

Dear Fellow MP,

Significant numbers of senior doctors familiar with the detail of the government's proposed doctor contracts have rejected them, and already some of the best are voting with their feet. Legal advice, including that from a major medical indemnity organization, has highlighted the risks. These include dismissal clauses that could result in patient outcomes being compromised; removal of binding independent arbitration; and the power of the employer to unilaterally vary the contract. Government reassurances that the contracts are benign and beneficial are not consistent with the detail and tenor of the proposed contracts.

To my knowledge, there is no evidence that this strategy of command and control improves performance in complex professional settings. To the contrary, Queensland's experience with this in healthcare has contributed to patient deaths, such as in Bundaberg, and major financial loss, as with the Payroll debacle.

In comparison, organisations such as Victoria Health and the British NHS recognise that the best outcomes are achieved from trust based partnerships between government and health providers. Their doctor contracts are accordingly underpinned by an agreement with their respective medical associations. Recent Queensland progress in areas such as emergency departments and surgical waiting lists has been based on collaboration, not control. Partnerships provide the best approach to the challenge of sustaining our public health system in increasingly austere financial circumstances. Command and control doctor contracts are not governance best practice and furthermore threaten medical professionalism, where the prime duty is to the patient.

In my electorate of Stafford, the major employer is The Prince Charles Hospital, recognised worldwide for its excellence in cardiothoracic medicine, teaching and research. The proposed contracts have already resulted in highly regarded and difficult to replace specialists looking elsewhere, noting that there is a national and global market for leading specialists. This is now a trend throughout Queensland. A recent debate at the hospital between a local CEO extolling the benefits of the contracts and a senior doctor resulted in a practically unanimous rejection of the contracts.

Contracts that could harm patients and be detrimental to the broader community make my position in this government untenable. They would also be contrary to my vision for an improved healthcare system as articulated when elected by the people of Stafford. To my knowledge, my local LNP members are as concerned by the current doctor contracts as I am.