## Closing address

**The Hon Tanya Plibersek**[1]

[1]Minister for Health

Lee: Let me introduce to you the Honourable Tanya Plibersek, Minister for Health. She has been a Member for Sydney since 1998. Her parents migrated to this country from Slovenia in the 1950s. And Tanya Plibersek grew up in the southern suburbs of Sydney, the youngest of three children. She completed a Bachelor of Arts Degree in Communications from the University of Technology and a Master of Politics and Public Policy at Macquarie. She's married to Michael Coutts-Trotter, who's worked as a key advisor to the New South Wales State Government and is Director-General of the New South Wales Education Department. They have two children, Anna and Joseph, and no doubt she'll be keen to get home in time to see them all tonight. Could you please give a very warm welcome to the Minister for Health, the Honourable Tanya Plibersek ...

[Applause]

The Hon Tanya Plibersek: Thanks so much, Lee, for that introduction. I couldn't forgive myself if I didn't correct it slightly. I've got three children now. Baby Louie's joined us, unexpectedly, but delightfully. Someone really should invent something for that. I want to start by acknowledging that we're meeting on the land of the Karuna people today and pay my respects to their elders past and present and, of course, to any other elders of Indigenous people that we might have here with us today. I want to thank Lesley for covering the recommendations of the conference so well. I've been following the Twitter feed a little, between my other responsibilities, and I know from that and from what you've presented today that it's been a terrific, engaging, full-of-debate, lively conference. And I want to thank all of you and congratulate you for coming up with what seemed to me to be some very practical and implementable recommendations. I won't respond to all of them right now, but there were a few that I would like to comment on very briefly if you'll allow me to.

I thought it was phenomenal, really—I had a bit of a section on the NBN in my speech and I thought, "Oh, they won't want to hear about the NBN, you know. It's been in the media so much. I'll take that out." To have you say to me that this is at the top of your list of infrastructure priorities, I think is phenomenal, and it is—and the reason that we're building the NBN is because we need to prepare for the future. We've actually got pretty slow and creaky telecommunications infrastructure now, and if we build new telecommunications infrastructure, we've got to build it for the future, not build it for what people are using at home today, but build it—10 years ago you could not have imagined the way that we work and learn and access health information. You could not have imagined what we're doing today 10 years ago. I can't begin to imagine how much more integrated with our lives and how much more we will depend on broadband in 10 years' time and the sort of applications that we'll use it for then, how much more important it'll be in educating our children, how much more important it'll be in communicating with one another, how much more important it'll be in making sure that people right across Australia have access to high-speed broadbands that can deliver the sort of data that you're talking about with medical imaging, the sort of data that you need for high-quality face-to-face interaction.

I travel around a lot, I'm looking at operating theatres now in country hospitals that have the camera hooked up to a hospital, you know, five hours' drive away so that if you're on emergency that night and someone comes in with something and you need to stabilise them and you need to treat them right there and then, but you are worried and you want a second opinion from someone who's an expert—you can get it. You can get it right then. They can see your patient on the operating table. We're doing that now. What are we going to be doing in 10 years' time?

I thought that the idea of investment coupled with autonomy in, not just country areas, but really right around Australia. The very reason that we've set up Medicare Locals and the very reason that they're

working is because we're giving the money to people who are working on the ground in communities and saying, "You have a look at what the needs are in your community. We will back you with this investment, and you use it flexibly and responsibly in your community to deliver the best outcomes, best health outcomes for your community." That's the way that health systems should work. I've got a lot of faith in my public servants in Canberra. I think they do an excellent job. They can't be in every community every day determining need and allocating resources, nor should they be. That should be done as close to where treatment is being delivered as possible.

I could talk all day about your recommendations, but the only last one that I really wanted to talk about was the oral health one. There's a recommendation that we sign the National Partnership Agreement. I can tell you happily that every state but one has signed, so we are now in the phase of rolling out, really dramatically increasing the treatment that's available to people in public health, in public dental hospitals. That's almost half a billion dollars in that first national partnership and next year, there'll be about another $1.3 billion for the next phase of investment in better oral health for Australians.

Grow-Up-Smiling will start, as we said, on 1st January. We're finalising the negotiations about the schedule for Growing-Up-Smiling. And, you know, this is one of the things that I'm proudest of as Health Minister: that we will have a generation of young Australians for whom it is as easy to go to the dentist as it is to go to the doctor. Now, I know all of you country people, I know you're all going to say, "That's not so easy," but the principle of price not being a barrier—and, indeed, we've got $200 million in there, as well, to boost services in rural locations, but the basic principle of price not being a barrier to good oral health, and understanding how that link between oral health and general health, how critical that link is, I think it's a good start.

So, I wanted to return to my prepared remarks. I first of all I want to say that I really do value the work that you've put in over these last few days in the conference, and I will give all of your recommendations proper consideration. But this is not the beginning and the end of my engagement with your sector. One of the most enjoyable and rewarding parts of my work is seeing what you do on the ground in your communities. And it is terrific to see so many people here that I've seen back at home in their own homes and in their own communities. But I also wanted to say that in July I'll be appearing with Jenny May and Tom Calma on the Rural Health Education Foundation Program, so that'll be another opportunity for us to deal with some of these issues that are so important to all of us. Today I had intended to speak about three things. Firstly, to back-cast a little bit and look at the commitment that we've had as a government into rural, regional and remote health. Secondly, to look at some of the early signs of success, and thirdly, just a little taste of where we're going in the future.

I share your commitment to rural health and because of our health reforms and record investment in services, infrastructure, and health workforce, I think that it's fair to say that things are looking up in a number of areas. We're trying to make it possible for people to access the care they need, where they need it, when they need it; and for the people who work in our health system to deliver the type of care they want to to their patients, the best possible quality of care regardless of location.

In this financial year, the Federal Government is investing more than $2.1 billion on health and ageing programs focused specifically on rural Australia. That's not to say your share of the general spend, either, that's the specific programs. And the bulk of that investment is being directed towards significant programs, like targeted rural dental and mental health programs, as well as the maintenance and building of critical health infrastructure. We've also put in $2.9 billion through the Health and Hospitals Fund into regional health infrastructure, over half of the $5 billion that was committed through that Health and Hospitals Fund Program. We've sought to improve cancer outcomes in regional areas by building 25 regional cancer centres. The most recent of those was opened a couple of weeks ago on the Central Coast in New South Wales. And $676 million worth there. It has always shocked me that in a country like Australia we actually have those different health outcomes—you're less likely to survive, your survival will be shorter if you get cancer in a rural area than if you get cancer in a

city area. It is just not right that we allow that to continue, and that's what those rural cancer centres are about.

And 180 primary health care services in regional, rural, and remote areas being expanded or upgraded with $54 million in primary health infrastructure grants, $225 million in improved dental infrastructure, as I said earlier, and so on. Those dollars are invested there because people in rural and remote areas have been missing out too long and we can't allow the different health outcomes to continue in the way that they've been going.

I want to speak to you a little bit about Health Workforce. The Health Workforce is now essentially the biggest employer in Australia, taken at its broadest definition, and a major employer in all of our regional, rural, and remote communities, but we still have dramatic shortages of health workforce in many rural and remote locations. We have been investing in the training pipeline since coming to government. We've expanded medical school places to record levels and doubled the number of GPs in training to 3,000. We're now supporting 750 specialist trainees with another 150 coming on board next year. Around 50 per cent of advanced medical training is now occurring in regional and remote areas, so the trainees are not just providing care, but they're also much more likely to stay in areas where they've trained. We know that the greatest predictor that someone will end up practicing in a rural or remote location is that they're trained in a rural or remote location.

And all of that investment is terrific and I'm proud of it, but the proof really is in the pudding. Are we getting increased numbers in our country areas? So it's good to see that the Australia Institute of Health and Welfare's last data set on this shows that we are seeing improvements. We've seen an increased supply of medical practitioners across all remoteness areas over the period 2007 and 2011. That is not enough for anyone in this room, and I include myself in that. The report also noted increases in rural hospital non-specialists, rural specialists-in-training and rural specialists. And even more encouraging, it's not just doctors. We have had, I think, a significant and obvious effort by rural nurses, dentists, optometrists, physiotherapists, pharmacists, age-care workers and other allied health professionals. Encouraging, but not sufficient.

These early signs are good, but as they're not enough for me, I decided last year to have a look at the whole of our investment in training programs across the health portfolio and, indeed, through the education portfolio. We spend an enormous amount training health professionals in Australia and I want to make sure that every single dollar of that money that we are spending is having the maximum possible impact. I asked Jenny Mason to conduct a review and I know that many of you and your organisations have spoken to Jenny. That review's in its final stages of drafting, so of course I can't tell you today what's in it. But there are a couple of things that I suspect will be in the report, but I've also spoken to so many people about in this room that I believe will emerge through this process. Now that I've said that, she'd better put it in the report, don't you think?

One of the things that we've talked about a lot is that we have many elements of a rural training pipeline. We've got a number of different programs and all of them on their own are very good programs and all of them having a positive effect. By linking up into an end-to-end pipeline, I believe that we could very dramatically increase the success of those programs as they're operating now. And I mean all the way through student selection to postgraduate education, having a rural training pipeline that is based in rural areas where, of course, people will rotate into city areas to do particular parts of their training, but that their wish and their expectation is that they'll do the bulk of their training in a rural community, and that they will go on to practice in a rural community, instead of what we do now, which is largely, though not entirely, base people in city areas and send them out for six weeks or six months or sometimes a little longer, but with the centre of gravity always being the city locations. We are very keen to see that end-to-end training from student selection to independent practice in the workplace happening in rural communities.

And if you have to come into town, you've got a particular interest, you want to work in a large hospital for a while, terrific. Of course that should be encouraged, but with a different centre of gravity, with the pull being back to where you've done the bulk of your training. The challenge that we face, of course, is to make sure that we join up and integrate all of those various components of the training pipeline. And, of course, I'll be looking to all of you to help me with that task.

The other thing that I just want to mention about that is we're in South Australia. I couldn't go without saying that Health Workforce Australia is based here in Adelaide, although it has a presence everywhere. Health Workforce Australia has been extraordinarily helpful to me in considering those issues and the practical work that they're doing on the ground. I'm particularly interested in the work that they'll do. They've already commenced consultation around the National Medical Training Advisory Network, and I think that that's going to be a great opportunity for me to explore with them how we can do this end-to-end training in rural areas. Just another little thing that I wanted to mention about what's coming up, one of the things that Jenny Mason has had to wrestle with in her review—and I don't exactly where we'll land on this, but it is an issue that I want to work with you on—is the ongoing concerns about the remoteness classification system which determines the range and type of workforce incentives that are available in particular areas, as well, of course, as the district workforce shortage classification system, which restricts the locations which overseas-trained doctors, foreign graduates, and bonded medical students can practice.

I know that the system as it is is controversial, and any new system we go to will also be controversial. But there seem to be anomalies in the system that people raise with me frequently, so I'm glad to report that the detailed proposals for reform of these systems are currently undergoing technical assessment and that comes ahead of the formation of an implementation group that will involve key external stakeholders.

I want to thank all of you who have contributed to that review. I think it will give us scope for some very important changes that will benefit you, and, I know most particularly of concern to you, will benefit your patients in your communities in years to come. I want to just finish by saying that I'm a city girl, I represent a city electorate, but some of the most rewarding experiences I've had as Health Minister is seeing the marvellous work that you do in your communities and that as a government we have and will continue to back with dollars, but also with policy, thought, and consideration, the work that you do in rural, regional and remote health.

I think that the benefits of this effort are beginning to show, but certainly there is no room for complacency. We expect those benefits will become increasingly evident in years to come. I think the recommendations that you've talked about, our preparedness as a government, we want to work with you to make sure that you get excellent telehealth opportunities. We want to make sure that investment is strong, but also guided by local decision-making. Indigenous chronic health, dental health, maternity services, there were very few things up there that I couldn't agree with or say, "Oh yes, we've already started doing some work in this area." And so I think that we've got a great deal still to do to bridge the city-country divide when it comes to health outcomes. But I hope in partnership, working together, we're able to do that.

Thank you.

[Applause]