, that some attempts have been made to sort the problem out. That is why I wish to move the amendment on the amendment.

The PRESIDENT: Perhaps I should go through what we have before us. Hon Robyn McSweeney has moved a motion, to which the Leader of the House moved an amendment. The Leader of the Opposition wishes to delete the words after "house" and insert instead —

Hon NORMAN MOORE: No, I wish to delete the first words of the Leader of the House's amendment. The amendment on the amendment that I have submitted is an amendment to the words used by the Leader of the House. The first part of the amendment on the amendment is to delete the first line of the amendment, which reads "Line 1 — To delete the words after "house" and insert instead —". Then I wish to insert after the word "minister" in the original motion the words that read —

The PRESIDENT: The issue is whether the Leader of the Opposition is proposing a fresh amendment or an amendment on the amendment. Depending on how we make that call depends on how the house will deal with the issue. The Leader of the Opposition is saying that it is an amendment on the amendment but I am not quite convinced. I propose to leave the house until the ringing of the bells, but I do not intend to be very long.

Sitting suspended from 11.34 to 11.39 am

The PRESIDENT: Thank you for your patience, members.

Hon NORMAN MOORE: Mr President, I thank you for your consideration of the difficulties I have created for the house, and for that I apologise. My amendment on the amendment moved by the Leader of the House left some bits out. Therefore, I propose now to indicate to the house that I foreshadow an amendment in the event that the Leader's amendment is not successful. My foreshadowed amendment is to add after the word "minister" in the original motion the words —

and recognises the current negotiations for a new contract between the state government and the RFDS and urges the government to pursue an early and acceptable agreement.

That is a foreshadowed amendment in the event that the Leader of the House's amendment does not succeed. I will sit down and await the house's deliberations in that respect.

Extract from Hansard
[COUNCIL - Thursday, 15 May 2008]
p3071a-3084a

Hon Robyn McSweeney; Hon Ken Baston; Hon Kim Chance; Hon Wendy Duncan; Hon Norman Moore;
President

The PRESIDENT: Perhaps I should go through what is now before us. First, we have the motion moved by Hon Robyn McSweeney —

That this house urges the government to alleviate the current funding crisis being faced by the Royal Flying Doctor Service and to recognise that this worthy service is managed by dedicated people and not an “interest group” as claimed by the health minister.

to which the Leader of the House moved an amendment to delete the words after “house” and insert instead —

recognises and supports the current negotiations for a new contract between the state government and the Royal Flying Doctor Service (RFDS) and urges both parties to pursue an early and acceptable agreement.

The Leader of the Opposition has, in effect, proposed a further amendment, of which he has provided me a copy but which I do not propose to read out at this stage. What will now happen is that I will put to the house the Leader of the House’s amendment. If that amendment is defeated, then the Leader of the Opposition’s amendment can be dealt with. If the Leader of the House’s amendment is passed, then the Leader of the Opposition’s amendment falls away. Therefore, the question before the house is that the words proposed to be deleted be deleted.

Amendment put and a division taken with the following result —

Ayes (11)

Hon Matt Benson-Lidholm
Hon Vincent Catania
Hon Kim Chance

Hon Kate Doust
Hon Sue Ellery
Hon Adele Farina

Hon Sheila Mills
Hon Batong Pham
Hon Sally Talbot

Hon Ken Travers
Hon Ed Dermer (*Teller*)

Noes (15)

Hon Ken Baston
Hon George Cash
Hon Wendy Duncan
Hon Donna Faragher

Hon Anthony Fels
Hon Nigel Hallett
Hon Ray Halligan
Hon Barry House

Hon Paul Llewellyn
Hon Robyn McSweeney
Hon Norman Moore
Hon Helen Morton

Hon Barbara Scott
Hon Giz Watson
Hon Bruce Donaldson (*Teller*)

Pairs

Hon Jon Ford
Hon Graham Giffard
Hon Ljiljana Ravlich

Hon Peter Collier
Hon Brian Ellis
Hon Simon O'Brien

Amendment thus negatived.

Amendment to Motion

HON NORMAN MOORE (Mining and Pastoral — Leader of the Opposition) [11.49 am]: Now that the house has agreed not to pass the amendment moved by the Leader of the House, I move a further amendment —

To insert after the word “minister” the following —

and recognises the current negotiations for a new contract between the state government and the RFDS and urges the government to pursue an early and acceptable agreement

Amendment put and passed.

Motion, as Amended

Question put and passed.