Celebrating the rural and remote health sector

Julie McCrossin, Facilitator

JULIE MCCROSSIN: Ladies and gentlemen, it gives me great pleasure now to move to a celebration of excellence in the rural and remote health sector and we are going to do that with the presentation of five awards.

Our first award in our five awards this morning recognising excellence is the Louis Ariotti Award honouring a legendary bush practitioner from southern Queensland. When I mention a state with which you have an affiliation, would you clap and roar excitedly. Okay. I’ll run it again, okay. Get ready Queenslanders because you’re different—okay here we go.

The Louis Ariotti Award honouring a legendary bush practitioner from southern Queensland and it recognises innovation and excellence in rural health. It’s funded by Toowoomba Hospital Foundation and would you please welcome the man who helped me distribute apples earlier this morning, chair of the board, Ray Taylor, to present the Award.

RAY TAYLOR: Thank you, Julie. Ladies and gentlemen, the Toowoomba Hospital Foundation is proud to be associated with the National Rural Health Alliance and in particular the National Rural Health Conference. For those unaware, it was the Toowoomba Hospital Foundation which auspiced the very first National Rural Health Conference in Toowoomba in February 1991. The Rural Scientific Conference was held in Toowoomba for a number of years thereafter before growth and progress saw the Alliance take it over and expand it to its present magnificent status today.

The Foundation, in conjunction with the Rural Health Training Centre in Toowoomba, the Cunningham Centre, continued to provide support for the Conference through the Louis Ariotti Award for innovation in rural health and the Infront Outback Research Awards.

The Toowoomba Hospital Foundation remains committed to supporting rural health in Australia and I am delighted to be here in Albury for the 9th Conference to represent the Foundation and present these two very prestigious awards—the Louis Ariotti Award for innovation in rural health and the Infront Outback Rural Health Research Award.

The Louis Ariotti Award is proudly sponsored by the Toowoomba Hospital Foundation to recognise and encourage excellence and innovation in rural and remote health. This prestigious award is made at each Conference in honour of a legendary bush practitioner who contributed significantly to improving rural health.

Louis Charles Ariotti was born in Innisfail, Queensland in 1915. He graduated from Sydney University with a desire to practise medicine in rural Australia, specialising in surgery. He eventually chose to settle in Charleville and began practice there in 1947. Ten years later Louis became a Fellow of the Royal College of Surgery. Dr Ariotti’s practice was built on dedication and respect for his patients, a drive to perfect his surgical skills, with the ability to improvise and adapt his practice to address the needs of his patients. His valuable contribution to improving health in the bush, as well as his remarkable qualities as a person, are highly regarded to this day.

This year the Louis Ariotti Award is awarded to a group of three unique individuals whose careers have been, and continue to be, devoted entirely to the delivery of comprehensive rural health services both in the acute and community sector.

The joint winners for the Louis Ariotti Award for 2007 are Dr Peter Macneil, Miss Nancye Piercy and Dr Geraldine Duncan. These three outstanding health professionals provide a demonstration of how models of health service delivery, medical services and medical training can be developed, maintained and sustained through dedicated teamwork, all working through their initial partnership with Wagga Wagga Base Hospital and continuing their contribution beyond that time into their respective current roles in rural health in their local area.
Dr Peter McNeil, although retired, continues to be an active surgeon and visiting medical officer from Wagga Wagga Base. He has throughout his long career continued to raise the wider rural health agenda through the College of Surgeons to many rural health medical initiatives. Dr McNeil was the first Medical Director of the Riverina Rural Health Training Unit and attended the very first National Rural Health Conference in Toowoomba.

Miss Nancye Piercy is a woman with a vision and a mission. Nancye had the foresight to seek funding for a partnership with Charles Sturt University to establish the Riverina Rural Health Training Unit. In all her roles, which include CEO of Wagga Wagga Base, District Manager of the Riverina Health Service and most recently as CEO of the Riverina Division of General Practice and Primary Health, Nancye has continued as one of the strongest and most passionate advocates of rural health.

Dr Geraldine Duncan is a General Practitioner who manages to juggle both her role as a GP and a senior lecturer to undergraduate medical students in the University of New South Wales Rural Clinical School very capably. Dr Duncan has demonstrated outstanding and innovative education of both the undergraduate medical students and international medical graduates in the GP training program which has resulted in winning an award for learning and teaching excellence at the University of New South Wales.

The joint presentation of the Louis Ariotti Award reflects very well on the reality of successful rural and remote health practice and takes the Award to a new dimension. It is clear that these three individuals have jointly contributed very substantially to the development of health services in the Riverina. All three have displayed a very long history of contribution to the highest level. All three continue to contribute substantially to the regional health services and health outcomes for all, hence all three are deserving of winning this prestigious Award.

**JULIE MCCROSSIN:** Now ladies and gentlemen, I think we should have a presentation right here in the light, if you could come forward please, so that people could aim towards a photographer in an oddly natural manner. I’ll get out of the way and then I would love to have a quick word with both of you if that’s possible. But if you could rush forward to each other and connect in a—do you want to come forward. Grin at these people.

I saw a thing on—you were all at the dinner, but I was in the hotel room with a little bit of a cold—and there was a thing on paparazzi. If you try to get up here I’m going to bloody crash tackle you.

Thank you. Would you like to present the Awards? A round of applause please.

Could I just ask you, sir, you’re Dr Peter Macneil?

**PETER MACNEIL:** As far as I can remember. Are you going to trust me with the microphone this morning?

**JULIE MCCROSSIN:** Could we both hold it as a compromise in a sort of multi-disciplinary kind of way? Can I just ask you—the young practitioners here—we’ve got a lot of students in the room—what would be your message to them to help them and their career in rural and remote Australia?

**PETER MACNEIL:** Always remember that the best times are to come. You keep on the road and the further along you go in rural health, the more you will get satisfaction from what you do and I believe it’s unique to rural health because in metropolitan health there is nothing like this—nothing like this group, nothing like the cross linkages. They work hard to make them on the centres of excellence, but you tell me of any group that across a whole lot of disciplines as has been outlined by John just now, that does this, anyhow.

Can I say something myself?

**JULIE MCCROSSIN:** If it’s very brief.

**PETER MACNEIL:** It’s time for a deep breath, but I’ve got to say that I owe a lot of this to, well, the tag team from Wagga, and the same with everybody out there. None of us would have got there. We come
together and that gives you the connection and you can see what other people are doing and you go
away inspired, having seen the commitment of the others. And so I thank you guys. I apologise to the
ones that I’ve terrorised or harassed. And one last thing—there’s an old saying—behind every
successful man there’s a surprised woman—and I’m no exception. And she’s here and without Kate …

JULIE MCCROSSIN: Where’s Kate? Can you stand and say hello. And a beautiful hat too. Hurray!

PETER MACNEIL: Everybody knows that if you work hard in a rural context that it comes in the
family time and I’ve never had anything but acknowledgement from Kate of how worthwhile what I’m
doing. She’s even sort of encouraged me on her committees and things. So, anyhow, it’s good night
from me and good night from me.

JULIE MCCROSSIN: Thank you very much. Dr Geraldine Duncan, can you just tell me the heart of
your work. What is it that you’re doing right now that’s recognised by this Award—that is the nub of it
in your view?

GERALDINE DUNCAN: I’m not sure because I do a lot of things. I primarily run the campus at
Wagga Wagga—for the Rural Clinical School of University of New South Wales.

JULIE MCCROSSIN: Can you just speak up a little bit.

GERALDINE DUNCAN: Sorry, it is one complaint that my husband has—that you speak so softly
Geraldine and you are always walking away. Worse complaints than that ladies and gentlemen. I’m the
campus coordinator of the Wagga Wagga campus of the Rural Clinical School of the University of New
South Wales and I try to really look after the medical students and make their time there comfortable
and fulfilled and all experience and give the benefit of my wisdom. But I also work in general practice
and there’s always a tension there to get busier and just overbalance, because I have been in Wagga
since 1979.

More recently I have been doing a lot of work with refugees which has also threatened to become a
barrage of over-fulfilling and the tension is going to be how to get the team to work together to keep
looking after these people with their multiple needs.

JULIE MCCROSSIN: Unfortunately I must stop because I have some time restraints, but would you
please give a round of applause to these winners. Thank you.

And ladies and gentlemen, I will need to be a little quick with my interviews because we have an
extravaganza about to unfold, but let’s move now. I have to share this with you. Wagga Wagga—a
special place in my heart—it is where I was conceived.

Our second Award is the Evidence into Action paper prize and this is a first time award at this
conference and it is being awarded by the National Institute of Clinical Studies. I’d like you to please
welcome Patsy Yates to present the National Institute of Clinical Studies Evidence into Action Rural
paper Award. A round of applause please.

PATSY YATES: Well good morning everybody. I am pleases to be here to present this award on behalf
of NICS. I am sure many of you are familiar with the work of NICS. NICS was set up in the 1990s to
really look at how we can improve health outcomes by closing that gap between evidence and practice.

This award is an important award. I think it emphasises NICS’ commitment to look at those evidence-
practice gaps across all areas of health care and this award is, I think, given to a really important
initiative that is being reported at this Conference.

The Award that NICS is providing is $1000 and it has been awarded to the best example of some work
which has been about closing that gap between evidence and practice and the Award has been given to
a team from the Greater Southern Area Health Service, including Jo Lawrence, Fran Peterie and Simon
Milligan for their work which was titled “Improving Perinatal Healthcare—Multidisciplinary Teams in
a Rural Setting”.

Standing up for Rural Health: Learning from the past Action for the future
If you didn’t get an opportunity to hear their paper, what they talked about was this initiative which involved the establishment of 7 teams in their area and the outcomes which they described were really quite significant in terms of improving that continuum of care between prenatal and postnatal care, improving communication amongst the team and they described the really important outcomes that provided for the people who they were providing services to.

So if you would like to join with me in congratulating Jo, Fran and Simon.

**JULIE MCCROSSIN:** I don’t think—unfortunately of course they have whizzed back to get on with more mothers and babies, ladies and gentlemen. That’s the nature among the disciplinary team. I don’t think they are present today. If you want to be—let’s be photographed together, just so there’s that feeling of a photograph. Thank you very much. A round of applause please. I know it might seem odd, me being photographed in that manner, but I just know psychologically we need a photo at the end of an award. I don’t know what it is. It’s just the rhythm of the thing.

Our third award is the biennial Rural Registrar Award recognising a commitment to rural practice during training and this award is presented by General Practice Education and Training Limited. Please welcome Lesley Fitzpatrick, General Manager of Medical Education at GPET.

**LESLEY FITZPATRICK:** Thank you, Julie. For those of you that don’t know, General Practice Education and Training or GPET has 1200 doctors in training in any one year who are doing their vocational preparation for general practice. All of those doctors have to do at least six months in a rural area, but those who are on the rural pathway, a third of them, do all of their general practice time in a rural area so that’s between 18 months and two years of their three year training.

People that work on the rural pathway do all of their time in RRMAs 4–7, so that’s towns of 10 000 and less.

We wanted to recognise the commitment of these registrars and their importance to rural and remote Australia because while they’re training they are providing services to the community and being supervised by some of our extraordinary rural doctors who are already there and have made an ongoing commitment to rural medicine.

What we did was ask medical educators to nominate registrars they felt deserved this award and I would like to announce that for the first time this Award has been given, it is being given to Doctor Rafi Ahmed.

Rafi was born in Bangladesh and graduated from Rangpur Medical College in 1986. In Bangladesh he mainly worked in internal medicine, particularly with people with diabetes. He migrated to New Zealand with his family in 1994 and moved to Australia in 1998. In 2001 he passed his AMC examinations and for those who are overseas trained doctors, you know that that’s a very big milestone.

Then he started his internship at Royal Prince Alfred Hospital. He joined the Australian General Practice training program in 2004 and was attached to NEATS, the New England area’s Regional Training Provider. He began his vocational training in a RRMA 5 area in Bingara and he stayed there for about 18 months completing his basic and advanced GP terms.

At this time he started thinking about doing some procedural training. He did another six months of GP training in Bingara and sat his Fellowship exams successfully in 2005 and then rounded off his preparation for rural practice with 9 months of anaesthetic training at Armidale Hospital and a further 3 months in Tamworth Hospital ICU – where he practised the skills he learned.

In 2006, Rafi relocated to Gunnedah, which is a town of about 10 000 people in New South Wales and he now works there as a General practitioner and as an anaesthetist at the Gunnedah Hospital and provides services to Gunnedah people and people from outlying areas.

He settled in Gunnedah with his wife and two sons and has made a long term commitment to rural practice. So congratulations, Rafi.
JULIE MCCROSSIN: And if you could both just look at the camera. Smiling please, smiling. Thank you very much.

Congratulations on your award. And what a dedication to learning you have. You’ve done an amazing amount of additional training. Is that your wife filming us at the moment? Hi, I’m Julie.

Can you tell me, what do you enjoy about your practice as a doctor in Gunnedah?

RAFI AHMED: Well, as I said, when I started my training I know that working in the rural is different from metropolitan. It’s more challenging and different, but there is less support but at the end, the diversity of the clinical work and also the appreciation of the patient. That’s really everything.

JULIE MCCROSSIN: Thank you for saying that. We have here, Dr Ahmed, many students—medical, nursing and allied health students—and they have heard a lot of tough stories about working in rural and remote Australia about the challenges and so we were saying how the rewards need to be mentioned more. So tell us a little bit more about the gratitude of the patients. How is it different being in a small community compared to a big city?

RAFI AHMED: Well, they are more involved with day to day care. I would like to mention about one of my patients recently, who was diagnosed with melanoma with metastasis, to the brain. I had to look after him, I think the last days of his life and recently I got a letter from the family. They thanked me for seeing after him at the end—the last days of his life.

JULIE MCCROSSIN: A very intimate sense of appreciation. Thank you very much and congratulations to you and your family.

Ladies and gentlemen, I am just giving a little warning to the Queenslanders; I am going to mention a Queensland location in a moment, so get yourselves revved up.

Our 4th award is the Infront Outback Research Grant for Rural and Remote Health sponsored by Toowoomba Hospital Foundation. Welcome back Ray Taylor.

RAY TAYLOR: Thank you Julie. The Toowoomba Hospital Foundation sponsors the Infront Outback Research Grants Program to promote and support health related research relevant to practice and policy in Australian rural and remote health. The grant’s program was established in conjunction with the Cunningham Centre and the Toowoomba Hospital. For each biennial Rural and Remote Health Conference held, applications are called for and are assessed for their suitability.

It is with pleasure that I announce that the recipient of the Infront Outback Research Grant for 2007 is the Health Issues Centre and the Australian Health Care Reform Alliance. The Grant will support the collaborative efforts of the Health Issues Centre and the Australian Health Care Reform Alliance to undertake a series of consultations with rural residents and explore their views on and around the future of the health system in Australia.

The member organisations of the Australian Health Care Reform Alliance have a shared view that the health system is in need of significant reform to ensure it can be effective, fair and sustainable in the face of diverse pressures from a range of sources. The reform proposed has the capacity to improve outcomes for people in rural and remote areas who currently miss out to a significant degree in term of access to services, continuity of care and workforce supply and cross-jurisdictional issues.

The Australian Health Care Reform Alliance holds the view that changes to the health system need to be guided by significant input from both citizens in general, including consumers reliant on the system, i.e those with serious or long term conditions and other high needs, as well as disadvantaged groups such as the homeless and Indigenous people. Hence, it is proposing to conduct a pilot to collect and analyse consumer perspectives around Australia on priority areas for change in the health system so we can have a fair and sustainable health system. The process will commence with the face to face meetings facilitated by AHCRA member organisations in each state.
It is proposed that the grant from the Infront Outback Award will enable a series of consultations in rural areas and capture the ideas and views from citizens, health care consumers and disadvantaged groups.

It is the aim of the Health Issues Centre and the Australian Health Care Reform Alliance to hold the consultations between March and June 2007 and subsequently present a report to the national health summit on 30 and 31 July in Canberra. It is hoped that the study finding will be published.

I was to present this to Tony McBride, the CEO of the Health Issues Centre, but I believe he is not here.

JULIE MCCROSSIN: My understanding is that Mandy Leveratt is with us today, the Chair of the Health Issues Centre. Is that correct? And here she is ladies and gentlemen. A round of applause please.

If we could do the photo near the dot and then I’ll have a quick word with you. No, nearer the dot. Look there’s the dot. You can touch each other. You know the handshake I was thinking of.

I’m very good with the photos, don’t you think? Oh, thank you. I am assuming there are websites and newsletters that want these images.

Congratulations. I know this is a hard question, but let me throw it at you. One or two nitty gritty practical examples that demonstrate that talking to help consumers—the patients—consulting them can deliver better outcomes—better results for health care.

MANDY LEVERATT: Gosh, that’s really putting me on the spot. In terms of the Health Issues Centre, one of our greatest—or an area where I think we’ve been making the biggest changes in terms of the Hospital Consumer Advisory Committees in Melbourne—and certainly in some areas, we’ve noticed that hospital practices are slowly changing in order to accommodate the needs of consumers. So I think the day is—about 10 years ago I was working for the Brotherhood of St Laurence and we heard about a woman who was discharged to the care of her cat because the hospital staff had asked her who she lived with and she said she lived with Henry. Henry, of course, was her cat. Now of course, we have got better discharge planning and the chances of her being discharged to the care of her cat are quite remote.

JULIE MCCROSSIN: Oh look, we discharge people in New South Wales to their labradoodle day in, day out. Listen, I just should tell you—I actually get your newsletter and if I could do a plug for you—the Health Issues Centre—you can become a member of it and you get send the newsletter with really good quality articles—case studies of what consumer participation means in practice, what techniques to use and I think you give a lot of support to patient representatives so they can meaningfully engage with people in the health sector. Is that right?

MANDY LEVERATT: Yes, we do and we particularly engage with organisations like various cancer groups—the breast care network of Australia—and we do a lot of support for individuals who are engaging with the system at various different points.

JULIE MCCROSSIN: I think every student here should be offered a cut rate subscription to the Health Issues Centre Newsletter. One more thing?

MANDY LEVERATT: I should just say we do have a student rate to become a member of HIC, but you can get e-news for nothing. So just go on to the HIC website, which is healthissuescentre.org.au and you can get e-news for absolutely nothing.

JULIE MCCROSSIN: Thank you very much. A round of applause, please.

Our final award—and we have an extravaganza about to explode after this award, so get ready for a very sudden gear change—but our 5th award is the Des Murray Scholarships presented by the National Rural Health Alliance.

Des Murray was a Senior Officer in Rural Health at the Commonwealth level who later worked for the Alliance. Would you please welcome Mary Murray herself to present these awards?
MARY MURRAY: Thank you. I want to thank the National Rural Health Alliance for honouring and keeping Des’ memory alive through these scholarships. Des felt passionately about helping rural health and played a major part in the development and administration of rural health policies in Australia.

Towards the end of his life he worked for the Alliance. Des would have been so pleased to see such a crowd as this advocating for good health and good health services for families in rural and remote areas.

Des would also have been pleased and proud to meet with the three winners of the scholarship. If these three are a sample of the young people providing care in rural and remote areas, we are in good hands.

The three very deserving winners of the scholarship this year are Robyn McKinnon who is a community worker with Northern Tasmania Development, Rue Kwedza, a dietician who works for the Mt Isa Community Health Service, and Lani Newton, a youth worker with the Eastern Eyre Health and Aged Care Service in South Australia.

JULIE MCCROSSIN: This is great; this is a big group photo. Can you all cluster? Do you want to come forward Mary. If you could all cluster around her and smile at that lady. Help them feel natural, sort of wiggle your hands at them and poke your tongue out.

Congratulations to you all. I won’t interview each of you. I thought we might interview Tasmania because I don’t think—you know how they can feel separate sometimes, a little bit—they are across that body of water. Who is from Tasmania? Come forward my friend.

Can you tell us—what are you going to do with this scholarship? What’s the heart of your work and what you’re hoping to achieve.

ROBYN McKINNON: I think for me the scholarship is to be present at this conference which wouldn’t have been an opportunity if I hadn’t got this scholarship. I have gained so much skill and knowledge that when I go back I have an amazing vision for my community and I’m hoping to build a youth and community centre. It will be a long journey, but by hearing a lot of the presentations here this last couple of days it has given me even more exciting and big ideas to incorporate and so I am very excited about what will happen in the future in my region.

JULIE MCCROSSIN: Thank you very much. A round of applause. Bye. Thank you very much. And congratulations to the other students. Ladies and gentlemen, that completes our award section.