Curtin Inauguration Speech

28th August 2011

Dignitaries, Professors, graduands, families and guests

Could I first extend my thanks to Professor Jill Downie for the invitation to speak at this very significant ceremony in the university calendar.

I wish to acknowledge the traditional landowners of the land on which we meet – the Noonygar people - and recognise their elders past and present.

To you, the graduands who will today receive degrees and doctorates- congratulations on your efforts, I encourage you to celebrate with vigour but, please, do take a few moments to thank and acknowledge those whose efforts have supported you in reaching your success. You are at the beginning of your careers or, for some, you may be focussing on undertaking additional studies - it is to you I wish to address my comments for the next few minutes.
You will today be graduates of a leading Western Australian University. Named in honour of Western Australia’s only Federal Parliamentary member to become Prime Minister of Australia it would be easy to reflect upon John Curtin’s contribution and the lessons which could be drawn from examining his life and work. During his time as Prime Minister the very fabric of Australian society was at risk. Those tumultuous times required leadership and a preparedness to make changes to meet rapidly changing demands.

Though a bit of a long bow I wished to draw upon a theme from Curtin, that of innovation and change for the times in which we live. I apologise to those of you whose disciplines are not immediately related to the provision of health care but I am sure the thrust of my comments will be of relevance.

Although one might not imagine it as Western Australia undertakes over seven billion dollars of building projects to improve health services to our community, I believe, we are entering a new era in health that will see a fundamental shift away from the hospital as the principal care environment for delivering health care. Hospitals will remain the cathedrals of our health system. They will be an important symbol and a focal point of
community interest but their role will be increasingly refined to highly technical care and the care of the seriously ill patient.

Why do I say this? 21st century communication and information technology is changing health care. Even now, if comprehensively embraced changes would be accelerating. But, health is profoundly influenced by its traditions and tradition and innovation do not necessarily sit comfortably in the same arena.

Many of you will today become members of professional groups that work within a clearly stated ethical framework, commit to high standards in practice, seek to ensure that members maintain and develop their knowledge and at all times recognise their responsibilities to the individuals they serve. This is to be applauded and, I would suggest, expected. Our society has supported you in reaching the goal you have achieved today and reasonably expects that you will practice consistent with the standards of your chosen profession.

However, focussing on the contribution of individual professional groups and simply hoping that when asked to work together professionals will easily and readily define and refine their ways of working is, I believe, no longer sufficient. It will not ensure that
the best options for the care of patients are achieved. Neither will it readily deliver to you as health professionals the personal rewards that will inspire and encourage you in your work.

Health, like manufacturing, business, communications and engineering, needs to undergo a major transformation - a courageous shift - that recognises that the priorities evident in each professions ethical code of practice can now be addressed much more comprehensively by working differently, more innovatively and more cooperatively. This way of working is embodied in the concept interprofessional practice and is, I believe, a critical transformation.

Curtin University is to be congratulated for embracing this change and embedding in its health science courses important interprofessional learning opportunities. Health science students will at graduation have a better understanding of the contributions that each professional group can make to the delivery of care and will be familiar with working and responding to each other’s and the patients’ needs in the work setting.

So, how does this relate to our time and the concept of innovation? It is my thesis that creating and maintaining innovation requires
first that the interprofessional model is in place. Only when innovative models of care are identified and developed by all those involved can we expect that implementation of change to be safe and successful. Consistent with my earlier comment, it is success in this type of reform that builds morale amongst health care providers. I would also suggest to you that it is in this practice environment that learning, knowledge management and innovation thrive. This change needs to be addressed with some urgency.

One of the privileges of my role as the Chief Medical Officer of Western Australia is that I am a member on the Council of the National Health and Medical Research Council, the NHMRC. A key focus from deliberations at the Council over the last few years is how to improve the uptake of evidence into practice in health care. Current data suggests that evidence uptake remains slow despite the remarkable opportunities being presented by modern information and communication technology. At the same time cohorts studies, randomised trials and meta-analyses increasingly confirm that evidence-based clinical protocols improve patient outcomes for the management of defined conditions.

This does not in any way diminish the importance of individual practitioners in the delivery of care and does not seek to replace
but to augment the special capabilities that individuals bring to the care of the patient. On the contrary, I would propose that the ability to effectively use guideline and protocol driven care where and when it is appropriate enhances the opportunities for individual practitioners to provide more comprehensively the special services and make better use of the specific attributes of their professional group on more occasions.

In preparing for this presentation I was challenged by the book “The Innovator’s Prescription”. Clayton Christensen’s focus is on the changing nature of health care and the opportunity it presents. One hundred years ago health care was but an emerging science. Precision in diagnosis was rare. Therapeutic options were limited. And their application required careful titration. Outcomes were still poor.

One hundred years later health care has changed enormously. Patients with timely access to health services rarely succumb to infectious diseases. Appropriately applied surgical interventions will resolve a condition with a high degree of reliability. Modern prosthetic devices restore function and in cardiac care can deliver complex support to a failing heart that extends and improves the quality of life for patients.
Despite the enormous changes in diagnosis and treatment the underlying model of delivery of care has only evolved incrementally. The visit to the individual practitioner visit and the routine use of hospitals to provide care are only now being significantly supplemented and augmented by new service models. And in this is the enormous opportunity that is presented to you - but it will take courage to lead the change.

Two forces will drive massive change in health care over the next 20 years; information and communication technology and molecular medicine. Our old service models are not well prepared for these shifts.

In some countries companies are specialising in assisting a wide range of service providers to re-design and innovate. A key characteristic of these companies is the significant presence of the younger members of the workforce in their cohort. You are those people in health.

Health has been slow to make this shift. As digital natives and as the emergent users of modern health care you need to be driving change in health services, and in the way we work with and
support our patients. I exhort you to take on the challenge of bringing the leadership in your professional groups to the table and balance the strength in the traditions of your individual profession with the opportunity to truly transform health care and your experience of being a health care provider.

Even more challenging though, and it is at this point that I challenge the graduands in non-health disciplines, the extent of the real interprofessional partnerships that will deliver these reforms is even greater that might at first be appreciated. Cognitive engineers, IT specialists, business and logistic expertise are needed if the rate of change, and sustainability of change needed in the enormously complex systems of health are transform health care.

And what better partnership can there potentially be than between health care providers and institutes of learning in bringing together the expertise in knowledge and information management, with life time learning and practise improvement. In this world I expect the special nature of being within the alumnus of your university may take on new meaning.

Again, I congratulate you on your success and wish you all the best for your career. Though austerity like that promoted by Curtin
during the II World War is not a feature of our immediate circumstances it is increasingly common in other countries around the world. We have opportunity here in WA to lead important reforms and the world is in need of success in this endeavour. I encourage you to embrace the 21st century and lead what will clearly be profound change in our society.

If it is possible for Western Australia to dream of, and pursue, the opportunity to host the most significant astronomy project in history, the square-kilometre-array or SKA, then we should all feel emboldened by the opportunity presented by living here to also lead health care transformation. As an older member of our community I will watch with fascination.

Finally, I would like to personally acknowledge Dr Neale Fong, the Director of the Curtin Health Institute for Research and Innovation. The opportunities he created for me to work in the WA Department of Health are directly responsible for me standing before you today. I am grateful.

If John Curtin had had access to 21st century cardiac care he would likely not have succumbed prematurely to coronary artery disease. It was 25 years after the Prime Minister succumbed to heart
disease before the increasing rate of premature death from heart
disease began to be reversed. Management of heart disease is a
public and acute sector success. I know we can do better in the
future in all aspects of health care. Show us!!

And thank you all for your kind attention.