Good morning.

Thank you for having me.

First I would like to acknowledge the traditional custodians of the land where we are meeting today, and pay my respects to Elders past, present and future, and to acknowledge any Aboriginal and Torres Strait Islander people here this morning.

I am very pleased to be here to open your event this morning.

This Symposium brings together some very important people.

People who make an invaluable contribution to the health of Australians.

And particularly to a group of Australians who themselves make an invaluable contribution to the economic and cultural life of this country.

And they are the people who live in rural and remote Australia.

These are the communities that are the heart and soul of Australia.

And their health and wellbeing is my key responsibility, as the new Assistant Minister for Rural Health.

I am honoured to have been appointed to this role, and feel genuinely humbled to have been entrusted with a portfolio that is really so close to my heart.

Health is in fact the one portfolio in which every Australian – every single one of us - is a stakeholder.

And as a farmer and a rural doctor and specialist, and the son of a rural doctor and a rural nurse, I come with insider knowledge.

And a real understanding of the incredible merits and strengths of rural health and all the people who work in rural health, and also the real challenges we face.
This personal investment, and the personal understanding of the issues, I hope will mean a very strong, very collaborative approach to the work ahead we have to do together.

Rural and remote health is a partnership effort. And the challenges inherent in the delivery of health in rural and remote Australia – are also genuine opportunities for finding the best ways, and the most innovative and tailored ways to deliver health that suits the client and the community.

And I really feel that I come here as one of you – and that I am here to work with you, and listen to you – so we can achieve the health outcomes we all want for the diverse rural and remote communities across Australia.

Rural and remote health is built on the commitment, the expertise and the courage of the rural and remote health workforce.

It takes a special kind of energy - a toughness and a boldness coupled with a deep sensitivity - to work in health in rural and remote areas.

Without that kind of workforce - we just can’t deliver healthcare to Australians in rural and remote areas.

And by workforce I mean all the contributors - our doctors, our nurses, our Aboriginal Health workers, our midwives, our researchers, our scientists and social scientists, our specialists, our mental health workers, our ambulance drivers, aged care workers, cleaners, paramedical – everyone here.

Sometimes here in Canberra – life can be contained within the confines of the office and the chamber, meetings and car rides – but you only have to look out to the Brindabellas to be reminded, if you need reminding, of the incredible distances across our beautiful country, the ruggedness, and the diversity of the terrain.

And as I travel around, it is so striking how distance and remoteness are almost defining features of Australia.

Our history, our economy, our character - shaped by the rural and remote experience, the towns miles and miles from any others, the farming communities, the mining communities, the vibrant, culturally diverse Indigenous communities living on traditional lands and elsewhere.

The ties to land and place, the industry, the hard work, the resilience, the humour, the courage – rural and remote communities in all their shapes and colours – are defined by these truly ‘Australian’ characteristics.

And all of those special rural and remote communities need access to health care.

And it’s our job to ensure this.

The Government is very clear that we are in Health for the long game – pursuing bold reforms that put patients at the centre of a system that is both equitable and sustainable into the future.
Australia’s health system is world-class, and Australians believe in universal health. We all want a health system that can meet the diverse needs of Australia’s population.

In order to deliver sustainable universal health care into the future – we need to be clear-headed.

We need the research to give us the data to make sure our policy is strong, innovative, and able to respond in changing times.

We need to bring together the fundamental strengths, the skills and contributions from all areas of the health sector – and build on this, in cooperative and collaborative ways.

The Government has been methodically reviewing many aspects of the system – and the broader reform agenda is built on the principle of a strong and sustainable health system, a strong and healthy Medicare, patient-focussed, flexible and responsive.

Where decisions about health services are devolved out to regional Primary Health Networks, and local communities can commission the services that suit them best.

Integrated health care components working together – so that the individual patient has more say over the kind of care they get, and when and how they access it.

Primary health care for instance is undergoing transformative reform.

The Health Care Homes program – is a new way of managing chronic and complex conditions – with individuals assigned a health care home base – and a GP or Aboriginal Health Worker or other health professional taking the role of care coordinator.

They work with the patient to help them access different health care they need – educating them about their conditions and how to manage their own health – in a partnership with the individual.

And with bundled payments replacing a fee-for-service model.

People with chronic and complex conditions are some of the highest users of the health system – people who have some of the highest avoidable hospital admissions in the community.

And the Health Care Homes reforms are seeking also to address this – to free the system up – to better utilise the services available and to improve cost-effectiveness.

Sometimes it’s a matter of turning ideas on their head, and applying expertise but also innovation – this is where the real and valuable change can come.

The good ideas often come from the community, from the grassroots experience of health issues and different ways to address challenges.

Where necessity stimulates innovation – and the particularities of local situations produce ideas that we want to foster and encourage.

We want to create the conditions to support these ideas and help them proliferate.
In fact, the principles of the Government’s broad health reform agenda can be seen in action, and really are distilled, in the rural and remote setting.

Community driven, patient-focussed, adapted to particular community needs – using innovation to address the challenges of distance or meet cultural needs with culturally appropriate services, for instance.

I believe that the challenges of rural and remote health delivery – prompt the kinds of approaches and the kinds of ideas – that provide a real model for the broader health system.

That your ideas and your research into rural and remote health – can provide answers to the bigger questions about the health system as a whole.

If we are looking for innovation, devolution, integration, patient driven and patient focussed, streamlining and collaboration –

Then there is lots to learn from rural health practitioners, rural health service providers, rural communities, and rural health policy developers and researchers.

It’s at the intersection of the community experience and the local practitioners experience, the researchers and scientists and the policy makers – in conversation, exchanging ideas, combining different kinds of expertise – that’s how we will progress.

Two very important election commitments made by the government have arisen out of this kind of collaboration and sharing of knowledge and views.

One key one for me is establishing a Rural Health Commissioner.

The Commissioner will be an advocate and a leader – making sure rural and remote health is a central priority for government, and leading on the development of the first ever National Rural Generalist Pathway to increase the number of highly skilled doctors in rural, regional and remote areas.

The Commissioner will have a broad remit and will work with all of you.

With rural, regional and remote communities, the health sector, universities, specialist training colleges and across all levels of government to improve rural health policies and champion the cause of rural practice.

The Commissioner will work with the health sector and training providers to define what it is to be a Rural Generalist.

We all know that the Rural Generalists is a special kind of practitioner – as is often called for in rural and remote health.

Frequently with advanced training in areas such as general surgery, obstetrics, anaesthetics and mental health.

How do we adequately and appropriately recognise their substantial scope of practice and extended working hours?
This will also be part of the job of the new Commissioner - to develop options for increased access to training and appropriate remuneration for Rural Generalists, recognising their extra skills and hours and giving them more incentive to practise in the bush.

The Commissioner will also consult with stakeholders about the nursing and allied health workforce in rural and remote Australia.

This Government is committed to building a health workforce that meets the needs of rural communities. One example of this is the Rural Health Multidisciplinary Training Program – which ensures more doctors, nurses and allied health workers are being trained in rural and remote locations.

The Integrated Rural Training Pipeline, or the IRTP, is another key element of reform.

Nearly $94 million over four years to develop an integrated, prevocational, postgraduate medical training pathway in rural and regional areas.

More health practitioners completing the different stages of their medical training, from student to specialist, in rural areas.

The formation of up to 30 regional training hubs to better coordinate training opportunities across the stages of training for medical students.

The establishment of a Rural Junior Doctor Training Innovation Fund to provide general practice rotations for junior doctors undertaking their internship in a rural area.

An expansion of the Specialist Training Program to fund a further 100 training places in rural areas.

Young people in rural and remote areas often sacrifice so much to train away from their families and their communities.

Indigenous students, and non-Indigenous students, from rural and remote communities – often really want to be able to stay connected, and its only training that keeps them away from home.

Their commitment to giving back to their own communities – we can build on that – we can ensure they keep those ties, and do their training in the settings where they want to work, with the issues that they know and want to work with.

But also this initiative will help us draw people into communities who maybe did not grow up rural and remote, but will learn to love the life as many of us do, and bring new perspective and new blood into the regions – if we just make it easier for them to train there.

That’s why the government has committed this funding to integrated training – it’s innovative, but it’s also simple.

Another important aspect for me is to continue the rural and remote health stakeholder roundtable meetings.

This is fundamental – consultation and collaboration.
Buzzwords – but meaningful ones in this context.

I know the value of the contribution of rural and remote practitioners in developing policy. I was one.

It would be false economy to not take full advantage of this incredibly valuable resource – and again I want to emphasise the partnership approach that I expect, from my perspective, and I know the Minister’s perspective – will become business as usual for us all as we look ahead.

The third election commitment I want to mention this morning is to the Royal Flying Doctor Service – as well as extending current funding for the service until 2020, we have made a commitment to provide $11 million over two years to expand the delivery of outreach dental services to rural and remote Australians.

The $11 million will provide access to mobile dental services in areas where there are no private or state / Northern Territory government funded public dental services.

The additional services will address the gap in access to dental services for rural and remote Australians over the next two years.

Then the Child and Adult Public Dental (CAPD) Scheme will be implemented – expanding public dental services through funding to the states and territories.

The Royal Flying Doctor Service is such an institution in this country – and has saved so many lives - and the statement on their website about innovation summarises for me the rural and remote health experience:

“Operating across vast distances, harsh landscapes, and in far from ideal conditions, necessitates resilience, resourcefulness, innovation and a continual striving for excellence.”

This is exactly my point – that the nature of rural and remote health delivery in Australia – the challenges and problems that you all grapple with in your work on a daily basis – attracts the very best people with that deep commitment and that ability to find solutions in the most difficult of circumstances – and it becomes a role model for the rest of the health system.

Research is fundamental to the conversation about how to improve rural and remote health services.

Strong reliable data – helps us allocate resources in effective ways.

Innovative, courageous research can force governments to rethink previous outdated assumptions.

I notice your planned conversation later in the Symposium around small rural hospitals, and local maternity services – such re-evaluation of the decisions of previous governments in previous times cannot be done without the science and research to help us understand the reality of impacts and prosecute our case for change.
Responding innovatively and respectfully to the health needs of Indigenous communities – can be greatly facilitated by strong research to back up taking the action we absolutely need to take.

The Prime Minister and the Health Minister recently announced the next stage of the National Suicide Prevention Strategy for example – and have identified the Kimberley as one of the trial sites.

Because we have the data – as shocking and devastating as it is – about the heartbreaking suicide statistics – it is clear that we need to make not a small difference, but a fundamental and transformative difference.

It is a health imperative, but it is also a moral and social imperative. The Kimberley has the highest concentration of remote Aboriginal and Torres Strait Islander communities in the nation.

The cultural and historical value of this region, the sacred sites, the complex traditional practices, the walking in two worlds, the depth and the richness – is a national treasure. But our people, the people of the Kimberley are suffering.

There are complex reasons – mental, spiritual, economic, social and historical – why this is happening.

But the problem before us now is urgent, and the only way forward are culturally appropriate, tailored services developed in consultation with communities and community health workers and Elders – to reach people in the way they want and need to be reached, in ways that will save lives.

The new strategy is built on this principle.

Intelligent, respectful, compassionate and practical solutions – working together, responding to needs, in ways that work, based on local knowledge.

Consultation and collaboration.

I spent 33 years working as a doctor in regional and rural areas.

My wife and I have also run a beef cattle farm in the Hastings Valley and raised our kids there.

I love the rural life. I am a doctor, but I’m also a farmer, and I place enormous value on the contribution of our rural communities to our country.

As I mentioned at the beginning of my remarks, some of you may know that I also grew up in a country town, as the son of a doctor and a nurse – one of seven kids, with my father the local GP running his surgery in the front two rooms of the house!

They were busy times – lots of people coming and going from the house - and it provided fertile ground for me to hatch my dreams to follow Dad into medicine.

When I was appointed to this role as Assistant Minister for Rural Health I thought of my father.
The life we lived growing up – his time always belonging to the community as well as to all of us, his ability to show compassion and patience, to respond to the needs of people from all walks of life, the farmers and the labourers, and everyone in between.

And that country NSW culture that is still alive in the towns and villages of that state, and its different permutations in all the states and territories – the bush, and the coast, the Big Top End, the villages in Tassie, all over the country.

Technology and changing times and demographics have made some things easier since then, and some things give us new challenges.

E-health can help a lot to reach people who live remotely.

But nothing can replace the person-to-person contact.

The relationships.

The connections.

The sense of community.

The working together.

The local people finding their own solutions to their own needs.

With our support.

With the strong evidence base, and the right policy settings.

We are going to go from strength to strength.

I’m really looking forward to what we can achieve together.

And I thank you all for your incredible contribution to improving health outcomes for all Australians, regardless of where they live and where they come from.

Good luck with the Symposium, and I look forward to the outcomes.

ENDS