

# Working together to meet the health needs of populations

## Graduation address

by

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to

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I would like to acknowledge that this ceremony is being held on the traditional lands of the Bindal and Wulgurukaba people and I wish to acknowledge them as Traditional Owners. I would also like to pay my respects to their Elders, past and present, and the Elders from other communities who may be here today.

These forms of acknowledgement are particularly important to those of us who work in the health industry. Still today we see the impact of Indigenous dispossession and disadvantage. An Indigenous Australian has a life expectancy about a decade shorter than a non-Indigenous Australian.<sup>1</sup> We should always take these acknowledgement of country as a reminder of that and ask ourselves what we are doing to help Indigenous people in their struggles to overcome this disadvantage.

*Chancellor, graduates and friends, and academic staff who have helped, taught and mentored those graduates*

Today is a day of celebrations for everyone, especially for you, the new graduates, but also for your families and for your friends. It's also a celebration day for the University as we see graduates in veterinary science, pharmacy, psychology, public health, health science and biomedical science going on to what I am sure will be successful careers and, importantly, careers serving areas of this country where you are particularly needed.

We are also celebrating the 10<sup>th</sup> cohort of medical graduates from the university. Famous Roman historian Tacitus said that victory is claimed by all, failure to one alone.<sup>2</sup> I'm going to stake my claim to be part of this victory.

When I was head of the Commonwealth Department of Health in the mid-1990s it was clear that we had shortages of doctors in rural Australia. Alas, that problem is still with us, an issue I'll return to. I persuaded the then Minister for Health, Carmen Lawrence, to support a new medical school at this University, to replace the then clinical school run from the University of Queensland and to provide for an expansion of student places. My small bit in changing Commonwealth policy was of course not enough to see the establishment of the new program, but I'm sure it helped. Anyway, enough at least for me to claim to be part of that victory.

Another reason for today to be a celebration day for the University is that today we see the first cohort of graduates from the physician assistant program. The physician assistant profession is a new one in Australia, distinct from all the others. Physician assistants practise in a delegated model, working closely with and for a medical practitioner, be they a general practitioner or a specialist. Physician assistants can work in a huge range of roles and manage a huge range of conditions.

But I've described these initiatives so far as a celebration day for the University. In fact, it's a celebration day for patients and communities. Why do I say that?

Well, let's talk about North Queensland. The area served by Central and Northwest Queensland Medicare Local has about 68 general practitioners per 100,000 population, where we are today has

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<sup>1</sup> <http://www.aihw.gov.au/deaths/life-expectancy/>

<sup>2</sup> Tacitus (2014), *Tacitus' Agricola: De vita et moribus Iulii Agricolae* (Cambridge: Cambridge University Press).

about 90 per 100,000. Contrast that with the Sunshine Coast or the leafy eastern suburbs of Sydney which sits at 120 GPs per 100,000 population.<sup>3</sup>

Does it matter? It sure does. Fewer GPs per head is associated with lower rates of bulk billing, and with more people missing out on care because of cost. In work we did at Grattan Institute, we showed that fewer GPs per head is also associated with higher costs for each hospital admission, after you standardise for everything you can think of: age, sex, Indigenous status, diagnosis, remoteness. This finding is consistent with a hypothesis that poorer access to GPs is associated with people being sicker when they eventually go to hospital.

So more GPs where there are too few is a good thing.

Not only that, but we know something special about you, the new health professional and health sciences graduates from this University compared to graduates from other places. For instance, we know that medical graduates of this university are 16 times more likely to intend to work outside capital cities, 4 times more likely to intend to work in smaller cities, cities of less than 100,000 people.<sup>4</sup> Those intentions also get converted into reality. JCU medical graduates are 10 times more likely to take your internship outside a metropolitan centre. And if you take your internship outside a metropolitan area, you're more likely to practise outside a metropolitan area.<sup>5 6</sup>

Some of this is explained by where you lived when you applied for do your courses: rural location on application is associated with rural working as a health professional after graduation. So too is whether you identify as Aboriginal or a Torres Strait Islander.

But I think it's also about the ethos and culture of this University. The message sent to you throughout your courses is that rural and tropical practice is really complex, really interesting, really valuable and really challenging. You are not sent the implicit message that the best people are sub-sub-specialists who work in an arcane field, with a lab filled with pink and blue bottles and seeing the strangest patients in the biggest cities. You aspire to meeting real needs of real people who are amongst the most disadvantaged in Australian society.

For that I salute you.

Australia is in the process of doubling the number of medical graduates, in the hope that eventually that surfeit will trickle down or out to the Cloncurrays of the world. I'll let you into a little secret. That ain't going to happen. Like their predecessors, new doctors mostly come from, are trained in, and are likely to work in, cities and in specialist practice. Current strategies are therefore unlikely to yield enough GPs to fix Australia's primary care access problems. According to our estimates, on current policy settings, it will take very remote areas 44 years to reach a reasonable access target, and 65 years to catch up to the level of services per person that cities have today. When it comes to the

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<sup>3</sup> Duckett, Stephen, Breadon, Peter, and Ginnivan, Leah (2013), *Access all areas: new solutions for GP shortages in rural Australia* (Carlton, Vic.: Grattan Institute).

<sup>4</sup> Sen Gupta, T., et al. (2013), 'James Cook University MBBS graduate intentions and intern destinations: a comparative study with other Queensland and Australian medical schools', *Rural and remote health*, 13 (2).

<sup>5</sup> Sen Gupta, T., et al. (2014), 'Positive impacts on rural and regional workforce from the first seven cohorts of James Cook University medical graduates', *Rural and remote health*, 14.

<sup>6</sup> Woolley, Torres, et al. (2014), 'Predictors of rural practice location for James Cook University MBBS graduates at postgraduate year 5', *Australian Journal of Rural Health*, 22 (4), 165-71.

places with the worst service shortages, we obviously need to achieve reasonable access in reasonable timelines.

If we are to expand medical school graduations further, the James Cook experience has convinced me that it should be in rurally located and rurally led medical schools, not rural pimples on city pumpkins. Any expansion of rural intakes should also be at the expense of city intakes so we don't contribute further to potential oversupply in the cities.

But enough about doctors because 'more doctors' isn't the only answer.

With the exception of the health professional acting as a passer-by Good Samaritan at an accident scene, there is almost no health care encounter today which does not involve other professionals or support staff. The objective of workforce policy and system design should be expressed as a team goal, something like *The right member of the health care team enables the right care in the right setting, on time, every time*. But even with this phrasing we need a caveat that family members and other carers would also have to be regarded as members of the health care team.

So we need to think of team solutions, not individual doctor ones, to access to care.

If we are to have good access in rural and remote Australia (and even in some parts of metropolitan areas), we have to open our minds to the possibility of doing things differently. And that brings me to another reason why the community and patients should celebrate today, for today is Australia's first graduation of a cohort of bachelor degree trained physician assistants.

Physician assistants are a proven way to expand access to care.<sup>7</sup> Physician assistants practice medicine *under the direct supervision of a doctor*. Their role is agreed with the supervising doctor, and can develop over time along with trust, experience and training. They have been shown to provide high quality care. This means that GPs can delegate any kind of care to physician assistants.

Physician assistants are an established part of the health care team in several countries, but implementation in Australia is hampered by multiple veto points between an idea and its implementation.<sup>8</sup> To be fully effective, introduction of physician assistants to rural and remote Australia needs coordinated action by the Commonwealth and state governments.

In what I think is a good move, Queensland this year has 'gone it alone' and changed its rules to allow physician assistants to prescribe, refer to medical specialists or order diagnostic tests within the Queensland public health system.<sup>9</sup> Similarly, this University has gone it alone in introducing a Bachelor's degree program for physician assistants.

But the full potential of these changes will only be reached if the Commonwealth recognises physician assistant prescriptions, tests and referrals under the Pharmaceutical Benefits (PBS) and Medicare Benefits Schemes (MBS).

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<sup>7</sup> Halter, Mary, et al. (2013), 'The contribution of Physician Assistants in primary care: a systematic review', *BMC Health Services Research*, 13 (223).

<sup>8</sup> Pressman, Jeffrey and Wildavsky, Aaron (1973), *Implementation: How great expectations in Washington are dashed in Oakland or, why it's amazing that federal programs work at all, this being a saga of the Economic Development Administration as told by two sympathetic observers who seek to build morals on a foundation of ruined hopes* (Berkeley: California University Press).

<sup>9</sup> <http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-397.pdf>, accessed 10 December 2014

Without Commonwealth recognition under the PBS, patients outside hospitals have to pay more for medication prescribed by a physician assistant.

The graduation today shows that physician assistants are now clearly part of the fabric of the health system in Australia. It is about time that the Commonwealth and states caught up with changes in practice, and changes in the health team, and removed barriers to using physician assistants to their full potential, for the benefits of patients and communities.

Another way in which we need to think and act differently is using pharmacists' skills better. In a report Grattan Institute issued last year,<sup>10</sup> we argued that a good way to address the access problem in rural Australia was to use pharmacists' skills better including immunising. I'm pleased to say the Queensland government has picked up on that suggestion. We went further though and proposed that with the agreement of GPs and patients, pharmacists should be able to provide repeat prescriptions to people with simple, stable conditions. They should also be able to provide vaccinations and to work with GPs to help patients manage chronic conditions. Using pharmacists in this way frees up scarce doctor time to allow them to treat more complex conditions.

So far I've spoken only about the cure workforce. We also have people graduating today with a degree or diploma in public health. The public health challenges in Australia are immense, and these challenges are even greater in Northern Australia and rural and remote areas. How are we to cope with the expansion in obesity when our culture is obesogenic? Waving a finger and saying stop eating the wrong things when more sophisticated advertising encourages us to do so every day creates a lose-lose situation for public health workers and the public. But just because it's tough, doesn't mean we should give up. Challenges just mean we too need to be more sophisticated in how we tackle them. Public health graduates acquire skills in mobilising communities and planning broader action to keep us, and our communities, well.

What we are doing today is celebrating with you, the new graduates. As I said it is not only your celebration but, more importantly, a day that the university celebrates and that rural and remote communities should celebrate. I have long argued that North Queensland should be net self-sufficient in terms of its health workforce. It should produce enough doctors, nurses and allied health professionals so the graduates are able to meet the needs of the community (netting off temporary movements in and out). We shouldn't expect that North Queensland ought to be drawing forever on international medical graduates or graduates from other parts of Australia, except in the smallest professions. James Cook is well on the way to ensuring that happens. This demonstrates the value of regionally focused universities which are more attuned to (and probably more committed to) responding to local needs.

As this graduation shows us, health care is not static. It is exciting. The environment changes.

As graduates working in this exciting field, you will be challenged every day of your working life. You will be rewarded every day of your working life, in seeing what you have achieved, how you have worked with your patients and clients.

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<sup>10</sup> Duckett, Stephen, Breadon, Peter, and Ginnivan, Leah (2013), *Access all areas: new solutions for GP shortages in rural Australia* (Carlton, Vic.: Grattan Institute).

Many of you chose to study in one of the health professions because you wanted to make a difference. Today, you're on the next step to fulfil that dream or calling. You've got an even better chance than your colleagues in other universities to make a difference in health care in Australia. You'll be working in rural areas or with Indigenous communities where the service needs are so great. You'll also come from a university which has shown itself to be innovative. I hope some of that rubs off on you too, as you start to think of innovative solutions to the problems you see.

This ceremony is an important milestone. As I've said, it's a day of celebration. For the University. For the communities you'll go out to serve. And of course, especially for you the new graduates. Congratulations and enjoy today and your future careers.

Thank you