

Robyn Hudson

Occasional Address

Faculty of Health Graduation

University of Canberra

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Thank you very much for this kind invitation.

Before I begin

I wish to acknowledge the Ngunnawal people as the traditional custodians of the land we are meeting on and recognise any other people or families with connection to the lands of the ACT and region.

I acknowledge and respect their continuing culture and the contribution they make to the life of this city and region.

I would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event.

In addition, I would like to recognise

Chancellor Lisa Paul AO PSM, Interim Vice-Chancellor Professor Lucy Johnston, and Acting Executive Dean of the Faculty of Health Professor Stuart Semple.

What a joy to be invited to share this magnificent event with you, your family, and friends.

May I pass on my congratulations to you for the achievement that today represents and indeed wish you all the best as you start your career within the health and care system.

So my name is Robyn. I am a mum, a wife, a system leader, a physiotherapist, and a wild optimist.

I care about making our health system constantly better for people in our community and I am delighted to welcome you to the complex, pressured and hope filled health system as you pass from a student to a fully-fledged clinician.

The health system is a remarkably important part of our everyday lives. Elections are won and lost on health issues – take a look at Boris Johnson and the NHS bus, or the streams of newspaper content devoted to flow issues in our acute hospitals, ramping of our ambulances and waiting lists for surgery. It drives our nations place in the world pecking order. The healthier your population the better your society works, it's more productive, in better economic shape. And not only that. The health system is one of the biggest employers providing security to many people; clinicians, administrators, cleaners and manufacturers and researchers. The COVID-19 pandemic is a grand reminder of the important place our health and the health system has in our society.

It is complex and it is important.

Preparing for this has made me stop and think – to consider if I remember any such address from my university graduations. To be honest I could not tell you whether there was a speech or if there was, what they had to say.

What I do remember is that I felt like I belonged.

When I graduated as a Physiotherapist from Sydney University I felt like I had found friends, shared experiences.

And most importantly I felt like I was committed, prepared for life as a clinician.

And in many ways, I was ready. I knew what to do when someone had creps in their bases, I had full command of the acronyms ACBT, SLS and CHF, I could do a stair assessment for discharge. And sputum no longer bothered me. There was nothing standing between me and helping my patients get better.

A colleague of mine in communications reflected back to me once that health is one of the few industries where it matters what your undergraduate was. Even many decades after I graduated from Physiotherapy and achieved registration – it is important part of my professional identity.

So this is my first message.

Belonging matters. It matters that you feel like you belong to your profession. It also matters that you feel like you belong to the organisation and workplaces that you will join. It impacts on culture and culture is everything.

We know this for all of the wrong reasons. Across the globe repeatedly when there is a high profile failure in a hospital or aged care facility culture is always one of the casual factors. Evidence tells us that engagement of the workforce effects less dramatic outcomes as well, length of stay, hospital acquired complications which are a standard set of metrics looking at pressure sores, bladder infections, delirium.

When you join your part of the health system – whether in the private or public sphere, in education, research or clinical care - you will make an impact on the people around you and be part of the culture of that team and that organisation. This will in turn effect the patients outcomes and experience of care.

Aspire and aim for it to be the best place it can be, take responsibility for the culture and be proud to belong.

My second message is about variation in the outcomes for our system. I was not prepared for this.

My last clinical job was in a big hospital in London – UCLHospital. I was the Clinical Specialist Physiotherapist for adolescence and paediatrics. My specialty was young people with complex and/or unexplained illness. It was specialist unit and we drew young people and their families from across the UK who had been in bed for 12 months and no one knew why,

they had socks on their feet, the same pair for years or had started to develop debilitating fatigue.

It was great.

The people I was working with were super smart and very dedicated. The young people were complex problems to be solved. Together with the young person, their important people and an array of clinicians we helped them get better and get back to being the best teenager they could be.

BUT

And it is a big but.

The system had failed. These young people should not have had to come to London.

Clinicians had not known how to help earlier on in the young persons pathway. In some cases, they had enabled poor outcomes. Or perhaps there wasn't the right clinician available to help in the local area. I don't believe that any individual clinician had meant harm.

The system had failed to respond and harm had ensued. The UK newspapers called this the postcode lottery at the time.

I was presented with a choice I could continue to be good at my job and help each person in front of me or I could try to improve the system and perhaps help more people. And that is what I decided to do and still strive to do 12 years later.

Variation in care outcomes is not novel and indeed it is everywhere, demonstrated in many reports published all the time. For instance, the Atlas of variation sets out many challenges to us as health professionals:

- Across Australia hysterectomy rates are higher in inner regional and outer regional areas compared to major cities or remote and very remote areas. Do women in the regions really have more heavy menstrual bleeding than in the metro areas?
- Rates of severe perineal tears vary up to 12 fold across Australia. A severe perineal tear occurs during birth and leads to incontinence.

If you overlay this type of information across populations. We see poorer outcomes in the first nations population, in communities of people who are refugees making their way in Australia, in our elderly and those with complex mental and physical needs. Unwarranted variation in outcomes is not okay and it is definitely not okay to see it impact particular populations more than others.

There is some good news - 60% of the time we deliver care within best practice guidelines. Hurrah!

We also know that 30% of care is waste, low value care or duplication. This can be unnecessary diagnostic tests, surgical procedures that aren't indicated for example arthroscopes are a common example.

And 10% of the time you see adverse events or harm – wrong site surgery, unexplained deaths in hospital and other similar events.

This rule of 60:30:10 has been true for the last 30 years.

This second message then is to recognise that variation in outcomes is real and an everyday occurrence. Remember the 60:30:10 and every time you go into a clinical encounter, please ensure you are delivering within the 60%.

Now before you throw your hands in the air and wonder about what on earth you have spent the last few years doing. There is hope and we can learn together how to deliver consistently better care. This is message number 3.

The antibody to the 30% waste and the 10% harm is to consider implementation science and learning networks that allow you to relentlessly and purposefully improve. As allied health you do this naturally. You build connections and networks with colleagues through membership of multidisciplinary teams. You listen and set goals with the person who is seeking care. You measure outcomes and you look to best practice and evidence to understand how to be better at what you do. Recognising patterns is what makes you a great clinician.

Please don't forget these skills as you leave this place. The need for learning becomes even more important to the people you will help and the big system that you are part of.

I would like to encourage you go even further. Look to other industries, look to other states, look to people overseas. Be curious beyond reason about how things work elsewhere.

One of the most personally transformative experiences I have had was my MBA at Cambridge University. I learnt alongside people from more than 40 nations, I learnt more than I ever thought I needed about net present value and CHF – which is both congestive heart failure and also the swiss franc. That finance lecture was particularly confusing! And most importantly I learnt about the world outside of health and brought that knowledge back in opportunities that followed. I discovered I was more than just a Physiotherapist. I could apply my problem solving and skills to other industries outside of my clinician experience. I also learnt that May Balls occur in June, matriculation is at the beginning and that is perfectly reasonable that Cambridge is superior to Oxford.

So here is my last and final thought. Look up from your patient and consider the system, the multitude of people, and patterns that you see. It will make you a better clinician and leader for the team you are in. It will lead to better outcomes for your patients.

A key feature of the MBA was the “so what”. And if there are three things, I want you to remember about what I have said today they are:

1. Belonging & Culture – you are responsible for your part of this, it will deliver better outcomes for your patients.
2. 60:30:10 – try to be in the 60% and help remove the 30 and 10 from the system
3. Look up at the horizon, practice curiosity relentlessly as the learning should never end.

Thank you for joining the health and care profession and for the impact you will have on the people who seek care from you, and indeed for the impact you will have on the health care system that will undoubtedly make it better for the community.