Hansard

LEGISLATIVE COUNCIL

60th Parliament

Thursday 3 August 2023

By authority of the Victorian Government Printer

Members of the Legislative Council

60th Parliament

President

Shaun Leane

Deputy President

Wendy Lovell

Leader of the Government in the Legislative Council

Jaclyn Symes

Deputy Leader of the Government in the Legislative Council

Lizzie Blandthorn

Leader of the Opposition in the Legislative Council

Georgie Crozier

Deputy Leader of the Opposition in the Legislative Council

Matthew Bach

Member	Region	Party	Member	Region	Party
Bach, Matthew	North-Eastern Metropolitan	Lib	Luu, Trung	Western Metropolitan	Lib
Batchelor, Ryan	Southern Metropolitan	ALP	Mansfield, Sarah	Western Victoria	Greens
Bath, Melina	Eastern Victoria	Nat	McArthur, Bev	Western Victoria	Lib
Berger, John	Southern Metropolitan	ALP	McCracken, Joe	Western Victoria	Lib
Blandthorn, Lizzie	Western Metropolitan	ALP	McGowan, Nicholas	North-Eastern Metropolitan	Lib
Bourman, Jeff	Eastern Victoria	SFFP	McIntosh, Tom	Eastern Victoria	ALP
Broad, Gaelle	Northern Victoria	Nat	Mulholland, Evan	Northern Metropolitan	Lib
Copsey, Katherine	Southern Metropolitan	Greens	Payne, Rachel	South-Eastern Metropolitan	LCV
Crozier, Georgie	Southern Metropolitan	Lib	Puglielli, Aiv	North-Eastern Metropolitan	Greens
Davis, David	Southern Metropolitan	Lib	Purcell, Georgie	Northern Victoria	AJP
Deeming, Moira[1]	Western Metropolitan	IndLib	Ratnam, Samantha	Northern Metropolitan	Greens
Erdogan, Enver	Northern Metropolitan	ALP	Shing, Harriet	Eastern Victoria	ALP
Ermacora, Jacinta	Western Victoria	ALP	Somyurek, Adem	Northern Metropolitan	DLP
Ettershank, David	Western Metropolitan	LCV	Stitt, Ingrid	Western Metropolitan	ALP
Galea, Michael	South-Eastern Metropolitan	ALP	Symes, Jaclyn	Northern Victoria	ALP
Heath, Renee	Eastern Victoria	Lib	Tarlamis, Lee	South-Eastern Metropolitan	ALP
Hermans, Ann-Marie	South-Eastern Metropolitan	Lib	Terpstra, Sonja	North-Eastern Metropolitan	ALP
Leane, Shaun	North-Eastern Metropolitan	ALP	Tierney, Gayle	Western Victoria	ALP
Limbrick, David[2]	South-Eastern Metropolitan	LP	Tyrrell, Rikkie-Lee	Northern Victoria	PHON
Lovell, Wendy	Northern Victoria	Lib	Watt, Sheena	Northern Metropolitan	ALP

[1] Lib until 27 March 2023
[2] LDP until 26 July 2023

Party abbreviations

AJP – Animal Justice Party; ALP – Australian Labor Party; DLP – Democratic Labour Party;
Greens – Australian Greens; IndLib – Independent Liberal; LCV – Legalise Cannabis Victoria;
LDP – Liberal Democratic Party; Lib – Liberal Party of Australia; LP – Libertarian Party;
Nat – National Party of Australia; PHON – Pauline Hanson's One Nation; SFFP – Shooters, Fishers and Farmers Party

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Thursday 3 August 2023

The PRESIDENT (Shaun Leane) took the chair at 9:32 am, read the prayer and made an acknowledgement of country.

Papers

Papers

Tabled by Clerk:

Road Safety Camera Commissioner – Report, 2021–22.

Committees

Legal and Social Issues Committee

Inquiry into Victoria's Criminal Justice System

Inquiry into Children Affected by Parental Incarceration

The Clerk: I have received the following papers for presentation to the house pursuant to standing orders: government response to the Legal and Social Issues Committee's inquiry into Victoria's criminal justice system; government response to the Legal and Social Issues Committee's inquiry into children affected by parental incarceration.

Business of the house

Notices

Notices of motion given.

Adjournment

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (09:47): I move:

That the Council, at its rising, adjourn until Tuesday 15 August 2023.

Motion agreed to.

Committees

Legal and Social Issues Committee

Membership

Samantha RATNAM (Northern Metropolitan) (09:47): I desire to move, by leave:

That Dr Mansfield be a participating member of the Legal and Social Issues Standing Committee.

Leave refused.

Members statements

Anzac train station

John BERGER (Southern Metropolitan) (09:48): Last week I had the privilege of seeing firsthand the first train on the brand new platform at Anzac station, right in the heart of my electorate of Southern Metropolitan Melbourne. This station has state-of-the-art barrier protections which prevent passengers from endangering themselves on the open platform. It has world-leading signalling to allow more trains to run more often, carrying more families, mothers, fathers, students, workers, tourists and more to more places. It will open up the line from Sunbury to Pakenham, which will free up Metro Tunnel 1. Catering to Melbourne's world-leading major events schedule – the grand prix, the Australian Open,

the Ashes and the Women's World Cup – passengers will be sheltered by a big and beautiful canopy that blends into the greenery of St Kilda Road.

Once complete, the Metro Tunnel will create capacity for more than half a million extra passengers per week, saving passengers up to 50 minutes a day on a return trip. Thank you to all the hardworking construction workers who are on the job around the clock on this and on other Andrews Labor government Big Build construction projects, building infrastructure and the state of the future. Thank you to the Premier and Deputy Premier for inviting me and my colleague in the other place the member for Albert Park to witness this historic event.

Australian Red Cross

Ann-Marie HERMANS (South-Eastern Metropolitan) (09:50): I just want to shout out first of all to the Australian Red Cross for the Victorian emergency services operation centre after having visited them on 27 July. I was invited to see their site and to do a site visit, and I want to thank the Victorian director Lisa Devlin and the state manager emergency services Victoria Fyowna Norton as well. I think they do a wonderful job, and I want to thank all of our Australian Red Cross volunteers that operate throughout Victoria and Australia. They do a fantastic job, and good on you for doing it. We really do appreciate it.

Fortem Australia

Ann-Marie HERMANS (South-Eastern Metropolitan) (09:50): Also I want to shout out to Fortem Australia, which has become available over the last couple of years, and many people do not know it. It has a new manager, Suzanne Williamson, and I was very pleased to be able to meet up with her. It is a not-for-profit organisation that supports the mental health of our emergency services first responders people and is there to protect the care of their families as well. So if you are in a state of need, please consider reaching out to Fortem.

Philippines Independence Day

Ann-Marie HERMANS (South-Eastern Metropolitan) (09:51): I also want to thank the Filipino community for embracing me and allowing me to be part of their celebrations, and again I thank them for their Independence Family Open Day.

Australia Ceylon Fellowship

Ann-Marie HERMANS (South-Eastern Metropolitan) (09:51): I also thank the Australia Ceylon Fellowship for their dinner and their continuing support of the people from Sri Lanka, which they have done for many years. My family has always been involved in that organisation, and I thank them for all the hard work that everybody on that committee has done.

Warrandyte electorate

Aiv PUGLIELLI (North-Eastern Metropolitan) (09:51): I have been lucky enough to have been spending my weekends recently out in Warrandyte and the surrounding suburbs, doorknocking and talking to people at markets. It is a beautiful part of the world, as I am sure you will agree. I have got to say, though, there are some very clear concerns that have come out of some of these conversations. Overwhelmingly, people that I have been speaking to at their front doors have been telling me that they had not been engaged with previously by their former MP. It is an area of the world that has been taken for granted for a long time, unfortunately. They want to be involved, and they want to see their voices reflected in this place in an active sense.

People are also quite worried to see that seemingly every day there is a new candidate announced to be running that is pushing a deeply conservative agenda, parachuted in from outside the electorate, often pushing quite conservative religious views, things informed by religion. It really to me is quite troubling. We look at things like access to abortion, voluntary assisted dying – things that are crucial that we have in this state. The act to potentially erode those things I think is quite scary to me and to

others in the community, so deeply troubling. This also includes protections for our LGBTQIA+ young people.

People are feeling the pinch of rising prices. They are worried about their power bills. Young families tell me they want to get off gas. This area is sick of being taken for granted, so I tell them, 'Nothing changes if nothing changes. You have the power to change this.'

Russia–Ukraine war

Michael GALEA (South-Eastern Metropolitan) (09:53): Over the winter break I had the distinct honour of speaking at a rally in Federation Square to commemorate 500 days since Russia's illegal and barbaric invasion of Ukraine began. The event also commemorated nine years since the downing of flight MH17. It was incredibly humbling to stand amongst members of Melbourne's Ukrainian community and people from our broader community, who all gathered in support in a huge show of numbers. Together we stood united as one – united for peace and for an end to this despicable invasion.

Along with the member for Bulleen in the other place, himself a member of our Ukrainian community, and federal MPs, we all spoke of the commitment to and support for Ukraine and the Ukrainian community here in Victoria. I applaud our federal government for backing in Ukraine at its time of need, and I urge it to maintain all the support it can provide. I would like to thank Stefan Romaniw from the Australian Federation of Ukrainian Organisations and all the organisers of the event. Melbourne's south-east has a proud Ukrainian community, and along with my colleague Mr Tarlamis, who has worked extensively with the community over many years, I am proud to also stand with them. Slava Ukraini.

Voice to Parliament

Evan MULHOLLAND (Northern Metropolitan) (09:54): The upcoming Voice to Parliament referendum is possibly the most consequential democratic decision many Victorians will face in their lifetimes. It seeks to put race at the centre of how we govern, and for that reason I will be voting no and advocate that all Victorians do the same. But I hope it does not come to a vote. I am calling for this referendum to sensibly be abandoned. It was rejected in 2017 because the then government had the view that it did not have any realistic prospect of achieving a majority of states and a majority nationally, and if we look at the polls, that seems to be the reality. This is because Australians cherish the value of egalitarianism – everyone being equal under the law. It is what makes Australia great. Australia is built on a foundation of everyone having equal civic rights. It is something I talk about at every citizenship ceremony I am fortunate to attend.

Many advocates refute arguments of detail, saying the Parliament will decide. But if you look at the reality in the Senate, that means the Greens and David Pocock will decide a permanent change to our constitution. Only eight of 44 proposals for constitutional change been approved, all carrying bipartisan support. It is time for the Prime Minister to do what he did with the local government referendum back in 2013: realise it does not have support and pull it. We can achieve constitutional change through a preamble to our constitution to recognise our first Australians and have an important moment of unity everyone can be proud of.

Rail infrastructure

Moira DEEMING (Western Metropolitan) (09:56): Clearly, modern Labor have forgotten that it was the working classes who got them where they are today, because the hardworking people of the western suburbs just keep getting taken for granted. This Labor government promised people in the west, who trusted them and voted for them, that they would get new electrified lines to Melton and an extension of the metro train network, through Ardeer, Caroline Springs, Cobblebank, Deer Park, Rockbank and Tarneit. This would have required duplicating tracks to unblock the bottleneck at Sunshine, but of course an FOI from the *Age* revealed that these plans have indeed been cut.

We in the west are the fastest growing region in Melbourne, with 70 per cent growth over the last decade and far more projected to come. Unfortunately, this Labor government lectures the residents in the western suburbs about using their cars on roads that it refuses to fix because it hurts the environment and then makes an election promise to improve public transport that clearly it never intends to deliver. The western suburbs voters deserve better, and the Minister for Public Transport should hang his head in shame.

Social housing

Ryan BATCHELOR (Southern Metropolitan) (09:57): We will only solve this housing crisis by building more housing. During the recent break I visited a new social housing development in Brighton East, where the state government has partnered with HousingFirst and the Commonwealth government to turn 69 social housing units into 152 social housing units, more than doubling the accommodation on site, principally for those over the age of 55, including women, victim-survivors of family violence and those living with a disability. While we were there we got to meet with John and Diane, both former residents of the facility who, despite the inconvenience of having their homes demolished, have now moved back into the new facilities, and they are loving it.

They are accessible, they are energy-efficient and there is more available for more neighbours – and we are not stopping there. Victoria stands ready to do more, if only the Greens and the Liberals were not standing in the way. If the Greens really cared about fixing the housing crisis, they would support moves to increase supply instead of campaigning against them. And their pals in Canberra, with the Liberals, are still standing in the way of a $10 billion Housing Australia Future Fund which would build more houses, like the ones I saw in Brighton East, for decades. You can only fix the housing crisis if you build more houses.

Inclusive education

Melina BATH (Eastern Victoria) (09:58): The Premier and his callous Minister for Education have stooped to new lows. Today we see that they are cutting 80 to 100 frontline service teachers from the visiting teacher program for rural and regional Victoria, which provides support to over 4000 students with a disability: with hearing, visual, physical and mental impairments. These are children that from the very get-go need additional support. I have been on the phone this morning to a parent who is bereft that her daughter, who has had a fantastic support teacher for over six years, does not know how she is going to cope in that system without this teacher. The government are prepared to cut services to the most vulnerable students in our state because of their incompetence and the bumbling of a broke Victoria. This is an absolute indictment of the Andrews government.

Peter 'Crackers' Keenan

Melina BATH (Eastern Victoria) (09:59): I would like to give a shout-out to the fantastic Morwell fire brigade and Peter 'Crackers' Keenan. Peter has served his community for over 50 years, and he was recognised last Friday, when I went to the annual dinner, for his dedicated service to the community. All of his friends and family were there. We appreciate Peter 'Crackers' Keenan for his value in terms of protecting Victoria for 50 years.

Broadmeadows train station

Adem SOMYUREK (Northern Metropolitan) (10:00): Since I was elected to the Northern Metropolitan Region my office and I have been inundated with complaints about the poor state of Broadmeadows train station. In fact a report formulated in 2020 by the Northern Councils Alliance articulates the urgency of upgrading Broadmeadows station. My good friend Frank McGuire, a true Broadie hero, fought valiantly within the Andrews Labor government to have Broadmeadows station upgraded, but to no avail because the Andrews government is more interested in delivering for the inner-city elites than working-class suburbs. Indeed Frank may have been martyred due to his passionate advocacy for his beloved Broadie at the last round of preselections. I urge the government

to stop taking Broadmeadows and other working-class suburbs for granted. They can start by immediately delivering an upgrade to Broadmeadows station.

Stockdale Avenue, Coburg

Adem SOMYUREK (Northern Metropolitan) (10:01): On another matter, I have received complaints from several residents about the roundabout and the pedestrian crossing on Stockdale Avenue, Pentridge, in Coburg. The area has a lot of foot traffic, as students walk through Pentridge on their way to and from school, and many locals use this road to access Pentridge and the 19 tram. The road is also the only access point to Stockdale Avenue for cars in the eastern part of the larger Pentridge area. Local residents are fearful that these intersections are so dangerous that a fatality will take place at this location if remedial action is not taken immediately. I would urge authorities to heed the concerns of my constituents before fatalities occur.

Energy policy

Lee TARLAMIS (South-Eastern Metropolitan) (10:01): The Andrews Labor government is helping Victorians get the best home energy deals. From 1 July 2024 planning permits for new homes in residential subdivisions will only be for those connected to the all-electric networks, with houses taking advantage of the more efficient, cheaper and cleaner electric appliances. Going all electric can be delivered at no extra cost to the buyer and will slash around $1000 per year off household energy bills or up to $2200 for households that also have solar installed. This will also help reduce Victoria's carbon emissions, with a move to electric systems a key step in meeting Victoria's nation-leading emissions reduction targets of 75 to 80 per cent by 2035 and net zero by 2045.

To ensure home owners can maximise the benefits of household renewable energy, the government is investing $10 million in a new residential electrification grants program. Grants will be available to volume home builders, developers and others to provide bulk rebates for solar panels, solar hot water and heat pumps to new homebuyers up-front. Many new homebuyers will save up to $4600 before they even move in, removing double handling of installations while saving buyers money and hassle. To help prepare for the transition, the government is also investing in training and development to ensure that the construction industry is supported in the transition to all-electric and 7-star homes. This investment will also help to upskill plumbers and electricians to take advantage of the renewable energy revolution. The Andrews Labor government is doing what matters to ensure Victorians get the best value for money on their energy through this and other initiatives while ensuring Victoria is net zero by 2045.

Russia–Ukraine war

David DAVIS (Southern Metropolitan) (10:03): I want to join others in the chamber today to indicate the strength of support I think across the chamber for the Ukrainian people. We continue to see the rocket hits that are occurring into a range of cities and other areas across Ukraine from Russia. As one of my colleagues pointed out just before, I think the Ukrainian community is very thankful about the support that comes from state politics, and we should not step back from that support. We should in fact intensify our support.

Rail infrastructure

David DAVIS (Southern Metropolitan) (10:03): I also do want to say something today about the government's decision to ditch the *Western Rail Plan*. It is an absolute outrage. The state government hoodwinked the people of Victoria and the people of the west in particular in the 2018 state election, when they effectively promised that they would duplicate tracks that provide additional capacity from Sunshine into the city and out from there with electrification to Wyndham Vale and to Melton. Nothing could be further from the truth. The state government ditched the superannuation fund's proposal for additional track capacity from Sunshine to Spencer Street, and they then have stepped back from proper support for electrification and duplication of tracks to Wyndham Vale and Melton. The fast train to Geelong has also been ditched. All of these are lies by Daniel Andrews and his government.

First Peoples' Assembly of Victoria

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (10:04): It was a profound honour to be in this place last week for the inaugural sitting of the second term of the First Peoples' Assembly. To come to this place, smelling of eucalyptus and in fact remodelled to represent the identity, the culture and the importance of presence of the oldest continuous culture on earth, was deeply moving. To hear from newly elected chairs Ngarra Murray and Rueben Berg and to sit opposite the newly elected members of the assembly as they work in their next four-year term towards treaty was a moment which brought together the shared importance of objectives that are geared towards self-determination. To hear and to listen, and then to hear the Premier respond in recognising that where progress has been made there is still so much to do, gave so many Victorians and indeed Australians a sense of the importance of the issues being raised and a sense of the momentum that has begun and will continue. I congratulate all members of the First Peoples' Assembly, and we look forward to continuing to listen and to act.

Business of the house

Notices of motion

Lee TARLAMIS (South-Eastern Metropolitan) (10:06): I move:

That the consideration of notices of motion, government business, 36 to 93, be postponed until later this day.

Motion agreed to.

Bills

Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023

Second reading

Debate resumed on motion of Ingrid Stitt:

That the bill be now read a second time.

Georgie CROZIER (Southern Metropolitan) (10:06): I rise to speak to the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. At the outset I want to just put on record my thanks to all the stakeholders that have spoken to me at length over the last few months about this bill. That includes obviously those who are going to be directly impacted by this change that the government is proposing today: the Pharmacy Guild of Australia, the AMA, the Pharmaceutical Society of Australia and a number of other stakeholders. I also want to thank the government for providing information as requested to clarify many of those points of contention around this bill – and there have been many areas of contention from competing sides, from the pharmacists to the AMA, in working out the best way forward. I want to also say that I have appreciated the extensive consultation that I have undertaken. Pharmacists from the around the state have also contacted me and we have spoken through the issues, so I do appreciate all of that input.

What this bill does is amend the Drugs, Poisons and Controlled Substances Act 1981 to introduce new regulation powers to enable pharmacists to supply, dispense, administer, use or sell schedule 4 poisons without a prescription in certain circumstances. Essentially what the government is intending to do here is allow pharmacists to supply and dispense a number of selected medications that relate to the treatment of minor skin conditions, the treatment of uncomplicated urinary tract infections and the reissuing of oral contraceptives for women. These are minor ailments, but they cannot be underestimated or just brushed off. They should be looked at in the context of them being a significant health issue for individuals, and for that reason they need to be monitored very carefully and they need to be followed up. A lot of adverse reactions and adverse outcomes can occur if that is not undertaken appropriately. The government has indicated that there will be evaluation and there will be a follow-up, and we will challenge that in the committee stage to enable us to tease this out a little bit more.

But I do understand why the government is introducing this bill. It is important for accessibility, especially for many women that are finding what every Victorian is finding – that we do have many, many issues within our health system and there just is not the accessibility around the state, whether that is through GP practices or other health services, because of the dire situation that our health system is in.

In saying that, there are shortages of GPs right around the country, and that has been recognised. What the government is intending to bring in today, or this debate that we are having today, has been looked at in other jurisdictions, not only in this country but also internationally. There is quite a lot of data that I understand has come into why the governments not only here in Victoria but in New South Wales, South Australia and Queensland are looking at this issue. The UK, Canada and New Zealand have undertaken similar pilots and trials on these specific areas and have had favourable results. So that is a good start, but that does not take away from the need for Victoria to ensure patient safety.

I have spoken at length to the person who undertook the evaluation in Queensland about the Queensland pilot to understand what happened in Queensland and what they are intending to further do. New South Wales have got a different system in place – they are undertaking a clinical trial – and South Australia has a parliamentary inquiry underway. So you can see that there are issues around the country but they are being looked at in various forms. The government's reasoning to me and those that were on the various briefings that we had around this bill was that information is coming in from the other jurisdictions and therefore we do not need to duplicate it. I do appreciate and understand that. As I said, I think patient safety is the thing that I am most concerned about, and I think others would be too, and that is why there needs to be a proper evaluation process to ensure that that follow-up that the government says will occur does occur.

As I said, we know that there are significant issues within our health system, and we know that especially in parts of rural and regional Victoria the health services just are not there. When people turn up to emergency departments to access health services in those facilities, there are long wait times and delays, and unfortunately too many poor outcomes are occurring because of the broken health system here in Victoria. I cannot see that getting any better any time soon. The issues around health are very, very significant in this state. It has been years of underinvestment, and we are really paying the price for that now. I have been on the phone this morning and heard more alarming stories about what is occurring unfortunately in our major hospitals here in Victoria. As a former nurse and a former midwife who has worked in those hospitals, I find extraordinary the stories that I am hearing. That does concern me. Our emergency departments are very well clogged, and I have been saying for years, especially through COVID: if you delay treatment, if you delay screenings, if you delay accessibility, people will get sicker – and they are. We know that.

The extensive lockdowns that occurred here in Victoria led to so many issues right across the system, and we are paying a price for that now. It is unfortunate that this government refused to have any sort of inquiry into COVID. The royal commission that I was calling for in September 2020 because of the mismanagement – well, that only got worse over the coming years. I still say there should have been some inquiry. I was absolutely appalled with the response that the Parliament received from the government about the inquiry that I was on with the Pandemic Declaration Accountability and Oversight Committee looking into the government's pandemic declaration. That committee looked into, as a requirement of that legislation, some of those issues. There was one line about what they were going to do. Now, I digress slightly from this debate, but the reason I am raising it is because it is symptomatic of it, and it just shows the extent of where our health system is at despite the efforts of those clinicians, who are doing a remarkable job. They are the stories I am hearing, and they are stories I am hearing from the patients too, who are saying to me, you know, you go into the emergency departments and the doctors and nurses are just fantastic, but what happens after that is very alarming. So we have got real concerns around Victoria's health system, and they remain.

What this will do is alleviate a lot of pressures within those emergency departments for people accessing those services at a time when they might have a urinary tract infection – that is not an

uncommon ailment; it can obviously become a serious condition if it is untreated – or for some other underlying physiological condition or some other medical issue that is present. Nevertheless this is up to the government to ensure those safeguards are in place to enable those patients to have those conditions picked up and appropriately referred and treated.

Again can I say that it is my understanding that the Victorian pilot is a 12-month pilot that starts on 1 October. I just need to get some clarification, because I have received information from the government that does not quite spell that out – I will ask that in committee – in terms of what the government is trying to do to give Victorians accessibility to a number of services, namely pharmacists, to enable them to dispense and supply medications for the conditions that I have outlined, or the oral contraceptive pill in the case of women being able to access that without having to wait weeks for a GP appointment and get a prescription.

I would also like to highlight that those pharmacists that work in GP clinics do not have the same rights as community pharmacists. That has been an issue that has been raised with me, and I do want to thank those that have spoken to me. They are concerned that we will be coming back in 12 months time and sorting out this issue around prescribing rights. They have been very clear on that. They have been saying that they think there is a shortfall in this piece of legislation that we are debating and that that potentially could be an issue for government that the government needs to work through.

Initially when I was having all these discussions this was something that I thought was a relatively straightforward bill. Because of all these stakeholders that came to me, it was clear that there were many questions that needed to be clarified and raised, and I am pleased that the stakeholders have provided me with that information, which I will endeavour to get clarification on through the committee stage and the government's reassurance of the efficacy and the safety of this pilot that they intend to commence in just a few weeks time, on 1 October.

So those are the concerns that I have around elements of this bill. In saying that, I do understand the intent of why the government is proposing the legislation and what it is trying to achieve to enable greater accessibility for Victorians under a very stressed health system and give them that ability. We know in regional and rural Victoria services are declining. I am alarmed by what I am hearing around the potential for amalgamations of our hospitals in country Victoria, and I think that will further diminish services in those regional areas. I think that is a very big concern to small country towns. I grew up in far western Victoria. I know what it is actually like to have to access specialist care in Melbourne. I understand the importance of having local services close to where you live. Once they lose those services, those Victorians will have to travel further. That is a very big cost to them, and I do not know that people in metropolitan Melbourne necessarily understand exactly what rural and regional Victorians have to do to get to appropriate health care and access their basic services such as health care. I want to put on record that I do appreciate the struggles that many regions within Victoria are having, and I have said many, many times that the decisions made in 50 Lonsdale Street – they need to get outside of the tram tracks and really understand what is actually happening in regional Victoria. I do not believe a big centralised bureaucracy is the way to go to deliver health services to local communities.

I understand that this will give greater accessibility for those Victorians to enable them to be seen by pharmacists to be treated for minor skin conditions and to be given antibiotics for urinary tract infections and for skin conditions that otherwise would need a prescription when there are long wait times for Victorians to be able to access a GP. With those words, I will say that I look forward to the committee stage of the bill to be able to get to some of the further questions that I have regarding this bill.

Sarah MANSFIELD (Western Victoria) (10:21): I rise today to speak to the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. This legislation is being tabled, as we have heard, for the purpose of enabling a pilot program whereby pharmacists can dispense certain schedule 4 medications, which are normally prescription-only medications, without

a script. Everyone here I think knows that I love talking about the drugs and poisons schedule, so here is another opportunity.

Before I begin to speak on the legislation at hand, for transparency, I am a fellow and a member of the Royal Australian College of General Practitioners. They are a relevant stakeholder in this pilot, but I do not stand to gain any personal benefit from the outcome of this legislation.

After much deliberation the Greens will be supporting this bill, because fundamentally we believe in improving access to health care. As a health practitioner I know all too well the consequences of delayed access to primary care, and in particular this pilot has potential to improve access for women for certain issues and for people in areas with limited access to primary care, like rural and regional communities. We fully support the principle of maximising access to health care by using all the skills available to us in our health workforce, and pharmacists are well placed to take on extended roles. I have huge respect for pharmacists, stemming from the almost 10 years that I spent from age 15 working in community pharmacies and then from my role as a doctor, where I continued to work closely with pharmacists. They are incredibly knowledgeable and an indispensable part of our health system.

We will also be supporting this because it is enabling a pilot program. There is potential to learn from the experience prior to any ongoing commitment, provided it is adequately conducted and evaluated. However, I will be using this opportunity to put a range of concerns that we have on the record, and I hope that the government will take these into consideration as they roll out the pharmacy pilot program that this legislation supports.

Just as we have heard from Ms Crozier, the Greens too have been consulting broadly on this and have heard from a very wide range of stakeholders who have raised a whole spectrum of concerns about this pilot. While various forms of what is essentially pharmacy prescribing have been done in other jurisdictions, it has not been done before in the Victorian context, and context is really important. Many overseas examples have occurred in systems that are quite different from the disconnected private retail pharmacy setting that dominates in Victoria. In Victoria we do have a very fragmented healthcare system, where patients experience the consequences of poor integration and record systems that do not support holistic team care.

I am also concerned about a general shift in health care, which is becoming increasingly transactional and where the customer service experience is prioritised over universal access, quality, safety, continuity of care and the fair distribution of scarce health resources. We know that a transactional, fragmented healthcare system is the opposite of where we should be headed if we want good health outcomes. The Greens have concerns that if not done properly this pilot may undermine efforts to improve integration across different types of health services, ensure fair access for everyone and prioritise safety and quality of care. In an ideal world everyone would receive timely gold-standard comprehensive care in a general practice setting with continuity of care, but we recognise that we live in the real world. Access is challenging. We do not have enough GPs, especially in rural and regional Victoria.

The quality of care also varies. There is no doubt that with a robust protocol many people accessing pharmacy care will get the right treatment and in some cases better care than they might otherwise, but for those who do not receive the right treatment there is the risk of further delay getting appropriate care, and this may lead to adverse consequences. It is essential that these impacts are considered in the evaluation.

An area where there is a key risk of not receiving the right treatment is that this pilot will enable pharmacists to dispense antibiotics for a urinary tract infection both without a prescription and without diagnostic testing. Now, almost every GP I have mentioned this pilot to says the same thing, and I know this from my own experience to be true: that very often when people think they have a urinary tract infection they actually do not. For example, many common sexually transmitted infections

present with symptoms similar to a UTI. Diabetes can first present with symptoms that seem like a urinary tract infection, and you often do not find out until you do testing and see sugar in the urine. Another example: women who are menopausal can have symptoms that are very similar to a urinary tract infection. But these things can only be discovered by taking a thorough history and doing a physical examination and testing – not to mention that the bacteria that cause urinary tract infections are increasingly resistant to many common antibiotics. With this pilot, if the wrong antibiotic is dispensed we will not know until they see a GP a few days later and then get testing, which will actually further delay them getting the care that they need. The risk of harm to patients can and should be minimised through robust referral pathways, and the dispensing of medication by pharmacists needs timely and meaningful follow-up and best practice information recording. The evaluation should also be looking at all of these issues.

Another aspect of the pilot will be dispensing repeat oral contraceptive pills. While improved access to contraception is something we wholeheartedly support, this pilot may inadvertently limit opportunities for contraceptive counselling, especially where pharmacists are engaging with consumers in a retail setting. Our federal colleagues recently spearheaded a Senate inquiry into universal access to reproductive health care. In their final report they acknowledge that all levels of government must work towards increasing access to the full suite of contraceptive options. While oral contraceptive pills continue to be the most widely used in Victoria, we need to do much more to increase the uptake of long-acting reversible contraceptives, known as LARCs. They are more affordable and more effective. These include things like intra-uterine devices, hormonal implants and hormone injections. Australia actually has one of the lowest rates of LARC use compared to similar wealthy countries. We have only got 11 per cent of women using LARCs compared to 46 per cent in the UK. This pilot will be limited in its capacity to support patients to pursue alternatives such as LARCs. This is because a GP visit for a repeat pill script is actually a prime opportunity to review the choice of contraceptive and introduce the idea of a LARC, not to mention screen for a range of other health issues. Pharmacists are actually well placed to have this conversation as well, provided they have the appropriate space and training. It is not actually something that this pilot is considering, and we think this is a missed opportunity. We hope it is something that will be looked at in the future.

In terms of the practical rollout of this pilot, there are many unanswered questions, and some of those I will endeavour to interrogate during the committee stage. There is a real lack of detail about how this will work at the pharmacy level. For example, how will consumers know where and when they can access this service when they need it given that not all pharmacists will automatically be able to participate in this program? They have to undertake training, and they have to do separate modules for each part of this program. For example, there might be five pharmacists employed at a pharmacy: one of them might have done the contraceptive training, one of them might have done the urinary tract infection training, one of them might have done travel vaccines and the others might not have done any training. If you are a consumer and you are thinking, 'I can go to my local pharmacy and get a script for antibiotics for a urinary tract infection,' that will not necessarily be the case. So there is a logistics issue there that needs to be worked through.

A really big one is about what record keeping will take place. We have had debates in this chamber about the state of health information records, particularly the issues with them in Victoria. Pharmacists will not have access to a person's full medical record available, so they will not be able to check their past history. That is a really important thing to do before you prescribe a medication – to check someone's history. You look at adverse reactions and you look at other medical conditions that might be relevant in your choice of treatment. Pharmacists do not have that access. They might have their prescribing history if they have been to that pharmacy before.

In terms of communicating back to other health providers what has happened in that interaction, we have been advised that pharmacies will upload this to My Health Record. I do not know what they will upload other than the medication that has been dispensed, but we know that not everyone has My Health Record, and it is not clear how a person's regular GP will be notified of their involvement in

this pilot program. We think that patients at the very least should be given some sort of record themselves to aid them in seeking any follow-up care they may require.

We also want to know how privacy and confidentiality will be ensured if the pharmacy does not have a private room to consult in, which is really common in a lot of pharmacies. Again, from my experience working in a pharmacy setting, I have been there in pharmacies that have been involved in dispensing emergency contraception. It is a great thing that you can get this over the counter at a pharmacy, but it is something that involves some sensitive conversations, and in a lot of pharmacy settings that conversation occurs at a desk with a partition to try and keep it private. It is really not a very private setting. When you are talking about things like urinary tract infections, there are some important, sensitive, embarrassing questions that you might have to ask someone. Similarly with repeat contraception pills, there may be some sensitive conversations that need to take place. So we really want to ensure that pharmacies are supported to provide that service in a confidential and private space.

Who is providing indemnity insurance to participating pharmacists? That is an outstanding question we would really like to understand. And will potential conflicts of interest arise? We need to seek some clarity over how pharmacists will be paid for providing this service. If the income is attached to dispensing the medication rather than just for the provision of a service, there is the potential for a conflict of interest or perhaps for there to be an incentive to dispense medication when perhaps the best outcome of that interaction is just advice rather than a prescription. If there is income attached to providing a prescription, there is that potential for it to create a conflict of interest.

Many of the concerns that I have outlined, and more, have been identified by a broad range of stakeholders, most of which, I am pleased to see, are represented on the various advisory bodies that the Department of Health has established to work with on developing this pilot. We do believe that all of these issues could potentially be worked through, but we think they need a bit more time, rather than rushing to meet an arbitrary deadline of 1 October. 1 October, it seems, was an election commitment. We understand that it is important to set deadlines, but if you are not able to meet them and do things properly, there is no harm in pushing them back a bit. There are widespread concerns from all stakeholders that this October start date is just too soon, and the pilot's design should not suffer as a result of meeting this arbitrary deadline. There are many stakeholders who want this to succeed, but rushing will potentially set it up to fail, and we would really urge the government to take the necessary time. If this means pushing back the start date beyond 1 October, then that is what should be done. If the government is intent on powering ahead, at the very least we need a robust and transparent evaluation. The evaluation must be independent and well designed and consider a range of clinical safety measures and clinical outcomes, the positive and negative impacts of the pilot and also, ideally, a cost–benefit analysis, although I am not sure that is on the cards. Crucially, the findings must be made publicly available so they can be subject to scrutiny. This is important regardless of what the findings are.

The general consensus from all stakeholders and community members is that this needs to be done right. While there are plenty of complexities at play with rolling out a pilot such as this, the bottom line is that right now people are struggling to access basic care and this sort of program might help, but only if it is done well. We really look forward to seeing the results of a robust evaluation if this legislation passes today. I will also be seeking further clarification and assurances during the committee stage.

Tom McINTOSH (Eastern Victoria) (10:35): I am glad to speak today on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023 and to be following on from Ms Crozier, who spoke about growing up in western Victoria and the challenges that poses to health access. I will pick up on some of those points as we go. It was good to hear Dr Mansfield raising her detailed points. I think it highlights the benefits of having a range of people in here with various backgrounds and professional skills as they come in, but I think it also highlights the importance of the decision that has been rightly made around ensuring that this is a pilot program so it can be observed before we hopefully move to a full delivery of the program.

There is $20 million for the pilot for 12 months, with community pharmacies to deliver primary health care to Victorians, which includes oral contraceptives and treatment for mild skin conditions and urinary tract infections, and they will also help with travel and health vaccines, including hepatitis A, hepatitis B and typhoid. One of the big, big bonuses of this, which is very obvious but really, really meaningful to people, is the fact that it saves people time and it saves people money. Not only that, it takes pressure off our health services. We know that a lot of particularly GPs are facing stress. They have had a decade of lack of investment federally, and that has built up and exerted pressure. So programs like this are really, really important to help people but to help people within our health system as well.

Of course what is fantastic is it is about women. Women make up 52 per cent of our population. Traditionally, we have had a situation where men will not turn up to get health care and the support they need, and when women try they have often been turned away or given incorrect advice or those treating them have not perhaps had the understanding, lived experiences or perhaps the empathy to ensure that women are getting the right advice and leaving with what they need. I was actually just talking to a colleague of mine this morning – I just bumped into her in the stairwell and said I was off to do this – and she talked about the medical misogyny that has existed. A simple point she made was – I have not fact-checked this, but I will take her word for it – the fact that paracetamol was never tested on women; it was tested on men. We have had decades and decades of that ingrained medical misogyny, as I said – and some other things I will talk through as I go – resulting in women not being able to obtain the support they need and being undiagnosed and turned away.

I will come back to the substance of the bill shortly, but I just want to touch on the comments Ms Crozier made about the importance of health care and support regionally. I am so delighted that this government has made an investment in 20 comprehensive women's health clinics. Two of those are in my electorate of Eastern Victoria. It is just so important for women living regionally, and I will come to this a bit later as well. We know there are more challenges for them around some of the stigmas, around the conversations, which are already difficult conversations with some of the items we are talking about, but even more so when they are living in communities where people know each other more, where there are distances to travel – all these things that compound into women getting the health support they need. The statistics around some of this stuff are pretty incredible.

We talk about women being overlooked and undiagnosed, women being sent home and finding it draining and demoralising, so the fact that the services I have just outlined have that wraparound support for a number of issues, from contraception to pelvic pain – and I will talk through those – just is such a step forward, to have everything in the one place. I was actually talking about this in another contribution yesterday – it just makes sense that our services meet community where they are and that we try and have many touchpoints for people to access those services where they are.

Two hundred thousand women in Victoria suffer from endometriosis, and on average it takes seven years from the onset of symptoms to get a diagnosis – seven years of being bounced around, in pain. And 85 per cent of menopausal women suffer symptoms. Just as I wrap up talking about these comprehensive women's healthcare clinics, perhaps to many in here it will not be as much of a whack in the face as it is for me, but I just find those statistics incredible. It just reinforces how proud I am that this government is making these investments in women's health. Issues that affect women are not niche issues – as I said before, they are 52 per cent of the population – so it is fantastic that we are stepping up and addressing them.

These clinics will treat a variety of things – including period pain; fibroids; as I said before, endometriosis; pelvic pain; and polycystic ovary syndrome – and manage the symptoms of menopause. We are also going to have the mobile health clinics for those women who cannot reach the clinics, as I talked about before – they will be there to supplement it – and there are also going to be specialised supports for Indigenous women, which I am also very proud of.

It does flow on from the leadership this government has delivered around looking at women's issues and also around some of the greater difficulties and the entrenched difficulties, particularly when we are talking about regional Victoria, with family violence. I recently met with Gippsland Women's Health CEO Kate Graham, and we spoke about the challenges that women in regional areas still face and how we still have much to do, but these programs have worked; they are making meaningful differences to women living in our communities. I think we are also, through these conversations, breaking down associated stigmas to make sure that women, and particularly young women, feel comfortable to come forward and have these conversations.

We have got another $20.7 million for period products in schools. I spoke yesterday on another motion in relation to cost-of-living pressures on families. This is a great way to support families and support young women with something that is just so, so essential to them, and it provides confidence for our students in going to school. And as I said, it is just great that there is another opportunity for women's health to be discussed so there is not awkwardness around it, particularly for men, for dads and family members, because there should not be. It should be something that we are all comfortable talking about, because as I said, it affects 52 per cent of the population.

Before I do come back to the bill I just want to touch on this focus on women through this government, because monocultures are never a good thing. I do not think it matters whether you are talking about a cultural monoculture, a gendered monoculture; whatever it is, getting a diversity of views and inputs is really, really important. We look at the Parliament and the number of women that are entering. We look at the cabinet – women are over 50 per cent of the cabinet. We look at our state boards – the decision, the commitment that has been made to get women onto our boards and the change that is occurring through that. We are seeing those numbers rise every single year. Funnily enough, when you get more women into these positions, you get better outcomes for women. It is the same for anything. Back to that monocultural point, when you get people making decisions or providing advice about issues that affect them – surprise, surprise – you get better outcomes for them.

The last point I will make is that – and I am quite aware I am standing here as a white male saying all these things – 20 years ago when I worked in construction there was not a woman to be seen. I was talking to a CFMEU organiser on the phone this morning as I happened to go past a construction site and saw some women working on traffic management, and I just said, 'I'm going to speak on this bill this morning.' I just raised it. He was talking about the absolute change across the industry. It is supported by unions, it is supported by builders, and I think the success is enjoyed by everyone. He talked about the maturity that is now in the industry. Some of the things that were happening 20 years ago that you would see on site just do not exist anymore, and everybody has benefited from it. I think that 'maturity' is a really good word, and I am proud the construction industry has such good pay and conditions so that Victorian families can benefit from that. He just talked about the benefits there are to women and the fact that in the last five years job sharing has become such an accepted thing. We know it has happened in other industries. It is still difficult, but it has been really, really heavily adopted in the construction industry. Builders and unions are on board with it. At times you have got up to three people, predominantly women, sharing one job, working, say, a Monday, Tuesday, Wednesday, Thursday, and a Friday and Saturday, getting that good pay, getting that money to help them, whether as single parents or for their family, to support their kids, but making sure there is still time for their kids, because both sides of the equation, men and women, need to make sure that they have time for their kids, particularly in those early years. I just wanted to mention that because I think it is a really wonderful thing that is happening.

As I said, it is $20 million for this 12-month pilot. It is community pharmacists that are going to be involved in it, and I think that is really important for Victorians who want to use this service as well, because it is those relationships that exist with community pharmacists that make it easier for people to come forward, as Dr Mansfield said, and perhaps have some of these challenging conversations around some of the items that are supported and provided. But it is also great that travel vaccines are

there; I know for me and my family the difficulty of trying to get the kids organised and get them along and get it all to happen before you go on a holiday.

It just makes sense, I think, the fact that this bill is not about vested interests. It is not about who wins or loses, it is about what the best outcome is for people, what the best outcome is for Victorians. That is why it just makes such good sense. The fact that the pilot is there for 12 months gives us a very good opportunity to have a look at how it performs and any issues. Obviously, from a health perspective we want to be absolutely thorough in ensuring that Victorians are getting the best advice, but there is no doubt that Victorians are going to greatly benefit from the cost saving and time saving, and as we have talked about before with regional Victorians, it is incredibly important just to get access, full stop.

I will just touch on a few more points that I want to speak to before I wrap up. Dr Mansfield before touched on who is going to be involved. The pilot's design will be informed by an advisory group, and that is going to represent key stakeholders. That will include pharmacists, doctors, the community and, importantly, as I outlined before, consumers. The medicines prescribed in the pilot for the selected health conditions and the relevant prescribing protocols will be consistent with those recommended by the latest Australian clinical guidelines. Community pharmacists and pharmacies will have to meet certain conditions before they can provide services as part of the pilot, to ensure safe patient care and familiarity with the specific requirements of the pilot. All participating pharmacists will be required to complete mandatory training before providing any services, and participating pharmacists will be provided with guidance and protocols as to who is eligible to receive treatment and who must be referred to a doctor. I think that outlines just in a snapshot the thought and the detail that is going into this program of work.

I am going to wrap up. As I said, I think it is an incredible thing. I think it is going to benefit so many people, it is going to have good health outcomes and it is going to support people to get health access. It is going to support people to have conversations and to get along and get health support.

Melina BATH (Eastern Victoria) (10:50): I am pleased to rise this morning to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. I do so because it provides me the opportunity to talk about rural and regional health, rural and regional pharmacies and our doctors, GPs and health system. Before I drill down into some of the issues that I want to raise before the house, I will speak on the purpose of the bill. That is why we are here this morning. It is to amend the Drugs, Poisons and Controlled Substances Act 1981 to allow community pharmacists to be legally authorised to supply and dispense and therefore administer, through their front of house, certain prescribed medicines without a prescription as part of a 12-month community pilot. We have heard about the pilot from Ms Crozier and other people today, and it is starting in only a few months time. Now, the key thing about this and the important thing is that they can supply and dispense specific and particular medications for the treatment of minor skin disorders and for the treatment of uncomplicated urinary tract infections (UTIs) and – this is very important in my mind – reissue the oral contraceptive pill for women.

It will also expand the role that community pharmacists play in terms of immunisation for travel and public health vaccines. We have very much seen the role that they played during the COVID pandemic and the opportunities for access that people had. Rather than going to a large tent in a large town they could after a time go into their local pharmacy and have that COVID vaccine, and many of our community certainly took up that option.

The pilot is very important. I want to put on record that I know Ms Crozier has had extensive consultation with stakeholder groups: the AMA; the Royal Australian College of General Practitioners, and it is interesting that we have got a member of that organisation in our house – it shows the good diversity of the people within this place who can provide comment and perspective; the pharmacy guild, and I know the Nationals have always had good communication with the pharmacy guild, as they have across the board, providing their views on a variety of topics and subjects

and policies; and also the Pharmaceutical Society of Australia. It is very important to get their feedback.

There is not a week that goes by in my electorate office and in my inbox when I do not hear about Victorians who are under the strain of a pressured, unstable and difficult health system. It is always that road that as an MP you try to take to support the patient, the person or the constituent, who is frustrated with being on a waitlist that is taking an eternity, to support them and advocate for them but also to understand that our hospital system is continually under pressure, as are our CEOs, nursing staff, doctors and physicians constantly. The list is so long. Never did we see that more than during the COVID pandemic when the elective surgery list, which was postponed, ended up in many cases being an emergency list, because people's conditions exacerbated and worsened to a point where they were no longer elective but life threatening. So to be able to have legislation that can in one segment take some pressure off our very challenged health system is a good thing – with parameters and with clauses in there.

Our GPs and our hospital staff do an amazing role. Our GPs are frequently under the pump, and I am sure anybody living in rural and regional Victoria will understand that when you ring up to make an appointment with I will say your doctor – if you can have your doctor – it can be a month's wait at least for various conditions. These can be potentially – not the contraceptive pill but urinary tract infections and minor skin disorders – acute conditions. They need to be seen within days to avoid that walk-in to the emergency department. I know many constituents have raised this with me. You do not want to get to an illness state, because it then becomes critically health impacting. If you cannot get in to your doctor, you try and see another doctor, and although the front desk is very supportive and will try and fit you in, sometimes there is just not an available space for that day or for the rest of the week. These are the challenges we certainly face in rural and regional Victoria. So where you have a condition that is reasonably assessable, that is not life-threatening, as listed here, it is important to have another opportunity through a professional. We know pharmacists have to go through many, many, many years to become pharmacists and to enter into their profession.

Speaking from experience in my region, in my local home town, there is a fantastic pharmacist who is just about to hand over his long reign in his pharmacy – Brett Nagel. He said he walks down the street and he literally knows every name of every person in our town and our outlying communities, because he has served them so well for so long. It is wonderful to see, and this is the case in other pharmacies as well. There is a new breed coming in. If you can attract pharmacists to our regions, they come for their profession but they can stay for their lifestyle. We certainly embrace new professionals in the health departments for eternity. He is looking to transition at the moment into retirement, and there are some fantastic young people coming into our area. They are employers in our towns; community pharmacists are trusted, and they have that trusted advice as well.

Interestingly, about 25 years ago or more, when I was a young woman, I ran a health food shop. I owned and operated a health food shop. The difference of opinion in the medical profession from then to now is quite a quantum jump. Years ago – and these were TGA-approved products – vitamins and minerals were not really in our pharmacies. They were not really knowledgeable within the medical profession. You would recommend things like glucosamine, chondroitin and methylsulfonylmethane for arthritis – non-life-threatening but really supportive in terms of preventative, complementary medicine. People never adopted them. The medical profession was like, 'What's this?' I actually went to my doctor for various reasons the other day and talked about my ankle that had been inflamed since Kokoda, and he said, 'Have you tried glucosamine and chondroitin?' So there seems to have been a quantum shift, and that is really important because the key thing about all medicine is about keeping people out of hospitals, supporting them before they get to a chronic stage, and that is really important.

It is also important that this is reasonable legislation and that a pilot will be assessed. I note other jurisdictions in different states. The Queensland government has conducted a two-year pilot program that started in 2020, so it has concluded. I will put on record for the minister who is going to cover off on the committee of the whole that in some of the documentation that I think is available they talk

about the cost, the $19 million up-front, of this pilot, and then they talk about the costings expected to deliver various thousands of repeat prescriptions for oral contraceptives – I will not read in the finites – various treatments for UTIs, treatments for minor skin conditions and travel vaccinations. I am interested to know whether this government has looked at Queensland to see if their modelling on a 50 per cent uptake is actually accurate within that jurisdiction. So what has the government learned and what can it learn? Has it asked any questions about the Queensland experience and how that can inform better practice in this piece of legislation? I am putting on record that question, if the minister could respond to that.

In speaking with some of my local pharmacies, I had a communication with a pharmacy in San Remo, a great little place down there, where people who love fishing love to live, love to retire, love to holiday and love to have good service from the San Remo pharmacist. While this is a pharmacy pilot and it is designed to take that pressure off GPs and hospital emergency departments, he said that his pharmacy already consults with patients and already diverts people away from hospitals. He said because of the GP shortages – and he acknowledges that in that Bass Coast area as well – patients will come in anyway; they cannot get into a GP or the hospital, so they come in. So the service is actually helping to reduce the costs and reduce the pressure on our hospitals. He also identified that pharmacists are under increasing pressure from that federal government 60-day dispensing policy. That is putting negative pressure, he said, on the pharmacists due to a number of factors, but certainly the lack of foot traffic that that 60-day prescription can now afford. There are pluses and minuses, and I will not go into that in a deep way because it is not really the intent of this bill, but I will just say that whilst it is a federal government situation, and I understand that, the government, in its deliberations and implementation of this bill, really needs to be mindful of those pressures that can be placed on pharmacists in their service and to continue negotiations on how they can still serve our communities.

In terms of the importance of training and accreditation, it certainly is important that the government, in this pilot, still have certainly rigour around the training or the implementation of this bill and the follow-up. I know we had a conversation in here just before about that assessment and the monitoring of scripts going out et cetera.

In conclusion, this is something that I think we need to support in terms of looking at the pilot program. The Nationals will not be opposing this. We will be interested to see those questions. This should never replace the important work that doctors do in assessing and analysing and a fulsome experience in terms of people's medical health. But there can be these non-life-threatening issues, and in the case of the pill I just want to stress that for my value, it is that represcription – so, providing that service. UTIs can be so incredibly debilitating, not only for young women; certainly you tend to see it in ageing women or postmenopausal women. It needs to be addressed because that can be very crippling, and you can end up having that life-threatening situation. I know that from speaking to many constituents. So with that, I will be looking forward to the committee stage of the bill.

Adem SOMYUREK (Northern Metropolitan) (11:04): I think this bill is a step in the right direction. I think it is well overdue in fact. I have always disliked the requirement to go back to a doctor to get a prescription on something that you have had prescribed to you for a number of years and no doubt you will continue to have prescribed to you over a number of years. That, to me, seemed like it was a waste of time, a waste of money and a waste of precious medical resources.

For example, this bill does not cover my particular problem. I take blood pressure tablets. I have to rock up every couple of months to get prescribed blood pressure tablets. I wait out in the area to be seen by the doctor. I will wait an hour, and then I will go in for 2 minutes, get prescribed my medication and then go out again. I understand what the opposition parties are saying, the Greens and perhaps the Liberal Party, about there maybe being more complicating factors sometimes that doctors need to check. Maybe conscientious doctors do those check-ups, but the doctors that I have seen just write the prescription for you, so it actually does not matter.

I think this is a good bill and I think it does provide access to medication for people who need it, and I think it will make our health system much more efficient. I commend the bill to the house.

John BERGER (Southern Metropolitan) (11:06): I rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. This bill will introduce minor yet important changes to the Drugs, Poisons and Controlled Substances Act 1981 which will allow community pharmacists a far better platform to provide health care. The bill will authorise a 12-month pilot with three principal areas of focus: continued supply of oral contraception, treatment of some skin conditions and antibiotics for certain urinary tract infections (UTIs). It also includes an expansion of the vaccines that pharmacists are authorised to administer. This bill is an important step in reducing the strain on our GPs by allowing pharmacists to prescribe medications for simple diseases, which can reduce the total stress on our healthcare system and free up GPs for more serious matters.

The community pharmacist statewide pilot will ensure that health care and medication are more accessible to Victorians who truly need them. This bill is also a way that we, the Andrews Labor government, are honouring the promise that we brought to Victoria in the 2022 election: the promise that we would back pharmacists. Much like the Andrews Labor government, community pharmacists do what matters.

I will explain more specifically how the bill goes about achieving this by acquitting pharmacists with the necessary means to deliver uncomplicated but essential procedures. This will be achieved by establishing a strong regulatory body for pharmacists to ensure that they are legally authorised to administer these services, which include pharmacists writing prescriptions, administering vaccines and even treating mild, uncomplicated medical conditions. This is all about ensuring that primary health care is as strong as it possibly can be, especially in lower risk cases and for conditions that have the potential to become complicated. It is essential that these be treated as soon as possible, not only for the individuals suffering from the condition but also for the health system. If it is easily avoidable, then we do not want the resources to be focused on a condition that could have been simply treated earlier.

Under these amendments pharmacists will be able to directly prescribe medications like antibiotics for uncomplicated UTIs or oral contraceptive pills, both very common medications. This will decrease the number of individuals requiring doctors appointments. Due to this, the bill will expand the accessibility of certain medicines and make the process of receiving treatment less stressful for Victorians who tend to already be in extremely stressful circumstances. Navigating the health system is always a stressful situation, which is why it is essential that we have a government that recognises this and does everything in its legislative power to mitigate the negative aspects of those experiences safely and sensibly.

The fact of the matter is that backing pharmacists boosts our healthcare system, which is exactly what this bill does. Health is one of those bread-and-butter issues that a Labor government will always deliver on. We are after all the party that on a federal level brought in Australia's Medicare. The Andrews Labor government is no exception to this rule. We have done extensive work in supporting and improving the Victorian health system by introducing innovative new approaches to the way Victorians receive health care. We are making treatment more accessible and alleviating pressures on our existing hospitals and clinics.

By allowing pharmacists the power to deliver more medications, two things will happen. Patients seeking prescriptions will no longer have to go through the hoops of renewing prescriptions when they require medication. This will be particularly impactful on Victorians who are not in a position to seek private health care and must go to the bulk-billing clinics, which often have much longer waitlists. This leads on to the second effect that this pilot will have on the health system. This pilot will have a positive impact on the strain that health services are experiencing right now. Our frontline workers are the backbone of our community, and for this reason every effort should be made to decrease the size of their workload.

Additionally, community pharmacists will be authorised to complete other services that previously in Victoria only GPs were able to deliver. This includes several different services. Wider access to these services through pharmacists will greatly ease the strain on our health care providers at this time. For example, community pharmacists with general registration qualifications will now be able to administer a wide range of vaccines, including both health and travel vaccines. This is technically an expansion of the already successful pharmacist-administered vaccination program. The amendments made by this bill will allow community pharmacists to deliver travel vaccines in addition to the core health vaccines such as COVID-19 and influenza vaccines that they already are authorised to administer. This is another measure in the bill that eases the strain on GPs to promote accessibility for patients. This will also lead to several other beneficial outcomes for Victorians – cheaper health care for a start – by eliminating the steps that the individual must take before purchasing their actual medication. Safeguards are put in place to ensure that the new method of acquiring a prescription is not more expensive than a normal bulk-billed GP visit. Additionally, overlapping medications that are affected by this authorisation of pharmacists and those affected by the pharmaceutical benefits scheme are in fact still covered by the Commonwealth government scheme. This is about improving accessibility for those seeking medications, not locking them out through pricing. 'Community pharmacist' is a very appropriate way to label this new role, as they are able to support the community and the members of the community medically when doctors are unable to do so, at the same rate of efficiency. The existence of such pharmacists will greatly decrease the financial squeeze that families can feel when they seek medical care.

The pilot program absolutely does not mean that the price of medicines will go up. Victorians will not be spending more than they would be when going to their GP. As of May this year there were 1453 community pharmacies across Victoria. This means that there are over 8300 pharmacists in Victoria with a general registration. That is all these pharmacists need – general registration and an untapped workforce of competent professionals. There are similar pilot programs that have been implemented in other jurisdictions, and they all show promising results for a solution to many of the problems that face many health systems.

We know there are similar programs implemented in domestic jurisdictions and internationally. Both Queensland and New South Wales have given pharmacists the power to treat less complicated cases or certain conditions, like UTIs, which, left untreated, may develop dangerously and in a manner that poses a serious threat to a patient, and difficult conditions to navigate the health system with. Queensland established the two-year trial in 2020 of a structured pilot program allowing pharmacists to prescribe medications to address UTIs which, since its conclusion and success, has been adopted as a permanent policy. It continues to produce results for people in Queensland needing treatment. Similarly, New South Wales is in the process of implementing a similar policy with similar structural regulations to provide specific trained pharmacists the power to prescribe certain medications for specific conditions. The Andrews Labor government hopes to learn from these examples by introducing the successful practice of prescribing pharmacists, taking notes from the strict regulation of those two northern states so that the rollout of our own pilot program will be as safe as possible whilst ensuring the flexibility inherent in the making of an effective program.

Prescribing pharmacists are not a new concept by any means. They have been a common fixture in the health system in New Zealand, the United Kingdom and Canada for over a decade and have proved to be very effective in decreasing the strain on their hospitals, clinics and other places of healthcare delivery. Additionally, in implementing the Victorian iteration of prescribing community pharmacists, in-house prescriptions will be subsidised by the Victorian government, meaning that all affected medications will be the same price as they are under the pharmaceutical benefits scheme. This is because we believe that it is essential that a government ensure that all its constituents are able to access necessary health care. This is achieved by removing barriers for people seeking health care and making it more accessible.

On the topic of accessibility, one of the bigger problems that health systems face is the very literal question of space. Geography can often determine your health and your health care that you are able to receive. This bill addresses that by making a concerted effort to implement community pharmacists in rural, regional and remote areas. Whilst it is an issue that not many of my constituents face, I understand, and I am sure everyone on the other side of the chamber does too, that seeking health care when you are an hour's drive from the nearest GP or hospital can be incredibly difficult and sometimes dangerous. This is addressed by ensuring that regional pharmacists will have the same ability to prescribe as those in metropolitan areas. This will be a huge win for regional Victorians and improve their wellbeing and health.

The pilot has been designed and will continue to take on the recommendations from several expert groups and stakeholder representatives. This is to ensure that, through the extensive expert and stakeholder engagement, the pilot will in fact be the best possible version it can be before being rolled out. The design has been informed by the community pharmacist statewide pilot clinical reference group. The pilot's clinical reference group has contributed greatly to the design of the pilot, ensuring that clinicians who are experts in their respective fields of medicine may contribute critiques and improvements to the model to ensure that we seek the best possible designed version of pharmacist-delivered prescriptions for the Victorian people.

The pilot clinical reference group is chaired by Safer Care Victoria, which comprises professionals who come from a range of backgrounds and fields of expertise. The reference group received input from veterans of fields like community pharmacy, microbiology, pharmacology, general practice, women's health, infectious diseases, antimicrobial stewardship, therapeutic guidelines, clinical safety and so on. These contributors were experienced clinicians, pharmacists, educators and safety experts alike and all accomplished in their fields to ensure that the design was also informed by direct stakeholders external to the clinical reference group by way of an advisory group. The advisory group is comprised of pharmacists, doctors, community members and other stakeholders. This ensures that those who will interact with the pilot on a day-to-day basis as part of their job or medical treatment have had a hand in suggesting what they believe is the design to deliver the best outcome for the health system and those who interact with it.

In cooperating with clinicians the Andrews Labor government has ensured that all medicines that pharmacists will be able to prescribe are in line with the current clinical regulations. This is to ensure that the pilot is delivered as safely as possible. In addition to this, other measures to promote include a mandatory training program that all participating pharmacists will have to complete. There are other conditions determined by the clinical reference group that participating pharmacists and community pharmacists will have to meet. Guidelines and protocols on who and what can be prescribed will be carefully and thoroughly explained to participating pharmacists during their training in their new roles. They will also be easily accessible to ensure that there is no breach of community pharmacist privileges if they are genuinely unaware of the regulation. The department has also consulted directly with the Pharmacy Board of Australia and the Australian Pharmacy Council.

So in summary, although to many it may seem like a small change in the grand scheme of health regulation, this will forever change the Victorian health system and will change how Victorians interact with their health care. Seeking treatment should be easy and accessible. You should not be locked out of seeking care because of how much money is in your bank account or where you live. Every Victorian deserves a health system that can do what matters. One of the key aspects of that is having a government that backs pharmacists. The Andrews Labor government is that government. We will support anybody that does what matters, and pharmacists and GPs – they do.

This bill also highlights one of the key parts of this year's budget: backing women's health. Many of the conditions that participating community pharmacists will now be able to treat and prescribe medications for overwhelmingly affect women and girls – conditions for too long that have been ignored or not believed. This will remove the barriers that women experience in the health sector and ultimately will create a fairer, more equal and healthier Victoria. Improvement in women's health is

also one of the key areas that will be assessed at the end of the 12-month pilot. I look forward to seeing the results of the 12-month pilot, and I commend the bill to the house.

Renee HEATH (Eastern Victoria) (11:20): I rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. The purpose of this bill is to amend the Drugs, Poisons and Controlled Substances Act 1981 to introduce new regulation powers to enable pharmacists to supply, dispense, administer, use or sell schedule 4 poison drugs without a prescription in certain circumstances. I completely accept and understand that our health system is under pressure. In Victoria there are over 85,000 people on the waiting list for elective surgery, and it is getting harder and harder to get a GP appointment, particularly in regional areas. Patients are often left waiting in emergency rooms for hours. Something does need to be done, but in doing so we cannot put patients' safety at risk. I do not believe this is the answer. I received a range of community feedback. This has sometimes been called a 'dangerous pharmacy experiment'. So I think if we are getting that feedback, then we have to ask ourselves: what can we do to make it safe? That is something that I would like to talk about today.

We are putting some pharmacists in a position where they are required to diagnose and treat potentially complex issues. I know the legislation says 'uncomplicated urinary tract infections', but like some other people have said in this place, including Dr Mansfield, sometimes things present as uncomplicated UTIs but can actually be a more complex issue. There is a big difference between GPs and pharmacists, and they work so well together, hand in glove, because they do have expertise in opposite areas. One is entirely private – they take a whole history, they get to know the whole patient – and one is in a more retail environment and it is not as private. Pharmacists play an extremely important role in the safe dispensing of medicine. GPs play an important role in forming a diagnosis, not in a silo but in the context of a whole person. Health is a complex interplay between different areas, and as we know, health is not purely the absence of disease. The two professions, along with others, should go hand in glove with each other. We should not be creating a competitive environment.

Pharmacists have a critical role in medical safety, and it is one that is extremely well respected. I have concerns that we may be putting young pharmacists in a position where without proper training they are tasked with the diagnosis of potentially complex issues. It does carry risks. The first risk is that we get the diagnosis wrong. The answer is not always medication, and that is where we need to have those in-depth conversations where we can begin to assess what the best option is. The other issue is that diagnosis of UTIs can be highly variable. I think that in order to achieve the right diagnosis and the right treatment that really cannot be done in a retail environment.

There were some comments during the Queensland pilot from the AMA. They said:

> It's an example of the power of lobbyists to influence governments to the extent that they would put on a trial that many professional organisations are telling these governments would harm the health of their communities, and yet they are still doing it.

I do see a need for legislation like this, but there must be safeguards. I will go through my concerns one by one about the issues that are covered in this bill. The first one is the treatment of minor skin infections. There actually are considerations in this area around patient safety. Current practice is pharmacists can already treat minor skin infections. Already pharmacists can prescribe hydrosol, novasone, corticosteroids and antifungals. In the bill, which is only four pages long, it does not specify what we are extending this to, what we are widening the scope to. Patients often go and see GPs for a second opinion regarding skin rashes that they may have had treatment for from a pharmacist who had not had time to do proper testing. For instance, there have been many occasions that doctors have spoken to me about where patients have been given steroids to put on a secondarily infected wound. That has actually delayed and complicated the treatment of something that should be a simple issue. So with this legislation what extra drugs are we able to give when pharmacists are already allowed to prescribe some drugs already? The bill does not outline what the further scope of this will be.

The second issue that is covered in this bill is uncomplicated UTIs. I have written a little bit on this, because I think that this is a bit of an issue. Dr Read in the other place spoke about overprescribing antibiotics and how that can increase the risk of antibiotic resistance. Patients who present with urinary discomfort do not always have UTIs, and these pharmacists do not have the right, not that I can see in this bill, to send for pathological testing. I find it really strange that there is somebody that is able to treat a condition but their licence does not allow them to refer for testing for that condition. That is a really strange situation that we find ourselves in.

Also, as I am sure many of you are aware, in 2019 Harvard University published a paper that said that antibiotic-resistant UTIs are on the rise. This is hugely worrying. This poses a public health risk. We need to be very, very careful – and I say 'we'; I am not a GP – when we are prescribing antibiotics that we do it with a lot of restraint and a lot of consideration, because antibiotic resistance is a public health risk. We need to join the fight against antibiotic resistance. I spoke to a GP just yesterday who said she will not give or very rarely will give antibiotics for ear infections. And that is because she understands that this patient that she is seeing is in pain, they are going through something, but the risk of that measured against the risk of antibiotic resistance on a bigger scale is something that needs to be balanced up. So giving pharmacists the ability to just write out a script for this without proper consultation in the midst of an environment where antibiotic resistant UTIs are on the rise, to me, poses a risk. I believe that allowing over-the-counter antibiotics is not something we should be doing lightly, and we have to make sure that it is well regulated.

Dr Mansfield – it is funny I am mentioning my Greens colleagues – also mentioned record keeping. This is something that we cannot assess properly. There is a difference between GPs and there is a difference between pharmacists, and they need to be balanced together. So I think that the bill is admirable, but I believe that there are holes in this legislation that, if they are not fixed, can lead to poorer outcomes for patients.

The third area of course is the reissuing of the oral contraceptive pill for women. This seems like one that is the most straightforward; however, I do not think it is. There are different lifestyle factors that pose a risk when you are on the pill, such as obesity, smoking and migraines. If you have those three issues or one of those three, your risk of stroke actually is heightened. You can develop those at any time, and this is why it is important to continually have feedback with your GP, because they are the experts in this area who can monitor this. So the OCP can have severe side effects, and sometimes it requires a bit of monitoring and a bit of adaption, and this is something that is very important. It is not one size fits all. A GP who is a good friend of mine in the Gippsland area, Dr Nelson, said as well that during their clinical practice each and every OCP script appointment has been an opportunity for screening for disease and many other aspects of patient safety. They are concerned that these amendments will reduce their ability to safely care for their patients. There are so many different things that people come and talk about when they are having their follow-up appointment with the oral contraceptive pill. One of them is also intimate partner violence. This is a fantastic opportunity for us to capture and protect women. So what is the time line? When does this expire? Are you allowed to just keep getting the oral contraceptive pill year after year after year? If that is the case, I think that is dangerous. I think there are some serious safety concerns, because things change in our lifestyles. We can develop migraines, we can start smoking, we can put on weight – these things happen. It happens all the time, and our risk with medication changes with those things.

For many female patients when they go back for their follow-up check to get their script filled it is an opportunity for the GP to figure out if they are taking their medication accurately and adequately, to discuss STIs and to minimise the risk of that, to minimise the emergency use of contraception, to educate women on sexual and reproductive health and also to check for side effects. These are things that we have to really keep in consideration. They will not be able to be done just, like Dr Mansfield said, with a glass screen in a busy retail setting. So a huge issue of mine is: are we still able to monitor women that are coming in and assess whether they are in a good relationship, a healthy relationship? These are conversations for which there is wonderful opportunity to take place when you come for

your follow-up. I am not against repeat prescriptions, I am for them, but we cannot cut out doctors and health professionals entirely without having severe safety risks.

So these are the questions I have: how will harm be minimised and how will stroke prevention and screening be carried out without GP monitoring? Another question I have is: is there going to be a register of how often women access this medication? If not, what measures will be put in place to ensure that women are not buying extra OCP medication for people that may be vulnerable and have not been properly assessed? And are we having thorough health checks, which is extremely important in this area?

While I have got only a couple of minutes left, there are two other issues I would like to quickly raise. One is insurance and liability. GPs pay a much higher premium due to the added risks of their job. They are consistently working with very complex cases. There are lots of moving parts in health, and their job is to sum it all up to make sure that a particular medication is safe. Because of that they pay higher premiums because there is a higher risk of misdiagnosis and a higher risk of mistreatment, so will pharmacists have to take on higher premiums to cover the higher risk that this scope will open up for them? That is something that we have got to consider. Also, when the bill talks about the prescription of schedule 4 drugs it is very broad. It does not say which ones they are, particularly. So what will this bill include? What will the scope of this be? What are the specified conditions? In the document in the Parliament that we have got here in front of us it states that schedule 4 drugs may be prescribed in the treatment of 'uncomplicated UTIs'. This is an extremely vague term. How will that be determined? Often patients present with these conditions – and, by the way, something that presents as a UTI could be an STI, could be a dermatological condition, could be a neurological disorder and could be diabetes – so is there the ability for those patients to then be referred for testing to find out exactly what they have?

So they are my concerns. In theory and in principle I support the bill, because we do need to take pressure off the healthcare system, but in my opinion there have to be a whole lot of safeguards and registers and we need to make sure that the training is adequate to address the risks as well.

David ETTERSHANK (Western Metropolitan) (11:34): I rise to make a brief contribution on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. The bill amends the act to establish a 12-month community pharmacist statewide pilot program, authorising pharmacists to dispense, use, administer, supply and sell certain schedule 4 drugs without a prescription, including oral contraceptives, travel vaccines, medicines for urinary tract infections (UTIs) and minor skin conditions. The pilot will be evaluated by an advisory committee after the 12-month program, and if successful, pharmacists will continue to provide this service into the future. Legalise Cannabis Victoria is happy to support this bill.

The program should make it easier for Victorians to access high-volume, low-risk primary care. It will relieve pressure on GPs and increase accessibility, particularly in remote and regional areas, where we know people often wait a considerable time to see a doctor. It will allow those GPs to focus on more complex needs patients. It will be particularly welcomed by women. After an initial consultation with a doctor women will be able to obtain oral contraceptives without having to see a doctor each time a prescription runs out. As my colleague Ms Payne will expand upon, women trying to obtain oral contraceptives or medication to treat urinary tract infections – a very common condition for women – need to be able to access these treatments as quickly as possible with minimal inconvenience.

Similar programs have already been implemented in other jurisdictions, including the United Kingdom and Canada. Closer to home, the urinary tract infection community pharmacy service pilot was completed in Queensland in 2022. An evaluation of that program by Professor Lisa Nissen at the Queensland University of Technology concluded that the program delivered safe and appropriate care that aligns to clinical protocols and that pharmacists have the appropriate skills, competencies and training to manage the treatment of uncomplicated UTIs in the community pharmacy setting. The program has been accepted, and Queensland is about to begin another community pharmacy pilot for

a wider range of common health conditions. New South Wales is conducting a similar trial for pharmacies to provide UTI treatments and oral contraception without prescriptions, and South Australia has an inquiry into accessing UTI treatments based on the Queensland model. The scheme will increase access to low-risk medications and reduce costs for consumers, while going some way to reducing the burden on the health system. We commend the bill to the chamber.

Michael GALEA (South-Eastern Metropolitan) (11:37): I rise to speak, like Mr Ettershank, in favour of the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. This is a bill which helps to deliver on the Andrews Labor government's commitments made last year, and it is an important step forward. It is one part of a broader suite of measures. We have spoken a lot about health and various initiatives over the past few sitting weeks. I had the privilege of touching upon some of the other health reforms that we are making in this chamber just yesterday, and this is one critical and very useful part of those as well.

The community pharmacist statewide pilot – or CPSP – delivers on one of our election commitments and is also good policy. This bill will not establish the pilot program specifically but will establish the necessary mechanisms for creating legal authorisations for pharmacists to participate in the pilot. That makes the amendments in this bill vital for the operation of the community pharmacist statewide pilot program. The bill will also establish the necessary foundation for the establishment of the pilot. Further work will be undertaken to create the detailed design for the pilot program and how it will be implemented, with stakeholder participation to inform that design, particularly regarding the project's governance.

This government is investing $20 million to deliver this 12-month pilot program. The investment will enable us to expand the role of community pharmacists in a targeted and logical fashion. The benefits to people across Victoria of having greater access to affordable primary health care will speak for themselves long before this 12-month pilot is completed.

The amendments this bill makes to the Drugs, Poisons and Controlled Substances Act 1981 will enable the creation of regulatory powers, allowing pharmacists to supply specified schedule 4 medicines without a prescription. This is key for the pilot, as the mechanism enables the Secretary of the Department of Health to issue authorisation for pharmacists under the pilot to provide medicine for the treatment of mild skin conditions, antibiotics for uncomplicated urinary tract infections (UTIs) and the continued supply of the oral contraceptive pill without a prescription.

The amendments in this bill enable what we call structured prescribing by pharmacists, enabling those pharmacists who have undertaken the appropriate additional training to provide medicine in compliance with the established clinical protocols. The CPSP, the community pharmacist statewide pilot, reflects the need and desire of local communities to have more options and access to primary health care. It acknowledges the demand on GPs and hospitals to meet those communities' needs. This 12-month pilot program responds to these factors, expanding pharmacists' roles in their communities in a sensible and responsible manner. Allowing pharmacists to operate under the pilot and have greater autonomy to support their local communities will remove some of the barriers for some members of our community to access the vital health care that they need, such as distance from home, cost and complexity.

This expansion of the role of community pharmacists will also ease the pressure on our healthcare system, on our GPs and on our hospitals. As many members will know, the resourcing of general practitioners and the governance of that is a federal government responsibility. Nevertheless this is a state government that has not at all been backwards in coming forwards in delivering what is needed for Victorians. In the face of repeated underfunding of programs such as Medicare and bulk-billing by the former federal government, we have stepped forward and invested in, for example, priority primary care centres right across the state, including the one in Narre Warren in my region of the South-East, which is already delivering benefits for my constituents in getting quick, accessible health care close to home. I also of course spoke yesterday about our wellbeing and mental health clinics, which are

already bringing those mental health services closer. We are very much looking forward to the opening of the Narre Warren mental health and wellbeing local, which has been funded and announced in this year's budget, as well as future planning works for further ones in Officer and in Cranbourne. Allowing pharmacists to operate under the pilot and have greater ability to support their communities will remove some of these barriers, as I have said, and when the pilot is established it will also help make health care more accessible for the community and help GPs and hospitals in high demand, allowing them to see more people who urgently need to see them in those emergency rooms and in those general practice offices.

The community pharmacist statewide pilot, the CPSP, will align with the approach already established in the Queensland UTI pilot and the New South Wales pharmacy trial. So this is nothing particularly new or outrageous or radical, and this follows the examples of what those two states have done. Queensland's two-year pilot program was established specifically for uncomplicated UTIs, which will be covered in a similar manner by Victoria's CPSP. The pilot in Queensland has already clearly shown the positive impact of the program, especially and most importantly how it can improve access to safe primary health care. The fact that the ability for pharmacists to provide medicine for uncomplicated UTIs is now a permanent fixture in Queensland speaks to the success of that pilot. I also note from my colleague Mr Ettershank's contribution that Queensland are now undertaking a further trial in a similar vein based on the success of their first one. So I hope these examples provide some comfort. I listened with interest to my colleague Dr Heath's speech as well, and I hope these examples can also provide some comfort to those members still grappling with some of the finer points of this detail and are persuasive in showing that this is something that will be very effective.

We have a clear picture of a completed pilot program in two states as evidence of these benefits. In New South Wales there is a similar statewide trial that enables pharmacists to supply treatments for uncomplicated UTIs in women, just like in Queensland, and also for the continuing prescription of low-risk oral contraceptives and medication. Queensland has already made its trial permanent, and New South Wales is conducting a similar trial with the same goal. Overseas we can see that in New Zealand access to oral contraceptives provided by pharmacists was in place in 2017, and there is already a long-established practice of pharmacists prescribing select medicines in that country, as well as in Canada and in the United Kingdom. So as much as we would like to take the credit for inventing this concept, there are already so many jurisdictions around the world with similar practices in place, as well as other jurisdictions here in Australia that have undertaken or are undertaking trials on a similar basis.

This is the right time to do this. Why have numerous other jurisdictions undertaken to expand the role of pharmacists – because it is a commonsense measure to relieve pressure on GPs and hospitals and because it will benefit communities and individuals, giving them better access to affordable primary health care. This is of particular benefit to remote and regional communities, and it has also been demonstrated by the experiences of New South Wales, Queensland, New Zealand and the United Kingdom. I have little doubt that when this pilot is underway in Victoria we will see those same benefits flow through, which will prove the effectiveness of taking these measures.

Beyond achieving the overarching benefits in terms of access to primary health care for the community generally, I would also like to touch on what are likely to be several specific positive results of having pharmacists operating under the pilot. Visiting a local pharmacist to get the medicine you need will save families money. It will mean that consumers can access the services approved under the pilot program by a trained pharmacist without worrying about paying more than what they would have done if they had instead sought that service from a bulk-billing GP. It will also enable people not to have to accept paying more to visit a non-bulk-billing GP or paying for a more extensive commute if a bulk-billing GP is not locally accessible. Again, the number of bulk-billing GPs has gone down dramatically, and I do welcome the federal government's intervention this year to provide more bulk-billing support. I know that there is certainly a lot more work to be done, and it is going to take a long

time to fix nine years of damage to and neglect of our Medicare system. I certainly hope that the government at the federal level will continue that program. I am sure it will not be resting on its laurels.

This pilot will enable people not to have to accept paying more to visit a non-bulk-billing GP. No-one, as I said, should have to choose between accessing the care they need and the work that they need to do to earn a living. Whether it be because a bulk-billing GP has a restrictive schedule, is too far away or unavailable for other work reasons, Victorians will save money by being able to see pharmacists for approved services under the CPSP. They will not have to pay more than they would if they were seeing a bulk-billing GP.

Considering the treatments that the pilot will cover, women and girls in particular will benefit significantly from this improved access to primary health care. This benefit aligns with other recent investments made by the Andrews Labor government. Free pads and tampons are now available in every government school in Victoria. That $20.7 million nation-leading initiative will help students across Victoria's more than 1500 government schools. The 2023–24 state budget also focused on various other women's health initiatives and investments, and one that I have also repeatedly drawn attention to in this place is the $58 million for 20 comprehensive women's health clinics, including the one in my region, at Casey Hospital, which is going to be of significant benefit to my community.

Another point I would also mention is about being able to go to a community pharmacist. Community pharmacies are an easily accessible setting for many people, more so than a hospital, and even a local GP for some people can still be intimidating. Some people with low-risk healthcare needs may feel hesitant to make an appointment with a GP if they are anxious about the perceived formality of such a process, or perhaps they may feel that they do not want to be a bother. There can be several reasons that could lead to someone ignoring their primary health care, putting it off longer than they should. Being able to visit a pharmacist sooner is a great alternative that will help those people overcome that hesitation about taking the first step.

There is also something to be said about the social accessibility of a pharmacy. People go there to pick up personal hygiene products, mouthguards and sunscreen, to get their flu and childhood vaccines – and thank you to the Amcal in Beaconsfield for my flu shot this year, which given what is going around at the moment, I am hoping will keep me in good stead for some time yet – and also to pick up their prescriptions. People are very familiar and comfortable with visiting their local pharmacist. Pharmacists in health care already manage a range of health conditions and regularly refer their patients and clients to a doctor when required.

The benefits of this pilot program should be clear. I will reiterate some specifics about how this pilot program will be established. Pharmacists participating in the program can supply approved medicines following established protocols for the continued supply of selected oral contraceptives for women, treatments for mild skin conditions and antibiotics for uncomplicated urinary tract infections in women. Pharmacist immunisers who participate in the pilot program will similarly be able to administer additional travel and other public health vaccines, including hepatitis A and B, typhoid and polio to people five years of age and older.

The 8324 pharmacists with general registration will be eligible to participate in the program on an opt-in basis. They will of course be expected to meet the relevant conditions to become part of the pilot program. When dealing with schedule 4 medicines, safety and of course efficacy are very important, which is why a pilot clinical reference group will be established to provide expert input and guidance into the creation of the pilot's design. This reference group will be made up of expert clinicians, pharmacists, educators and safety experts and will be chaired by Safer Care Victoria. Community consultation will occur through the input of an advisory group of key stakeholders, including pharmacists, doctors, consumers and other members of the community. The pilot design will set out conditions for participating in the pilot and training programs that will be mandatory for pharmacists before providing services in line with the pilot program. The design will also establish guidance and protocols for treatment eligibility and doctor referral requirements as well. As part of the eventual

design of this pilot there will also be a period for an evaluation of the 12-month program to be completed. This will assess the improvements towards consumer access, the effect on the broader health system in easing pressure and the safety of the pilot program. This evaluation will also inform how we move to that next step beyond the pilot, how we implement any permanent changes to how primary health care is delivered and what role community pharmacists will play moving forward from there.

The community pharmacists pilot is essential in exploring how we can improve access to primary medical services. Over the 12 months of this pilot program communities I expect will have improved, affordable and more immediate access to low-risk primary health care for specific conditions. Accessing these services from pharmacists will help ease pressure on GPs and hospitals at a critical time, especially in regional areas. The amendments in this bill will allow for the establishment of mechanisms to authorise pharmacists to prescribe specific schedule 4 drugs, making it critical for the pilot to operate. Once it is concluded the evaluation's findings will shape future policy settings regarding the role of pharmacists and pharmacies in Victoria. The sooner we start, the sooner we can look towards how we can improve all Victorians' access to safe primary health care. I commend the bill to the house.

Rachel PAYNE (South-Eastern Metropolitan) (11:52): I rise to speak to the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. My colleague David Ettershank has already provided an overview of this bill and Legalise Cannabis's position, so I will not repeat the points that he has eloquently delivered. Instead I speak as someone with lived experience of the importance of increased accessed to oral contraceptives and medicines for urinary tract infections, as provided for in this bill. As someone who has suffered not one but two kidney infections based on the fact that I had a UTI and could not get in to see a doctor for two to three days, for me it is a no-brainer when you know your symptoms, you know what has caused your infection and you need your medication. It makes complete and utter sense to me that you can communicate that to a professional such as your pharmacist and have that access granted. In 2017–18 kidney infections and UTIs were the second most common cause of potentially preventable hospitalisations in Australia. They also accounted for 1.2 per cent of all problems managed by GP consultations. Early diagnosis and appropriate antibiotic treatment for UTIs are so important to help reduce the need for hospitalisations and patient morbidity.

In respect to oral contraceptives, these are one of the most commonly used contraceptives in Australia. Timely and accessible access to contraception is imperative for greater autonomy and improved health, and it decreases stigma. Stakeholders I have spoken to agree that this bill will reduce the burdens on Victorians to accessing sexual health care. Trying to get into a GP is hard enough. Less bulk-billing and less acceptance of new patients mean that we are all struggling to get in to see a doctor. Being forced to wait days for an appointment when you know that you only need your medication for your STI or to get a new script for oral contraceptives can be incredibly frustrating, leaving you in unmanageable pain and unnecessary pain. We should make health care in our state as accessible as possible. That includes sexual health care, and I commend the government on the work that this bill does support. I also reflect on the fact that in both Queensland and New South Wales there have been similar trials that have been conducted successfully – and a UTI in Queensland is the same as a UTI in Victoria.

Jacinta ERMACORA (Western Victoria) (11:55): This bill amends the act to introduce new regulatory powers to allow pharmacists to supply, dispense, administer, use or sell schedule 4 poisons without prescription in certain circumstances. Schedule 4 poisons are prescription-only medicines such as antibiotics and strong analgesics and do not include schedule 8 poisons, which are classified as controlled drugs with strict legislative controls. The aim of this bill therefore is to simplify and improve access to high-volume, low-risk primary care and to reduce the burden of this work on general practitioners. This in turn will allow them to focus on providing more complex care.

Consultation on the bill has been limited because this bill creates a 12-month pilot within which consultation will occur. Further design will be informed by comprehensive stakeholder participation. This bill automatically creates a dynamic real-time trial for engagement over a 12-month period, fulfilling our 2022 election commitment to back pharmacists to boost our health system. By creating new regulatory powers the bill is the first step in establishing the legal and regulatory framework for community pharmacists to supply medicines within the scope of the pilot. The community pharmacist statewide pilot, as it will be known, will make it more straightforward and cost-effective for Victorians to get the health care they need quicker and closer to home. Put simply, the pilot will enable community pharmacists to treat mild skin conditions and uncomplicated urinary tract infections (UTIs), reissue supply of oral contraceptives and administer more travel and public health vaccines, as they are already doing.

The pilot is based on a founding principle of good clinical governance. The government proposes to run this trial with community pharmacists enabled to undertake structured prescribing. This model is currently being used successfully in the New South Wales pharmacy trial and the Queensland urinary tract infections pilot. Structured prescribing is where prescribing authorisation is tied to particular conditions – for example, completion of specified training and compliance with established clinical protocols. I can alleviate Dr Heath's concern about young pharmacists not being trained; it is not possible under these conditions for a pharmacist to do this without completing the required training.

These commonsense reforms seek to make practical changes to our medical system by focusing on four conditions: access to the oral contraceptive pill, treatments for some mild skin conditions, antibiotics for some mild UTI conditions and the administration of certain travel vaccines by pharmacist immunisers participating in the pilot following approved training. Each of these conditions are important due to their commonality for many in our society, and throughout the trial the Department of Health will listen to the views and experiences of all involved.

Business interrupted pursuant to standing orders.

Members

Minister for Disability, Ageing and Carers

Absence

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (12:00): Thank you to the opposition for accommodating the absence of Minister Blandthorn today. She is unwell, which was very obvious yesterday. I will take on any of her responsibilities for the purposes of question time today.

Questions without notice and ministers statements

Commonwealth Games

Georgie CROZIER (Southern Metropolitan) (12:00): (217) My question is to the Minister for Regional Development. Minister, in the interests of transparency and accountability to the Victorian people, will you promise to provide open and honest evidence to the newly established select committee on the 2026 Commonwealth Games should the committee request you to come before the committee?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (12:01): Thank you, Ms Crozier, for that question. There is a hypothetical in that, and I acknowledge –

Matthew Bach interjected.

Harriet SHING: Dr Bach, Dr Bach –

Matthew Bach interjected.

Harriet SHING: Dr Bach! There is a hypothetical in that, but I am pleased to say that, yes, absolutely I will provide information to the committee in accordance with any request that I might have to appear before it.

Georgie CROZIER (Southern Metropolitan) (12:01): Excellent. Thank you very much for that clarification, Minister. Will the minister instruct government departments to fully cooperate with the requests of the newly established select committee on the 2026 Commonwealth Games?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (12:02): Thank you, Ms Crozier, for that supplementary. Again, it is my expectation that in accordance with the will of the Parliament and as part of that select committee process I will provide information to the best extent that I possibly can in the most honest and transparent fashion that I possibly can. To the extent that that involves other discussions with other witnesses, they are a matter for those witnesses, and I will be looking forward as much as anyone else to hearing the information that they provide in the course of those hearings.

Child sexual abuse

Rachel PAYNE (South-Eastern Metropolitan) (12:02): (218) My question is for the Attorney-General Minister Symes. Victoria was the first state to enact reforms that changed the limitation periods for courses of action relating to child abuse. This important work made it easier for survivors of institutional child abuse to seek justice, yet permanent stay applications, once intended to be used in exceptional circumstances, are increasingly being used by institutions as another loophole to deny survivors access to justice and proper compensation. A successful application for a permanent stay can force abuse survivors to drop their case or deal with a daunting appeal process. In some cases they are met with the costs of application. So my question is: what is the Attorney doing to protect the integrity of our justice system so that survivors of institutional child abuse are not denied access to justice due to institutional misuse of permanent stay applications?

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (12:03): I thank Ms Payne for her question. It is a really important topic, and this government does not shy away from unequivocally condemning acts of violence, particularly sexual abuse against children, and we have a strong record in responding to that, particularly in relation to institutional settings. As you have identified, there have been a range of amendments and a range of provisions designed to tackle the barriers that we know can often stand in the way of a sexual abuse survivor coming forward or indeed accessing the justice system. We have made it easier to undo unfair agreements that have been made. We have made it easier to sue organisations that are no longer financially viable. We have a redress scheme. A redress scheme is a really important thing because it has a much lower threshold of evidence than the courts and is designed also to have not just a monetary recognition of what has happened but also counselling, networking and support services that go to helping deal with the trauma that obviously goes along with that.

Permanent stay is not a callous decision necessarily of a court. A permanent stay involves a consideration of the prospects of a case, and in some instances – and I do not want to reflect on individual cases, because I am just speaking generally – if an individual is going to have so much difficulty, because often due to the duration of time they do not have any proof, it is going to be difficult for a court to see an outcome that is going to be in the favour of an abuse victim. A permanent stay application is very much a difficult decision for a judge to make but is all about the fact that this is probably not going to end well for that particular applicant. That can deny justice but can also be actually quite trauma informed in that it stops an unnecessary process for that person to go through.

It is incredibly difficult to address that barrier. I am always open to suggestions. It is why we have moved to make it easier for people to make applications. Making it easier for people to succeed in applications involves a lot of complex areas of consideration – of where the burden of proof can lie and where evidence can lie – which is where a redress scheme really picks up a lot of those issues so that it is easier, less paperwork, less proof, and really gets to the heart of supporting a victim. I am

always open to further ideas in making sure that the justice system is responsive to victims of sexual abuse. I often have conversations about this, but it is incredibly difficult when you are talking about a permanent stay and the reasons that they are sometimes a useful tool for the justice system to apply for a variety of reasons.

Rachel PAYNE (South-Eastern Metropolitan) (12:06): I thank the Attorney for her very considered response. I feel as though she probably did touch on this in relation to the judiciary, but by way of supplementary I ask: will the minister consider restrictions on the use of permanent stay applications?

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (12:07): I am happy to have a conversation with the courts in relation to how frequently they are used and whether they see any changes that could be considered there. As I said, I am happy to look at it. It is a hard space, but always, if we can do better, I am happy to have those conversations.

Ministers statements: Junior Triple Zero Hero Awards

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (12:07): Yesterday I spoke about the distinguished career of one emergency services leader, but today I want to update the house on the next generation of emergency services personnel, potentially, because I met some really, really amazing young people last week. I was honoured to attend the Junior Triple Zero Hero Awards. Now in its 19th year, the awards recognise young heroes who are nominated by ESTA call takers for their clear thinking and composure in emergencies when speaking to 000 call takers. Twenty-four young heroes from all corners of Victoria were honoured, ranging from the age of five – they were so cute – to 15 years old at the time when they called 000. Each of them were cool, calm and clear in a moment of crisis, fear and panic. In every instance they demonstrated their bravery, their maturity and their absolute care for their loved ones.

A young gentleman named Connor was six when he called 000 for the first time because his mum was struggling after choking on dinner. Speaking to ESTA call taker Sam, he remained calm, provided location details, followed instructions and unlocked the front door to allow paramedics inside to help. Connor told Sam that he was trying to look after his mum but that he wanted to make sure the sirens were not too loud because he did not want them to hurt his ears.

It was a privilege to meet so many esteemed young Victorians, and it was a heartwarming opportunity for the young heroes and their families to meet and thank the call taker who looked after them. I also report that the lolly table and the chocolate fondue station were crowd favourites. It was one of the highlights of my year – talking to young people but also the important message about teaching young people how to call 000. These kids are going to be rock stars at their school, and they were all excited about making sure that other young people knew how to call 000 as well. It was a lovely event.

Ballarat train station

Joe McCRACKEN (Western Victoria) (12:09): (219) My question is to the Minister for Regional Development. As reported in the Ballarat *Courier* on 17 July, Labor member for Wendouree Juliana Addison apologised to disability advocates for the lack of progress on the $50 million upgrade to the Ballarat train station. These were key promises as part of the Commonwealth Games legacy package. Ms Addison said that the station's existing set-up made people feel like 'second-class citizens'. Does the government also apologise or are Ms Addison's comments out of step with the government's position?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (12:10): Thank you, Mr McCracken. I want to begin by acknowledging the tenacious advocacy of Ms Addison in the other place. The work that she does for and with and on behalf of the community that she represents is extraordinary. It is something that makes an enormously positive contribution to this place, and in response to a number of invitations from her I have met with

disability and carers groups, who have been really clear about the importance of access and inclusion as we build and develop and enhance and improve those facilities across Ballarat and indeed more broadly across regional Victoria.

We have promised – and this is part of a separate allocation from the budget, as you would be well aware, Mr McCracken – that $50 million upgrade to the railway station. This includes a pedestrian overpass and improved access with those two passenger lifts. We do want to make sure that people can access improved and upgraded infrastructure. This is something which sits alongside the work of the infrastructure minister, so I am not for a second seeking to hive that off to the Deputy Premier in her role in that portfolio.

What I will do is address the second part of your question perhaps, which went to the delivery of other infrastructure, if you are amenable to that. And I am always happy, Mr McCracken, to provide you with information and updates around the progress of that work. The legacy work that is part of making sure that we deliver $550 million in permanent sports infrastructure around Victoria includes obviously that upgrade to Eureka Stadium, with 5000 additional permanent seats. This is about making sure that we can continue to deliver world-class events to that location, and that also includes greater levels of accessibility and –

Joe McCracken: On a point of order, President, with the greatest of respect, my question was: does the government apologise or are Ms Addison's comments contrary to the government's position?

The PRESIDENT: The reason I paused before I put the question was: is the question whether the government has a policy or a position on an MP's apology? Does the government have a position on an MP's apology? I will let the minister continue and to answer as she sees fit.

Harriet SHING: By reference to the comments that I have just made, Mr McCracken, the work that we are doing really does include, at every step of the way, leaning into the challenges around accessibility and making sure that they are part and parcel of the works that we deliver across the board. There are a range of considerations in the way in which we deliver those projects, and they include –

Georgie Crozier: On a point of order, President, I understand the minister is trying to spruik what she is trying to get out of with the Commonwealth Games debacle that the government has put Victoria in, but the question was very specific from Mr McCracken. He spoke about what Ms Addison has actually said to those people, and the question to the minister is: does the government also apologise or are Ms Addison's comments contrary to government policy? It is asking the minister around that aspect, not the –

Members interjecting.

Georgie Crozier: No, not what you are trying to get out of in terms of what this question specifically goes to. Do you apologise, or – it is very clear.

The PRESIDENT: Thank you, Ms Crozier. I am not discounting your point of order, Ms Crozier. I struggle with the way the question was framed. Also, as far as being relevant to the question goes, I listened to the minister give quite a comprehensive overview of the plans for this particular station in the preamble. At the end of question time, if members think the minister has not answered the question they have the right to call a point of order for me to consider. But at this point I think the minister is being relevant.

Harriet SHING: Thank you very much, President. Again, with the time that I have remaining, I just want to point out that this is not a project that is being funded through RDV. This has a separate line item in the budget. It does not relate to the work under DJSIR. It is a $50 million investment that involves working alongside heritage, as you would be aware. We will continue to do that work, and we will do that alongside the tenacious advocacy that Ms Addison and others are applying to this particular project. It is a separate line item, though, Mr McCracken.

Joe McCRACKEN (Western Victoria) (12:16): As part of her apology, Ms Addison said that the delay in disability access as part of the project at the Ballarat station was 'not acceptable'. Given the government has now cancelled the Commonwealth Games, what actions has the minister taken to ensure that these long-awaited upgrades will actually be delivered on time and on budget?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (12:16): Thank you, Mr McCracken, for that supplementary. Again, I just want to be really clear: this is a $50 million upgrade that has already been allocated as part of a separate line item in the 2022–23 budget. This is work that is continuing as part of upgrading that heritage station, as you well know. This is not an RDV project, and again you are linking this in with the Commonwealth Games and with the legacy. Inclusion is a really big part of the work of legacy; it is a big part of the $2 billion fund. But to be really clear, Mr McCracken, this is a $50 million project that sits very much outside the work that Regional Development Victoria is doing. Inclusion and accessibility are at the heart of so many of the things that we do. It amounts to record investment in funding. It amounts to very careful planning to make sure that accessibility continues to be met across a range of challenges that evolve over time. I am really happy to continue to update you, Mr McCracken.

Regional hospital funding

Rikkie-Lee TYRRELL (Northern Victoria) (12:17): (220) My question is for the minister representing the Minister for Health. It is of significant importance that our hospitals are appropriately provisioned to cater to the needs of our society's most vulnerable, and it is our state government's responsibility to ensure that these needs are met. I am sure the minister can imagine my dismay when I realised that charity groups, such as the Humpty Dumpty Foundation in particular, have been fundraising to support the gap in supply of life-saving equipment in maternity wards. Can the minister answer why the government is not funding the purchase of this vital life-saving equipment in regional hospitals?

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (12:18): I thank Mrs Tyrrell for her question for Minister Thomas, and I will pass that on.

Ministers statements: corrections system

Enver ERDOGAN (Northern Metropolitan – Minister for Corrections, Minister for Youth Justice, Minister for Victim Support) (12:18): Last month I had the pleasure and honour of attending my first corrective services ministers conference in Brisbane. It was a fantastic opportunity to share experiences, challenges and insights with corrections ministers and senior officials across Australia and New Zealand. A common objective of all the representatives was how we can improve our support for our workforce and their wellbeing.

Members interjecting.

Enver ERDOGAN: It is clear those opposite are not interested in the wellbeing of our corrections officers. That is what is clear.

All Australian representatives talked about a number of issues, and one of them was the contribution that the Commonwealth makes to our corrections systems and the improvements they can assist with. We all agreed that we need to ensure that Commonwealth laws support our efforts to prevent illicit drugs in our system. Access to the NDIS was very topical as well. It is very important, especially in release planning for prisoners, because we know that many of the people in our system have complex health needs and allowing them access to the NDIS upon their release is an important factor in reducing their chances of recidivism and in helping them rehabilitate. Another topic that I found very interesting and very important was support for Commonwealth veterans in our custody.

There are a number of issues that were discussed, and this was a unique opportunity to compare our systems and highlight some of the positives and some of the progress we have made in Victoria. The

Productivity Commission's *Report on Government Services* confirms that Victoria is leading the way when it comes to corrections indicators. Victoria's prison population decreased by 5.2 per cent last financial year, compared with the national average of 2.2. The trend has continued across the board, and since March 2020 we have had a 20 per cent decrease in the amount of people in our custodial settings. That is in stark contrast to what I heard from other jurisdictions across the nation. Some of them are experiencing record numbers in their custodial facilities, so I am proud to report that Victoria's strong investment in our justice system is paying dividends. I have no doubt that our programs and services and our focus on rehabilitation are helping prisoners turn their lives around and make it safer for all Victorians.

Commonwealth Games

Bev McARTHUR (Western Victoria) (12:20): (221) My question is for the Minister for Regional Development.

Harriet Shing interjected.

Bev McARTHUR: Isn't it wonderful? The Victorian government – that is your show – committed to providing $292 million for the delivery of purpose-built multisport venues in Waurn Ponds and Armstrong Creek as part of its preparation for the Commonwealth Games, now since departed. Will the government guarantee local residents and sporting clubs that the $292 million commitment to Geelong's sporting facilities will still be provided in full?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (12:21): Thank you, Mrs McArthur. It is actually really good to continue the conversation that we had at the Public Accounts and Estimates Committee, including on –

Bev McArthur interjected.

Harriet SHING: It was good. It was good to have you there, particularly where, Mrs McArthur –

Members interjecting.

Harriet SHING: You did not seek to quote me out of context, at least, Mrs McArthur, so you are well ahead of your colleagues there. What I would want to assure you, Mrs McArthur, is that there is as part of this $2 billion fund a $550 million commitment to make sure that that permanent sporting infrastructure is delivered to those areas across the four hub locations and of course at Shepparton. This includes the projects that have been listed publicly on many, many occasions. The work and the preplanning has already been undertaken to a significant degree. It has been great to meet with councils across all four of those hub locations and then within, more broadly, the other areas around rural and regional Victoria to talk about the delivery of that permanent sports infrastructure. So we are in a position to bring that work forward and to deliver that in full, and I am looking forward to continuing to update you, Mrs McArthur, on the progress of that work as it continues.

We do want to make sure that into the future we have facilities that are where communities want them to be and that have the scope and the access and the facilities and the amenity that communities want now and also into the future. The idea of legacy is about contemplating and leaning in to population growth as well as making sure that we have access for all members of the community to participate in getting out there, getting active and getting fit, whether that is through participation in training or competition or whether it is part of being a member of a club, a spectator, a volunteer or one of the many families that is involved in that work.

Mrs McArthur, I cannot wait to see that we do have an opportunity together to work on delivery of that $550 million permanent sports infrastructure. For Armstrong Creek that means a new aquatic centre with an enclosed swimming pool, indoor recreation, sports courts and car parking; for Waurn Ponds, a multipurpose indoor sports centre, regional level gymnastics and dance studio and car

parking; for Corio, a Stead Park hockey pavilion upgrade, new pitch and seating; and for Banyul-Warri Fields in Torquay, a new training pitch and seating.

They are the projects as have been listed, but again, Mrs McArthur, it is a journey. It is a conversation with communities to make sure that delivery of these projects is what communities want them to be now and into the future. There are a series of round tables coming up, Mrs McArthur. As I have done with every other member of this place, I extend a very warm invitation for you to attend one of those conversations and meetings.

The PRESIDENT: Mrs McArthur, a member of the opposition, asked a question, and then the opposition yelled to the point that no-one could hear the answer to Mrs McArthur's question, which is, I find, a bit weird. Mrs McArthur, have a go at a supplementary and see if you can hear the answer.

Bev McARTHUR (Western Victoria) (12:25): Thank you, President. I will press on. And I am looking forward to the invitation; I am sure it is in the mail, Minister. As recently as 29 March, your government press release – this document here – said:

> Work on the design of both venues will commence immediately …

What have you got to show for it so far, Minister, and will your government commit to those local residents and sporting clubs in Victoria's regional communities that the delivery – the delivery, not the talking about it and thinking about it – of purpose-built venues is still on course to be delivered in full prior to March 2026, when the Commonwealth Games was due to be held, especially given it took you 500 days to get gates on a railway station?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (12:25): Mrs McArthur, it is a shame that you taper off right at the very end of your questions, because I always do look for a punchline and one never seems to arrive. What I would encourage you to –

Members interjecting.

Harriet SHING: Boxing – there we go. What I would encourage you, Mrs McArthur, to talk with people about is the fact that, because there is no need for temporary infrastructure to be overlaid onto community facilities and commissioned, constructed and then dismantled and relocated, we are now in a position to move ahead with that permanent infrastructure right now. We have done, as I indicated in the answer to your substantive question, a significant amount of planning. Mrs McArthur, I cannot wait to actually keep you apprised of the progress of this work as it continues. We are absolutely determined to deliver these facilities and we will deliver these facilities, and I look forward to seeing you in the front row at the opening, cheering, Mrs McArthur, as I hope you will.

The PRESIDENT: I am going to assume everyone heard that answer.

Rail infrastructure

Moira DEEMING (Western Metropolitan) (12:27): (222) My question is for the minister representing the Minister for Public Transport. Those of us who have studied literature and politics will be familiar with the term 'doublespeak', which refers to language that deliberately distorts, disguises, obscures, hides or reverses the meaning of words. Indeed doublespeak appears to be the primary dialect of this modern Labor government, who have said that breaking their election commitment to build new rail lines for Melton and Wyndham Vale is not a broken promise but rather an evolving commitment. Given that the common understanding of the word 'evolving' means changing and the common understanding of the word 'commitment' is a pledge or promise to do something in the future, can the minister please kindly define the difference between a commitment and an evolving commitment?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (12:28): Thank you, Mrs Deeming, for that question. I suspect that that may

well be more appropriately a question for the Minister for Transport and Infrastructure rather than public transport. Perhaps we can seek some guidance on that. In any event, what I will do is seek a response for you in accordance with the standing orders.

Moira DEEMING (Western Metropolitan) (12:28): Thank you so much. I appreciate that. My supplementary, presumably to the same minister, is: could that minister please provide a guarantee, or only an evolving guarantee, that these rail lines will ever be built at all?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Equality) (12:28): Thank you again, Mrs Deeming, for that question. I will again seek an answer for you from the relevant minister in accordance with the standing orders.

Ministers statements: State Coal Mine

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (12:28): I rise to celebrate a significant step towards preserving the history of Wonthaggi's unique State Coal Mine. Last week I joined the excellent member for Bass Jordan Crugnale in Wonthaggi – we had a great afternoon in Wonthaggi – to announce the $1.5 million investment to reopen the underground tours of this iconic mine, providing visitors with a glimpse into South Gippsland's unique mining history. Due to equipment failures, underground tours have not been running since 2020. This funding will pay for vital maintenance and restoration work on the drift car winch and in particular the track that takes visitors inside the mine, as well as training for volunteers and Parks Vic staff to safely operate the system.

I met former miners Aldo Sartori, Luciano Storti, Ugo Andrighetto, Frank Cimino, Reg Wilson and Daniel Carr, some of whom started at the mine at the age of 14, and they are proud that their history will continue to be showcased for generations to come. They also spoke of the role of the union in that community in establishing facilities in the town. Every member paid a levy to set up a medical fund, a hospital benefit fund and the co-op store and workmen's club – absolutely brilliant people.

This restoration effort will bring back the only historic coalmine tour in the Southern Hemisphere, a cherished attraction for the community of Wonthaggi and South Gippsland. It has attracted 10,000 visitors annually since 2020. We are proud to support volunteers from the Friends of the State Coal Mine, who put in hours of hard work to make the mine the special place it is. I must say it is a fantastic facility, and they are going to be supporting a significant visitor economy into the future for the Bass Coast area and get to celebrate their rich history.

Bushfire preparedness

Ann-Marie HERMANS (South-Eastern Metropolitan) (12:31): (223) My question is to Jaclyn Symes, the Minister for Emergency Services. Given the government's actions which have decimated the CFA and led to a significant decline in volunteer numbers, can the minister guarantee Victorians that the CFA has been able to undertake adequate fire training and preparation ahead of this year's fire season?

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (12:32): I thank Mrs Hermans for her question. There were a range of issues that you raised in there. I think I can speak for everyone in the chamber: we all support the CFA and we love our volunteers in our communities, particularly country communities. There has been a lot of support funding for CFA volunteers. You would be getting around speaking to many of them. We have an ongoing conversation with all of the volunteers about their wants and their needs. There is always much more to do everywhere, but I do enjoy handing over new trucks, updating facilities and getting around the state and talking to people in relation to that.

When it comes to fire preparedness, that is a whole-of-government approach and a whole-of-community approach. We work hand in glove with Minister Stitt's area of responsibility in Forest Fire

Management Victoria in relation to preparedness for emergencies. That work is always ongoing, and I can point you to many activities around the state.

Ann-Marie Hermans: On a point of order, President, the minister, while she has given us a lovely little bit of information about the CFA, has not actually answered the question. What we are asking here is whether she can guarantee Victorians that the CFA has been able to undertake adequate fire training and preparation.

The PRESIDENT: The minister, at the end of her answer, was actually completely relevant to that particular part of your question. Could you, Mrs Hermans, ask your supplementary.

Ann-Marie HERMANS (South-Eastern Metropolitan) (12:33): Thank you, President, and I thank the minister as well. My supplementary question is: how many fewer operational volunteers does the CFA have available today compared to the 2019–20 bushfire season?

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (12:34): I have got some stats here that go some way to directly answering your question in relation to the number of volunteers in comparison for the 2020–21 year and the 2021–22 year, and that was 54,186 in 2020–21, and in 2021–22, 52,805. The variation in volunteer numbers has not affected CFA's capacity to respond to incidents or major emergencies, as pointed out by the chief officer. CFA has a significant reserve of operational volunteers and, I can inform the house, has never had to draw on its full operational numbers.

Ann-Marie Hermans: On a point of order, President, I just want to clarify: are we talking about actual CFA volunteers that fight the fires here or are we talking about volunteers in general with the stats? Operational CFA –

The PRESIDENT: It is not really a point of order, but if the minister is happy –

Jaclyn SYMES: I can break it down for you further. I value all volunteers in the CFA, whether they are operational or not, but to respond specifically to your question: operational volunteers in 2020–21 were 29,582 and in 2021–22 were 29,084.

The PRESIDENT: That was quite unique, two supplementaries. That was not a precedent, that was the minister further to Mrs Hermans's point of order.

Red imported fire ants

Sarah MANSFIELD (Western Victoria) (12:36): (224) My question is for the Minister for Agriculture. Red imported fire ants are on the march. They are spreading south and pose a major threat to human health, agriculture, ecosystems and the economy. Uncontained, fire ants will cost Australia $1.2 billion every year, and that does not include the unquantifiable loss to biodiversity. A 2021 review into the national red imported fire ant eradication plan found that an urgent funding boost is needed in order to achieve eradication by 2032, let alone the original goal of 2027. I know that, unfortunately, Minister Tierney, you were unable to attend the joint agriculture minister meeting in July where this issue was discussed, but my question is: with south-east Queensland's outbreak getting worse and given both New South Wales and Queensland committed new funding this year, will the minister commit to the additional funding required?

Gayle TIERNEY (Western Victoria – Minister for Training and Skills, Minister for Higher Education, Minister for Agriculture) (12:37): At the outset, can I make sure that the house is aware that I was at that meeting. I was there for the entirety of it. However, I was not there physically, I was on a Teams meeting arrangement. So I was there for the discussion in terms of the red fire ant issue. I am well acquainted with this issue and the concerns that we all have, across all jurisdictions, in respect to that. The situation currently is that there is a request to bring forward the moneys that have already been committed by the states, and that is being worked through whilst we negotiate a new funding arrangement nationally across all of the jurisdictions. There is absolutely a high level of unity in respect

to the ongoing threat that the red fire ant presents to all states. It is at the moment, as you well know, in Queensland, and New South Wales is particularly concerned. There have been some spotted incidents elsewhere that have been contained, and we have been able to do that effectively. But regardless, it is a growing concern as the spread continues in different directions in Queensland in particular.

Sarah MANSFIELD (Western Victoria) (12:38): Thank you, Minister, and thank you for that clarification. Efforts to contain the fire ants are failing, and Victoria is at risk. We have had reports of a queen ant being found at a nursery in Victoria in February, and there are predictions that without further and immediate action they will inevitably enter the Murray–Darling and travel south. Can the minister confirm whether or not Victoria has at least met its original funding commitment to date, required under the national agreement?

Gayle TIERNEY (Western Victoria – Minister for Training and Skills, Minister for Higher Education, Minister for Agriculture) (12:39): Yes, we have.

Ministers statements: Drink Victorian

Gayle TIERNEY (Western Victoria – Minister for Training and Skills, Minister for Higher Education, Minister for Agriculture) (12:39): Victoria makes some of the best drinks in the world. Last night I was delighted to host Drink Victorian, an event promoting our fabulous drink producers. The Drink Victorian program supports venues to increase their range of Victorian-made drinks, including low- and no-alcohol drinks. This initiative has promoted more than 390 Victorian drink producers, with many reporting a significant increase in sales. This also supports regional Victorian growers, who grow the produce that is distilled or brewed by Victorian manufacturers. We all have a role to play when it comes to getting Victorian drinks in Victorian venues. If you cannot get your favourite Victorian drink at your local restaurant, bar or shop, ask them why not. While we all know that Victorian drinks are world class, our producers are receiving international recognition, with Echuca Distillery and Starward in Port Melbourne among those receiving global awards.

Victoria's wider drinks industry directly contributes $10.7 billion to the economy, supporting over 350,000 jobs. Regional communities are reaping the benefits of breweries, cider houses, distilleries and wineries, as they continue to become destinations in their own right, supporting tourism and jobs. Just imagine what our drink producers will achieve once they have made the most of this government's recent investments, including most recently the regional tourism infrastructure program that will help wineries, breweries and distilleries build much-needed accommodation.

I want to thank Anthea Bosha for her passionate leadership of Food and Drink Victoria and Victorian Drinks Alliance, and Oakdene Vineyards, Banks Botanicals, Co-conspirators Brewing Company, DV Cider and Patient Wolf Distilling for their generosity at last night's event here at Parliament House.

Written responses

The PRESIDENT (12:41): Minister Shing will get a written response in regard to Mrs Deeming's substantive question and supplementary question from the minister for public transport infrastructure, and Minister Symes will get a response for the one question from Mrs Tyrrell that was directed to health.

Constituency questions

Eastern Victoria Region

Tom McINTOSH (Eastern Victoria) (12:42): (309) My question is for the Minister for Casino, Gaming and Liquor Regulation in the other place. Each year hundreds of thousands of Victorians experience harm as a result of gambling. Individuals who turn to the pokies because of anything from loneliness to more significant mental health issues find themselves with a habit with significant financial implications. My question, Minister, is: how will the state government ensure that Victoria

has the strongest gambling harm preventions in the country? I am sure many of us in this building have friends or family members who have sacrificed not only money but time, relationships and good mental health because of gambling. We know this does not just happen in isolated incidents. It is estimated that 330,000 Victorians are affected by gambling harm yearly. What is more, this costs our state around $7 billion each year. I am proud to be part of a government that is taking the issue of gambling harm seriously and is prioritising reforms that will save lives and livelihoods.

Southern Metropolitan Region

Georgie CROZIER (Southern Metropolitan) (12:43): (310) My constituency question is for the Minister for Consumer Affairs, and it is regarding short-term accommodation rentals. My constituent Rocco is an owner and resident in an apartment complex in St Kilda, where short-stay rentals are being used regularly to host parties where drug- and/or alcohol-fuelled guests engage in antisocial behaviour. These parties are on a regular basis, and they are having a serious impact on the quality of life of the permanent residents of the building and surrounding community. This situation has made Rocco and other residents fear for their safety. He is very concerned that the current regulatory framework is not working and that if this practice continues largely unchecked by authorities, including the local council and police, then the safety concerns will increase. None of the 50 applications to VCAT since 2019 involving short-term accommodation disputes have been successful. So I ask the minister if he can please attend a meeting with local residents to discuss these concerns and explain what the government will do to address the issues raised.

Northern Metropolitan Region

Adem SOMYUREK (Northern Metropolitan) (12:44): (311) My constituency question is directed to the Minister for Planning. I am broadly supportive of planning decisions being taken away from councils based on two facts: mitigating risks of corruption and expediting planning decisions at a time when we are going through a housing crisis. However, the government's pronouncement about the centralisation of planning decisions has created some anxiety within the planning profession. I will now read a letter from a constituent from Hadfield, who is anxious about his job during these difficult times:

> I am a local council employee and town planner, and I am extremely distressed about the news the Premier flagged in the morning about stripping planning powers away from local councils, especially in relation to our jobs and livelihoods. I would like you to seek a commitment that the government will protect the jobs of innocent council employees as part of any reforms to the planning system. It is not right that my colleagues and I should lose our jobs when we have done nothing wrong, and we need an assurance that the government will protect us and guarantee our jobs as part of any reforms to move statutory planning powers from local councils.

I seek assurances from the Minister for Planning that my constituent and other town planners in my electorate will not lose their jobs as a result of the centralisation of planning decisions.

Southern Metropolitan Region

John BERGER (Southern Metropolitan) (12:45): (312) My question is to Assistant Treasurer Pearson in the other place. We know that our country is facing a cost-of-living crisis. As the Premier said recently, the Reserve Bank of Australia is smashing families after dozens of rate rises in a little over a year, and I know that families are struggling. That is why I am proud to be a member of a government that is getting on with delivering programs to lower the cost of living, whether it be the $250 power saving bonus, the $289 million package to help families with school costs, free TAFE, free motor vehicle registrations for apprentices and tradies, free kinder or much more. That is why I ask the Assistant Treasurer to please update my community on what the government is doing to investigate new cost-of-living measures that will support my constituents in the Southern Metropolitan Region of Melbourne – and particularly in the electorate of Hawthorn, which desperately misses a good, hardworking Labor member.

South-Eastern Metropolitan Region

Ann-Marie HERMANS (South-Eastern Metropolitan) (12:47): (313) My constituency question is to the Minister for Transport and Infrastructure in the other place. The permanent closure of the access from Progress Street to Princes Highway in Dandenong will severely affect local businesses and stakeholders. Removing a level crossing with such a cheap, ill-thought-out option, as in blocking the road, is only going to frustrate road users. Concerns from locals have resulted in the tabling of a petition in the other house of over 1000 signatures, which I might add was taken in 48 hours. Initial estimates show a 20 per cent devaluation of properties, amounting to $100 million in actual cash losses, and a $15 million to $30 million loss in productivity and fuel costs a year. Will the minister advise the house whether the government is going to compensate the owners of the properties and businesses affected by the development of the Progress Street level crossing works?

Northern Metropolitan Region

Samantha RATNAM (Northern Metropolitan) (12:48): (314) My constituency question is for the Minister for Public Transport. I recently met with Coburg residents in my electorate to discuss ongoing safety issues on Nicholson Street. Although the speed limit was reduced last year to 50 kilometres per hour, a speed survey conducted by Merri-bek City Council reports that this has done little to improve behaviour on the road. Drivers still blatantly disregard the speed limits, resulting in frequent collisions, including cars running off the road. As local residents know, a more effective way to slow drivers down would be major infrastructure upgrades along the road, particularly upgrading the tram stops on Nicholson Street to accessible, step-free stops. Minister, when will Nicholson Street have fully accessible tram stops?

Northern Metropolitan Region

Evan MULHOLLAND (Northern Metropolitan) (12:49): (315) My constituency question is to the Minister for Transport and Infrastructure, Jacinta Allan. In the last couple of months – basically my entire term, actually – I have received so many complaints about the dogged intersection between Mickleham Road and Somerton Road. When will the government commit to improving this intersection and to delivering to Melbourne's north the infrastructure it deserves? Greenvale residents have long raised concerns about this, since a temporary roundabout was put in that is poorly marked and is quite small. The double-lane roundabout is scaring many residents – many residents feel like they are walking on eggshells going through it. My team and I actually went out and filmed a video on that corner in front of the roundabout and witnessed, on camera, a near miss where a cement truck almost ploughed into a ute. My residents in the north hear about and see these things every day. So I am asking the minister: when will she commit to replacing this temporary roundabout with traffic lights?

South-Eastern Metropolitan Region

Rachel PAYNE (South-Eastern Metropolitan) (12:50): (316) My constituency question is for the Minister for Public Transport Minister Carroll. My constituent is a resident of Noble Park. Like many people in South-Eastern Metro, my constituent commutes every day via public transport. The closest train station to my constituent's home is a significant distance, and the walk home from the station is long and dangerous at night. This leads my constituent to opt for the bus. Their local bus route, the 800, does not have Sunday services and has very limited services on Saturdays, meaning that my constituent and many others in the community do not have access to frequent and reliable public transport on the weekends. So my constituent asks: will the government commit to more frequent services on the weekend to Noble Park station and, further, to installing a bus stop at Corrigan Road?

Northern Victoria Region

Wendy LOVELL (Northern Victoria) (12:50): (317) My question is for the Minister for Roads and Road Safety. The Euroa-Mansfield Road is a VicRoads thoroughfare between Gooram and Merton and is the main road for motorists accessing the northern point of Lake Eildon. A dangerous

section of this road is a 4.9-kilometre stretch from Ridge Road to the Gooram Falls visitor car park. This section is zoned 60 kilometres for 300 metres in a northerly direction from Ridge Road and then becomes 100 kilometres an hour for the remaining 4.6 kilometres to the car park. It has been the location of several serious motor car collisions this year, including, sadly, a fatal collision just last month. It is the view of local community members, in particular the Gooram CFA captain Michael Stubbe, that lowering the speed limit to 60 kilometres for this section of the road would make it safer for all road users. Will the minister ensure a safety audit is completed of the Euroa-Mansfield Road between Ridge Road and the Gooram Falls visitors area with a view to making this section of road a 60-kilometre speed zone?

Southern Metropolitan Region

Katherine COPSEY (Southern Metropolitan) (12:52): (318) My constituency question is to the Minister for Roads and Road Safety. The pedestrian intersection of Sturt Street and Eastern Road across Kings Way is simply unsafe. The length of the walking signal is too short to safely cross this wide road, and moreover the refuge area in the middle of the road has not been levelled, so you need to step up over a curb to stand safely on the refuge area. So anyone with a stroller, a walker or a wheelchair must stay to the side of the median island, literally on the asphalt road in the middle of this very busy intersection. When these issues have been raised by my constituents in the past they have been dismissed by VicRoads, citing the use of median islands as sufficient in helping pedestrians to complete their crossing – but clearly, from lived experience, it is not. Minister, will you commit to improving safe pedestrian access and walkability for my constituents at this intersection, and when will these improvements be completed?

Northern Victoria Region

Gaelle BROAD (Northern Victoria) (12:53): (319) My question is to the Minister for Emergency Services and is to delay the demolition of the old ambulance station in Inglewood, which may be demolished within weeks. Residents of the local community are keen to see the 1970s building used by Inglewood and Districts Health Service, as their service needs additional space. Local residents are willing to stage a sit-in protest to save the building from demolition, but I ask the minister to step in to delay the demolition and facilitate a meeting between Ambulance Victoria and the Inglewood and Districts Health Service to see if a more amenable solution can be found. At a time when building costs are going up and materials are in short supply it seems sensible to make use of the building, which I am told is in good condition, rather than knock it down and take the scraps to the tip just to plant lawn on the site. I thank Colleen Condliffe, a strong community advocate, for raising this issue.

South-Eastern Metropolitan Region

David LIMBRICK (South-Eastern Metropolitan) (12:54): (320) My question is for the Minister for Roads and Road Safety also. A constituent has reached out to me after contacting numerous authorities, including VicRoads, local and federal MPs and the Frankston City Council. There are road closures at either end of Linsell Boulevard in Cranbourne East, causing traffic delays of up to an hour, while road closures on Hall and McCormicks roads in Skye mean that residents of Edinburgh Drive find their quiet residential street transformed into a highway for heavy vehicles, causing damage to roundabouts, chicanes and nature strips and raising safety concerns for families with children who walk to Rowellyn primary school. The authorities are refusing to ensure that vehicles unsuitable for this small residential street are being appropriately diverted, which increases infrastructure damage and safety concerns for the Skye community. My question is: why are these constituents being put in harm's way with heavy traffic on unsuitable roads, and what actions will the minister take to rectify this?

Western Metropolitan Region

Trung LUU (Western Metropolitan) (12:54): (321) My question is for the Minister for Transport and Infrastructure. I rise to ask the minister to provide a response on the government's position in

relation to the damage caused by the West Gate Tunnel works to my local residents' properties in Brooklyn. My constituents are concerned whether the government is even considering addressing the complaint of compensation, especially with the debt the government is in at the moment and in recent days the need for cancelling important events such as the Commonwealth Games due to cost blowouts. Gaps are opening under architraves, internal sliding doors are warped, driveway concrete is splitting and problems are getting worse. It is bizarre that my constituents are extended distasteful forms of offerings of free window washing and $20 pizza vouchers. I hope this is not the way the government is providing compensation. The vibration of heavy machinery and the high volume of trucks have resulted in large cracks in homes. So my question is: can the minister provide a position whether it is going to provide compensation to my residents for the damage caused by the West Gate Tunnel construction?

Western Victoria Region

Bev McARTHUR (Western Victoria) (12:56): (322) My question is for the Minister for Environment and concerns her Crown Land (Reserves) (Metropolitan and Regional Parks) Regulations 2023, gazetted on 27 June. These regulations single out climbing as banned in almost all areas by exclusion. Other recreational activities are granted permission, but rock climbing is by default prohibited. In answer to the question 'Why is rock climbing treated differently?' Outdoors Victoria stated:

> The main reasons are the greater, longer lasting impact that climbing can have on cultural heritage and environmental values.

In place of working with climbing groups to enable their legitimate enjoyment of our parks, this lazy management just bans it instead. My question to the minister is simple: in this era of evidence-based decisions, what specific published studies or research is she relying on to justify the different treatment of climbing and the claim that it has a long-lasting impact on Victoria's parks?

Eastern Victoria Region

Melina BATH (Eastern Victoria) (12:57): (323) My question is to the Minister for Planning. Protecting Melbourne's green wedges and agricultural land was a promise by the Andrews government two election cycles ago, and the endless round of consultations closed in February 2021. The interface and peri-urban local council areas are highly productive in agriculture to feed our nation and certainly provide export dollars. Green wedges have three key values: agricultural production, provision of habitat and biodiversity of glorious landscapes. My Mornington Peninsula constituent has raised this on a number of occasions with me as we have crossed paths, and he is just frustrated with the agricultural displacement by rural and residential urban and commercial uses. So he asked for me to ask the Minister for Planning: when can he expect the Andrews government to actually live up to its promises to implement green wedges, particularly on the Mornington Peninsula?

Sitting suspended 12:58 pm until 2:02 pm.

Bills

Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023

Second reading

Debate resumed.

Jacinta ERMACORA (Western Victoria) (14:02): Unsurprisingly, this bill places an emphasis on women and reproductive health. I would like to point out that once again the Victorian Labor government is following through on its record of improving access to reproductive health for women in Victoria. The Andrews Labor government has already made important investments in women's health, including funding Victoria's first-ever sexual and reproductive health phone line. The Victorian budget 2023–24 is investing more than $153 million to completely change the way women's health

issues are treated in our state. This includes initiatives such as establishing 20 new comprehensive women's health clinics to provide free comprehensive care and support for Victorians experiencing conditions like endometriosis, pelvic pain, polycystic ovary syndrome and for those managing the symptoms of perimenopause and menopause.

This bill, at a critical primary care level, very importantly gives women far easier access to birth control, which remains largely the bailiwick of women. This bill will make contraception more affordable for women, it will make appointments more timely and it will make accessibility easier, as contraception will be available in more locations now that pharmacies are involved, particularly in rural and regional areas.

By making antibiotics for some mild UTI conditions available and easily accessible through pharmacies, this bill will help many Victorians. UTIs, which are urinary tract infections, are common and can be very painful and debilitating but can often be easily treated with antibiotics. Outcomes are often better when treatment is accessed early, which this bill will facilitate. As Daniel Andrews has succinctly put it:

> When you wake up feeling sick, or you run out of your prescription medication, it doesn't do you any good if you can't get in to see your GP for more than a week.

Women in particular across every generation are impacted by UTIs. I know of one elderly gentleman taking care of his wife, who has dementia. They are dealing with her incontinence, which is leading to increased UTI bacterial infections. These infections are obviously a source of discomfort and are compounding her general disorientation. He is currently finding it very hard to make an appointment within weeks at the doctor's, let alone within days. He recounted his gratitude to his GP, who recently rang him at 7:30 at night to let him know a script would be waiting for him the next day. We can all imagine the stress of waiting for that outcome. To be able to simply go straight to the pharmacy and receive an antibiotic treatment in a timely manner would make their lives much easier and would also help to alleviate pressure on a GP's already fully committed diary.

Skin conditions, particularly mild ones, are very common and affect all parts of the community. For example, the Australian Institute of Health and Welfare reports that one in three people will develop shingles in their lifetime. It just makes sense that Victorians with an already diagnosed painful condition such as shingles should be able to easily access the treatments they need in a timely manner from their local pharmacy. Under the pilot pharmacists will also be able to administer travel and other public health vaccines, including for hepatitis A, hepatitis B, typhoid and polio, to people from five years of age.

This bill puts strong clinical governance first and foremost. Clinical governance describes the systems, processes, leadership and culture that help us to deliver safe health care. These governance systems address patient safety and quality systems, clinical performance and quality systems and a safe environment for delivery of care. These are things that will be prescribed and described in the pilot. All aspects of clinical governance have been covered by this bill.

The pilot will include the establishment of a wideranging clinical governance committee and an advisory group. The advisory group membership includes representatives from organisations and groups representing the pharmacy and medical professions, consumers and government, as listed below: Victorian Pharmacy Authority; the Pharmaceutical Society of Australia, Victoria branch; the Pharmacy Guild of Australia, Victoria branch; the Royal Australian College of General Practitioners, Victoria branch; Gippsland Primary Health Network; Rural Doctors Association of Australia; Health Issues Centre; Women's Health Victoria; Victorian Aboriginal Community Controlled Health Organisation – one person; and Safer Care Victoria – co-chair. The Department of Health will be the secretariat. So there are a wide range of highly experienced technical experts involved in capturing the learnings from this pilot but also in ensuring that the pilot is conducted in the way it is supposed to be conducted. A safe environment for the delivery of care is ensured, with all community pharmacies to be required to provide appropriate rooms and facilities for safe delivery of care.

There is a reason why Labor is trusted by the majority of Australians to look after their health at both federal and state levels. It is abysmal how Liberal governments have neglected Medicare for almost a decade. It can take weeks to get an appointment with a doctor, and the price gap is so big that many families have to bring their health issues to the emergency department rather than go to a GP. So is there any wonder emergency departments are overrun with people who have had to wait too long to go to the doctor and something which could have been treated more effectively sooner has now become a bigger problem? This is stressful for patients and for those working in the healthcare system.

I do think it is worthwhile noting that the shadow health minister at the time Mary Wooldridge, making a comment in 2018, a coalition election pledge, pledged to enable women to get repeat prescriptions of oral contraceptives over the counter from pharmacists. On this we certainly agree.

Locally, in my electorate of Western Victoria, empowering community pharmacists to better service our population will greatly alleviate the gridlock currently being experienced whilst trying to see a GP. The *Standard* newspaper in Warrnambool reported on 2 November 2022 that one in every 10 Warrnambool patients were waiting more than 3 hours to see the doctor. The new data showed this figure had moved even higher to an average wait time of 190 minutes for the longest waiting patients, 60 per cent higher than average. It is to this government's credit that since then the new priority primary care centre recently established on 7 June has already had a significant impact, particularly in alleviating some stress from the Warrnambool Base Hospital emergency department.

This trial will provide important learning opportunities for pharmacists and important learning opportunities in the space of primary care, and I think this bill is yet another example of the Andrews Labor government doing what matters for Victorians.

David LIMBRICK (South-Eastern Metropolitan) (14:11): I am pleased to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023, and I would like to start by saying firstly that what this bill actually does is set up a pilot program to allow pharmacies to distribute certain drugs that at the moment require prescription from a doctor – drugs such as the oral contraceptive pill and antibiotics for urinary tract infections and certain skin conditions. I am a very enthusiastic supporter of this bill. In fact my colleague Mr Quilty back in 2019 asked the health minister at the time, Ms Mikakos, why women were not allowed to buy the pill over the counter and why we were not doing a trial like they were doing in Queensland, and to our surprise she came back in one of those rare moments in question time where you get a good answer, and she surprised us by saying she was in conversation with her staff and colleagues at that very moment talking about a trial. It is unfortunate that it took four years to get here, but we are here nonetheless.

So I think that this is a great idea to allow women and people suffering these ailments to be able to just simply go to the pharmacist without having to go to all the trouble of going to a doctor and getting another prescription, especially for the pill, but I would like to state that I think that the government could go a lot further here. I think that there are a bunch of other drugs that could make a lot of sense –

Sonja Terpstra: HRT – hormone replacement therapy.

David LIMBRICK: Potentially. That was not on my list, but I am open-minded about it. I have got a list of a few drugs here that have been suggested to me by my team and others that might actually be very useful.

Sonja Terpstra: I bet they didn't have that. Was that on their list?

David LIMBRICK: It is not on the list. Firstly, anti-emetic drugs – many people who are suffering from nausea from chemotherapy or other conditions take anti-nausea drugs to manage their symptoms. This is a very, very time-sensitive thing. You do not want to go to the doctor to get a prescription and then go to the pharmacy to get the drug. In fact many people who suffer from this and have run out of their drug end up going to an emergency department to get treated. Clearly that is a waste of health resources, and I think it makes a lot of sense for that to be available after consultation with a

pharmacist. Certain asthma medications – I note that you can already buy Ventolin over the counter, and that was a good development; one of my own children suffers from asthma. But there are also other drugs like asthma prevention medications. I think that if someone has already been prescribed it in the past it makes sense that they should be able to get those drugs after consultation with the pharmacist.

Another drug that I am quite familiar with is EpiPens for children and adults that suffer from anaphylactic allergy conditions. I think it makes a lot of sense for them to be available over the counter. It is actually a real pain going through the whole process of just updating it, because they only last a year and then you have to throw them out. My family also has to purchase these every year. I think it makes a lot of sense for those. And while we are looking at women's sexual health issues, we might as well look at men's sexual health issues. For a drug like sildenafil, commonly known as Viagra, why not allow that over the counter as well, and a whole range of drugs that make sense with the skills of a pharmacist and with consultation. They are fairly low risk, most of these drugs, especially things like EpiPens. Children carry them around. They are fairly safe, and they are not going to cause a lot of issues. If someone has already undergone some initial consultation with a doctor in the past and has a consultation with the pharmacist, I think that makes a lot of sense.

I really look forward to this trial going ahead. I hope it is successful. I would urge the government to go a bit further. It sounds like there are some in the government that are keen on that as well, so that is a good thing. I think it will save taxpayers money and it will save consumers time and potentially money as well. It will lower the drain on our hospital system, because people will not be going to emergency wards. I know that some doctors probably are not happy about it because they will not have as many customers, but nevertheless we have to put patient autonomy first and trust the decisions of patients as much as we can. I think that pharmacists have more than enough skills to be able to handle this and consult with patients and dispense these types of drugs without a prescription. I commend the bill to the house.

Sonja TERPSTRA (North-Eastern Metropolitan) (14:16): I also rise to make a contribution on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. In a strange confluence of events, I find myself agreeing with Mr Limbrick. I did not think I would ever say that. I think I might have said it once before in this term.

David Limbrick: You've said it a couple of times.

Sonja TERPSTRA: No, I think only once before, but here we are again. I am quite surprised that I am actually agreeing with Mr Limbrick. As you can see, I have listened to a number of the contributions –

Bev McArthur: There's hope for us all.

Sonja TERPSTRA: There is. I have listened to the contributions in here today, and I think we are all on a unity ticket in regard to this bill. I think the common themes that are coming through are that the amendments that are being made by virtue of this particular bill will mean that more people can get access to the prescription medications they need sooner and have easier access.

I think some things stood out to me, particularly as a woman but also as a mum: when your children are little, you are always at the doctor's, because there is always something going on. You might need a script for this or that. It starts to mount up, particularly if you cannot find a bulk-billing doctor. I remember living in Canberra for a while when my children were little. There were no bulk-billing doctors in Canberra at all at that time. In fact if you found a GP, if they were bulk-billing, they were not taking on new patients, so you just found whatever doctor you could get. Nevertheless, to get in to the doctor you would still have to wait weeks. I found that very disappointing, and at a time when we were living on one income, I think the payment that I had to make was $70. My kids are in their late teens and twenties now, so that was a long time ago. For me, as a parent, I was weighing up: do I use that $70 to actually make the GP visit and wait 3 hours? They were always running late, and with little

kids it was hell on earth going to the GP, I must say. I used to hate it because my son particularly was a very active toddler. He would be climbing the walls and running around and all that, and people would give me the death stares. But this is the reality of being a parent with toddlers when you are going to the doctor. You just hope and pray that they are running on time, and of course they never were. It was incredibly stressful as well. On top of that, then you would have to get your script for whatever it was you needed, and then you would go off to the pharmacy and you would obviously have to pay for that as well. That is just talking about it from having young children. I think that that cost mounts up.

As a young parent and certainly as mum, you find that the expenses you are expected to bear as a woman often far outweigh those of men. That is a generalisation, but I was someone that was healthy. All things being equal, if you are a male or female and you are healthy, you generally do not need to go and see your GP unless you want a check-up or an annual check-up or whatever. But women, generally speaking, have more reason to go and visit their GP for things like if you are taking the contraceptive pill, if you are taking HRT – hormone replacement therapy – or if you need to go for your annual Pap smear. I was really grateful to see the recent announcement that you can now do the Pap smear at home on your own – because, yes, we all love going off to the doctor and getting the Pap smear! We hate it, and I love the fact that you can now do it yourself. So that was a great announcement as well. There are a variety of reasons why women do not like to do that. Particularly if some women have been through sexual assault and have to go through that procedure, it can be quite confronting and triggering. So there are a range of reasons – cultural reasons as well – that women were sort of not wanting to go down that path, but of course it is important to make sure that they are getting these things checked out.

I think women suffer from the inequality factor when they are having to go and find money if they cannot find a bulk-billing doctor and they are having to get these scripts and medications, so being able to go to a pharmacy and just get the pill is fantastic. It means there is no doctor visit, so if you have not got a bulk-billing doctor you are saving that money in your pocket and, rather than waiting for 3 hours because your doctor is running late, you can just go down to the pharmacy and grab what you need and be on your way.

I also note there was some discussion around urinary tract infections and things like that. I did meet with the Pharmacy Guild of Australia earlier in the year, and they were telling me the number of hospital admissions that include UTIs. It is always incredible in this job – I find myself in a very fortunate position – that I always learn things that I thought I would never have the need to know. But once you learn them you go, 'Oh, wow, that's really interesting; I did not know that.' So with the incidence of people being admitted to hospital emergency departments because they had a UTI, clearly, had they been able to get to a doctor before that to get the antibiotics they needed or whatever treatment they needed, they would not have needed to end up in hospital. I was interested in that. I said, 'I wonder why people are going to the emergency department.' The recollection was that there were a range of factors, like not being able to get to the GP because they cannot afford it and not being able to afford the medication. So these changes allow people to be able to go to the pharmacy.

I heard some discussion in some of the other debates about the complexity of UTIs: well, yes and no. I think just about every woman in this chamber would have had a UTI at some point in their life, and you know when you have got one and you know what you need. After you have had your first UTI you go to the doctor, and they do a test with a stick in the urine and either it tests positive or it does not. If it tests positive, you know you need antibiotics. It is not hard; it is pretty straightforward. Being able to have that done perhaps at the chemist and them being able to say 'Here's the appropriate medication' means that you are going to get that treatment earlier.

The problem is, if you cannot get into a GP, you have got to wait longer and potentially run the risk of that infection getting much worse and then ending up with a kidney infection. In fact that happened to me one time when I was younger. I had a UTI. I could not see the doctor for a number of days. I was prescribed antibiotics by the doctor. They turned out to be the wrong antibiotics, so it got worse. These

things do happen, but that could happen at the GP or it could happen at a pharmacy – it could be either/or. But it is certainly something that is going to mean that women are not being put in a position where they are having to face economic disadvantage and having to find money that they may not have, when, all things being equal, men are not put in the same position. They do not have to find that amount of money, because they are not experiencing the same sorts of conditions that impact women.

I think these changes are good. As Mr Limbrick said, this is a pilot and it is a trial, so they are obviously just testing the waters to see. I am hopeful and look forward to the pilot and the trial and other things being added as we go. I think they should.

I mentioned – I was singing out about it – HRT to Mr Limbrick. I know there are a number of women who experience symptoms in relation to going through menopause, and hormone replacement therapy can absolutely make a huge difference to women when they are going through that change in life. I think it should be more widely available. Some hormone replacement therapy treatments, I think the patches, are on the PBS, for example, but some in the tablet form are not. So I think there is work to do for the federal government around that. I would like to see all forms of hormone replacement therapy on the PBS, because they are currently not. That is annoying. and there are reasons for that. But again I think about women who may not be able to get access to their GP, who may not be able to access the care. You are backwards and forwards to the doctor all the time. You are getting blood tests. They are trying to figure out what is going on. Is there some other underlying condition or is it just the change of life? And then they may prescribe patches for you, and it might work for you, it might not. So there is a bit of a process there. But once you have got that sorted out, you do not really need to go backwards and forwards to the GP all the time, like every month, to get a script. That is the same scenario that you find with the contraceptive pill as well. It makes perfectly good sense.

I note some of the other things that participating pharmacists will be able to do are immunisations for travel and other public health vaccines – hepatitis A, hep B, typhoid and polio – for people from five years of age in a community pharmacy setting. Well, why not. Absolutely, it is great. It will be fantastic.

In Victoria there are 1453 community pharmacies and 8324 pharmacists with general registration, and the participation pilot that we are looking at rolling out will be on an opt-in basis for pharmacists and consumers. That is a good thing. The pilot's design will be informed by an advisory group representing key stakeholders, including pharmacists, doctors, the community and consumers. There is a process there for ongoing feedback and refinement should it be necessary. The pilot will be evaluated of course with all of the feedback through the clinical reference group and advisory group. They will test how well it is going and whether it is timely and meets patients' needs and all the like. I think anything that is going to save women money and enhance their ability to access the medications and care that they need when they need them is good.

I have got friends who have children who are diabetics as well, and they have medications. I know in the public hospital system some people are under the care of a diabetes nurse educator as well. There are services there that they may not go and see a GP for, but they will see the nurse in hospital if they have been in hospital and they get discharged. They might have some ongoing contact with the diabetes educator as well, so there is certainly scope for other things to be looked at as part of the trial. There are lots and lots of other things. Again, it is good. It is going to save people lots of money.

I think we can see the benefits that are already happening in other states like New South Wales and Queensland. In 2020 Queensland established a two-year pilot of the structured prescribing of pharmacists for uncomplicated UTIs – and that is hopefully at that point that you get to before it gets worse that you catch them early and you can treat them quite easily and quickly – and the Queensland UTI pilot has demonstrated the effect of the community pharmacists prescribing program in Australia and how this model can improve access to safe primary healthcare delivery.

Something that I have noted too when I have been overseas, certainly in other countries, is that there are different regimes where you can go to a pharmacist and get things that you could never get here. I think I remember even being in France at one point and being able to get antibiotics for something at a chemist, and it was the first time I actually experienced that. I was quite surprised that you could get some things over the counter in different countries without a prescription that you simply could not get here in Australia. So I think in Europe perhaps they have been ahead of the game there for some time where perhaps we have had a more restrictive system for whatever reason. There are certainly examples that I have found where you can get things over the counter in other countries that you just could not get here, so it is good that we are finally catching up.

Also then, turning to New South Wales, they are currently implementing the statewide trial of appropriately trained pharmacists to supply certain treatments for uncomplicated UTIs in women and continuing the prescription for resupply of low-risk oral contraceptive medications as well. In New Zealand the supply of selected oral contraceptives by pharmacists has been available since 2017. Again you can see there are lots of examples in other jurisdictions where trials have been underway and are successful and have been successful and successfully operating, so it is about time we did this. It is good to see us catching up.

As well, I might just say in the 2 minutes that I have got left it was really pleasing to see the announcement by the federal government – and I know this is not related to this bill, but it is sort of tangentially related to pharmacists – just cleaning up the dispensing of RU 486, the medical termination pill, which previously was only available through pharmacists by prescription, but they had to be participating because they had to have the training to be able to do it. What that meant was that for women there was not an equity of access across the state. So if you could not find a pharmacist that was participating to be able to fill that script, it meant you had to travel or go somewhere to find it. It was really pleasing to see that restriction being removed by the federal government for training for pharmacists and to see that that would, I guess, provide greater equity of access. I am really pleased to see a range of work being done on improving access to healthcare requirements for women, whether it be prescription medications or certainly in the area of women's reproductive health. So that was certainly pleasing to see that as well.

Again, this is tangentially related, but I note in the UK Parliament there is actually a committee dedicated to looking at the impact that menopause is having on the workplace, in regard to women experiencing menopause, and they are doing a power of work looking at the economic impacts of menopause on the workplace. I am heartened to see those sorts of things, particularly in relation to women's health. I look forward to seeing our federal government perhaps leading some more work in that space as well. I know our government, as a progressive government, would always be open to supporting those sorts of reforms. I commend this bill to the house and also encourage all members in this house to support the bill as well.

Matthew BACH (North-Eastern Metropolitan) incorporated the following:

> I echo the sentiments of Ms Crozier and other speakers on this side. Different medical professionals have different views about some of the matters we have been debating. But they do not have different views on the importance of physical exercise and participation. Another reason why the government's cancellation of the Commonwealth games is such a disaster for our state.

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (14:31): I will try not to take too much time in making some comments about the bill. I would like to thank members for their contributions on this bill. It is obviously an important process that we are going through here. By amending the Drugs, Poisons and Controlled Substances Act 1981 to create a mechanism for pharmacists to be legally authorised to supply some prescription-only medicines, the bill is really essential to delivering our 2022 election commitment, backing pharmacists to boost our health system. Our government has committed $20 million in the state budget to deliver the 12-month community pharmacist statewide pilot enabled by this bill. From October this year the pilot will enable community pharmacists to treat, as others have said, mild skin conditions and

uncomplicated urinary tract infections (UTIs), reissue supply of oral contraceptives and administer more travel and public health vaccines – so a very practical set of measures for piloting.

For many Victorians it can be quite hard to see a local GP at short notice, and not being able to see a GP can really be frustrating and distressing when people are experiencing these sorts of mild conditions. That is why our government is delivering this pilot – to improve community access to affordable, timely primary health care, particularly for women. The pilot will expand the role of community pharmacists and help ease pressure on the healthcare system more generally, including general practice and hospitals, particularly in regional Victoria. Victorians accessing care under the pilot will pay no more than if they had sought the same treatment from a bulk-billing GP.

The passage of the bill will allow for amendments to, as I have said, the Drugs, Poisons and Controlled Substances Regulations 2017 to authorise pharmacists to supply specified schedule 4 medications directly to consumers in accordance with established prescribing protocols outlined in an approval that will be issued by the Secretary of the Department of Health.

The Department of Health has been working closely with the pilot's expert clinical reference group and the advisory group, which have been established to provide expert clinical, quality and safety advice to support the successful design and implementation of the pilot. This will be chaired by Safer Care Victoria and include experts in microbiology, general practice, pharmacology, antimicrobial stewardship, women's health and community pharmacies, among others. The clinical reference group will ensure that the pilot operates with all of the necessary safeguards to ensure safe and quality care for consumers. The pilot advisory group is comprised of stakeholders representing the pharmacy and medical professions as well as consumers. It is providing key strategic and expert input to the operational and technical aspects of the pilot and will continue to be essential to engaging stakeholders through the design, rollout and implementation phases of this reform.

The pilot is modelled on successful trials in other states and is utilising existing materials from those jurisdictions. Pharmacists will be required to undergo specific training before they commence participation in the pilot, which will cover up-to-date clinical best practice. A thorough evaluation framework is a core part of the delivery of this pilot, which has been developed with the input of the expert clinical reference group and advisory group. The evaluation will assess how well and safely the pilot has improved consumer access to primary health care for the selected health conditions, particularly for women, as well as gaining an understanding of how this service can help ease the pressure on the broader health system. It will test how well the pilot is delivering treatment that is safe, timely and equitable, that meets patients' needs, that provides a positive experience for patients and pharmacists, that is communicated, importantly, with patients' usual GPs or other healthcare providers and that provides an alternative to hospital or GP visits.

Following the conclusion of the 12-month pilot, the results of this evaluation will be made publicly available. The evaluation we are undertaking for the Victorian community pharmacist statewide pilot is broadly compatible with the New South Wales pharmacy trial, and neither the New South Wales trial nor the Victorian pilot are being conducted as a randomised controlled clinical trial, as would be the case for a new medication or treatment, for example. Uptake of services under the pilot will be monitored closely, including uptake rates in metro, regional and rural areas. It is also worth noting that antimicrobial stewardship – have I got that right, Doctor? – is an important consideration in healthcare delivery, and evidence from New Zealand shows that pharmacist-led prescribing of antibiotics for uncomplicated UTIs in women did not increase overall antibiotic usage. Nonetheless, antibiotic prescribing through the pilot will be carefully monitored. All antibiotic dispensing to women accessing care for an uncomplicated UTI will be recorded as part of the pilot's detailed evaluation, allowing for an assessment of prescribing patterns and antibiotic usage.

Of course the safety of Victorians in the delivery of health care is absolutely paramount, and that is why this pilot is being designed with safety as the top priority. A key role for the pilot's expert clinical reference group, which is chaired by Safer Care Victoria, is to identify and advise on clinical risks and

opportunities to ensure the pilot's successful implementation, with a focus on delivering high-quality and safe care. Any safety issues raised during the pilot will be reviewed by the clinical reference group to identify opportunities to reduce risk and ensure the delivery of safe care. The pilot is also designed to ensure that wherever possible and with consent, a patient's My Health Record is updated with relevant information and information is shared with the patient's regular GP about their symptoms and treatment under the pilot.

The pilot evaluation framework will also assess the quality of pharmacist record keeping when providing services under the pilot, and the clinical protocols followed by the pharmacist under the pilot will set out clear pathways for referral to other healthcare providers where this is clinically indicated. These referral pathways will form a key part of the compulsory training that pharmacists will undertake before they are able to participate in the trial, as well as any other key guidelines and documents. To be eligible to participate, pharmacies will also need be able to provide suitable facilities to conduct services supplied, including private consultation space. This will enable pharmacists to have detailed conversations with patients on issues like contraceptive counselling, where appropriate. It is also worth noting that prescribing by pharmacists is already an established part of practice in a number of other countries, including New Zealand, Canada and the United Kingdom, and evidence from these jurisdictions, as well as from our friends in Queensland, indicates that it is safe and clinically appropriate.

This bill, by enabling the community pharmacist statewide pilot, will improve Victorians' access to primary health care, particularly for women and people in rural and regional Victoria. It will save families money as they will pay no more to access care under the pilot than they would if they visited a bulk-billing GP, and it will strengthen our primary healthcare system, helping to ease pressure on GPs and hospitals. And finally, this bill will help more Victorians to access the primary health care they need when they need it most. I am very pleased to commend the bill to the house.

Motion agreed to.

Read second time.

Committed.

Committee

Clause 1 (14:40)

David LIMBRICK: I just have a couple of questions for the minister. I noted in my second-reading speech, and a number of other members, including members of the government, had ideas on other drugs that might be suitable for a trial like this. My question to the minister is: why were these particular drugs chosen for this trial instead of other drugs that might have been suitable for this type of dispensing?

Ingrid STITT: The scope of the trial was carefully considered, and as a number of people have already indicated in the chamber and I have just outlined, it will include the provision of a continued supply of selected oral contraceptives, treatment for some mild skin conditions and antibiotics for uncomplicated urinary tract infections. These were seen as the types of services that pharmacists would be well within their remit to be able to give advice to patients about. I think it is important that the trial is safe for patients, and these were considered to be the most appropriate treatments that should be tested through the 12-month trial period.

David LIMBRICK: I thank the minister for her answer. Noting that the bill itself does not actually specify any of these drugs but rather gives that power to the Secretary of the Department of Health, does that mean that the government has an intention to potentially expand the range of drugs that might be available without prescription under this scheme in the future, assuming of course that this trial is successful?

Ingrid STITT: No, Mr Limbrick. The trial is very specific in scope and nature, and we have given a commitment about the trial being thoroughly reviewed and evaluated, and a lot of that work will be done by the expert clinical advisory panel. So there are no plans to extend the trial. The treatments have been chosen carefully and they will be evaluated, and then that evaluation will be made publicly available and then it will be, I guess, a question of what happens beyond the trial.

David LIMBRICK: I thank the minister for her answer. My last question is: would the minister know how many prescriptions for these drugs per year happen at the moment in Victoria?

Ingrid STITT: I have got some stats, Mr Limbrick, on urinary tract infections that I can share. It is the third most common human infection after respiratory and gastro infections, and women are significantly more likely, obviously, to get UTIs than men, with an estimated 12 to 15 per cent of women being affected annually, which is quite a significant number.

In terms of oral contraceptives, it is the most used method of birth control in Australia among women at risk of pregnancy, with approximately 30 per cent of women who require contraceptives relying on it, and that is an Australia-wide figure, obviously, not Victoria-specific. But the clinical reference group is going to be finalising the oral contraceptives to be included in the pilot and the eligibility criteria for women to have their contraceptive resupplied without a prescription.

Skin conditions I think are a little harder to quantify, but for example, the Australian Institute of Health and Welfare reports that one in three people will develop shingles in their lifetime. But obviously there are a range of other common skin conditions that you would imagine are quite widespread, sometimes in children, such as eczema and the like.

David LIMBRICK: I know I said that was my final question. I do have one further question. I realise it is a federal expenditure, not a state expenditure, but considering the very widespread use of these drugs and potential large numbers of doctor's visits that will not happen, presumably, do we have any sort of idea of the savings to Medicare of this type of scheme? It seems to me like it would be a fairly significant saving for the federal government; maybe they should give us some more GST or something.

Ingrid STITT: I might just ask for some advice from the box, but I like the way you are thinking.

We do not have figures to hand. We can see, Mr Limbrick, whether we are able to get anything relevant, but I think it is fair to say that that is not the primary driver of this policy or the government's intent in carrying out this pilot. It is really about trying to provide timely and safe care which avoids the need for people needing to go and find a GP at short notice.

Georgie CROZIER: If I can just go to a couple of points: you spoke about the detailed evaluation and also the reference group. I am wondering if you could just outline to the house who will be on that reference group and how that evaluation will be undertaken. I thank the minister's office for providing me with the first draft evaluation framework, and off the back of that it does speak about some follow-up surveys of pilot patients. I am wondering if you could please provide how those surveys will be conducted, who will be collating that information, how it will be collated – I am happy for these to go on notice, Minister, if you need to too – and what happens with those follow-ups for those patients during those surveys.

Ingrid STITT: Ms Crozier, maybe if I deal with the composition of the clinical reference group first. Firstly, let us look at the advisory group. The advisory group membership includes representatives from a range of different organisations, including the Victorian Pharmacy Authority, the Pharmaceutical Society of Australia, Victorian branch; the Pharmacy Guild of Australia, Victorian branch; the Royal Australian College of General Practitioners, Victorian branch; Gippsland Primary Health Network; Rural Doctors Association of Australia; Health Issues Centre; Women's Health Victoria; Victorian Aboriginal Community Controlled Health Organisation; Safer Care Victoria; and the Department of Health. So that is the advisory group.

The clinical reference group will include experienced clinicians, pharmacists, educators and safety experts, including the Pharmaceutical Society of Australia; the Society of Hospital Pharmacists of Australia; Monash University faculty of pharmacy and pharmaceutical sciences and the Pharmacy Board of Australia; Therapeutic Guidelines Ltd; the Royal Australian College of General Practitioners and Monash Uni; Melbourne University and the National Centre for Antimicrobial Stewardship; an infectious disease physician, public health, north-eastern public health unit, Department of Health; a practising community pharmacist; the Alfred and Monash University; Austin Hospital; a dermatologist representative on the clinical reference group; Women's Health Victoria; two representatives from consumer organisations; a number of representatives from Safer Care Victoria; and a number of representatives from the Department of Health. I note that the AMA has also been invited to participate in that clinical advisory reference group.

In terms of the details of the evaluation process itself, I think I have already indicated that we will make the evaluation findings public. I will just put my hands on the more detailed information. The evaluation will be led by the Centre for Evaluation and Research Evidence. Can you just bear with me for one moment please, Ms Crozier and Deputy President?

Thanks very much for your patience, Ms Crozier. Essentially the evaluation framework for the pilot is still being designed, with the input of that clinical advisory committee obviously. It is expected to use a combination of quantitative and qualitative data collected with consent from pharmacists and consumers, including data relating to services provided, and also via surveys of both pharmacists and consumers around their experiences with the service model. It will enable the pilot to be assessed against its intent to determine how effectively and safely it has improved consumers access to high-volume, low-risk primary care. As I have said, the outcomes will then inform future decisions about the suitability of extending authorisations to pharmacists in other settings. The pilot evaluation recommendations will be provided within an agreed time frame from the conclusion of the 12-month pilot. Does that cover off the key questions?

Georgie CROZIER: Thank you very much, Minister, for that response. That does assist. I am just wondering about the follow-up surveys for the patients. How are they conducted? Does that come from the individual pharmacist who dispenses the products or does that come after? Do they notify the department that they have dispensed these products? I am just wondering how those surveys are conducted and who does that follow-up.

Ingrid STITT: I can seek a bit more advice from the box on this, but I am advised that the evaluation will be led by the Centre for Evaluation and Research Evidence. The information I have is that we will be surveying both pharmacists and consumers, but I will just check for you whether that is being done separately.

Ms Crozier, it will be done separately. There will be obviously a very rigorous process in place for who conducts those surveys, and obviously the privacy of the results will be important before that information is collated and then eventually released.

Georgie CROZIER: Just on that, so it will not be the pharmacist that collates that information, it will be in the evaluation centre?

Ingrid Stitt interjected.

Georgie CROZIER: Thank you. If I could also just go to Ms Terpstra's contribution. She spoke about going in and having a dipstick of urine in a pharmacy. It is not my understanding from the briefing that that would happen. Is that part of this? Is that part of what the expectation is for pharmacists to undertake? My understanding from speaking to the evaluator in Queensland is that it was more asking the patients that come in about symptoms and history rather than doing any clinical assessment like testing of urine. I am just wondering if the minister could clarify that – otherwise I think it is going to be quite problematic for pharmacists to be able to undertake that – and what they are expected to provide in terms of privacy and an appropriate space for patients to conduct that, if that

is what Ms Terpstra has told the Parliament. I am just wondering if we could get some clarification on that.

Ingrid STITT: Ms Crozier, I thought Ms Terpstra was actually just talking about her experience of having had those tests done. I did not read it as part of the trial. But that aside, no, this is going to be for simple, uncomplicated UTI patients that can be supported by a pharmacist. There will be additional training provided to anybody participating in that pilot through a community pharmacy, but it will not involve urine testing, as I understand it. Yes, that is correct.

Georgie CROZIER: That was my understanding as well, but I thought I heard her say that. That is why I am asking you, because I was a little bit alarmed about the potential for that to occur. So thank you for that clarification.

If I could just move to some questions now that the AMA have provided to the minister in relation to some concerns about this pilot: will the government provide a copy of the documented processes equivalent to TGA processes that were used to assess the clinical risk benefit and patient safety of effectively down-scheduling schedule 4 medications?

Ingrid STITT: I will just seek some advice from the box.

Ms Crozier, no, this process is not going to be scheduling medicines. It will be structured prescribing under the protocol.

Georgie CROZIER: Minister, according to the AMA, the Queensland trial has shown that there has been evidence around pharmacists' overdispensing of antibiotics. I am wondering how the government will implement external independent regulatory compliance oversight to identify, monitor and guard against pharmacists' overdispensing of antibiotics and the like.

Ingrid STITT: In response to your concerns, or the AMA's concerns, around ensuring that antibiotics are not overprescribed, I suppose it is relevant that a New Zealand study in 2017 found that the introduction of a community pharmacist program to treat UTIs did not increase the overall antibiotic use. However, antimicrobial stewardship is obviously an issue that will be closely monitored and considered in the pilot design. The risk of antibiotic resistance is being considered also by the pilot's clinical reference group, which includes multiple experts obviously in this area, and their advice will be underpinned by the established and accepted therapeutic guidelines for prescription of antibiotics. The advice received will obviously be reflected in the pilot's structured prescribing protocols for use within the trial.

Georgie CROZIER: Minister, in relation to record keeping and how that will be undertaken, for pharmacists or for the government to be able to track what is being dispensed, how will pharmacist documentation of a patient's history and the service provided be undertaken to ensure that professional practice standards are adhered to? The documentation of referral – how will that be monitored and how will that occur? And the educational counselling provided to the patient – could you outline to the house how that will be undertaken or what the expectation is in relation to having privacy or how a pharmacist is expected to undertake those requirements when taking a patient's history in essentially a retail setting?

Ingrid STITT: Perhaps if I can go to the safety issues first, Ms Crozier, a safety and escalation framework will support the pilot, and that includes monitoring of safe prescribing. The pilot's governance structure includes obviously, as we have discussed several times already, the clinical reference group with that expert clinician membership, and a key role for that group will be to identify and advise on clinical risks and opportunities and provide advice to support the pilot's successful implementation, with a focus on delivering high-quality and safe care. Safety issues raised and feedback provided during the pilot will be reviewed by that clinical reference group and obviously form part of any final evaluation. There will be requirements for pharmacists to provide information back to the patients – or customers, for want of a better term – GP or health provider, so that will be

part of the terms of the pilot, if you like, that any participating pharmacist will need to undertake that record keeping. Just let me get some advice on the education aspect of your question.

Ms Crozier, all record keeping will be in accordance with privacy regulations which already cover the records of pharmacists. There will be a requirement for any participating community pharmacist to undertake training before participating in the pilot, and also within that training there will be information provided around the prescription and treating of these particular conditions that form part of the pilot. I think we have already mentioned that another aspect of privacy will be just the need for them to have some private consulting areas in the pharmacy.

Georgie CROZIER: Where pharmacists are required or recommended by pilot protocols to refer the consumer to a medical practitioner, what form will that referral take?

Ingrid STITT: I think, Ms Crozier, that would most definitely be covered off in the design of the pilot protocols, which is being overseen by that expert clinicians advisory group.

Georgie CROZIER: We have only got a few weeks till this pilot starts. When will that be all concluded?

Ingrid STITT: One moment and I will get some advice.

Ms Crozier, the advice I have is that work is already well advanced and is being worked through with the advisory body and also the clinician expert advisory panel, and it will be ready by the time we are commencing the trial in October – the pilot, I should say.

Georgie CROZIER: Minister, thank you for that reassurance. I would hope that would be the case, but I do think that is the concern that has been raised by a number of stakeholders about these time frames and having this pilot ready to go by 1 October, where there is a lot of information and work that needs to be done, particularly around patient information, the record keeping, who will be contributing to this pilot and what pharmacists will be able to meet the criteria. So I am a little concerned about the government's time frames that they have set in place. I note that the Premier is advertising all over his Facebook that this is going to happen by 1 October, which I think is, you know, really presumptuous, actually, to be doing that before this actual legislation gets through the Parliament. But that is pretty typical of the Premier and his arrogance. Nevertheless I do think there are valid concerns from a number of stakeholders about those time frames, and I myself am a little concerned about it. There seems to be a lot that is still under consideration.

Nevertheless I will move on to another question, if I can. Could you outline what the minimum hours of experience in working in a community pharmacy patient-facing role are that will be required to be considered competent in giving out schedule 4 medications without a prescription – for a UTI, for instance?

Ingrid STITT: Give me one moment, Ms Crozier. I will seek some further advice, but obviously I have already indicated in answers to a couple of your questions that there will be training required for any participating pharmacists. Let me get that.

Ms Crozier, any participating pharmacists would need to be fully qualified and registered with the Pharmacy Board of Australia and undertake the training I have already outlined, as part of the terms of the pilot. In addition to that, the owners of the pharmacy would need to be registered with the Victorian Pharmacy Authority.

Georgie CROZIER: Would pharmacists who are part of this program be required to undertake continuing professional development to keep their skills or be abreast of new issues that are arising? Is there some sort of requirement that there is ongoing professional development for pharmacists?

Ingrid STITT: Ms Crozier, I think the best way to provide that answer is to go back to what the requirements are to be eligible to participate in the pilot. To ensure that pharmacists can provide that safe clinical service, they need to be familiar with the latest evidence or recommendations and comply

with the relevant legislation. The training requirements will be determined by and the guidelines will by developed by the pilot's clinical reference group to capture those requirements and will include educators from accredited pharmacy programs.

Georgie CROZIER: I also was a little concerned about – with all good intent, I think – Ms Terpstra's contribution. She was talking about broadening the scope of medications to go to HRT and diabetes medication. I mean, these are very complex conditions that actually need close monitoring. I am sure the government will be fully abreast of understanding that the scope, even though it sounds very simple to the layperson, does need to be monitored and a patient's health status needs to be considered by a medical professional, I would suggest, on a regular basis, rather than just having a carte blanche of medications or widening the scope. But in terms of the evaluation and the broadening of the scope according to the secretary's abilities, is there a time frame for what the government is looking to do to broaden the scope of what has already been laid out in what this bill provides?

Ingrid STITT: To be fair to Ms Terpstra, Ms Crozier, I think she was sort of projecting about what might be great to include. But the particular treatments have been carefully chosen on the basis that they are the most low risk, if you like, and some of the most common minor ailments that people might present with. It will be important I think in that regard to make sure that the evaluation fully captures whether that has been successful and safe and obviously highlight any circumstances that could be improved.

Georgie CROZIER: There is no real issue with it, but I am concerned that there could be a perception within the community that people will go to the pharmacist and want a whole range of things because it is convenient, rather than going and getting appropriate medical care. I only raise that in relation to that scoping. So what are the time frames, as I said, for the evaluation to consider further medications to be on this list?

Ingrid STITT: There are no further treatments being considered. The idea is to run a 12-month pilot on those three prescribing models for the continued supply, and I think that is an important point, of oral contraceptive pills for women – that is obviously for people who are already on a prescription for that particular medication – treatments for minor skin conditions and antibiotics for uncomplicated urinary tract infections. All of that will be made abundantly clear in the pilot guidelines that are being developed by that clinical advisory group and also will be encompassed in the training that any pharmacist will be required to undertake before participating in the pilot.

Georgie CROZIER: I thought there were. I thought the briefing said – I could have that wrong – that this was a pilot for these particular conditions and for these particular medications and that there was room to further expand that at a later time. And my question is, which I might not have articulated properly: when will that be decided? When will it be decided by the department about that expansion?

Ingrid STITT: Not before the conclusion of the pilot and after the evaluation has been considered, I believe. Just let me double-check that.

Yes, that is right, Ms Crozier. We will run the 12-month pilot, evaluate it and assess the findings of that evaluation, but nothing further will occur until all of that has happened.

Georgie CROZIER: I appreciate that. I suppose the reason I ask is that there are concerns about how far you go with this. So the reason I ask that is the government obviously have some views about expanding this because they have just put these three areas in it and it can be expanded by regulation of course. But it really goes to the issues that the AMA was raising around what, in terms of the process and assessment of public health need, the government has undertaken to get to this point. I realise you are using this trial because it is being done in Queensland –

Ingrid STITT: Other jurisdictions.

Georgie CROZIER: and other jurisdictions, and it has been successful in other international jurisdictions. So that was the reason for my question. And I think the Victorian public would like to understand that, as well as the medical professionals.

But if I could just go to one last question, if I may. It has been raised with me about the cross-border issues, particularly around this area –

The DEPUTY PRESIDENT: Sorry, there are a couple of conversations that are just getting a little bit loud. Can we just keep our conversations down so we can hear the minister and Ms Crozier.

Georgie CROZIER: Minister, in relation to the cross-border issues, in New South Wales they have got a clinical trial going on. We do not. So what is it going to mean for –

Ingrid STITT: Oh, for border communities, you mean?

Georgie CROZIER: Border communities, correct – border communities and perhaps potentially those consumers that will cross the border. There will be different requirements from Victoria as opposed to New South Wales. What has happened between the Victorian and New South Wales governments, and how will you manage that – and South Australia?

Ingrid STITT: Ms Crozier, I will get some advice on that. It is a good question.

Ms Crozier, the advice I have is that Queensland, New South Wales and Victoria are working together insofar as they will be sharing information about how the pilots are going in those different jurisdictions. South Australia are not currently having a pilot of any type; they are having a parliamentary inquiry, which has not reported yet. In terms of what happens with cross-border communities and the like, you do not have to be a resident in Victoria to access this medication, but the pharmacist and the pharmacy do need to be based in Victoria.

Georgie CROZIER: Yes, and that was my point. So if we have got South Australians who are coming across the border to access a pharmacy in Victoria, then it is the responsibility of the pharmacy to keep those records. Do they pass it back to the South Australian health department or to the Victorian health department? Do they come under the – how does that get managed? Sorry, that is it.

Ingrid STITT: I will get some advice on that, Ms Crozier.

Ms Crozier, Victorian pharmacists, with the consent of a hypothetical South Australian customer, could share that information with their GP if they were given consent for that, but bearing in mind that all of the data from the pilot is being collected anyway, I think it would probably capture issues that might come up across borders. I do not think it would be significant. It may be more of an issue between New South Wales and Victoria, given the population centres on that border, but the difference there is that both states are undertaking a pilot of some sort now, or are about to.

Georgie CROZIER: That just sparked another question. My apologies, I said that was my last question. It goes to the point of international visitors: if they have got these complaints, can they just go into a Victorian pharmacy and get free medication –

Ingrid STITT: It is not free.

Georgie CROZIER: Well, not free, but can they get access to these medications and therefore their data is just collected amongst the entire – I mean, it is no different from travelling anywhere, but will their data become part of the pilot?

Ingrid STITT: I think that the data would be captured in terms of what was prescribed. Whether or not there was any request or compulsion to share that with a GP in, I do not know, Japan or Europe or wherever I think is another matter, but these matters will I think be crystallised in the protocols that are being developed prior to the pilot commencing.

Sarah MANSFIELD: Minister, I have got a number of questions. I will try not to repeat too many of the questions you have already been asked, but there might be some variations on themes. The first question is: is the government open to delaying the start of this pilot if it is not ready by 1 October?

Ingrid STITT: The advice that I have is that we are on track for October.

Sarah MANSFIELD: What public health need or data informed the choice of conditions and clinical scenarios that are included in this pilot?

Ingrid STITT: I did indicate, I think in an answer to one of Mr Limbrick's questions, some of those statistics about those three conditions. They are very common, particularly the first two, for women. I am not sure if you were in the chamber for that answer, but particularly skin conditions – very widespread – uncomplicated UTIs and oral contraceptive pills for women, or the continued supply thereof, were seen as the most appropriate to form part of the pilot. Of course Victorians' safety is paramount, and these were considered to be appropriate to be in scope for the pilot for this type of treatment.

Sarah MANSFIELD: Which stakeholders or experts were consulted prior to the announcement of the pilot?

Ingrid STITT: To date the main stakeholder consultation has been via those two advisory groups, so the general advisory group with those organisations. I am happy to restate them, but I think you were here for that and you would be aware of the membership of the advisory group. Of course the clinical reference group is made up of experienced clinicians, pharmacists, educators and safety experts. That has been the basis of most of the consultation. That is because obviously the bill is enabling the pilot; it does not establish the details of its operation. So stakeholder consultation will be an important component built into the later stages of the pilot's development, and that work is underway. As we draw closer to the commencement of the pilot, that further consultation will occur.

Sarah MANSFIELD: I guess I am just trying to understand how the concept of the pilot, when it was announced by the Premier last year – what fed into that? You have listed some data around conditions, and I understand that is part of it, but what other consultation fed into the idea of the pilot that was announced last year?

Ingrid STITT: I think, Dr Mansfield, one of the contributing factors to choosing these particular treatments is to align with what is happening in other jurisdictions, both in Australia and overseas, and the desire on the part of the government to provide easier pathways for people to get treatment without the need to go to a GP in those limited circumstances.

Sarah MANSFIELD: I know Ms Crozier asked some questions about antibiotic resistance earlier, but I am just curious about how the government will actually monitor the impact of this pilot on antibiotic resistance. I am curious about how that will be done.

Ingrid STITT: One moment. I think that I have already referenced the data, Dr Mansfield, from New Zealand from that 2017 study, which found that there was not an increase overall in antibiotic use as a result of a pilot such as this. But this will be a very important aspect of the pilot design. Obviously, the data that is collected during the pilot will be critical in terms of assessing and evaluating how that has gone. We do not want to see a situation where there is overprescription of antibiotics, but in other jurisdictions where similar reforms have been pursued it has not been shown that there has been a significant increase.

Sarah MANSFIELD: It sounds like it will be an important part of the design. We are relying on studies that have been done in other jurisdictions to say that it has not had that impact in their particular trials with the way their systems were set up, but we are not necessarily going to be evaluating that here as part of the trial. Are we actually going to be monitoring for antibiotic resistance as part of this pilot here?

Ingrid STITT: Yes. The risk of antibiotic resistance is being considered by that clinical reference group in the design of the pilot. There are obviously, as I have indicated, multiple experts with relevant experience on that clinical reference group, and their advice will be underpinned by the established and accepted therapeutic guidelines for the prescription of antibiotics. I think that in addition to that I have already indicated that there will be mandatory training requirements for any pharmacists participating in the pilot, which will cover off the issues and the guidelines that are going to be provided in terms of antibiotic resistance by the clinical reference group.

Sarah MANSFIELD: Moving on to the minor skin conditions, do we have a sense yet of what is considered a minor skin condition for the purposes of this pilot?

Ingrid STITT: Yes. One moment. I will seek some advice.

I am going to again defer to the expertise of the clinicians on that advisory panel. They are doing work around which skin conditions will be included in the pilot. That information will be available well before the pilot commences and will obviously be included in the training program that will be rolled out in advance.

Sarah MANSFIELD: I was also curious about which particular classes of schedule 4 medicines pharmacists might be authorised to dispense without a script for a minor skin condition, but I guess it is difficult to know that without knowing what the minor skin conditions are. It is conceivable that they could be antibiotics or could be various forms of corticosteroid creams, but I guess we will not be able to get answers on that at this stage. Will there be scope for pharmacists to provide advice about long-acting reversible contraceptives when dispensing repeat pill scripts?

Ingrid STITT: This is a pilot. The scope of the pilot is very prescriptive and clear. If there needed to be a conversation of that nature, it would need to be a conversation between the patient and their GP.

Sarah MANSFIELD: Just on oral contraceptive pills, you mentioned that select oral contraceptive pills will be covered. Again, the detail of this is probably still being worked out, but quite a number of oral contraceptive pills are not currently on the pharmaceutical benefits scheme. We have been told that the cost of accessing medications will not be more than – correct me if this is wrong – the concessional PBS co-payment for a medication. A number of these oral contraceptive pills cost more than that amount, and I am just wondering: will those particular types of pills be available through this pilot scheme?

Ingrid STITT: On the costs, we have indicated that seeing a pharmacist will cost no more than it would if you went to a GP for the service, but the cost of the medication would be whatever it would have been if you had gone to the doctor. If I can maybe help a little bit regarding giving you the details, the secretary's approval prior to the pilot commencing will detail all of the requirements for eligibility, for the premises, for the training and also for specific schedule 4 substances that can be supplied or administered. That will all be prescribed by the secretary of the health department subject to the bill passing the house and the pilot commencing.

Sarah MANSFIELD: Just to dig into the cost aspects of it a little bit further, you said then that it is not going to cost someone any more than going to see their doctor for this service.

Ingrid STITT: Yes, a bulk-billing doctor.

Sarah MANSFIELD: If they saw a bulk-billing doctor, they would not pay anything out of pocket to see the doctor, so will the cost just be for the medication part of it?

Ingrid STITT: That is correct, Dr Mansfield.

Sarah MANSFIELD: So the amount that they will pay for a medication will be the same as what they would have paid for it if they had a prescription from a doctor. Does that include things like if you are a concession card holder, you will only pay the concessional price, and if you are a non

concession card holder you will pay the general co-payment? You pay the same as the general PBS co-payment, and if it is a private script, you pay the private script amount? Is that correct?

Ingrid STITT: Yes, I am advised that that is correct.

Sarah MANSFIELD: Will these medications therefore count towards a consumer's PBS safety net?

Ingrid STITT: I am advised that it will not.

Sarah MANSFIELD: Will First Nations participants be eligible for Closing the Gap concessions?

Ingrid STITT: Dr Mansfield, if you are happy for us to take that on notice, we will see if we can get an answer for you, but if we cannot get an answer for you today it will be before the pilot commences that we will be able to clarify that question.

Sarah MANSFIELD: So in terms of the pharmacists' remuneration for providing this service, is the only payment they receive just the amount they make from dispensing that medication or do they receive a payment for the service provision aspect of this pilot?

Ingrid STITT: Dr Mansfield, the advice I have is that the payment process for pharmacists will be based on periodic service reporting by community pharmacies that will be validated by the Department of Health or a vendor prior to payment. The amount paid will be offset by, but may not totally cover the costs of, the pharmacy participating. Community pharmacists will be paid a reimbursement payment of $20 to cover the admin activities and the additional time required to collect data, including other costs and commitments associated with the pilot. They will also be reimbursed for any pharmaceutical benefits scheme gaps in the medicines dispensed, and this will vary depending on the medication. Post pilot there is no commitment to ongoing reimbursement of fees, consultation or pharmaceutical benefits scheme gap.

Sarah MANSFIELD: And just to clarify, will there be any financial incentive for pharmacists to dispense the medication, say, instead of providing just advice in this pilot?

Ingrid STITT: I am advised that there will not.

Sarah MANSFIELD: Will there be any requirements for pharmacies to have a private room to undertake these consultations, and if not, how will they ensure privacy and confidentiality?

Ingrid STITT: I understand, Dr Mansfield, that will be part of the criteria to participate in the trial. You will need to have appropriate areas for private consultation.

Sarah MANSFIELD: I know you have answered a number of questions around the record-keeping side of this. Not every patient will have My Health Record, so I am just curious about the processes to ensure that there is some sort of record kept of what has happened in the interaction, what medication has been dispensed, how that will be communicated to the person's usual GP and whether any of that documentation will be given to the patient, particularly if they do not have something like My Health Record.

Ingrid STITT: I am just trying to put my finger on that particular information for you, Dr Mansfield, but as I understand it there will be a requirement for records to be shared with the customer/patient's GP or medical health provider. Just bear with me one moment.

The following data will need to be collected: the location and contact details of the pharmacy; obviously there will be banking details for reimbursements et cetera; de-identified service details for evaluation purposes around outcome prescription details; other service details including symptoms experienced to inform evaluation and fraud monitoring; consumer contact details; demographic data and other information required for evaluation purposes; consumer consent to receive treatment; and consumer consent to participate in the research elements of the pilot. Just let me double-check something with the advisers box, but I think that I have already indicated previously that sharing of

information with the patients' GPs will be required as part of the pilot as well and of course, importantly, consent from the patient to share that information with their medical practitioner.

Sarah MANSFIELD: What are the indemnity arrangements for pharmacists participating in this pilot?

Ingrid STITT: The pilot is being designed so that pharmacists' professional indemnity insurance will cover the services in the structured prescribing model.

Sarah MANSFIELD: How will the public know where they can access this service, given that only certain pharmacists will be able to provide certain components of this? Each pharmacist has to do individual modules of training to be able to provide the service. So how will the public know where they can access this? Because it will not be that they can just walk into their local pharmacy and get access from 1 October.

Ingrid STITT: Obviously, it will be community pharmacists that are participating in the pilot, but I will just seek some guidance from the box about whether that will be communicated and in what way.

We will be allowing participating community pharmacists to advertise the fact that they are participating in the pilot and what services they can provide, and it will all be centrally available via the Department of Health website, as you would expect.

Sarah MANSFIELD: I have just got a number of questions about the evaluation side of this. Why did the government decide not to do this as a clinical trial, like in New South Wales?

Ingrid STITT: Dr Mansfield, the evaluation approach for the pilot is broadly comparable with the New South Wales pharmacy trial. Neither the New South Wales trial nor the Victorian pilot are being conducted as a randomised controlled clinical trial. You would know, given your background, that such trials are usually conducted for a new medication or treatment. By contrast, the Victorian pilot will rely on tested and well understood and widely used treatments. Registering and conducting the pilot as a clinical trial would not deliver any additional benefits to patients or pharmacists or the community and would only serve to delay access to health care for the people who need it the most. That is why we have chosen the framework that we have. The evaluation framework developed for the pilot is aligned to the World Health Organization's domains for quality healthcare services, and it will assess whether the model of care used in the pilot provides safe, effective, people-centred, timely, equitable, integrated and efficient care.

Sarah MANSFIELD: I appreciate the department providing a copy of that draft evaluation framework. I did note that the framing of a lot of the questions that the evaluation will be looking at was really looking for positive outcomes from the trial. It did not take a more neutral stance and look at: well, there could be potentially some negative outcomes. An example is that a measure was, 'How many potential GP visits did this save?' There are scenarios where this could create some additional GP visits. I guess it is just a question of: are some of those potential inefficiencies or negative impacts also going to be considered as part of the evaluation?

Ingrid STITT: Obviously the clinical reference group and the advisory group will be finalising the framework. But to your question about 'Will it get to the bottom of all of the issues?', I think some of the analysis will evaluate whether the care provided met the needs of the patient. There are going to be opportunities like that to interrogate not just the positive outcomes but where there might be improvements necessary, and all of that will be tested, I guess, during the collation of all the evaluation data and information. The government is committed to being transparent about that and publicly releasing that information.

Sarah MANSFIELD: Will the evaluation look at the rates of referral to other services? That was one of the things that did not appear to be in the evaluation – how often someone coming in for the service is told, 'Actually, no, you need to be going to see someone else about this.'

Ingrid STITT: As I understood it, Dr Mansfield, that was part of the data that was required to be kept by the pharmacist.

Sarah MANSFIELD: Last one: you mentioned that the evaluation will be made public – the findings from it – and we welcome that. Can you give an indication of the time frame for the release of that evaluation being made public?

Ingrid STITT: My understanding was it would be after the pilot, but let me just get some clarity on that for you just to be sure.

Dr Mansfield, obviously there needs to be some collation of data et cetera, so it will be as soon after the conclusion of the pilot as possible.

Renee HEATH: This is my first time asking questions in committee, so I apologise if I am repeating any of them. My first question is: women who are obese, smoke or suffer from migraines are at a greater risk of stroke when taking the oral contraceptive pill, and these are obviously things that can change at any time, so for how long can the script be filled without reassessment? Is it a number of years, or is it over a lifetime?

Ingrid STITT: That would form part of the secretary's approval of the terms of the pilot, and that would be guided by the expert clinical advisory panel, so it is not something that we can answer right now. It is something that will be worked through in that advisory process, and all of the eligibility and all of the criteria – including the specific training requirements, importantly, for participating pharmacists so they know what the guidelines are – will be finalised ahead of the trial commencing.

Renee HEATH: Thank you for the answer to that question. In terms of record keeping, will there be restrictions on how often you can access the renewal of your scripts, or will you just have to show identification? And will pharmacists have visibility of other medications so they are aware of the health history when giving these drugs?

Ingrid STITT: Just bear with me, Dr Heath, while I find the specifics of that for you.

Thanks for your patience, Dr Heath. In terms of the data reporting and privacy, the data that need to be collected from pharmacies during the pilot are – I have gone through this once, but I will do it for your benefit because I am not sure if you were in the room at the time – pharmacy location and contact details to inform evaluation and give the ability to seek feedback; pharmacy banking details and de-identified service details, including outcome prescription details for reimbursement; other service details, including symptoms experienced, to inform evaluation – and fraud monitoring will be another requirement; consumer contact details; demographic data, which probably goes to your point around particular demographics; consumer consent to receive treatment, importantly; and consumer consent to participate in the research elements of the pilot.

Renee HEATH: Will you need to book an appointment to have your health issues assessed by a pharmacist?

Ingrid STITT: I do not know if we can be that prescriptive. It will depend on the particular pharmacy that is participating. It might be a very busy pharmacy, and they might have a system they want to set up. I do not know that we are going to be prescriptive about that.

Renee HEATH: The reason I ask is that we were talking about the private rooms before, and it goes in with that. How can you be sure that a UTI is uncomplicated? What protections exist if a patient is treated for a UTI but is misdiagnosed and something like diabetes or a neurological disorder is missed? Will pharmacists be able to have the referral rights to do pathological testing?

Ingrid STITT: Sorry, I could not hear that last bit. Can you repeat that?

Renee HEATH: No worries. That is absolutely okay. In terms of UTIs being uncomplicated, what protections are in place for the pharmacist? Will they have the referral rights to send for testing, such

as urinary testing or pathological testing, to confirm their diagnosis or are they only legally allowed to treat, without the confirmation of a diagnosis?

Ingrid STITT: I mean, you are coming up with examples now, but the answer to this question, Dr Heath, is in the pilot model design. The primacy of protecting patients' safety will be paramount. That is why we will be getting advice from that expert clinical advisory body, and they will be developing the guidance for participating pharmacists about these matters. There will be mandatory training for those pharmacists around how and in what circumstances they should not be issuing medication but in fact referring patients to their GP. I would expect that the issues around what an uncomplicated UTI is will be well covered by that work.

Renee HEATH: I think I am almost there. Skin treatments can currently be treated – and Dr Mansfield probably already covered this one in a sense – and fungal and inflammatory conditions are probably considered minor. Will this committee also have the scope to determine what conditions are allowed to be treated by a pharmacist?

Ingrid STITT: I think the answer to that question is really about the training and expertise that pharmacists already hold and the fact that they are adept at giving advice to customers with a range of different conditions. But again, there will be very strong guidance available for the pilot through that clinical advisory panel. We will also look to both the evidence and the frameworks that have been developed in other jurisdictions to assist us with this for pharmacies.

Renee HEATH: My final question: obviously there are huge concerns about antibiotic resistance, and I spoke earlier today about how Harvard University has been talking about the incredible rising amount of UTIs that do not respond to antibiotics. What protections will be in place for these patients, and how will they be monitored?

Ingrid STITT: As I indicated to I think Dr Mansfield in her line of questioning, the risk of antibiotic resistance is specifically being considered by the clinical reference group, which includes multiple experts with experience in microbiology and antimicrobial stewardship, and their advice will be underpinned by the established and therapeutic guidelines in relation to these matters for the prescription of antibiotics. The advice received will obviously be reflected in the pilot structure's prescribing protocols to ensure that permitted supply of antibiotics under the pilot adheres to the current established therapeutic guidelines.

Renee HEATH: Will there be higher insurance premiums because of the added responsibility of diagnosis?

Ingrid STITT: I think we have touched on indemnity insurance, but participating in the pilot will not be a mandatory thing. Community pharmacists can apply to participate in the pilot, but this is about actually making pathways to treatment easier, not harder.

Bev McARTHUR: Minister, just help me out here: this is all going to take place in three weeks time, no? The pilot.

Ingrid STITT: October.

Bev McARTHUR: October the first?

Ingrid STITT: October.

Bev McARTHUR: No date in October?

The DEPUTY PRESIDENT: Sorry, Minister. I think they are trying to get a clarification. Is it 1 October or just sometime during October?

Ingrid STITT: I am advised that the pilot will commence in October. I am not aware that it is a specific date in October, but the work is moving at pace to be ready by October.

Bev McARTHUR: I would assume that everybody would be trained by now, wouldn't they, if they were about to start operation in October?

Ingrid STITT: No, they are not at this point in time, but there will be details provided once all of the protocols and the compulsory training elements are determined. There has already been a power of work commenced. That work is ongoing, and the government is very serious about being ready to go in October.

Bev McARTHUR: You referred to this 'experienced clinicians group'. I might have not been hearing properly, but are the AMA involved in your advisory group or the expert clinicians group?

Ingrid STITT: I think I have gone through the list of experienced clinicians, pharmacists, educators and safety experts that are on that particular clinical reference group, including the Pharmaceutical Society of Australia, the Society of Hospital Pharmacists of Australia, the pharmacy and pharmaceutical sciences division of Monash Uni, the Pharmacy Board of Australia, Therapeutic Guidelines Limited, the Royal Australian College of General Practitioners, Monash University, Melbourne University, the National Centre for Antimicrobial Stewardship, infectious disease physicians, the North Eastern Public Health Unit, the public health unit of the Department of Health, practising community pharmacists, the Alfred and Monash University and the Austin Hospital. There will be a dermatologist represented on the panel, consumer representatives and a number of representatives from Safer Care Victoria and the Department of Health. I note that the AMA has been invited to participate in this clinical reference group.

Bev McARTHUR: So you are confirming that the AMA are not involved in the advisory group or the expert clinicians group?

Ingrid STITT: No, that is not correct, Mrs McArthur. What I am advising you is that they have been invited to attend.

Bev McARTHUR: But they have not accepted your invitation, have they?

Ingrid STITT: I am not advised about the status of that – whether that invitation has been accepted or rejected – Mrs McArthur. I am simply being very transparent about the fact that they have been invited to participate.

Bev McARTHUR: Minister, we have got a very short time to go before this whole show is in operation, and the main group of doctors that exists does not appear to be involved. Does anybody know, in that box over there, whether they have accepted the invitation or rejected it?

Ingrid STITT: I am very happy to go and seek their advice on that point, but I think that we would all agree, would we not, that the membership of this particular reference group is quite impressive in terms of their clinical experience, particularly in the area of pharmacist medicine and the treatment of the particular conditions that are in scope for this pilot. But do bear with me, Mrs McArthur, while I get some advice.

Mrs McArthur, I do not want to get argumentative about such a simple and meritorious bill before the house today, but I do want to just point out that there are many, many GPs represented on both the advisory group and the clinical reference group by virtue of their membership of a number of different organisations that are represented. I can confirm that the AMA was involved in the advisory group, which they have now chosen to withdraw from. Notwithstanding that, they have also been invited to participate in that clinical reference group, so that invitation stands.

Bev McARTHUR: I am glad we got to that conclusion – that they have withdrawn from the operation. Going back to the indemnity insurance, GPs have to pay for quite hefty indemnity insurance. We are asking pharmacists to give out advice for medical conditions. Wouldn't they need to have the same comprehensive indemnity insurance as the medical profession?

Ingrid STITT: Mrs McArthur, the pilot is being designed so that the pharmacists' professional indemnity insurance will cover the services in the structured prescribing model.

Bev McARTHUR: Minister, you keep referring to the fact that the pharmacists will be transferring the information they gain from the patient, or when they are distributing medication, to the patient's GP. What happens if the client, customer, patient actually does not have a GP?

Ingrid STITT: I am not sure if you were in the chamber, Mrs McArthur, when we went through this in some detail, but any sharing of the information, including the diagnosis and what was prescribed and the advice that was given, would need the consent of the customer in order for that information to be provided to their GP. If they did not have a GP, that would be unfortunate, and hopefully the pharmacist would talk to them about the importance of primary health care and maybe suggest that they seek out a GP. But in any event the de-identified data from the consultation and treatment would be collected as part of the pilot and used as part of the evaluation – de-identified.

Bev McARTHUR: It will all end up probably in the Department of Health; would that be correct?

Ingrid STITT: No, it is not. There will be a provider that is responsible for the pilot evaluation and assessment, including the assessment of the data. It will be the Centre for Evaluation and Research Evidence, and of course there will be strict privacy requirements on any of that data that they hold as part of this work.

Bev McARTHUR: Well, that is a relief, because we have not had a great experience with the Department of Health of recent times, so if somebody else is going to manage it, that would be better.

Now, when I get a vaccination, I get a text from my doctor and the clinic to say, 'How did all that go? Are there any downsides, upsides?', whatever. Is that the sort of evaluation that might occur in this instance – the pharmacist sending a text to the patient, 'How did that vaccination go?' or 'How did that prescription go? Did you have any side effects or repercussions?' Is that what might be in mind?

Ingrid STITT: I will seek some advice on that. I am not sure whether that level of detail will be finalised yet, given that the evaluation is after a 12-month pilot, but please let me get some advice from the box.

Mrs McArthur, the pharmacy or the pharmacist will not be directly involved in evaluating the experience of the customer. As part of the service and part of the consent, a question will be, 'Do you consent to being part of follow-up research?' If that is the case, then that body that is responsible for the evaluation may contact that person for some feedback about their experience during the pilot, but it will not be the individual pharmacist involved in that activity. It is not a marketing opportunity either.

Bev McARTHUR: Well, that is fabulous. One of the benefits of going to a GP – especially, you know, it might be a woman going about the pill or something else – is that the GP might discover that there are other extenuating circumstances in the person's health. They might even discover a domestic violence issue with that patient. Are the pharmacists going to – as part of this accelerated training program to be ready by some time in October – be trained in identifying those potential issues and offering particular advice?

Ingrid STITT: I think it would be fair to make the observation, Mrs McArthur, that community pharmacists are already quite adept at supporting the community, but the details of the particular training that they will be required to undertake are in the process of being developed, and the clinical reference group will be key to designing that. In terms of your example that you have given about the contraceptive pill, I think it is important to remember that it is only the continued supply of that medication that would be permitted under this pilot. Patients would already have to have been through that process with their GP in order to be on that medication in the first place, so it is only repeat prescriptions, if you like, that it will be possible to get through this pilot.

Bev McARTHUR: Minister, is there anything to stop a patient, a client, a customer from script-hopping from one participating chemist to another on this activity?

Ingrid STITT: I think that logic would tell you that they are already on a script in order to get a repeat script for the contraceptive pill. I am not sure that there would be any real benefit in prescription-hopping for a UTI or a minor skin condition, but please let me just consult with our advisers in the box about whether there is something I am missing here and need to provide you with.

Mrs McArthur, I think my answer stands. I think we have to keep this in perspective. This is a 12-month pilot and there will be eligibility criteria as to which community pharmacists can participate. Obviously the evaluation will need to pick up any issues around overprescription. I think I have already gone to that point in answering questions from both Dr Heath and Dr Mansfield around overprescription of antibiotics, and that is something that that clinical expert reference group are designing at the moment in terms of the framework.

Bev McARTHUR: Minister, just to clarify, the patients going into this pilot, with their consent – this is a repeat prescription they are getting, and a chemist cannot prescribe a new form of medication?

Ingrid STITT: Not for the contraceptive pill – it is the continued supply of that medication. But they will be able to prescribe treatment for some mild skin conditions, the terms of which will be determined by the expert clinical panel, and antibiotics for uncomplicated urinary tract infections in women – again, as advised by the expert clinical panel.

Nicholas McGOWAN: Just to be clear there, in my understanding at least, for the pill the patient must have a repeat script, evidence of a repeat script or evidence of a script at some point. However, with all the other applications, they do not require a script at all to prove having had that medication previously. Am I correct in saying that?

Ingrid STITT: I think you are missing the point, with respect. Part of the mandatory training that the pharmacists will have to undertake, and the guidelines that will be issued after the expert panel have determined them, will go to: in what circumstances should a diagnosis be made and a script issued? So it is not just that somebody rocks up and just asserts that they need a script. There would be a process and an examination that would be undertaken. Let me rephrase that: there will be an area in the pharmacy that will be required to be available for consultation. This will not be just standing at the glass counter at the chemist and asserting that you have a condition and getting a script handed over that counter. There will be guidelines that will be required to be followed by that community pharmacist, and those guidelines will go to the established therapeutic guidelines that those in the medical community are very familiar with.

Nicholas McGOWAN: Just picking up on that, so in some instances there will be examinations that will be required – is that correct? – undertaken by the pharmacist.

Ingrid STITT: I think I would like to withdraw the term 'examination' in hindsight, but I have indicated that one of the requirements for a pharmacist to participate in the pilot is that they would have to have a dedicated area available to consult with a patient about any one of those three medical conditions.

Nicholas McGOWAN: That actually leads nicely on, because I know in response to Dr Mansfield's question before – Dr Mansfield asked about 'the room' – your response used that same language, 'an area', and that gives me some concerns. I am sure everyone here has been to a pharmacist before where in all reality we were having frank conversations with the pharmacist with the participation of the crowd of everyone around us, regardless of what it was about. Am I clear in understanding, therefore, that no pharmacist will participate in this trial unless they actually have a separate room – that is, a room with a door where no-one else hears it except the pharmacist and the patient?

Ingrid STITT: It will be one of the criteria to be eligible to participate in the pilot.

Nicholas McGOWAN: Just to clarify, the criteria is therefore a room where the door can be closed and confidentiality assured between both the pharmacist and the patient. Is that correct?

Ingrid STITT: I am just trying to put my hands on the exact wording for you so we can resolve this issue. Just one moment.

Pharmacies will need to be able to provide suitable facilities to conduct services supplied, including private consultation space.

Bev McARTHUR: Minister, apart from having a room, have they got the skills to actually conduct an examination of a patient that a doctor might have before they prescribe a medication?

Ingrid STITT: Asked and answered, Mrs McArthur. We are going over old ground here. One of the criteria for participating in the pilot is that community pharmacists will be required to complete mandatory training before providing any service. I think that we should not be doing a disservice to those community pharmacists, who provide a terrific level of support to the community. You would know that.

Nicholas McGOWAN: In respect to the advertising – that is, making the public aware that this is going to be a new program and in place in October – can you tell me what the budget is in terms of the Department of Health and their expenditure on raising awareness?

Ingrid STITT: Just let me get some advice, but I would not characterise it as advertising, Mr McGowan. I would characterise it as community information.

You should save that one up for the Public Accounts and Estimates Committee, Mr McGowan, but as you are probably aware, there was an announcement made about this important and exciting program, and we will be funding it to the tune of $19 million to deliver the 12-month pilot. Any provision of community information will be within that envelope.

Clause agreed to; clauses 2 to 4 agreed to.

Reported to house without amendment.

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (16:37): I move:

> That the report be now adopted.

Motion agreed to.

Report adopted.

Third reading

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (16:37): I move:

> That the bill be now read a third time.

Motion agreed to.

Read third time.

The DEPUTY PRESIDENT: Pursuant to standing order 14.28, the bill will be returned to the Assembly with a message informing them that the Council have agreed to the bill without amendment.

Motions

Budget papers 2023–24

Debate resumed on motion of Jaclyn Symes:

That the Council take note of the budget papers 2023–24.

Renee HEATH (Eastern Victoria) (16:38): When you promise and fail to deliver, communities end up worse off. In this budget the regions were promised a Commonwealth Games. These games were to provide a major economic boost in areas around the region, and for a minute I would like to focus on the electorate of Bass. The Bass Coast shire was successfully negotiating an amazing deal that would have seen the entire Scottish and Welsh squads stay in San Remo for two weeks prior to the games. Five hundred high-profile tourists were coming to the region, and the town was abuzz. The athletes would have had an amazing opportunity to be tourists for a fortnight while acclimatising to the Victorian conditions. For local tourism and business owners it would have been an incredible opportunity to showcase all that the Bass Coast has to offer on the global stage. This generated a lot of confidence in the business community to upgrade and invest in their businesses because of the exposure the Commonwealth Games promised to bring. Imagine having entire teams posting on social media advertising their incredible experience. This had an incredible potential to promote the region on the international stage where people were watching on and following their sporting heroes. A few weeks ago I spoke to another business owner in the region who showed me their plans to expand their business into accommodation. Plans had been drawn up. The building was about to begin, because they were under the illusion that they had teams of athletes that were going to be staying in their facility, and this would have created an incredible launch pad for their development.

This government needs to stop misleading the Victorian people. This government needs to stop promising and not delivering. The decisions made by this government over the past few years have damaged confidence in business. During COVID, businesses in the region got absolutely hammered. Many never recovered and had to permanently close their doors. Small businesses who were already struggling to make ends meet lived under constant fear of government directives that could shut their businesses down within a matter of hours, and if they did not comply, they would face massive fines. This caused a huge amount of insecurity within the business community. What we have seen over the past year, particularly with the promise of the Commonwealth Games, is a boost in confidence. Once again people felt encouraged to invest – encouraged to upgrade their accommodation, purchase a new coffee machine or maybe extend their restaurant, because they knew that 500 athletes were coming to stay in their town for two weeks. They prepared, they got ready, and they got left with the bills, and that is what continues to happen under this government. It is undermining confidence.

There are a lot of local and international impacts of this decision. The decision has undermined international trust and confidence from the global community. I read a quote:

> "Is Victoria a reliable counter-party internationally when we put our name to a contract and say, you can trust us to deliver on our commitments and to deliver a great event?" …
>
> "It's not just sport. These sorts of things are really damaging to the reputation of Victoria as a reliable counter-party on the world stage. We all learn in primary school that you should do what you say you're going to do.

This government has caused such insecurity, not just with its own citizens to invest in business but also with the international community to invest in our state. Under Labor, regional Victorians come last. Our region of Eastern Victoria is growing but our health infrastructure is not. The state Labor government made over $4 billion in election commitments for hospital upgrades. That included $290 million for Wonthaggi Hospital and $675 million for West Gippsland Hospital in Warragul. Only $320 million was actually budgeted. That is 7.95 per cent of what they promised. The people of the Eastern Victoria Region are worried that the only place they will ever see healthcare infrastructure is on a flyer in their mailbox or in an election promise, but never in reality. I have spoken in this place many, many times about the disadvantage that people in regional areas have when it comes to health.

The further you are from a metropolitan city, the more likely you are to die within five years of a cancer diagnosis. This is actually an extremely serious issue. People in the country have worse outcomes due to the lack of healthcare services and infrastructure, and our hospitals need upgrading. If you could not afford it, you should not have promised it.

And roads – under Labor, regional roads come last. At a time when our regional roads are deteriorating and becoming extremely dangerous, Labor is pushing ahead to cut 45 per cent of its annual spending on road maintenance. In this budget the regions have once again been neglected. The hardworking and taxpaying people of the Eastern Victoria Region will continue to dodge potholes and probably slow down to 40 kilometres per hour. Regional road funding has been cut. The state Labor government have cut $230 million from the road maintenance budget in the last two years. Every pothole is a picture of this government's neglect.

The last thing I want to talk about is of course the native timber industry. Coming into government in 2014, Labor declared war on regional jobs. Our region of Eastern Victoria has been absolutely trashed. The closure of the native timber industry is devastating to the Eastern Victoria Region. Once again thousands of jobs will be lost, thousands of families are really hurting due to this decision, and Labor does not have a plan for the thousands of lives that it is destroying. The decision to close the native timber industry will not just destroy local communities in the Eastern Victoria Region, it will affect people everywhere. It does not matter where you live, you need timber. You need timber to build homes, and I still do not understand why this decision was made.

I am sure that Victorians are getting sick of decisions being made based on narratives and not facts. Our native timber industry is renewable. All areas harvested are replanted, the timber products store carbon and the trees that replace them are removing more carbon from the atmosphere. Victorians still need timber, and the alternative to harvesting a small area of our native forests in Victoria is to import the same product from overseas, from countries that may not replace or replant or have environmentally and ecologically sustainable practices. The environment will be much worse off because of this decision. The government's plan contradicts the fourth assessment report of the United Nations Intergovernmental Panel on Climate Change, which has recognised that sustainable forest management, including the harvesting and regeneration of forests, will generate the largest sustainable climate change mitigation benefit, and that is from the Victorian Forest Products Association. So not only will this decision destroy communities and jobs, it is also against international best practice.

Katherine COPSEY (Southern Metropolitan) (16:47): I rise to speak on this year's budget bills and to focus on transport. You will note that I have a tone of urgency throughout this speech, which may surprise you, because speeches about transport tend to be worthy and somewhat technical, but not urgent. But it is urgent and important because of three stark facts that frame why we need to take action on transport in Victoria.

Fact number 1 is that as we meet here in Melbourne in early August, scientists are confirming that July was the hottest month in the world on record. We have all seen distressing images from the Northern Hemisphere of catastrophic fires across much of Greece, record heatwaves across continents and people ill and dying simply because it is too hot. The UN Secretary-General António Guterres has said the era of global warming has ended and the era of global boiling has arrived. When I hear that phrase, yes, Mrs McArthur, I am afraid, because after years of hearing about climate activism, even I am caught short by that terrible phrase: global boiling. Guterres says that climate change is here, and it is terrifying – and it is just the beginning. It is possible, though, to limit global temperature to 1.5 degrees Celsius above pre-industrial levels and avoid the very worst of climate change, but only with dramatic, immediate climate action.

Stark fact number 2 is that the transport sector in Victoria is Victoria's second-largest, and fastest growing, source of carbon emissions. Transport emissions are increasing and not decreasing, and when the stated goal of the Andrews Labor government is to reduce overall emissions, we must take action in this sector if we are to achieve that target. So the stark fact is that Victoria has not yet begun to

properly conceptualise the scale of the task, nor the urgency necessary for decarbonising our transport sector.

Stark fact number 3 is that as our city and state continue to grow, we do need confidence that that growth has been adequately factored into transport planning and strategic thinking about having a transport system that is climate friendly. With more people looking to get from A to B, we must have a plan for mode shift to make climate-friendly transport options more accessible and available to all, rather than see induced demand and congestion grow through more new megapolluting roads. Forget demographic projections for 2050; in the next 10 years, Melbourne itself will increase by more than a million people, and as anyone who has recently travelled by road may ask: how will our roads and public transport networks cope with this 20 per cent increase, let alone move to a network that is decarbonised, unless we prioritise that shift to climate-friendly transport now?

Against those three stark facts, we do know that sustainable, zero-emission transport solutions are available today, and they are the necessary future. As my colleague Dr Ratnam said in her budget response last sitting week, budgets tell us about priorities, and what this budget tells us is that while there are a few encouraging crumbs scattered throughout towards climate-friendly transport, our second-largest source of emissions has pretty much been ignored by this budget as a sector that needs to meet the challenge of climate.

Roads and public transport systems in Victoria are under increasing strain, and many suburbs and communities currently lack suitable public transport alternatives. We know that communities and commuters are experiencing negative effects such as high transport costs, increased travel times, congestion, overcrowding, noise, air pollution and reduced physical activities plaguing our suburbs. Some communities in the newly developed estates on the city fringes are not even able to become commuters, because there are not adequate public transport services available to them. And as the cost-of-living pressure continues to bite, too many households spend an extraordinary proportion of their income on petrol costs – a growing proportion. Some members of those same households – of note, often women – are essentially stranded in their homes, not able to get to the shops, the library or the GP because there is not even a one-hourly bus available.

A budget saving, we must remember, is often simply a cost that is transferred onto ordinary people's lives, and more often – most often – people who are already on the margin. We should be planning for and investing in infrastructure that allows more people to walk, cycle and use public transport and powering our cars, buses and rail with renewable energy. We also need to increase the uptake of electric vehicles and shift heavy traffic such as freight to rail and zero-emission alternatives.

Let us turn to what the budget did offer. Budget paper 4 outlined new projects. However, the vast majority of this funding is directed towards the Level Crossing Removal Project, which, whilst a worthy project and listed in the budget as an investment in public transport, is not in fact a primarily or pure substantive investment in public transport. It does increase safety considerations for rail users, but what it really improves for rail users is when there is an upgrade to a station included. What we have seen in this budget is that there are only three station upgrades – Ballarat, Boronia and Albion – across our entire state, despite us knowing that there are many other facilities that could use an upgrade. Mr Puglielli also spoke about Ivanhoe station in this place just this sitting week. The Level Crossing Removal Project by itself will not increase the number of train services nor materially improve the rail service for our commuters. With the goal of decarbonising overall transport, the Level Crossing Removal Project will not shift people towards using public transport.

Apart from that project, if we consider the overall transport investment, 70 per cent of remaining investment in transport is directed to roads and only 1.3 per cent towards public and active transport, which is an example of what the Climate Council calls a low ratio of capital spending on public transport compared to roads. Sadly, Australia, including Victoria, historically ranks low on global scales for this investment type, and this year's budget has done nothing to shift that trend of expenditure away from roads and towards public transport. However, there is an encouraging, modest

$655 million investment in rail, which provides for those three station upgrades, which we all hope will be accessible.

Another positive investment is the rail initiative to reform and cap regional rail travel at $10 a day, bringing welcome equity to Victorians that live and travel outside of Melbourne. This initiative, though, does not have as much of a budget implication as one might first think as losses from the cheaper individual tickets are partially offset from an increase in overall usage – so it is a really good example of 'Build it and they will come' or rather 'Invest in better services and the public will use them'. We encourage and applaud this investment and encourage more like it.

The Greens have a climate ticket policy, which would see tickets free for those under 21, $1 a day for concession card holders and a flat $3 fare a day for adults. Climate tickets have been introduced in a number of areas across Europe and have resulted in decreased car dependence, fewer traffic jams and reduced emissions and have helped address the cost of living – and we have seen here in Victoria that with those incentives people will shift their mode of travel.

The cheaper fares for V/Line, though, need to be matched by serious investment in more services to meet the demand for people living in the regions for clean, green transport options that set them free from car dependency. We need to increase the frequency of existing services all across our state and increase services to those communities that currently have either inadequate or no services at all. Indeed some of the most disappointing parts of this budget are what is not in it for the regions. With key major transport projects such as the western rail project neglected and, disturbingly, as reported in this week's *Age*, to be axed, our regions are struggling with underfunded and insufficient public transport. These communities do deserve better.

Turning to consider the bus fleet, which is used a lot across regions and outer suburban areas of Melbourne, we know there is a target by 2025 that all new public transport buses will be zero-emission vehicles as the state retires some 4000 diesel buses from the fleet. We know that already 35 global cities will only buy zero-emission buses from 2025. But it is difficult to glean from the budget papers whether Victoria's target will actually be met, so I will be seeking clarification from the minister on that matter.

The main game when it comes to both reducing emissions and living in a pleasant, functional city that is not forever gridlocked is investing in infrastructure and services that encourage people using cars to either take up active transport, like walking and cycling, or public transport, and a tangible measure of this is the service kilometres via transport mode, as outlined in budget paper 3. But this is sobering reading and shocking if you look at it through a climate lens. What we find is a stagnating vision. Tram and train services are not increasing at all, and bus services are expected to barely increase this year, from 128 million to 129 million kilometres. Against existing population growth this literally means that, as a proportion of all transport kilometres, public transport is actually declining – the opposite direction we need to be going. Considering the climate crisis and Victoria and Melbourne's intention to be a global city, that is an absolute shame.

A growing number of Victorians are also getting on their bikes to get around, and more would like to do so if they had access to safe, separated bicycle infrastructure. This is another form of climate-friendly transport that has been unacceptably neglected in this budget. The Greens have a vision for a connected network of safe walking and bike infrastructure with a centrepiece of bike superhighways, the first of which would be a 21-kilometre safe, separated bike lane from Elsternwick to Coburg. I have been out on numerous trips with riders from the west to the south, all protesting the unacceptable deficits in separated cycling infrastructure in our state. It is inexcusable that safe bike infrastructure continues to receive such insufficient attention from the Andrews Labor government, as the comfort and the safety and indeed, sadly, the lives of Victorians who ride are put at risk daily by this failure. We all deserve to be safe getting from A to B. An investment in separated cycling infrastructure will also help us tackle transport emissions and congestion.

When considering vehicles, our growing population will continue to see more and more cars on the road, while increased demand for freight is also driving up truck emissions – unless we make changes. Victoria needs to accelerate the rollout of electric cars, trucks and buses. In doing so we can cut climate pollution by millions of tonnes a year plus reduce transport costs, congestion and harmful air and noise pollution. It is even an opportunity for building future jobs, as the history around Holden shows us that many Victorians would be chuffed to purchase an electric vehicle made in Victoria.

Sixteen countries and major economies, like California, have now announced plans to end the sale of fossil fuel vehicles. Car companies are phasing out fossil fuel cars. Volvo, Mercedes-Benz, Bentley and many have made commitments to only make electric vehicles by 2030, and it can only be a matter of time until all companies around the world announce similar plans. I believe that consumers currently considering a new car should be protected from investing in a polluting car that will consume increasingly expensive petrol and that will inevitably become redundant before too long and in time be difficult to onsell. We are being left behind as the world rapidly shifts to an electrified roadway, and the costs will fall to everyday people to pay.

Just this week the Electric Vehicle Council has described Victoria as having the world's worst electric vehicle policy, ranking us last amongst the Australian states and territories, with a score of three out of 10 while scoring New South Wales nine and Queensland eight. The council points out that Victoria is the only state or territory with a financial disincentive to purchase an EV, a short-sighted and regressive budget decision recently made by the government. Of that decision, the EVC says:

> Disappointingly, the Victorian Government has prematurely withdrawn its EV incentive, with minimal notice to consumers, no phase-out period, and no modelling to understand the impact of this decision.

Disappointing indeed, and in this era of global boiling, irresponsible. Without action, transport emissions will continue to rise. Comparing Victoria to other states is a very low bar, because compared with other countries Australia consistently ranks at the back of the pack when it comes to tackling its transport emissions. Australia's cars are more polluting because our emission standards are low or non-existent. Our per capita use of public and active transport is lower because our investment in them is relatively low. Indeed the international sentiment is clear that we lack credible targets, policies or plans to reduce greenhouse gas pollution from transport.

The Greens vision outlines what this budget so very clearly does not deliver. Petrol cars, trucks and trains are polluting. They are bad for our health and our community's health, and they are getting more expensive to run, contributing to the cost of living. We do need to make it easier for people to switch to cheaper and climate-friendly transport, like public transport, electric vehicles, cycling and walking. We need to cut transport emissions, make electric vehicles more affordable, massively boost public transport services for the equity of all our communities and build more separated bike lanes, safer footpaths and pedestrian crossings. By doing so we will contribute our necessary part in slowing down this era of global boiling and avoid the very worst of climate change. It will make our city and our state easier and more affordable to get around, giving us cleaner air to breathe and an altogether better place to live.

Jacinta ERMACORA (Western Victoria) (17:01): This year's budget allocates the resources to follow through on our election commitments and begin the post-COVID budget repair process. In doing so we are building better hospitals and investing in the health of Victorians, continuing to build new schools and expand TAFE and continuing to create jobs and improve transport. The Andrews Labor government is also strengthening its investment in the health of women and continuing to back in our journey towards treaty with our First Nations people. This budget also invests in training the workforce of the future to ensure that our reforms of the energy sector and the early childhood sector, for example, are supported by the skills that we need. This budget reforms our tax system to stimulate economic activity, improve the equity of our tax regime and pay down once-in-a-generation COVID debt. We are also helping Victorians beat the rising cost of living. I congratulate the Treasurer Tim Pallas on taking tough decisions and all the while demonstrating that his government upholds Labor

values of fairness, equity and justice. This government has committed to providing cost-of-living support to Victorians struggling to get by in the 2023–24 budget.

I would like to emphasise the Andrews Labor government's continued budget commitments to the health and wellbeing of Victorians. In south-west Victoria the Warrnambool Base Hospital has been able to establish a dedicated women's health clinic, a one-stop shop for women needing treatment or advice on issues from contraception to pelvic pain. I am very pleased that this service will be complemented by funds for more critically needed endometriosis surgeries. Currently, women have to wait on a waiting list for endometriosis surgery, and some women are becoming infertile during that period of waiting. So it was a very positive and welcome announcement that extra funding would be provided for those surgeries.

The hospital will also receive a new PET scanner, improving clinical capacity to assess cancers, neurological diseases and cardiovascular diseases. Again, this is a health service in a regional community. There were many people in the community that gave me feedback about just how helpful it will be to be able to get their cancer or cardiovascular or neurological condition – all serious conditions – assessed in Warrnambool rather than having to travel to Melbourne, and sometimes even travelling to Melbourne twice, for supplementary tests. So there has been lots of very positive feedback on that investment in a new PET scanner. This has been incredibly well received by the community. It was really satisfying to see how the medical fraternity were truly excited about this new level of medical service for our region.

Warrnambool & District Community Hospice provides a wonderful service, giving people with life-limiting conditions the opportunity to remain in the comfort of their family home. Their free Hospice in the Home service provides trained volunteers and is breaking new ground in palliative care and filling gaps in existing services. So it was very gratifying that this budget provided a grant of $50,000 for the Warrnambool & District Community Hospice to support volunteers to run the Hospice in the Home program.

The Grampians Health Edenhope rural outreach service received $250,000 in budget funding. The program will continue providing mental health and wellbeing support, engagement, support with service navigation and referrals for vulnerable people living in rural and remote areas, including the Yarriambiack, West Wimmera, Horsham rural city and Hindmarsh LGAs of the Wimmera and South Wimmera regions. The program has been funded since 2018 and was a finalist in the 2022 Victorian Public Healthcare Awards. In the past 12 months the program provided 1220 hours of direct engagement to 994 patients. This is part of an overall budget package of $3.36 million.

This budget continues to deliver an ambitious overhaul of early childhood education and care. To help parents get back to work, we are giving more preschoolers access to early childhood education, along with free three-year-old and four-year-old kinder right across the state. In my electorate free kinder for three- and four-year-olds is receiving consistently positive feedback. Saving up to $2500 per child per year, this is helping families and setting up all kids for the best education outcomes. As the Treasurer noted in his budget speech:

> … education changes lives. It opens doors. It grants a passport to the future.
>
> …
>
> … Victorian families deserve great schools for their kids.

In Warrnambool the $5 million budgeted for Our Lady Help of Christians Primary School will help the school expand their new integrated classrooms. Stawell West Primary School, Edenhope College and St Brigid's College, Horsham, have all received planning money or upgrade funds. Further, the Andrews Labor government is helping with school costs and fees. Free school breakfasts and free pads and tampons in government schools help many families and young women.

Initiatives such as the Get Active Kids vouchers provide up to $200 to help all kids get involved in sport and recreation. The cost of a sporting registration or a pair of new sports shoes can make such a

difference to a child getting involved in sporting activities. Discounted student travel and conveyance allowances for rural students are also allocated in this budget.

The Treasurer also noted in his speech:

> … we have skill shortages in almost every industry.
>
> That's why we've expanded eligibility for training subsidies, including for our popular free TAFE program.
>
> That means more Victorians can study for in-demand jobs like health care, mental health, construction, early childhood and hospitality.

This undoubtedly is making a tangible difference to people's career options and positively impacting our south-west economy. In the first year of free TAFE, at South West TAFE over 800 students began to achieve their goals. It is obvious that price was a barrier to education. With this budget, even more students are taking up the option to take multiple courses in priority training pathways.

It is very exciting that a new tech school in Warrnambool will encourage students across the region to participate in hands-on learning in science and technology to support the jobs of the future. These tech schools are not the old version of what we think is a tech school, like trade schools. They are technology schools – perhaps that might be a slightly more accurate name for them – because they train up students in scientific and STEM program subjects and technical areas. They really are the future. This is part of a $116 million package to open six new cutting-edge tech schools across Victoria.

It was so fantastic to announce that South West TAFE is also receiving $5 million to deliver a new building innovation and design centre. This will house a large multidisciplinary trades workshop area equipped with specialist equipment for initiatives like green plumbing and solar and battery electrical training. This will be a training ground for our new apprentices working in Victoria's new SEC, increasing our renewable energy and driving down power bills.

This budget provides another $7.3 billion to bring Victorians a world-class transport network, and importantly, V/Line upgrades continue on the Warrnambool to Melbourne line. It is impossible to take the train from Warrnambool to Melbourne without hearing comments from people on how the capped V/Line fares have opened up access and opportunities for our outer regional and rural communities.

The journey to treaty continues, and the Budj Bim World Heritage cultural landscape traditional owner rangers will experience continued funding under this budget. The unique management of this world-renowned ancient agriculture system will be supported to renew and restore it to its former glory. It was wonderful to visit Budj Bim again, one of many times I have visited, and meet up with the three rangers who will be the beneficiaries of this program. Their names were Aaron, Tyson and Sammy, and each of them had an area of expertise that reflected knowledge of the scientific and geological history and landscape of the local Aboriginal community. For instance, one of them had expertise in feral animal management, another one was expert in landscape management and the other one was expert in eel management. Two of them were already partnered with universities to work with scientific evidence to develop and rebuild the story from the past, because as we know, we need to acknowledge that our colonisation disrupted that knowledge. I was also very pleased to meet with Erin Rose, Aunty Eileen Alberts and Denis Rose as well that day at Budj Bim.

The Andrews Labor government recognises the importance of sport and recreation and the powerful role clubs play, particularly when they are a central meeting place for communities. In this year's budget I was thrilled to deliver $100,000 to the Panmure Football Netball Club, and it was great to see their excitement and hear their plans for upgrades of their facilities. Also, $1.25 million was granted to the Portland Gymnastics Club. At the moment at their facility the children cannot spin around on the high bar because the ceiling is too low and their feet hit the roof, so the $1.25 million truly will help that facility. They have to use their gymnastic capabilities to prevent them hitting the roof. The Murtoa skate park has also received $200,000 towards the delivery of upgrades to the skate park, including the installation of pump tracks to accommodate scooters, BMX and small skateboarders. It

was fantastic that the iconic Stawell Gift received $1.72 million from the budget to support its delivery of the gift from 2024 to 2027.

There are a myriad of other cost-of-living budget items that will make a real difference to people's lives. These include the $250 power saving bonus, and I was thrilled to be in Portland with my team a few weeks ago assisting people to achieve that. The government is also making available electricity discounts and winter gas discounts for eligible concession card holders, and extending the solar homes and batteries program this year as well.

There are travel and accommodation subsidies for rural Victorians travelling long distances to see health specialists. It can be life changing. Other budget-friendly initiatives include free L-plate and P-plate licensing and online testing, discounted driver licence renewal for safe drivers, short-term vehicle registration and car registration discounts for eligible concession card holders.

There is only one conclusion to draw from this impressive list of values-based commitments: this government cares. It cares about equality, it cares about having a fair go and it cares about doing its best to look after current and future generations. I am proud of this Andrews government's track record and of the continuing commitment to addressing the cost of living while continuing to set up the state for a dynamic future.

Lee TARLAMIS (South-Eastern Metropolitan) (17:16): I move:

That debate on this motion be adjourned until the next day of meeting.

Motion agreed to and debate adjourned until next day of meeting.

Committees

Legal and Social Issues Committee

Membership

Katherine COPSEY (Southern Metropolitan) (17:16): I move, by leave:

That Dr Mansfield be a participating member of the Legal and Social Issues Committee.

Motion agreed to.

Bills

Energy Legislation Amendment (Energy Safety) Bill 2023

Introduction and first reading

The PRESIDENT (17:16): I have a message from the Assembly:

The Legislative Assembly presents for the agreement of the Legislative Council 'A Bill for an Act to amend the **Electricity Safety Act 1998**, the **Gas Safety Act 1997** and the **Pipelines Act 2005** and for other purposes'.

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (17:17): I move:

That the bill be now read a first time.

Motion agreed to.

Read first time.

Jaclyn SYMES: I move, by leave:

That the second reading be taken forthwith.

Motion agreed to.

Statement of compatibility

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (17:17): I lay on the table a statement of compatibility with the Charter of Human Rights and Responsibilities Act 2006:

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006* (the **Charter**), I make this statement of compatibility with respect to the Energy Legislation Amendment (Energy Safety) Bill 2023 (**the Bill**).

In my opinion, the Bill, as introduced to the Legislative Council, is compatible with the human rights as set out in the Charter. I base my opinion on the reasons outlined in this statement.

Overview of the Bill

The Bill makes amendments to the **Electricity Safety Act 1998**, **Gas Safety Act 1997** and **Pipelines Act 2005** that will improve community safety through more effective and targeted regulation of new and emerging energy safety risks, including those posed by emerging technologies. The Bill will do this by –

- extending the mandatory requirements under the **Electricity Safety Act 1998** for major electricity companies to prepare an electricity safety management scheme and bushfire management plan to declared owners and operators of specified electrical installations. These amendments will mean that those businesses identified as posing a greater safety risk to surrounding lands from the operation of their electrical installations will be required to demonstrate a clear plan for mitigating those safety risks. These businesses will also be subject to certain safety duties and obligations commensurate with a major electricity company under the **Electricity Safety Act 1998**;
- minor technical amendments to ensure the administration of safety management plans by the relevant entity to ensure they remain current to technological changes in electrical installations or the supply of gas;
- align the existing general duties under the **Electricity Safety Act 1998** for companies with complex electrical installations with those existing general duties for companies with electricity supply networks;
- require an electricity supplier to preserve the site of a serious electrical incident and a gas company to preserve the site of a gas incident, for inspection by an enforcement officer or authorised inspector;
- extend the period Energy Safe Victoria can hold onto seized things from an affected company (*person*);
- provide Energy Safe Victoria and the Minister for Energy and Resources with the power to enter into enforceable undertakings with regulated entities as an optional tool from bringing court proceedings; and
- increasing maximum penalties for offences by energy entities relating to maintaining safe networks.

Human rights protected by the Charter that are relevant to the Bill

Section 20 – Property rights

Section 20 of the Charter provides that a person must not be deprived of that person's property other than in accordance with the law.

Preservation of site of serious incident

Division 2 of Part 12 of the **Electricity Safety Act 1998** requires an electricity supplier to report to Energy Safe Victoria, in accordance with the regulations made under that Act, any serious electrical incident which occurs in relation to the supplier's supply network or any for which it becomes aware, where the incident occurs in relation to an electricity installation that supplies electricity. Similarly, section 36 of the **Gas Safety Act 1997** requires a gas company to report to Energy Safe Victoria, in accordance with regulations under that Act, any gas incident which occurs in relation to a facility to that gas company or any incident for which it becomes aware, where it occurs in relation to a gas installation to which it supplies or sells gas.

Once reported, the electricity supplier or gas company has an obligation to investigate an incident. To ensure the preservation of the incident site until this investigation is complete, clause 39 (new section 142A of the **Electricity Safety Act 1998**) and clause 44 (new section 36A of the **Gas Safety Act 1997**) of the Bill prohibits an electricity supplier or gas company respectively from, without reasonable excuse, disturbing the incident site until otherwise notified by the authorised officer.

To protect the health or safety of any person in the vicinity of the incident site, the Bill also provides an exemption allowing the incident site to be disturbed for the purpose of aiding an injured person or taking action necessary to make the site safe or prevent a further incident. The primary obligations set out in these new provisions regulate the actions of an electrical supplier or gas company and do not directly engage rights set out in the Charter. However, a safety incident may occur on private property thereby affecting a person's property right to attend to their land. The intent of the prohibition from disturbing the site where an incident has

occurred provides for an investigation to be undertaken and mitigates the potential of further threats to the safety and well-being of the property owner, safety personnel attending the site or others in the surrounding area.

Insofar as these provisions restrict a person's free access to their property, they do impact on property rights under the Charter. However, this restriction on individual property rights is balanced by the public health and safety considerations conferred by this Bill which justify the limitation to the right to property in these circumstances.

Retention of seized property

Division 2 of Part 11 of the **Electricity Safety Act 1998** set out the powers of entry of authorised officers to the extent that it is necessary to do so for the purpose of investigating a serious electricidal incident, determining compliance with an electricity safety management scheme or determining compliance with the Act or regulations made under that Act. Similarly, Division 2 of Part 5 of the **Gas Safety Act 1997** set out the powers of entry of authorised officers, to the extent that it is reasonably necessary to do so, for the purpose of investigating a gas incident, determining compliance with a safety case, monitoring the safety of gas installations and determining compliance with this safety Act or the regulations under that Act.

An enforcement officer (under the Electricity Safety Act) or inspector (under the Gas Safety Act) may, amongst other things, seize anything on the land or premises the enforcement officer or inspector believes on reasonable grounds that is necessary to be seized in order to prevent its concealment, loss or destruction. If a thing is seized by an enforcement officer or inspector, the enforcement officer or inspector must take reasonable steps to return the thing to the person from whom it was seized if the reason for its seizure no longer exists. If the thing has not been returned within 14 days after it is seized the enforcement officer or inspector must take reasonable steps to return it unless proceedings have commenced and those proceedings (including any appeal) have not been completed or a court makes an order extending the period of 14 days.

Clause 34 and 56 of the Bill extends the period of 14 days in both the **Electricity Safety Act 1998** and **Gas Safety Act 1997** to 60 days. This is because the current 14-day period has been found to be insufficient to carry-out fully the necessary technical examination(s) of part or the whole of the effected electricity or gas installation where a serious safety incident has occurred. The extension to the statutory retention period will ensure that adequate time is provided without the need to continually apply to the court to obtain an extension Order (available under both Acts).

For the most part, things seized will be the property of an electricity or gas entity for which the Charter does not apply. However, there is still scope that a thing or things (personal property) may be seized from a property owner on whose property the electrical or gas incident occurred. The seizure of any personal property, lawful under both Acts, would be to determine the cause and effect of a safety incident, thereby potentially mitigating any further damage caused by the incident. On this basis, the public health and safety benefits arising from this Bill justify any potential restriction of property rights under the Charter.

Given the importance served by the new provisions in the Bill to the safety, wellbeing and protection of life and property, it is my view that any potential limitation on the right to property is lawful and non-arbitrary and compatible with the human rights as set out in the Charter.

The Hon. Ingrid Stitt MP
Minister for Early Childhood and Pre-Prep
Minister for Environment

Second reading

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (17:17): I move:

That the bill be now read a second time.

Ordered that second-reading speech be incorporated into *Hansard*:

The provision of an essential service like energy cannot occur without appropriate regard to safety frameworks. Safety is central to the proper delivery of energy and is crucial to safeguarding consumer protection and confidence.

The Bill is a key part of the Government's broader package of reforms aimed at making Victoria's energy systems more sustainable and accountable to delivering consumer-focused outcomes.

The Bill will amend the *Electricity Safety Act 1998*, the *Gas Safety Act 1997*, and the *Pipelines Act 2005*, to strengthen the energy safety compliance framework.

Increase in new energy technologies and need for safety framework reform

Over the past two decades, driven by a range of policies at state and federal levels, the electricity sector has been replacing carbon-intensive generation with zero-carbon technologies. At the same time, the sector is moving away from a small number of large-scale facilities, owned and operated by a handful of companies, toward smaller-scale, more widely-distributed, electricity production.

This exponential growth in new energy technologies, particularly in renewable energy and storage has exposed critical gaps and other weaknesses in the energy safety legislative framework. The current safety framework was developed based on the risk profiles of regulated entities in the late 1990s, which did not factor in uptake and investment in small- scale renewable or battery installations. These risks are real, with two serious incidents in 2021 underscoring the inability of Energy Safe Victoria (ESV) to regulate these facilities before these incidents occurred.

Amendments

The Bill makes amendments to the *Electricity Safety Act 1998* to allow the Governor in Council, on the recommendation of the Minister for Energy and Resources, to declare certain electricity installations to be of a class to which certain duties and obligations apply. This would make the obligations imposed on these installations comparable with those currently imposed on major distribution and transmission companies. These include enhanced safety obligations, and the requirement to pay levies to ESV.

Other amendments will align the duties and obligations of owners and operators of electricity installations to be commensurate with those of traditional electricity market participants, such as streamlining submissions of electricity safety management plans, as well as reframing their duties aimed at minimising safety risks so far as reasonably practicable.

The Bill also amends the *Electricity Safety Act 1998*, the *Gas Safety Act 1997*, and *Pipelines Act 2005* to increase civil penalties up to sixfold from their previous amounts. Amendments will provide ESV greater control over any changes to safety management plans and the ability to conduct full revisions of these plans after five years.

The current regime allows for incremental changes to be made which cumulatively can result in significant change to safety management plans. These can be made unilaterally without any notice or acceptance by ESV, making it impracticable for ESV to monitor and enforce compliance with the safety management plans. Amendments will ensure all changes to safety management plans are agreed by ESV, and that full revision of such plans are required every five years.

The Bill will align general duties in the *Electricity Safety Act 1998* for complex electrical installations with those for electricity supply networks, and allow operators as well as owners to submit voluntary safety management plans.

The Bill will greatly strengthen ESV's investigation powers, including the preservation of serious electrical or gas incident sites, and align the period for which ESV can retain seized items. It will change the start of the period in which ESV can bring court proceedings to the time the offence comes to ESV's notice, rather than the time of commission of the offence.

The Bill will provide both ESV, as regulator under the *Electricity Safety Act 1998* and the *Gas Safety Act 1997*, and the Minister for Energy and Resources, as the regulator under the *Pipelines Act 2005*, the power to enter enforceable undertakings with regulated entities. It will also increase maximum penalties relating to maintaining safe networks.

I commend the Bill to the house.

Georgie CROZIER (Southern Metropolitan) (17:18): I move, on behalf of my colleague Mr Davis:

That debate on this bill be adjourned for one week.

Motion agreed to and debate adjourned for one week.

Mineral Resources (Sustainable Development) Amendment Bill 2023

Introduction and first reading

The PRESIDENT (17:18): A second message from the Assembly:

The Legislative Assembly presents for the agreement of the Legislative Council 'A Bill for an Act to amend the **Mineral Resources (Sustainable Development) Act 1990** to change the title of that Act and to remove

requirements relating to work plans and to make consequential amendments to the **Melbourne Strategic Assessment (Environment Mitigation Levy) Act 2020** and other Acts and for other purposes'.

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (17:18): I move:

That the bill be now read a first time.

Motion agreed to.

Read first time.

Jaclyn SYMES: I move, by leave:

That the second reading be taken forthwith.

Motion agreed to.

Statement of compatibility

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (17:19): I lay on the table a statement of compatibility with the Charter of Human Rights and Responsibilities Act 2006:

Opening paragraphs

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006*, (the Charter), I make this Statement of Compatibility with respect to the Mineral Resources (Sustainable Development) Amendment Bill 2023 (the Bill).

In my opinion, the Bill, as introduced to the Legislative Council, is compatible with human rights as set out in the Charter. I base my opinion on the reasons outlined in this statement.

Overview

The Bill amends the *Mineral Resources (Sustainable Development) Act 1990* to reform the legislative framework for the management of risks related to mining and extractive industries in Victoria.

The Bill provides for a new general duty regulatory model based on the risks related to mining and extractive industries. As far as reasonably practicable, it requires a person eliminate or minimise any risk posed to the environment, to any member of the public or to land, property or infrastructure by exploration, extractive industry, mining or rehabilitation of land or any related activity. The Bill removed the requirement that person holding a mining license, prospecting license or extractive work authority to provide work plans for Department Head's approval; but retains the requirement to lodge a rehabilitation plan. The general duty approach requires certain consequential features, including new notification obligations.

Human Rights Issues

The human rights protected by the Charter that are relevant to the Bill are:

- the right to privacy and reputation (section 13);
- the right not be deprived of a person's property (section 20);
- the right to protection against self-incrimination (section 25(2)(k)); and
- the right not to be punished more than once (section 26).

Privacy and reputation

Section 13(a) of the Charter provides that a person has the right not to have their privacy, family, home or correspondence unlawfully or arbitrarily interfered with. An interference with privacy will not be 'unlawful' where it is permitted by a law which is precise and appropriately circumscribed. Interferences with privacy will not be 'arbitrary' provided they are reasonable in the particular circumstances, and just and proportionate to the legitimate end they seek to achieve.

Notification obligations

The current regulatory framework provides that holders of licenses, work authorities or consents (collectively, authority holders) are to supply technical and financial information concerning their activities to the Minster. The Bill imposes additional obligations on authority holders (and former authority holders) to notify the Department Head, as the regulator, about any material change, or proposed change, in work, and any change,

or foreseeable change, in circumstances that is likely to materially change increase the risk posed by the work. Failure to do notify will be an offence.

The notification requirements could feasibly require an authority holder to provide information relating to their personal affairs (for example, if ill-health of particular employees is the material change in circumstances for an operation) thereby engaging the right to privacy in section 13 of the Charter. This circumstance is considered unlikely to occur in practice; however, may be managed depending on the circumstances.

The substance of such notifications from authority holders allows the regulator to determine what category of risk and the corresponding standard and conditions it should be subject to. If an authority holder plans to make significant changes to its operations (for example, use a method of mining or extraction that attracts greater risk) it is appropriate that the regulator is made aware of the risk, and according, is able to manage such risks in the public interest.

The requirement to notify the Department Head about matters relevant to the risks being managed under the general duty and risk tier determination framework is a fundamental and essential feature of the general duty regulatory model. It ensures there is accountability for compliance with the law, and the regulator is in a position to put in place new regulatory controls when the risk profile of activities change.

Given the essential nature of the notification requirement, and that the information sought is necessary and relevant to assessing a change in the risk profile of operations, not arbitrary, the notification requirement is reasonable and proportionate and does not limit the right to privacy.

Right to protection against self-incrimination

Section 25(2)(k) of the Charter provides that a person charged with a criminal offence is entitled not to be compelled to testify against themselves or to confess guilt. This right is at least as broad as the common law privilege against self-incrimination. It applies to protect a charged person against the admission in subsequent criminal proceedings of incriminatory material obtained under compulsion, regardless of whether the information was obtained prior to or subsequent to the charge being laid.

Notification obligations

The right in section 25(2)(k) of the Charter is relevant to the Bill's proposed notification obligation for authority holders.

The Bill requires holders and former holders of licences (proposed section 43AB) and holders and former holders of extractive industry work authorities (proposed section 77KAA) to notify the Department Head of any material change, or proposed change, in work, and any change, or foreseeable change, in circumstances that is likely to materially change increase the risk posed by the work.

A person is not excused from notifying the Department Head on the grounds that the information provided might tend to incriminate a person or make the person liable to a penalty. However, any information given by a person as part of a notification is not admissible in evidence against the person in a proceeding for an offence or for the imposition of a penalty, other than a proceeding relating to false or misleading information provided by the person in a notification.

The notification requirements are a key component of ensuring high risk activities, which have the potential to cause great harm, are subject to appropriate regulatory controls, including that person subject to the notification provides truthful and accurate information. As the general duty framework requires authority holders to identify and manage risks, notification obligations accord the regulator with the necessary information to impose other regulatory controls (such moving the work into a higher risk tier, or imposing conditions) if necessary.

In my view, to the extent the new notification requirements impose a limitation on the right against self-incrimination, that limitation is reasonable and justified under section 7(2) of the Charter.

Right not to be punished more than once

Section 26 of the Charter provides that a person has the right not to be tried or punished more than once for an offence in respect of which they have already been finally convicted or acquitted in accordance with law.

Overlapping duties

The shift away from site-specific work plan authorisation towards a broad general duty that focuses on risks within an authority holder's control (created by the proposed new Part 1A) means the general duty in the Bill could overlap with other, similarly broad duties. Such other duties include: the General Environmental Duty in the *Environment Protection Act 2017*; the "Chain of Responsibility" in the Heavy Vehicle National Law; and the general duties relating to health and safety in the *Occupational Health and Safety Act 2004*.

By way of example, if extractive industry work authority holder fails to take reasonable steps to ensure that a load of gravel on a truck is properly secured, and that results in a harm to health, safety and environment, then

that failure could feasibly expose the extractive industry work authority holder to liability for breach of the duties across multiple, overlapping regulatory regimes.

While these duties technically overlap in law, in practice the relevant duties are enforced by different regulators with separate regulatory objectives and priorities.

The general duty established by the Bill will be enforced by a specialist regulator for mining and extractive industries, which is best placed to regulate particularly high-risk operations of those activities and manage risks under the duty. Further, the creation of the general duty simply replaces the previous regulatory approach of the work plan approval process – essentially converting the risk management framework from the work plan into a regulatory approach that is more efficient and less burdensome for those subject to the legislative framework.

In my view, to the extent the overlapping of duties imposes on the right not to be punished more than once, that limitation is reasonable under section 7(2) of the Charter.

For these reasons, in my opinion, the Bill is compatible with human rights as set out in the Charter.

The Hon. Ingrid Stitt MP
Minister for Early Childhood and Pre-Prep
Minister for Environment

Second reading

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (17:19): I move:

That the bill be now read a second time.

Ordered that second-reading speech be incorporated into *Hansard*:

The purpose of this Bill is to amend the *Mineral Resources (Sustainable Development) Act 1990* to modernise the regulatory approval processes for exploration, mining and quarrying industries in Victoria.

The Bill will improve the management of risks associated with minerals and quarry operations by a primary duty to eliminate or, if not possible, to minimise the risks of harm so far as is reasonably practicable. This will replace the existing obligations on operators to submit and comply with a 'work plan' specific to each operation. It will deliver a simpler and more flexible regulatory framework by streamlining processes for the submission, assessment and determination of regulatory approvals for operating mines and quarries.

Social licence for the resources sector is critical. With this Bill, community confidence in minerals and quarry operations will be strengthened with the establishment of a risk-based framework to provide consistency and transparency in the way that decisions are made and regulatory activities are undertaken.

We know that earth resource exploration and development come with inherent risks that must be properly managed. This Bill will ensure risks are understood and effectively mitigated in a proportionate manner:

- A statutory 'primary duty' will form the basis for a new outcome focussed, risk-based regulatory framework to drive high standards of performance and best practice.
- Updated reporting requirements for new and changing work will ensure emerging and dynamic risks are identified and properly managed over the life of mining and quarry operations.
- Existing requirements for rehabilitation plans and bonds will be preserved to maintain a level of prescription that is appropriate to rehabilitation obligations.
- Penalty units will be strengthened to reflect the fact that failures to comply with obligations carry serious risks of harm to the environment, members of the public, land, property and infrastructure.
- There will be a greater ability and flexibility to prescribe criteria and standards on public safety, environmental matters and other matters, such as cultural heritage, that keep up with community expectations.

Victoria is a relatively small, densely populated state with a diverse economy. Mixed high-value land uses are often in close proximity to each other, such as residential areas, agriculture, tourism and recreation, environmental protection and earth resources activities. This means that community confidence and social licence is particularly important for Victorian resources operations.

This Bill will promote greater consistency and transparency in decision-making and earlier opportunities for the public to provide input into mining and quarrying proposals:

- The first step in the approvals process will require an operator to seek planning permission instead of statutory endorsement, which will no longer be required. This removes an opaque step and

provides the community with a much earlier opportunity to understand and provide input on resources proposals.

- Penalty units will be strengthened to ensure that industry operates at the highest standard – consistent with community expectations.

Mineral and extractive resource exploration and development brings potential for significant investment and jobs, mostly based in the regions.

Victoria has critical minerals potential on a global scale. This Bill brings an increased capacity for Victoria to produce the critical minerals needed for the manufacture of renewable technologies that will support the global transition to net zero. The amendments will secure increased supply – at an affordable price – of the quarry materials required to deliver the Government's infrastructure program, and build new homes.

These amendments will streamline entry into the industry, encourage competition and remove unnecessary regulatory burdens, while safeguarding the community and the environment, through:

- A new outcomes-based focus in the regulatory framework to drive innovation, do away with unnecessary prescription and provide industry with significantly more flexibility to determine how to most effectively manage its risks.
- Removing the requirement for operators to prepare and update work plans that must be individually approved by the regulator will remove a significant source of unnecessary red tape for industry.
- Rehabilitation plans will still require approval and will need to be regularly updated to ensure they are responsive to changing circumstances and the land is returned to a safe and stable state.
- No longer requiring operators to seek statutory endorsement of those work plans before seeking planning approval, removing a significant source of unnecessary cost and delay from the approvals process.

These reforms will significantly change the way that earth resources are regulated in Victoria. The Government acknowledges stakeholders' and partners' considerable interest in understanding the new regulatory framework. There will be a comprehensive implementation process, with early, ongoing and meaningful engagement with industry and other stakeholders on the regulations and guidance material that sits below these amendments. This will deliver effective support to those with regulatory oversight and to industry, from the companies operating Victoria's mines to the hundreds of small and medium businesses running our quarries. Commencement of the new framework will be scheduled to allow for the time needed to transition to the new regime.

Respect for Aboriginal cultural heritage is an important part of any approvals process for minerals and quarry operations. Accordingly, this Bill preserves requirements for Cultural Heritage Management Plans be prepared for certain mining and quarrying activities under the the *Aboriginal Heritage Act 2006*.

The removal of the statutory endorsement stage in the regulatory process ensures decision-making about appropriate land development and use under the planning regime takes place prior to the authorisation and commencement of operational activity. As a result of this change, planning scheme amendments will need to be made to the Victoria Planning Provisions (VPPs) and individual planning schemes. The Department of Energy, Environment, and Climate Action will work closely with the Department of Transport and Planning and consulting local councils on the Planning Scheme amendments to ensure consistency across regulatory systems, including the effective operation of referral processes.

As with any large-scale change it is critical that we keep track of our progress along the way. An independent review of the reforms will be undertaken, after they have been in operation for two years, to ensure they are delivering the intended benefits for all Victorians.

I commend the Bill to the house.

Georgie CROZIER (Southern Metropolitan) (17:19): On behalf of my colleague Mr Davis, I move:

That debate on this bill be adjourned for one week.

Motion agreed to and debate adjourned for one week.

Adjournment

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (17:19): I move:

That the house do now adjourn.

Energy policy

John BERGER (Southern Metropolitan) (17:19): (362) My adjournment is to the Minister for Energy and Resources in the other place, Minister D'Ambrosio. On Friday we announced something big. New Victorian households will save $1000 on their annual energy bills by reducing household emissions. It is part of the Andrews Labor government's nation-leading reform to phase out fossil gas in new homes. From 1 January any new residential build, including subdivisions that require a planning permit as well as public and social housing, will be exclusively connected to electricity. For public buildings like schools, hospitals and other government-owned buildings the transition from gas is effective immediately for all projects yet to reach design stage.

Why are we doing this? As Minister D'Ambrosio said, our gas sector contributes 70 per cent of Victoria's greenhouse gas emissions. Curbing gas consumption is crucial for Victoria to meet our emissions reduction target of 75 to 80 per cent by 2035 and net zero by 2045, and these ambitious goals must be met. We also know that our gas bills are rising and gas reserves are no longer plentiful, so something must be done. Electricity can do everything gas can and more. Take a modern induction stove: they are safer, cleaner and quicker to use. Trust me, you can still cook a good steak with induction.

In Victoria households can receive rebates to upgrade their heating, cooling and hot-water heaters, all thanks to the Andrews Labor government, and new and existing home owners and renters can access the Solar Homes program, which offers solar panel rebates and interest-free loans for household batteries. Existing homes will not be subject to the gas ban, nor will homes that are being renovated or extended, but we will continue to support the electrification of homes, particularly as older gas appliances wear out. With 2 million Victorian families connected to the gas network, we need to accelerate the pace of change. I am proud that our side of the chamber are doing all we can to support the transition. It is the way of the future.

We have already seen that the Australian Capital Territory is phasing out gas for new builds by the end of this year, and as the minister said yesterday, it is why our decision has the backing of the Property Council of Australia, the Victorian Council of Social Service, the Brotherhood of St Laurence, Master Builders Victoria, the asthma foundation, the Royal Australian College of General Practitioners, the Energy Efficiency Council, Environment Victoria, the Climate Council of Australia, the Green Building Council of Australia, the Clean Energy Council and the Grattan Institute. That is why my adjournment to the minister is this: will the minister pop down to my community of Southern Metro, specifically to the electorate of Hawthorn, and visit households who are electrifying their homes?

Volunteer consultative forum

Wendy LOVELL (Northern Victoria) (17:22): (363) My adjournment matter is directed to the Minister for Emergency Services, and it concerns her decision to disband the volunteer consultative forum (VCF). The action I seek is for the minister to reverse the decision to scrap the volunteer consultative forum to ensure that volunteers of Victoria's emergency services organisations can provide expert advice to government and organisational management on issues that affect our valuable emergency services volunteers.

The volunteer consultative forum was a body made up of volunteers from 11 Victorian emergency services organisations, such as the CFA, SES and Red Cross. The forum was created as a vehicle for volunteers to engage and consult with the Andrews Labor government on matters that impact their role as emergency services volunteers. The creation of the forum was a key component of the Emergency Management Volunteer Statement signed by the Premier on 4 May 2016. The forum has not only served as a vehicle to consult with government, but it has also achieved the intentions of the volunteer statement of supporting and promoting the value of emergency services volunteers.

The decision to abolish the VCF was announced by the former emergency management commissioner at a meeting of the forum in April and came as a surprise to the volunteer members present. The decision has caused great disappointment within the volunteer ranks, and several have contacted me to convey their displeasure with the move. Volunteers have expressed to me that the decision to scrap the VCF has left many of them feeling devalued and disrespected for the essential work that they do in protecting their communities. There are also concerns within volunteer ranks that the move will send a message to potential new recruits that their opinions and views are not important, essentially impacting on the recruitment of new volunteers to agencies. It has been reported that the Andrews government want to create a more inclusive way for volunteers to provide feedback, but no details have been released on what the new model might look like.

The volunteer consultative forum is a proven vehicle that allows volunteers to have input to government on issues that directly affect their role in protecting and helping Victorians, and I urge Minister Symes to reconsider and reverse her decision to disband the forum. Therefore the action that I seek is for the minister to reverse her decision to scrap the volunteer consultative forum to ensure the volunteers of Victoria's emergency services organisations can provide expert advice to government and organisational management on issues that affect our valuable emergency services volunteers.

Voluntary assisted dying

David ETTERSHANK (Western Metropolitan) (17:25): (364) My adjournment matter is addressed to the Minister for Health. The Voluntary Assisted Dying Act 2017 was a landmark piece of legislation allowing a person entering the final stages of a terminal illness to end their suffering with dignity at a time of their choosing. It is a humane law that gives comfort to many terminally ill Victorians, knowing that when their time comes they will have some measure of control over their suffering. But there are issues around accessibility and eligibility in the legislation that are denying Victorians this comfort, instead leaving them to live out their final days in pain and distress.

The prohibition on telehealth consultations related to voluntary assisted dying is creating enormous obstacles for terminally ill Victorians living in remote and rural areas. The shortage of doctors in regional Victoria who are trained to help terminally ill patients access the program is forcing people – often bedridden and suffering immense pain – to travel for hours to Melbourne to visit specialists. The process is so protracted that some abandon it as their condition worsens. In the case of Warragul resident Alan Clark, his condition restricted his ability to attend the multiple in-person appointments with doctors, and the process for approval was so long that, despite applying to the program six months beforehand, Alan died the day before he was due to receive his VAD medication. This ban on telehealth consultations is discriminatory and has created a country–city divide in accessing VAD.

VAD is not available to the thousands of Victorians suffering from dementia and neurodegenerative conditions. The number of sufferers continues to grow exponentially. While we recognise that the inclusion of people experiencing dementia, Alzheimer's and other neurodegenerative conditions into the voluntary assisted dying program will raise many challenging questions, particularly around the issue of mental competency, this does not mean that we should abrogate our responsibilities as lawmakers to address these complex matters. On the contrary, if as legislators we fear addressing such crucial and compelling moral questions, we should ask ourselves: why are we here?

While we are told that the current review of the act will only be an operational review, this must not prevent defects in the legislation being identified and addressed to ensure that the VAD program is fair and accessible. So the action I seek is an assurance from the minister that the issues I have highlighted around accessibility and eligibility will be considered as part of the review.

Inclusive education

Melina BATH (Eastern Victoria) (17:28): (365) My adjournment matter this evening is for the Minister for Education in the other place, and the action I seek from the minister is to overturn this appalling decision to shut down visiting teacher services. It is absolutely appalling that we have a

broke Victoria but the way the Andrews government decides to cut corners is to cut services to our most vulnerable students and their families and predominantly in rural and regional Victoria. 170 frontline specialist teaching jobs employed under the scheme will be slashed to only 32. Over 4000 students with disability and/or a serious medical condition in mainstream schools are supported by this program, and it is traumatic for parents and students to learn that they may well lose access to their invaluable special support teacher.

I was contacted early this morning by a parent who had just heard – in outer Gippsland, as it is termed in education speak – that her very valuable and valued specialist teacher, who has been attending to her young daughter, who is now in year 8, since grade 1, will be removed. And I will not put names in, but these are some of the things that she said. The teacher:

> … has worked in partnership with –

her daughter –

> … and the school, providing specialised knowledge, advice and information to make the journey as successful as possible. She instructs on the use of technology, provides individualised learning guidelines, educates on communication … and generally solves any and every problem.

She is so valued. There is no rhyme or reason. It is callous that the Andrews government would think it is appropriate to slash these frontline services, and I heard the minister, when my colleague the member for Gippsland East raised this for the minister today, say, 'Oh, no, but wait – we've got a disability inclusion policy, and it's going to be rolled out. All will be well.' Well, it will not deliver one additional teacher into the classroom – not one additional teacher. They are pulling out these specialist teachers, and the clincher here is that outer Gippsland will not receive this inclusion policy and any funding, if it comes, until 2025. This young girl, who is in year 8, will have just about finished her education by that time if this policy actually rolls out. It is unfair and it is unjust, and I call on the minister to overturn this ridiculous cost-cutting benefit that only hurts families of disability children.

Rail infrastructure

Katherine COPSEY (Southern Metropolitan) (17:31): (366) My adjournment this evening is for the Minister for Transport and Infrastructure, and I ask the minister to fulfil the Labor government's own commitment to build and electrify dual train lines to Melton and Wyndham Vale. The *Age* reported yesterday that the promised rail lines included in the 2018 pre-election *Western Rail Plan* are now off the table according to Rail Projects Victoria reports received through the Freedom of Information Act 1982. I echo my colleague Dr Mansfield's comments in saying that the Victorian Labor government's decision to axe these proposed rail lines is further evidence of a government happy to leave the regions struggling. We know that these regions are amongst the fastest growing in Victoria, and we also know that the communities living there are among the hardest hit with the current cost-of-living crisis. Those communities desperately need improved public transport services. Many households are struggling to keep one car on the road, so the cost of a second car is becoming unfeasible.

Looking at the wider transport picture, it is actually Victoria that desperately needs those lines to be improved to contribute, as I have outlined today, to achieving our climate target of net zero emissions. The transport sector is the second-largest contributor to Victoria's greenhouse gas emissions, making up 25 per cent of our state's total emissions, according to the Department of Energy, Environment and Climate Action. In fact 89.5 per cent of transport emissions are from road transport compared to 1.5 per cent from railways, and our transport emissions are increasing, not decreasing. As the evidence tells us, travel per kilometre on rail has significantly less emissions than travel per kilometre on road, and travel per kilometre on electrified rail is even lower again.

With regard to the net zero emissions target, we can debate whether that should be kept at 2045 or, as the Greens and the global scientific community see it, brought forward to at least 2035. But even with Victoria's current target to get to zero emissions by 2045, how on earth is that going to happen when

our second-largest sector of emissions is not only increasing but on trend to increase more sharply with our increased population growth?

Responsible governments should be able to walk and chew gum at the same time. Responsible governments should be able to make investments that have a good cost–benefit ratio, provide these services to underserved communities and contribute to the strategic target of net zero carbon emissions. My adjournment therefore is for the Minister for Transport and Infrastructure to fulfil the Labor government's own commitment to build and electrify the dual train lines to Melton and Wyndham Vale to serve those communities.

Holy Eucharist Primary School pedestrian safety

Trung LUU (Western Metropolitan) (17:34): (367) My adjournment tonight is for the Minister for Roads and Road Safety. I rise today to ask for a safer environment for the students of Holy Eucharist school in St Albans South. The action I seek in an attempt to prevent future accidents is the installation of a school pedestrian crossing at Chedgey Drive, St Albans South, outside the main entrance of the school.

The high level of activity in and around the area has raised significant safety challenges for students and community members. This has also prompted Brimbank City Council to initiate a survey at the corner of Oleander Drive and Chedgey Drive to assess the number of students and families crossing at the location. However, the lack of a designated pedestrian crossing outside the main entrance has resulted in numerous near misses and posed considerable risks to the wellbeing of students and pedestrians. Therefore I request the minister support the installation of a school crossing at a suitable location on Chedgey Drive to ensure the safe passage of the students and pedestrians.

In addition, I have learned that the business case for the installation of speed humps along Chedgey Drive has been approved for funding. However, there has been no information to date regarding the commencement of this work. I believe the implementation of traffic-calming measures like speed humps will contribute to the safety of the road users in the area; however, without having a properly designated pedestrian crossing, I fear that the near misses are just waiting to transform into accidents with really serious injuries. So I kindly request of the minister: please support and expedite the implementation of this proposal and, for the safety of the student community, install the school crossing on Chedgey Drive outside of the St Albans South school, at the main entrance.

Energy policy

David LIMBRICK (South-Eastern Metropolitan) (17:36): (368) My adjournment matter this evening is for the attention of the Minister for Energy and Resources. From advocates for weather-dependent energy to the CSIRO, the Australian Energy Market Operator and governments all around the nation, it is common to hear this quote:

> … wind and solar are the cheapest source of electricity generation and storage in Australia …

or something similar, and I expect that it is the most common talking point on energy throughout Australia. In a joint media release last July the federal Minister for Climate Change and Energy and the Minister for Industry and Science stated in the first line the quote that I just read out, saying that it was confirmed by CSIRO and the AEMO's GenCost report. It is a lot of acronyms and the reports themselves can appear quite technical, but I would like to acknowledge Claire Lehmann, who wrote a fantastic article in the *Australian* last week titled 'Why our energy transition needs a price tag', explaining why a better understanding of these reports is absolutely critical.

But it is about not just understanding the reports, which are essentially modelling aspects of energy costs, but the gaps and flaws in this evidence which is used by parliaments around the country to justify decisions on electricity infrastructure. Small cohorts of energy policy wonks and economists have long criticised the GenCost report for failing to adequately model the costs of energy infrastructure firming the grid and backup supply, such as pumped hydro, batteries and gas peaking plants, and the masses

of transmission lines required to connect the dispersed energy infrastructure into an integrated electricity grid.

Lehmann's article, referencing the work of Aidan Morrison and others, highlights the critical flaw: the GenCost report considers all of the energy infrastructure required to allow for more solar and wind prior to 2030 as sunk costs; essentially the tens of billions of dollars that will be spent between now and 2030 magically disappears. It is easy to claim that renewables are cheap if you pretend that the money spent on integrating them is free. Snowy 2.0 is one of these projects and is now estimated to cost up to $10 billion. The Western Renewables Link is expected to cost $3.3 billion, so let us say realistically about $5 billion. The Victoria to New South Wales Interconnector West transmission project is estimated to cost another $3.5 billion, so let us round that to $5 billion as well. So we are $20 billion down and we have barely even started to account for the costs of a solar- and wind-dominated grid. But the CSIRO and the AEMO, through magic accounting, pretend this is somehow a sunk cost and does not contribute to the cost of a low-carbon grid. This is sloppy policymaking at its best. Without understanding the true costs, how can anything approximating good policy emerge?

In 2020 I co-authored a minority report on the inquiry into nuclear prohibition with Mrs McArthur and Dr Bach. The third recommendation of this minority report called on the government to make representations to federal counterparts requesting AEMO to consider the addition of nuclear modelling into the *Integrated System Plan*. I make that request of the minister now, in addition to requesting that modelling be conducted that accounts for the full cost of renewables integration.

Department of Health

Georgie CROZIER (Southern Metropolitan) (17:39): (369) My adjournment matter this evening is for the attention of the Minister for Health, and it is in relation to a very alarming report that was released last week around the Office of the Victorian Information Commissioner's (OVIC) findings about a very disturbing misuse of personal information that occurred through COVID. Of course we were aware of that at the time, when a contact tracer had gone to the home of a woman who was isolating, and quite frankly it was just extraordinary what went on. But the real concern is that there were no police checks done by the Department of Health to ensure that these people employed by the Department of Health to go out and visit were safe.

The person in question, I understand, had a criminal history, was on bail at the time and used personal information from the department to attend the home of a woman who was isolating, as I said. OVIC goes on to speak about the failings that went on, and it was extraordinary how this actually occurred. He purported to be an authorised officer and gained entry to her home and bedroom, where he threatened her with deportation unless she performed sexual acts. I mean, it was an absolute disgrace that this man was able to get that information because the department did no checks.

What is even more disturbing is that the individual commenced work on 3 June in 2021 but it was not until he committed these serious crimes some five weeks later that it was detected that no police check had been undertaken by the department. It should have been undertaken. It is just extraordinary that this government, with so many issues throughout the whole of COVID, just did not have the checks and balances in place. It is why we need a royal commission – to understand what went on and what worked and what did not. Clearly this is one of those issues where there was a serious breach of personal privacy, and the poor woman was abused by this criminal.

The action I seek is for the minister to provide to Parliament what improvements have been made around any surge workforce that they would require should another event like COVID come to Victoria – another event where there needs to be surge capacity in the workforce – so that we have police checks and we do not have these criminals going into innocent Victorians' homes.

Inclusive education

Matthew BACH (North-Eastern Metropolitan) (17:42): (370) My adjournment matter tonight is for the Minister for Education. Like Ms Bath's earlier contribution, it concerns the Andrews Labor government's decision to cut many jobs from the Department of Education – not back-office jobs but frontline jobs: specialist teachers who go out into our schools to help children with disabilities and also with serious illnesses.

I had my concerns some weeks ago when the government came out to say that it was going to cut about 300 or so jobs from the Department of Education, but I was at least somewhat comforted by the fact that the government said at the time there would be no cuts to frontline staff – no cuts to teachers. Well, we know, perhaps unsurprisingly, that that was not true. The government has now been forced to concede that it will cut more than 80 teachers. These are specialist teachers, many with masters-level qualifications, who provide important support to children with disabilities. The minister, perhaps ill-advisedly, came out to do a doorstop earlier today, and she said that she was cutting this program because it was very old. It was implemented in 1974, she said. Well, that was strange logic from my point of view because we know – I know, as a former teacher myself – that providing individualised, one-on-one support to children with disabilities is critical. What the minister said is, 'We've got a totally unrelated program over here; we're going to do that instead.' But some basic research today enabled me to find out that this totally unrelated program, as Ms Bath spoke about, will not deliver one single teacher into the classroom – not one.

The minister was also asked about further teachers for children with disabilities. The government had admitted to cuts in the order of 80 or 85 teachers, but there are still 32 teachers left. What the minister said today is that these other teachers will ultimately have to be 'absorbed into the program', which is a strange comment. I suppose you could argue, potentially, that Marie Antoinette's head was not cut off, it was just absorbed into the revolutionary program. But I think most people would acknowledge that if there is blood spurting out of it and you can see the bone, it is probably a cut. What the government has in fact acknowledged is that it is cutting 117 teaching jobs that deliver incredibly necessary support to thousands and thousands of children with disabilities.

The minister has had a tough week, what with her flip-flopping on the schools tax, but come on, please. We all know Victoria is broke, but the people to pay for that must not be children with disabilities. There must be a better way to try to make savings across government without this Labor government punishing children with disabilities for its own economic incompetence.

Australian National Academy of Music

David DAVIS (Southern Metropolitan) (17:45): (371) My matter for the adjournment tonight is for the attention of the Minister for Creative Industries. I raised with him in June the matter of ANAM, the Australian National Academy of Music, based in South Melbourne in the town hall in the City of Port Phillip. The City of Port Phillip is providing very significant funding for the reinvigoration of the South Melbourne town hall, and obviously that town hall is an old town hall but needs significant money spent on it. The federal government has contributed $12.5 million, announced in 2019. Prior to the last election I should say that the state opposition indicated that, if elected, we would put another $10 million in to support ANAM, which is one of the national arts training bodies that provides training to a very, very high level. But I was distressed, in fact disturbed, when I got a response to the question that I raised from Mr Dimopoulos, the minister, and he gave a straight flick pass – this was 11 July – where he said, 'No, no, the feds can pay for this, and the state's not going to take on any responsibility for capital spending.'

I am in possession of an old document – but an active document – a memorandum of understanding between the Commonwealth government and the state of Victoria signed in June 1995 by Michael Lee, the then Commonwealth Minister for Communications and the Arts, and Haddon Storey, the then Minister for Tertiary Education and Training and Minister for the Arts in Victoria. And in this

memorandum of understanding, which underpinned ANAM – basically the only body that we have got here that fits into this national model – I note a number of different key clauses:

> The Academy will be established jointly by the Commonwealth and Victorian Governments in Melbourne as a centre of training excellence for musicians of outstanding talent.

And at 4.3 it goes on to say the Victorian government:

> … will provide and arrange for the equipping and maintenance of the South Melbourne Town Hall to a standard necessary to fulfil the functions of the Academy …

It says at 4.4:

> The Victorian Government will provide security of tenure for the Academy at the South Melbourne Town Hall.

All of these are very clear commitments. This is governed clearly, with the recurrent money coming from the feds to fund ANAM, a national training centre, and the state providing the support for the South Melbourne town hall. So what I am asking the minister to do is revisit this serious matter and treat this as a big, important issue for Victoria. We actually need to make sure that the ANAM is not in any way in peril. We need to make sure that it is strengthened and that the Victorian government sticks to its deal. This is what it has got to do. He has got to re-examine this and provide the funding as per the memorandum of understanding that governs the arrangements between the governments.

Electricity infrastructure

Bev McARTHUR (Western Victoria) (17:48): (372) My adjournment matter is for the Minister for Energy and Resources and concerns the controversial, much-opposed Western Renewables Link and the Victoria to New South Wales Interconnector (VNI) West. From the 2010 creation of the Australian Energy Market Operator (AEMO), the Hobart-to-Townsville, 500-kilovolt AC super-grid has been a driving obsession of the organisation – big toys for big boys, perhaps. While it might have looked good 13 years ago and on paper, we now have a different market, different technology and the need for an on-the-ground project, not a theoretical idea.

Suspiciously, however, since that time everything has changed except the project itself. The costings have changed, blown out by many multiples. The reasoning has changed – originally, believe it or not, its economic rationale was to displace more expensive New South Wales black coal with cheaper Victorian brown coal – yet the project itself remains largely identical. That should set alarm bells ringing for anyone closely acquainted with the history of this project. It is clear that the plan was hatched, developed and argued for, and from that point all objections have been stubbornly rejected.

Sadly, the flawed project has been enabled by flawed systems – cost–benefit analyses which consider far too few of the costs, inadequate regulatory systems which fail to address the impact of transmission lines – and by public and government bodies with improperly aligned incentives to act. AEMO, the electricity market operator, is hopelessly conflicted in acting as Victoria's grid planner. In fairness, Minister D'Ambrosio has done some things right. In concert with federal colleagues there is now recognition that the regulatory investment test for transmission process, the RIT-T process, is inadequate. Furthermore, the creation of VicGrid could be a real step forward. It could have a vital role to play for our state now in its earliest incarnation. As viewers of yesterday's ABC *7.30* report saw, Victoria University's Energy Policy Centre launched a detailed alternate solution, a plan B which would deliver the requirements of the extended VNI West project with greater resilience, far less invasiveness and extensive new transmission lines at significantly lower cost. This may sound too good to be true, but it is possible because those who conceived it, specifically Professor Bruce Mountain and Simon Bartlett, designed the solution to fit the current requirements of our electrical grid rather than attempting to remould a preconceived idea. The action I seek, Minister, is for you to allow VicGrid to undertake a genuinely independent review of the plan B analysis without pressure from the financially compromised and intellectually challenged and predetermined AEMO.

Wallan road infrastructure

Evan MULHOLLAND (Northern Metropolitan) (17:51): (373) I am seeking the action of the Minister for Transport and Infrastructure to find out and seek clarification on what is happening with the $50 million funded federally to go towards the Wallan diamond ramps that are currently captured in Labor's infrastructure review, now overdue and slated for cuts. For what seems like a decade the Wallan diamond has been the subject of much political debate in Wallan but long promised, never delivered – and many people believe it will never be built. The Labor Party has taken this commitment to countless elections, and the recently handed down state budget confirms that the Labor state government has not even begun planning works, which will not be completed until sometime in 2024. Labor has not even looked at the project yet.

There has been a lot of political spin about this project, which needs to be called out. Recently federal Labor member for McEwen Rob Mitchell said:

> The inaction of the former Liberal government held up this project for way too long …

in advertising the Major Road Projects Victoria consultation. What he is talking about is that $50 million committed by the coalition. At the time in 2020 he even took credit for that $50 million, saying he drove the minister for infrastructure to see Watson Street in his own car.

So I seek the action of the minister to clarify how possibly this project could be the former federal government's fault when federal Labor have put the funding on hold. The funding was always threshold based and actually required the state government to get off its backside and upgrade Watson Street before the money for the diamond could be delivered – and we know from the state budget just handed down in May that the state government has not even begun planning works yet. Rob Mitchell wants us to believe he is delivering the project despite the federal Labor government not spending a single cent, just like he secured the funding which he is now not delivering. He has always said that we need a Labor government in Canberra and in Spring Street to get it done, but now the federal government in Canberra is actually not delivering any money towards the project.

This project needs both state and federal funding to get it done. With a Labor government in Canberra and in Spring Street the time for excuses and spin is over. I seek the action of the minister to advise what funding the federal Labor government is actually contributing to this project. And if the $50 million is cut, will the minister actually advocate for Victoria and advocate for that money to be kept in Wallan – or are they just Labor mates in Canberra? Not too long ago, at the 2019 election, this state government and the Treasurer spent millions of dollars on the Our Fair Share campaign – millions of dollars of taxpayers money. Will the minister commit to funding a similar campaign against her federal Labor mates to keep that money for infrastructure in Victoria, where it belongs?

Ballarat train station

Joe McCRACKEN (Western Victoria) (17:55): (374) My adjournment matter is for the Minister for Transport and Infrastructure, and it relates to the $50 million set of works provided to improve the Ballarat railway station. The action that I seek is very simple: can the minister give an ironclad guarantee that the project will be delivered on time and on budget? The commitment is even more important given that the project is already overdue. I hope to also see the minister commit to releasing a time line to ensure that the Ballarat community has some idea of when they can expect to see this project finished.

As reported in the Ballarat *Courier* on 17 July this year, the member for Wendouree has apologised to disability advocates in Ballarat for the lack of progress. She said that the existing station's set-up made people feel like 'second-class citizens' which was 'not acceptable'. Well, I actually could not agree more. The station has a very old central bridge, which was built in a time well before any of us were here. People who have a mobility disability are rightfully frustrated, because to get to the other platform, they actually need to go out of the station, across the line and then back into the station again. It is just bizarre. Mind you, the gates are not even finished there either.

I know politics can be a somewhat brutal business, but I do have to recognise and praise government MPs when they are doing the right thing. So I would like to commend the member for Wendouree in the other place – she is a fine person – for her honesty in acknowledging the failings of her own government. Just to make it clear: she said that the lack of progress made people with a disability feel like second-class citizens and it was not acceptable. I imagine there are many more things that she could apologise for as well. She has made a solid start, and she deserves to be acknowledged and commended and encouraged for that. I look forward to the minister following suit as well.

This is indeed an example of a promise by Labor that has not been delivered. Maybe it is an evolving promise – we will see – but it is part of a growing list of promises that we have heard but that have not been delivered. The Commonwealth Games and the airport rail link – promised; scrapped. No new taxes – 50 taxes later. Congratulations on that milestone, by the way. And there is a litany of other broken promises and warped commitments. If the government is serious about delivering station upgrades for Ballarat, I welcome that. But if you say you are going to do something and then do not, that leads to an erosion of public trust in the government, and that is something that this government has been characterised by.

COVID-19 vaccination

Ann-Marie HERMANS (South-Eastern Metropolitan) (17:57): (375) I rise today to raise an adjournment for the Minister for Emergency Services. I thank my colleague who very rightly brought up the consultative forum for Emergency Management Victoria, freeing me up to ask something different in my adjournment. I hope you will accept the fact that I have just had to scribble this down, because this is a very, very important point I am about to make and a very important action that I seek.

The action I seek from the Minister for Emergency Services is to advise the Australian Firefighters Alliance and me of what medical evidence has been provided which excludes non-vaccinated firefighters from being able to return to work. I say that because we know that on 12 July the occupational health and safety section allowing for the collection and holding of immunisation records was revoked, and this is confirmed by WorkSafe Victoria. We know that there are Victorian firefighters who are suffering due to the lack of consistency in healthcare advice and its implementation. Some have suffered vaccine injuries from having only one vaccination. In some cases they forced themselves to have two and were absolutely incapable for health reasons of having a third one. Others have seen this suffering or other situations with family members and chosen not to have any vaccines for health reasons.

Let me also say that the World Health Organization on 5 May said that we no longer have a global health emergency. What is more, we now know that the vaccine did not stop transmission or infection, and that was originally the purpose of the vaccine as per the TGA production assessment report, which said that it would prevent COVID. But of course that is not what actually happened. What is more, we know that there are large numbers of people who have now suffered from myocarditis and pericarditis, and this has been proven to be a risk of the vaccine. In fact the risk is highest in young, fit men, many of whom work for Fire Rescue Victoria. So I say that this is a major issue that we are seeing. I want to say too that repeated boosters have now been shown to slow down the immune system for new strains of virus in some cases. I think this is a really important question, and I do ask the minister to please take this action and do something about it.

Responses

Gayle TIERNEY (Western Victoria – Minister for Training and Skills, Minister for Higher Education, Minister for Agriculture) (18:00): There were 14 adjournment matters raised this evening, and they will be referred to the relevant ministers.

The PRESIDENT: The house stands adjourned.

House adjourned 6:00 pm.