

2017 RACMA Workforce Survey

October 2017

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Executive Summary

- The survey was sent to 915 active College members. 344 (37.6%) responded to the 2017 survey. This is a similar response rate to previous years.
- The average age of RACMA members is 56.2 years. 55.5% of respondents were aged 55 years or older.
- Close to 45% of survey respondents indicated they intend to retire within the next 10 years. Within jurisdictions, workforce shortage is looming particularly for NSW and NZ where 60% and 54.2% (respectively) of survey respondents, who are currently active in the workforce, intend to retire within 10 years.
- 9.6% of Fellows who responded to the survey and who are registered with the MBA/AHPRA are not registered as specialists in Medical Administration. 19% of Fellow respondents registered with MCNZ are not registered as specialists in Medical Administration.
- Only 70% of survey respondents are employed in a medical management position.
- Of survey respondents who are currently active in the medical management workforce, 70.9% work in public sector health services, 7.2% in private sector health services, and others working in a variety of settings, including government, defence and self-employment.
- Of Australian respondents who are currently employed in a medical management position, over 90% work in metropolitan and regional areas (RAs 1 and 2); about half of them are located in public hospitals. Close to 95% of NZ respondents who are currently active in the workforce work in urban locations.
- 45.6% of respondents made a change to their job (position, employer, jurisdiction or FTE) in the last 12 months.
- When asked about the most significant piece of work undertaken in the past 12 months, most popular themes among respondents were service development and implementation, and Workforce Management.
- Workforce modelling to project potential shortages in the medical management workforce is the next step of this survey's analysis, and will be published as part 2 of this report.

Background

RACMA monitors its membership on a regular basis, in order to better understand the medical management workforce and to design and deliver suitable training programs that meet the accreditation requirements of the Australian and New Zealand Medical Councils.

Methodology

Data acquisition

College database

The College database has been used to profile the entire College membership in cases where relevant information is recorded on the system. This usually refers to demographic information, such as age, gender and location (jurisdiction) of the members.

Data analysed in this report has been extracted from the database on 8 August 2017.

Survey

The 2017 survey was designed to build on previous surveys undertaken in 2012, 2013 and 2015, and address similar issues such as membership demography, employment status, work setting and location, medical management structure, and more.

Invitations to complete the survey were successfully sent to 915 active College members on 29 June 2017. The survey remained open for 28 days, and closed on 27 July 2017.

Survey Participation

344 (37.6%) members responded to the 2017 survey. This is a similar response rate to previous years (an average of 35.2% in 2012—2015).

Table 1: Survey responses by membership category

Membership category	Number of members successfully invited ^[1]	Response count	% survey response per membership category	% of total survey responses
Fellows	419	203	48.4%	59.0%
Associate Fellows	309	72	23.3%	20.9%
Candidates	128	50	39.1%	14.5%
Trainees	48	18	37.5%	5.2%
Affiliates	11	1	9.1%	0.3%
Total	915	344	37.6%	100%

[1] Members successfully invited – active RACMA members with a valid email address on the College database, who has not opted out of the survey, and whose invitation has not bounced back.

Analysis

Quantitative analysis

Simple descriptive statistics has been used to quantitatively analyse data from the 2017 survey.

Thematic Analysis

Comments made in 2017 were thematically coded and tagged enabling qualitative analysis and visualisation.

Results

In the results below, the term '*population*' refers to the entire active College membership as recorded on the College database as at 8 August 2017. The term '*respondents*' refers only to College members who responded to the Workforce Survey 2017.

RACMA membership composition

The College's population comprises of 1017 active members belonging to one of the following categories:

- **Fellow** – Doctors who have completed the RACMA Training program and who have been awarded full Fellowship
- **Associate Fellow** – Doctors who have completed the one-year Associate Fellow training program and been awarded Associate Fellowship
- **Candidate** – Doctors undertaking the Fellowship Training Program
- **Trainee** – Doctors undertaking the Associate Fellowship training program.
- **Affiliate** – Doctors with an interest in Medical Management

The distribution of RACMA's population by jurisdiction and membership category in August 2017 is described in **Table 2** below:

Table 2: RACMA membership by Jurisdiction and membership category

Jurisdiction	Membership category					Total	% of total membership
	Fellows	Associate Fellows	Candidates	Trainees	Affiliates		
ACT	21	14	2	0	1	38	3.7%
NSW	121	57	29	9	2	218	21.5%
NT	6	1	2	0	0	9	0.9%
QLD	106	70	34	13	2	225	22.2%
SA	16	32	4	5	1	58	5.7%
TAS	10	18	6	0	1	35	3.4%
VIC	104	83	30	19	0	236	23.2%
WA	33	27	13	4	0	77	7.6%
NZ	36	18	8	1	4	67	6.6%
HK	35	0	1	0	0	36	3.5%
OSEAS	11	5	0	0	0	16	1.6%
Total	499	325	129	51	11	1015	100%
% of total membership	49.3%	32.0%	12.7%	5.0%	1.1%	100%	

Source: RACMA membership database accessed on 8 August 2017

Please note that while there are 1015 active members listed on the College membership, only 915 (90%) have been successfully invited to participate in the survey (see Table 1) – email addresses recorded for around 8% of members are invalid, the remainder had been sent an invitation but have either opted out or the invitations bounced back.

Profile of Survey respondents

Distribution by Jurisdictions

Table 3 below describes the distribution of survey respondents by jurisdiction and membership category:

Table 3: Jurisdiction and membership categories of survey respondents

Jurisdiction	Membership category ^[1]					Response count	% of total survey responses	% of total membership per jurisdiction ^[2]
	Fellows	Assoc. Fellows	Cand.	Trainee	Affil.			
ACT	8	1	0	0	0	9	2.6%	23.7%
NSW	58	12	10	3	0	83	24.1%	38.1%
NT	1	0	1	0	0	2	0.6%	22.2%
QLD	40	17	16	2	0	75	21.8%	33.2%
SA	5	9	2	2	1	19	5.5%	32.8%
TAS	6	4	3	0	0	13	3.8%	37.1%
VIC	43	14	10	8	0	75	21.8%	31.8%
WA	15	11	6	3	0	35	10.2%	44.9%
NZ	21	4	2	0	0	27	7.8%	40.3%
HK	2	0	0	0	0	2	0.6%	5.6%
Other	4	0	0	0	0	4	1.2%	25.0%
Total	203	72	50	18	1	344	100%	
% of total respondents	59.0%	20.9%	14.5%	5.2%	0.3%	100%		

[1] Membership categories: Affil.=Affiliate; Cand. = Candidate; [2] Total membership – as recorded on RACMA's database accessed on 8 August 2017.

Note Fellows are overrepresented in the survey (59.0% of survey responses vs. 49.3% of membership population), and Associate Fellows are underrepresented in the survey (20.9% of responses vs 32.0% of membership population).

Age

The average age of College population is 56.2 years. The average age of survey respondents is 54.9 years.

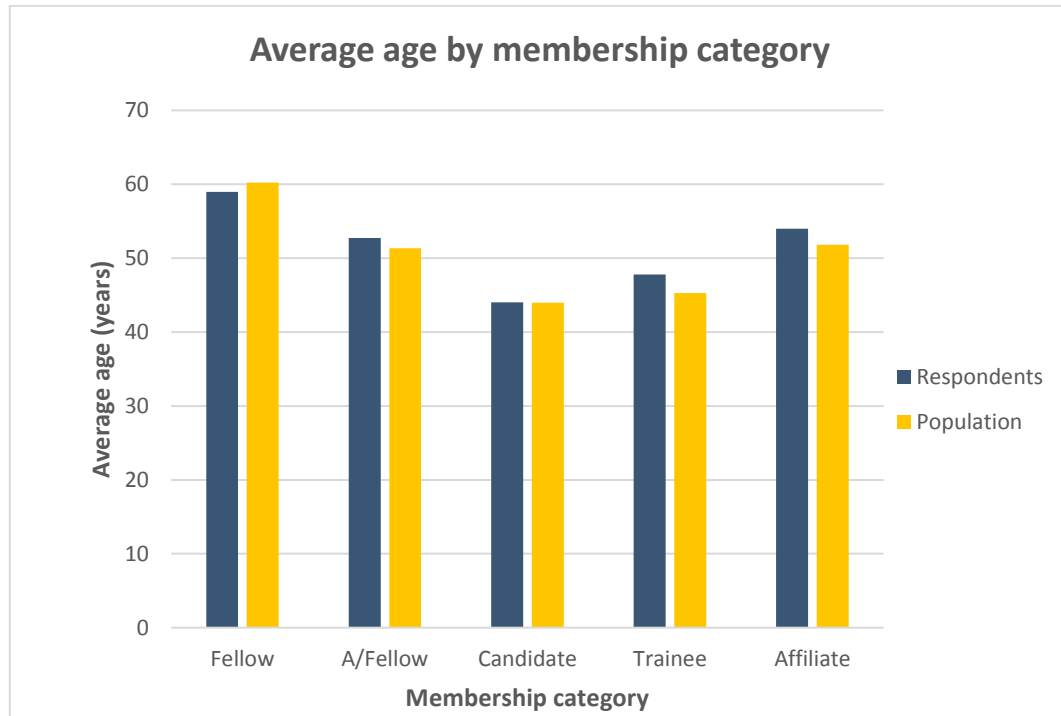


Figure 1: Average age by membership category. Blue bars – survey respondents, Yellow bars – College population.

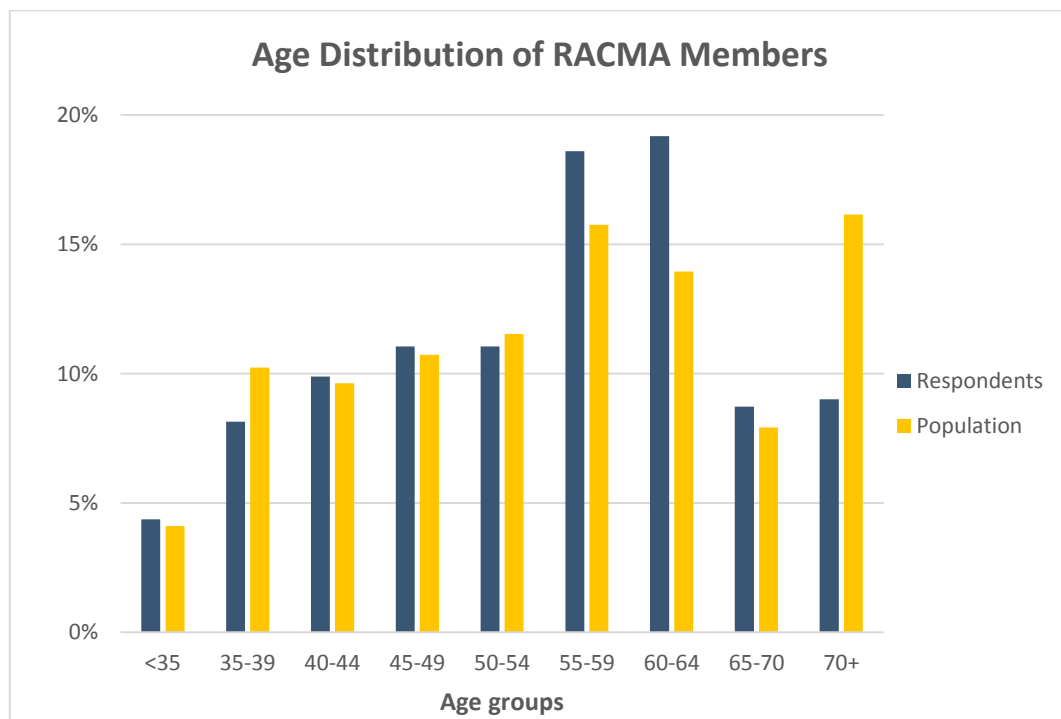


Figure 2: Age distribution of RACMA members. Blue bars – survey respondents, Yellow bars – College population.

Note (*Figure 2* above) the age groups 55-59 and 60-64 are over represented in the survey (37.8% of survey responses vs. 29.7% of overall College membership). The age group of 70+ is underrepresented in the survey, most likely because many of the members in this age group have retired and either have chosen not to participate in this survey, or their contact details (email addresses) on the College database are not up to date.

55.5% of respondents (53.8% of population) are aged 55 years or older.

Gender

Female members constitute 31.3% of total College membership and 39.5% of survey respondents. Male: female ratio is 2.2:1 in the College population and 1.5:1 with survey respondents.

The following tables specify female membership as ratios of College population and of survey respondents by age group, membership category and jurisdiction:

Table 4: Ratio of female College members by age group

Age group	% of total membership	% of survey respondents
<35	39.0%	40.0%
35-39	40.2%	53.6%
40-44	36.5%	50.0%
45-49	32.7%	50.0%
50-54	35.7%	50.0%
55-59	38.9%	40.6%
60-64	29.5%	31.8%
65-69	25.3%	23.3%
70+	12.4%	19.4%

Table 5: Ratio of female College members by membership category

Membership category	% of total membership	% of survey respondents
Fellows	29.9%	37.1%
Associate Fellows	28.3%	38.4%
Candidates	38.8%	44.0%
Trainees	41.2%	55.6%
Affiliates	54.5%	100.0%

Table 6: Ratio of female College members by jurisdiction

Jurisdiction	% of total membership	% of survey respondents
ACT	31.6%	55.6%
NSW	35.3%	38.6%
NT	66.7%	100.0%
QLD	27.6%	40.0%
SA	32.8%	42.1%
TAS	34.3%	46.2%
VIC	28.8%	38.7%
WA	35.1%	31.4%
NZ	31.3%	44.4%
HK	36.1%	50.0%
Other	6.3%	0.0%

Table 7: Current position of survey respondents by gender (response count)

Position	All responses	Male	Female	M:F ratio
CEO or equivalent	12	6	6	1.00
Executive Management	140	87	53	1.64
Academic lead	7	3	4	0.75
Clinical lead	45	27	18	1.50
Trainee or Registrar	16	9	7	1.29
Other	17	8	9	0.89

Only respondents who are currently employed in medical management were included in this table (n=237).

Generally, one can observe that, with time, women representation in College membership increases: Table 4 shows that women constitute about 40% of membership younger than 45 years, in contrast to around 20% of the older membership (60 years and over). This corresponds with the higher ratio of women Candidates, Trainees and Affiliates (Table 5), which on average are of younger age.

Among jurisdictions, women make up for about 30% of each jurisdiction membership, except NT where 6 of the 9 members are women.

From Table 7 above one can infer that certain positions in the medical management workforce tend to be occupied by one gender more than the other. As the male-to-female ratio among survey respondents is 1.5:1, deviation from this ratio for a certain position could be interpreted as skewness towards one of the genders. While the 1.5:1 ratio is maintained for Clinical lead roles, it seems that more men occupy Executive Management positions, while there are more women in the Academic Lead and Registrar roles. It is worth noting that in comparison to the 2015 survey, more women respondents now occupy the most senior CEO or equivalent positions (M:F ratio of 1:1 in 2017 vs. 1.8:1 in 2015).

Overall, women's participation rate in the survey was higher than their representation in the College population.

International Medical Graduates (IMGs)

Table 8: Respondents who obtained their MBBS outside ANZ/HK

Membership category	Response count	% of respondents in the membership category
All	79	23%
Fellows	32	16%
Associate Fellows	24	33%
Candidates	17	34%
Trainees	6	33%

Table 9: Countries where IMG respondents have obtained their basic medical degree

Country of MBBS	Response count	% of IMG respondents	Country of MBBS	Response count	% of IMG respondents
UK	30	38%	Malaysia	1	1%
India	23	29%	Philippines	1	1%
South Africa	8	10%	Singapore	1	1%
Fiji	2	3%	Sri Lanka	1	1%
Germany	2	3%	Sudan	1	1%
Ireland	2	3%	Syria	1	1%
Netherlands	2	3%	The USSR	1	1%
Argentina	1	1%	Ukraine	1	1%
Belgium	1	1%			

Registration

Table 10: Respondents' registration as medical practitioners

Membership category	Registration type			
	Medical Administration specialist	Clinical specialist	Both clinical AND Medical Administration specialist	Non-specialist registration
MBA (AHPRA)				
Fellow	100	12	60	5
A/Fellow	0	54	1	12
Candidate	0	21	1	26
Trainee	0	14	0	4
Affiliate	0	1	0	0
MCNZ				
Fellow	16	8	18	0
A/Fellow	0	12	0	1
Candidate	0	2	0	3
Trainee	0	0	0	2
Affiliate	0	0	0	0
MCHK				
Fellow	1	0	0	0
A/Fellow	0	0	0	0
Candidate	0	0	0	0
Trainee	0	0	0	0
Affiliate	0	0	0	0

Highlighted cells are the number of Fellow respondents who are currently not registered as Medical Administration specialists.

Four respondents are also registered with the GMC (UK), two with the Malaysian Medical Council, and one respondent is also registered with the Karnataka Medical Council (India).

Table 11: Ratio of Fellow respondents not registered as specialist Medical Administrators.

Authority	Number of Fellows respondents registered with this body	Number of Fellow respondents registered with this body but not as Med Admin specialists	% not registered as Med Admin specialists
MBA (AHPRA)	177	17	9.6%
MCNZ	42	8	19.0%
MCHK	1	0	0%

Employment Status

Current employment in Medical Management

Survey respondents were asked whether they are currently employed in a Medical Management position. Results are shown in the table below:

Table 12: Employment status in medical management among survey respondents

Employment status	Response count	% of responses	Comments
Currently employed in medical management	240	70.2%	
Currently Not employed in medical management	102	29.8%	
Of the respondents currently not employed in medical management:			
Employed, but not in medical management	65	19.0%	
Between jobs	2	0.6%	
Fully retired for less than 12 months	1	0.3%	
Fully retired for over 12 months	16	4.7%	
Other	18	5.3%	Including consultancy, self-employment, clinical work, semi-retirement, locum work, and non-executive director roles.

Recent changes in employment status

Participants were asked whether there have been any changes to their position in the past 12 months:

Table 13: Changes in employed position in the past 12 months (response count)

Change in employment	Fellows	Associate Fellows	Candidates	Trainees	Affiliates	Total	% of survey respondents
Changed position	47	14	21	6	0	88	25.7%
Changed employer	33	10	12	1	0	56	16.4%
Changed jurisdiction	15	2	6	0	0	23	6.7%
Changed FTE	22	12	7	4	0	45	13.2%
Reverted to clinical work	4	3	2	0	0	9	2.6%
Changed from permanent to locum work	9	2	0	0	0	11	3.2%
None of the above	110	40	26	9	1	186	54.4%

Note some respondents have made more than one change to their employed position in the past year, hence counted more than once.

Overall, 45.6% of respondents have made a change to their job (position, employer, jurisdiction or FTE) in the last 12 months.

Intention to Retire

Table 14: Intention to retire by age group: response count (% of total responses)

Age group	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
Time to retirement										
After 15 years from now	17 (5.0%)	25 (7.3%)	31 (9.0%)	25 (7.3%)	13 (3.8%)	3 (0.9%)	2 (0.6%)	0	0	116 (33.8%)
Between 10- 15 years from now	0	1 (0.3%)	3 (0.9%)	9 (2.6%)	17 (5.0%)	16 (4.7%)	2 (0.6%)	2 (0.6%)	1 (0.3%)	51 (14.9%)
Between 5- 10 years from now	0	0	0	4 (1.2%)	5 (1.5%)	36 (10.5%)	25 (7.3%)	4 (1.2%)	2 (0.6%)	76 (22.2%)
Within 5 years from now	0	0	0	0	3 (0.9%)	8 (2.3%)	34 (9.9%)	21 (6.1%)	12 (3.5%)	78 (22.7%)
I have already retired	0	0	0	0	0	1 (0.3%)	3 (0.9%)	3 (0.9%)	15 (4.4%)	22 (6.4%)
Total	17 (5.0%)	26 (7.6%)	34 (9.9%)	38 (11.1%)	38 (11.1%)	64 (18.7%)	66 (19.2%)	30 (8.7%)	30 (8.7%)	343 (100%)

Note that close to 45% of survey respondents intend to retire within 10 years from now. Intention to retire by jurisdiction is depicted in Figure 3 below.

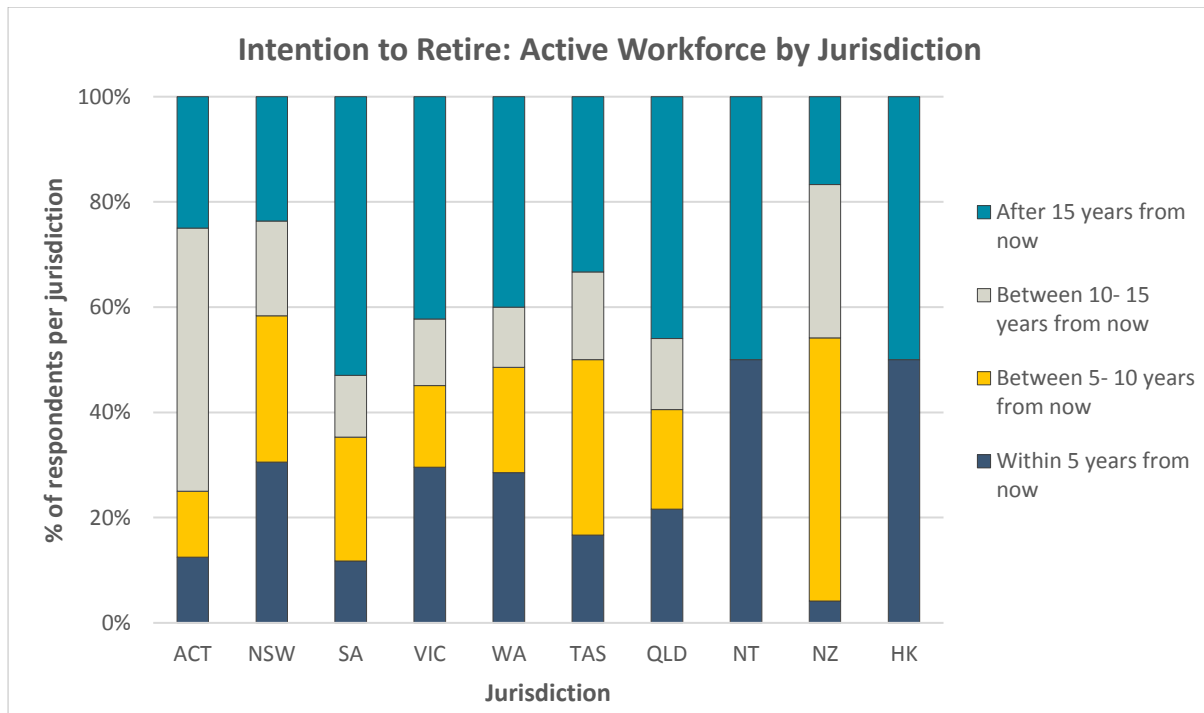


Figure 3: Intention to retire by Jurisdiction. Only survey respondents who are currently working (i.e., have not yet retired) were included in this analysis.

Note in Figure 3 above that in 5 out of 10 jurisdiction, 50% or more of respondents intend to retire from the workforce within the next 10 years. This is looming particularly for NSW and NZ, where 60% and 55% (respectively) intend to retire within 10 years.

Work Setting

Health setting

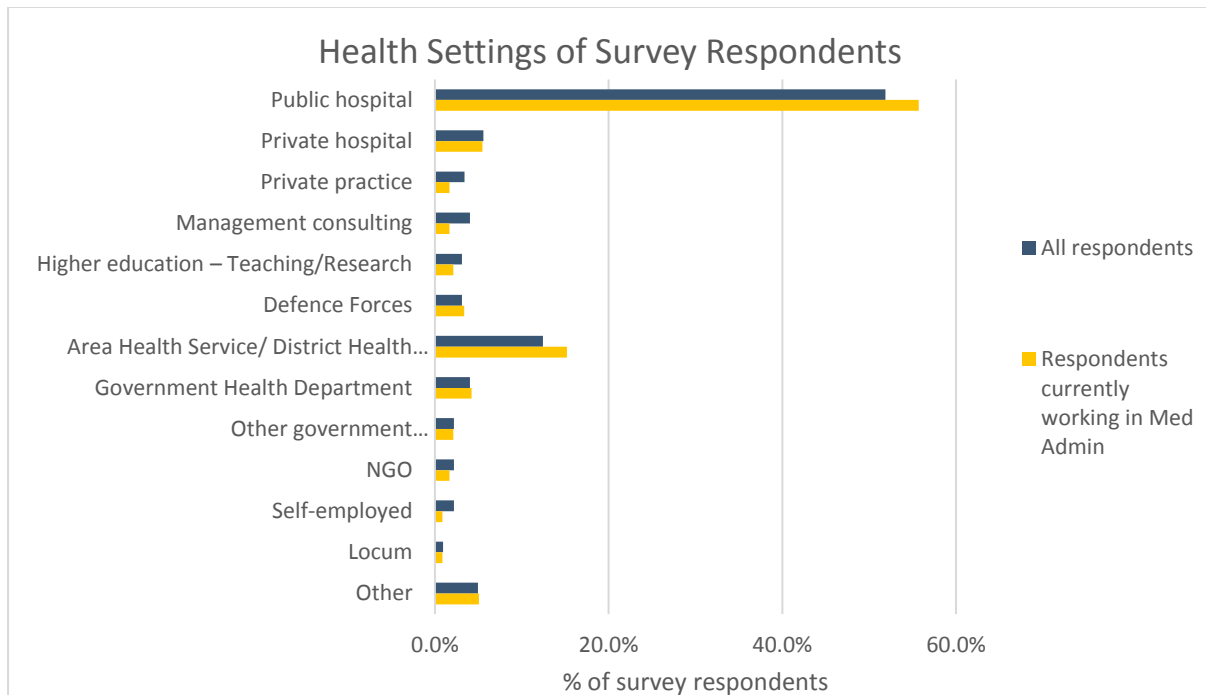


Figure 4: Health settings in which survey respondents are employed. Blue bars – all survey responses. Yellow bars – only respondents who are currently employed in a medical management position (see Table 12 above).

Table 15: Size of hospitals in which respondents are employed (response count)

Hospital size	Current position						Total responses (% of total responses)
	CEO or equivalent	Executive Mgmt.	Academic lead	Clinical lead	Trainee or Registrar	Other	
11-50 beds	1	6	0	4	0	0	11 (3.4%)
51-100 beds	0	7	0	7	0	3	17 (5.3%)
101-200 beds	1	14	0	4	1	1	21 (6.5%)
201-500 beds	2	39	2	32	7	10	92 (28.6%)
> 500 beds	3	44	3	20	9	7	86 (26.7%)
N/A ^[1]	10	37	6	14	4	24	95 (29.5%)

[1] Respondents do not work in a hospital setting

Around 80% of respondents who are employed in a hospital setting (55.3% of all respondents) work in larger hospitals with more than 200 beds.

The distribution of survey respondents by health setting and geographic location is described below.

Remoteness area

Table 16: Australian medical managers: Health settings by ASGC Remoteness Area (response count)

Health setting	RA	RA-1	RA-2	RA-3	RA-4	RA-5	Overall per setting	% of Total ^[1]
Public hospital		79	32	10	2	2	125	59.0%
Private hospital		11	0	0	0	0	11	5.2%
Private practice		2	0	0	0	0	2	0.9%
Management consulting		4	0	0	0	0	4	1.9%
Higher education – Teaching/Research		4	1	0	0	0	5	2.4%
Defence Forces		5	2	1	0	0	8	3.8%
Area Health Service		20	8	0	0	2	30	14.2%
Government Health Department		7	1	0	0	0	8	3.8%
Other government department/organisation		2	0	0	0	0	2	0.9%
NGO		4	0	0	0	0	4	1.9%
Self-employed		2	0	0	0	0	2	0.9%
Locum		1	1	0	0	0	2	0.9%
Other ^[2]		8	1	0	0	0	9	4.2%
Overall per Remoteness Area		149	46	11	2	4	212	100%
% of Total^[1]		70.3%	21.7%	5.2%	0.9%	1.9%	100.0%	

This table includes only valid responses by respondents who are currently employed in medical management positions in Australia. [1] A total of 212 responses (from 296 Australian respondents overall) have been included in this analysis. [2] Other settings include: private health insurers, a private health fund, private corporates, state level executive role, eHealth, and other combinations of area health service, community and public hospitals.

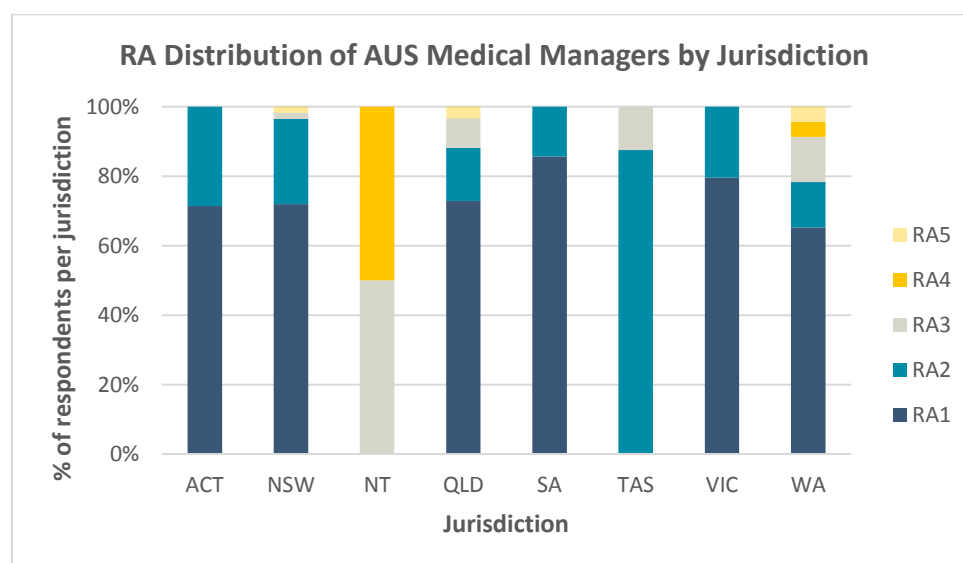


Figure 5: ASGC Remoteness Area (RA) distribution per jurisdiction. Only Australian survey respondents who are currently employed in medical management were included.

Table 17: NZ medical managers: Health settings by urban/rural classification (response count)

Health setting	Classification	Urban	Rural	Overall per setting	% of Total ^[1]
Public hospital		6	0	6	31.6%
Private hospital		0	0	0	
Private practice		1	0	1	5.3%
Management consulting		0	0	0	
Higher education – Teaching/Research		0	0	0	
Defence Forces		0	0	0	
District Health Board		4	1	5	26.3%
Government Health Department		2	0	2	10.5%
Other government department/organisation		3	0	3	15.8%
NGO		0	0	0	
Self-employed		0	0	0	
Locum		0	0	0	
Other		2	0	0	10.5%
Overall per classification		18	1	19	100%
% of Total ^[1]		94.7%	5.3%	100%	

This table includes only respondents who are currently employed in medical management positions in New Zealand. [1] There is a total of 19 out of 24 NZ survey respondents who are currently employed as medical managers.

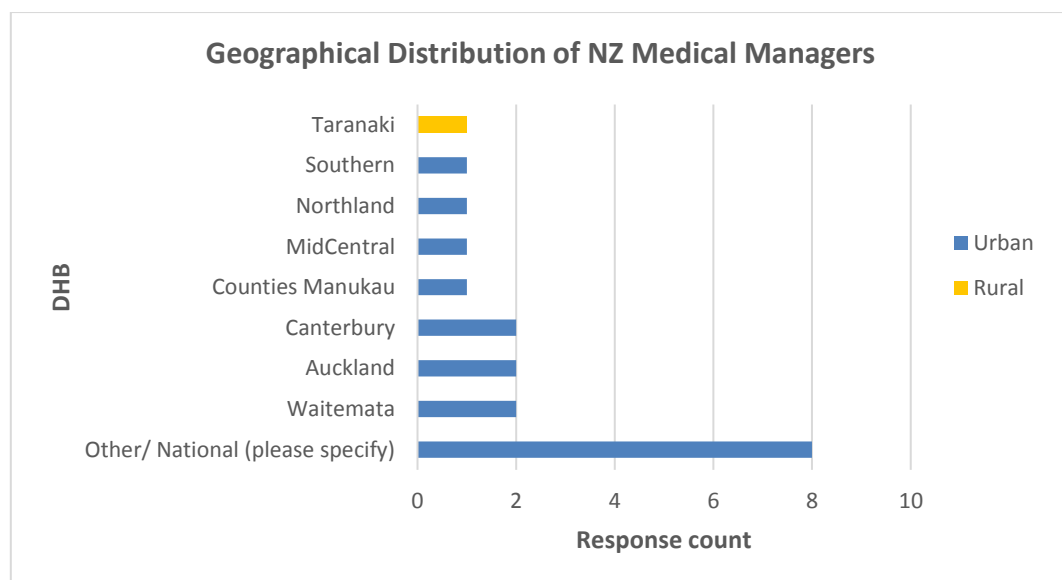


Figure 6: Medical managers in NZ by DHB. No respondents, who are currently employed in medical management, are located in DHBs that are not shown. 'Not DHB' includes National/government roles (i.e., MoH, MCNZ, CRI).

Respondents' organisational positions and responsibilities

The analyses in this section considers only respondents who reported they are currently employed in medical management (n=237).

Table 18: Current position by membership category

Current position	Membership category Response count (% of membership category)					Response count (% of total responses)
	Fellows	Associate Fellows	Candidates	Trainees	Affiliates	
CEO or equivalent	10 (6.8%)	2 (6.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12 (5.1%)
Executive management	105 (71.4%)	15 (48.4%)	18 (37.5%)	2 (20.0%)	0 (0.0%)	140 (59.1%)
Academic lead	3 (2.0%)	2 (6.5%)	1 (2.1%)	1 (10.0%)	0 (0.0%)	7 (3.0%)
Clinical lead	20 (13.6%)	9 (29.0%)	10 (20.8%)	6 (60.0%)	0 (0.0%)	45 (19.0%)
Trainee or Registrar	0 (0.0%)	0 (0.0%)	16 (33.3%)	0 (0.0%)	0 (0.0%)	16 (6.8%)
Other	9 (6.1%)	3 (9.7%)	3 (6.3%)	1 (10.0%)	1 (100.0%)	17 (7.2%)

Other positions include clinical, advisory and consultancy roles, directorship of non-clinical units (e.g., Medical Education, Clinical Governance), and other governance roles, such as chairperson of an HREC.

Note: the 2017 survey did not specify relevant titles for each position category. Respondents have selected the option that describes their position in the organisational structure to the best of their understanding. As this has been open to interpretation, similar positions may have been categorised differently by different respondents. Particularly, this is applicable to the DMS position which has been reported as either "executive management" or as "clinical lead". This subjectivity is likely to explain the increased proportion of Executive Managers in the 2017 survey in comparison to the 2015 survey (59.1% vs 43.5% respectively) along with the decreased proportion of Clinical Leads (19% in 2017 vs 27.2% in 2015).

Table 19: Average Full Time Equivalent (FTE) by current position

Current position	Average FTE
CEO or equivalent	1.00
Executive management	0.96
Academic lead	0.89
Clinical lead	0.94
Trainee or Registrar	0.96
Other	0.84

Table 20: Financial responsibility: the current annual operating budget for which survey respondents have direct responsibility (response count, n=227)

Annual operating budget	Current position						Total responses (% of total responses)
	CEO or equivalent	Executive mgmt.	Academic lead	Clinical lead	Trainee or Registrar	Other	
None	0	23	1	22	15	10	71 (31.3%)
< \$500K	1	8	3	1	1	3	17 (7.5%)
\$500K - \$1M	1	7	1	5	0	1	15 (6.6%)
\$1M - \$5M	1	22	2	3	0	2	30 (13.2%)
\$6M - \$10M	1	18	0	1	0	0	20 (8.8%)
\$11M - \$20M	1	13	0	2	0	1	17 (7.5%)
\$21M - \$50M	0	22	0	5	0	0	27 (11.9%)
> \$50M	5	21	0	4	0	0	30 (13.2%)
Average min. budget (\$M)^[1]	26.85	13.35	0.36	7.87	0.00	0.79	

[1] The minimum budget for each category was used in this calculation as the maximum budget is not specified (some annual budgets may significantly exceed \$50M).

Table 21: Number of doctors in the organisation, who are in management roles/positions and reporting directly to survey respondents (response count, n=182)

Current position	No. of medical managers					
	None	1-5	6-10	11-20	21-50	>50
CEO or equivalent	1	5	2	1	1	0
Executive management	26	35	13	7	5	22
Academic lead	2	3	0	0	0	0
Clinical lead	21	7	2	1	0	1
Trainee or Registrar	13	1	0	0	0	0
Other	9	1	1	0	0	2

Work Focus

In this analysis, only the four most common position categories were considered: CEO or equivalent, Executive management, Clinical lead and Trainee or Registrar.

To better understand work activities undertaken by Medical Managers, the survey provided a list of workplace activities and asked respondents to indicate the type and scope of their involvement in these activities.

Responses for each workplace activity were then grouped by respondents' current position, and their distribution across relevant [type X scope] combinations (per activity, per position) was calculated. See example of calculation in Table 22 below.

Table 22: Response count (top) and distribution (bottom) for responses provided by CEOs or equivalents relating to the workplace activity "strategic planning"

Scope of involvement	Type of involvement	Leading	Managing	Participating	Advising	N/A
National/ state wide		1	0	0	1	0
Region wide		2	2	0	0	0
Facility wide		4	1	0	0	0
Department wide		0	0	0	0	0
Sole practitioner		0	0	1	0	0
N/A		0	0	0	1	0
Total responses = 13						

Scope of involvement	Type of involvement	Leading	Managing	Participating	Advising	N/A
National/ state wide		8%	0%	0%	8%	0%
Region wide		15%	15%	0%	0%	0%
Facility wide		31%	8%	0%	0%	0%
Department wide		0%	0%	0%	0%	0%
Sole practitioner		0%	0%	8%	0%	0%
N/A		0%	0%	0%	8%	0%
Total responses = 100%						

Darker shades indicate larger proportions of responses.

Distributions of responses have been used to (visually) characterise and compare the involvement of each position with various workplace activities. For example, for the activity "strategic planning", most CEOs are *leading* this activity across the *facility*, while Executive Managers are *participating* in this activity across the *facility* or the *region* (see table on page 24).

Results for all listed workplace activities are available in Appendix I of this report.

In addition, workplace activities were grouped by themes (see Table 23 below), and a similar calculation was performed per theme. These results are displayed graphically in Figure 7 below, where 'profiles' for each position across various work domains have been created.

Table 23: Workplace activities grouped by themes

Workplace themes	Workplace activities
Leadership	<ul style="list-style-type: none"> • Strategic planning • Team building, leadership & mentorship (for medical staff/clinical disciplines) • Relationship / stakeholder management for medical matters • Relationship/ stakeholder management • Spokesperson for medical matters • Operationalise strategies to improve organisational performance
Medical Workforce	<ul style="list-style-type: none"> • Strategic medical workforce planning • Medical workforce attraction, recruitment and retention • Medical workforce policy development • Medical workforce credentialing • Medical workforce performance management • Workforce deployment and utilisation, e.g. rostering • Advise on medical professional practice and issues
Clinical Governance	<ul style="list-style-type: none"> • Development of policy and regulation relating to clinical practice and quality & safety • Development of clinical governance systems • Implementation of clinical governance systems, and specific systems and/or improvements to clinical practice and quality & safety • Leadership/management of facility/department accreditation (e.g., ACHS) • Development and implementation of consumer/carers engagement strategies • Medico/legal work relating to quality and safety in clinical practice
Operational Management	<ul style="list-style-type: none"> • Budget management (inc. financial and/or activity budgets) • Day to day medical/clinical staff management (inc. rosters, leave, clinical academic/VMO/specialist staff claims) • Information system and data management as it relates to supporting clinical work (inc. data integrity, appropriate clinical coding, advise on future IT requirements etc.) • Ongoing operational improvement/efficiency/revenue generation requiring medical expertise (e.g., medication and prosthetic costs) • Business case development for new services/equipment where medical expertise is required • Capital works/project management where medical expertise is required
Education, Training and Research	<ul style="list-style-type: none"> • Development and/or management of programs for teaching/clinical supervision of medical staff • Training/supervision of junior doctors • Key liaison with universities/medical schools regarding clinical academic staff and placements • Develop/manage frameworks for research governance and evaluation • Undertake research

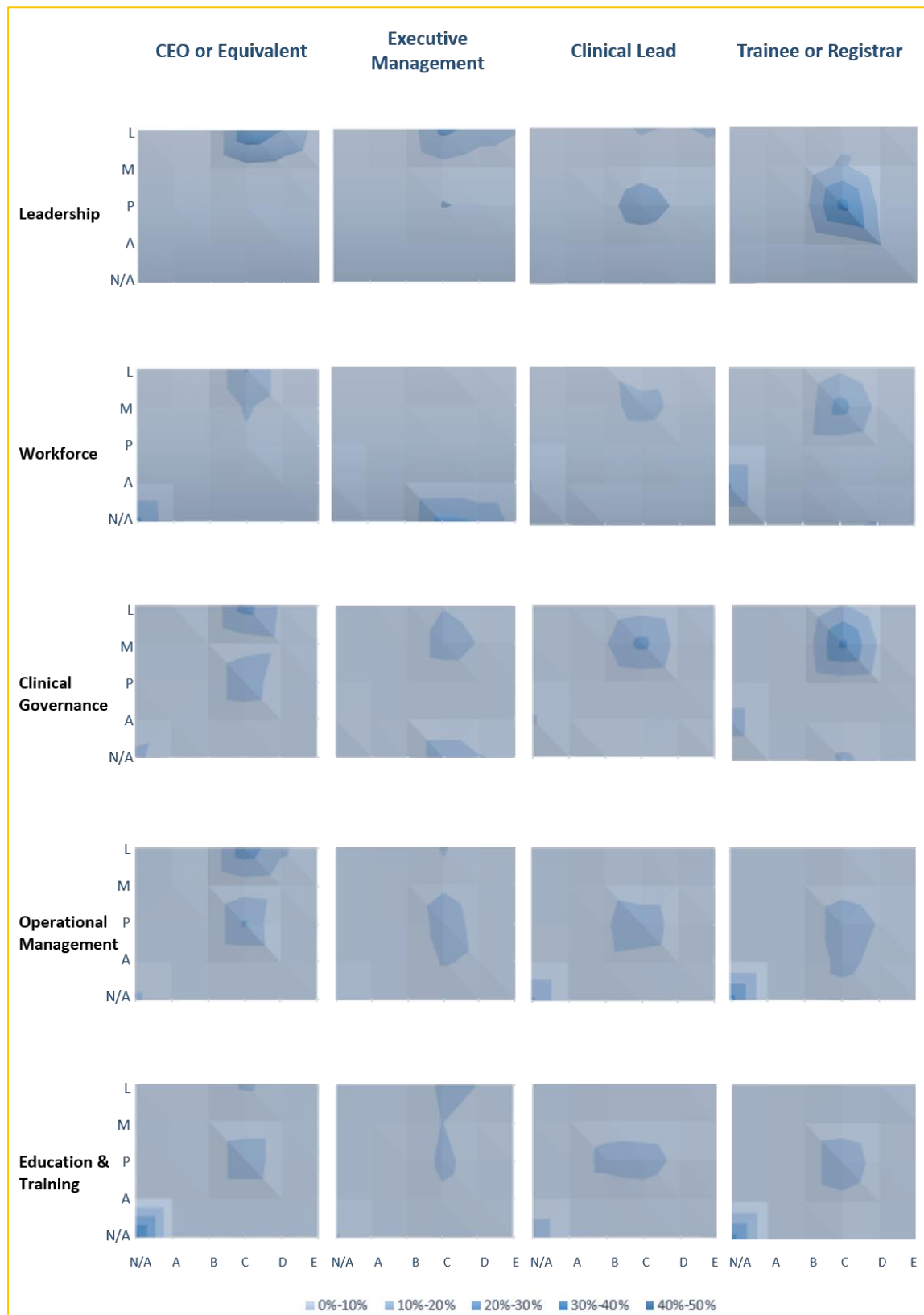


Figure 7: Profiles of medical management positions across work domains. Horizontal axes: scope of involvement in activities per theme (N/A – not applicable, A – sole practitioner, B – Department wide, C – Facility wide, D – Region wide, E – National /state wide). Vertical axes: type of involvement in activities per theme (N/A – not applicable, A – advising, P – participating, M- managing, L – Leading). Shade scale: distribution of responses (darker shade indicates more responses).

Work focus in the past 12 months

Survey participants were asked to briefly describe the most important piece of work they have initiated or undertaken in the past 12 months in their work setting. Their responses have been tagged by workplace themes and activities (as in Table 23 above), labelled with keywords, and visualised using word clouds (Figure 8):



Figure 8: Work themes that have been respondents' focus in the past 12 months. All responses included, categorised by themes. Service Development and Implementation and Workforce Management are the most frequent themes.

Service Development and Implementation and Workforce Management are the most common themes among members' responses. Service Development and Implementation refers to planning and delivering new clinical services, or redesign/reconfiguration of existing services. Workforce Management refers mostly to operational aspects such as recruitment, retention and performance management of medical workforce.

Note: respondents' work focus in the past 12 months varies between jurisdictions, membership categories and position within the organisation. For example, looking at different jurisdictions, Australian respondents focused mainly on the two themes as above, while in NZ Workforce Development (including activities relating to development of new positions, credentialing, workforce training, and staff well-being) is a priority. Variation is also evident among Australian jurisdictions where, for example, NSW members focus on Workforce Management and Quality Improvement, in QLD Clinical Governance and Innovation projects are priorities, and VIC members focus on Accreditation.

Full text responses to this question are included in Appendix II below.

Appendix I – Work focus of survey respondents

Leadership		CEO or equivalent					Executive management					Clinical lead					Trainee or Registrar				
		Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A
Strategic planning	National/ state wide	8%	0%	0%	8%	0%	10%	3%	10%	2%	0%	9%	4%	7%	0%	0%	0%	0%	0%	0%	0%
	Region wide	15%	15%	0%	0%	0%	11%	1%	19%	3%	0%	4%	0%	19%	2%	0%	8%	0%	15%	8%	0%
	Facility wide	31%	8%	0%	0%	0%	10%	5%	20%	2%	0%	4%	4%	19%	6%	0%	0%	0%	46%	0%	0%
	Department wide	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	4%	0%	15%	0%	0%	0%	0%	15%	0%	0%
	Sole practitioner	0%	0%	8%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	8%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	6%	0%	0%	0%	0%	8%
Team building, leadership & mentorship (for medical staff/clinical disciplines)	National/ state wide	9%	0%	0%	0%	0%	11%	1%	2%	0%	0%	11%	2%	2%	0%	0%	0%	0%	0%	0%	0%
	Region wide	18%	0%	0%	9%	0%	18%	3%	4%	1%	0%	18%	2%	4%	0%	0%	0%	0%	9%	9%	0%
	Facility wide	45%	0%	0%	0%	0%	35%	3%	7%	2%	0%	11%	7%	11%	2%	0%	18%	0%	27%	0%	0%
	Department wide	0%	0%	0%	0%	0%	10%	2%	1%	1%	0%	15%	4%	5%	4%	0%	0%	0%	9%	0%	0%
	Sole practitioner	0%	0%	0%	0%	9%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	9%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	4%	0%	0%	0%	0%	18%
Relationship / stakeholder management for medical matters	National/ state wide	9%	0%	0%	0%	0%	15%	3%	6%	0%	0%	16%	0%	4%	0%	0%	0%	0%	0%	0%	0%
	Region wide	18%	0%	0%	9%	0%	23%	3%	4%	1%	0%	10%	2%	6%	2%	0%	9%	0%	9%	0%	0%
	Facility wide	9%	18%	18%	0%	0%	29%	9%	4%	0%	0%	16%	14%	10%	4%	0%	0%	36%	27%	0%	9%
	Department wide	0%	0%	0%	0%	0%	2%	2%	1%	0%	0%	4%	0%	8%	4%	0%	0%	9%	0%	0%	0%
	Sole practitioner	0%	9%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	9%	0%	0%	0%	0%	1%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%
Relationship/ stakeholder management	National/ state wide	0%	8%	0%	0%	0%	14%	3%	9%	0%	0%	15%	2%	4%	0%	0%	0%	0%	0%	0%	0%
	Region wide	25%	8%	8%	0%	0%	16%	7%	14%	1%	0%	6%	2%	11%	2%	0%	0%	0%	8%	17%	0%
	Facility wide	25%	8%	0%	0%	0%	12%	8%	8%	3%	0%	11%	6%	21%	2%	0%	0%	33%	25%	0%	0%
	Department wide	0%	0%	0%	0%	0%	1%	2%	2%	0%	0%	4%	2%	4%	2%	0%	0%	0%	0%	0%	0%
	Sole practitioner	0%	8%	8%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	8%	0%	0%	0%	8%
Spokesperson for medical matters	National/ state wide	0%	0%	8%	8%	0%	13%	1%	5%	3%	0%	16%	0%	5%	2%	0%	0%	0%	0%	0%	0%
	Region wide	17%	8%	0%	8%	0%	14%	4%	5%	3%	0%	9%	2%	5%	5%	0%	0%	0%	0%	20%	0%
	Facility wide	17%	8%	0%	8%	0%	24%	7%	10%	3%	0%	11%	2%	16%	9%	0%	0%	0%	30%	30%	0%
	Department wide	0%	0%	0%	0%	0%	4%	1%	0%	1%	0%	5%	2%	2%	0%	0%	0%	0%	10%	0%	0%
	Sole practitioner	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	17%	0%	0%	0%	0%	4%	0%	0%	0%	0%	9%	0%	0%	0%	0%	10%
Operationalise strategies to improve organisational performance	National/ state wide	8%	0%	0%	0%	0%	6%	2%	5%	0%	0%	8%	0%	6%	0%	0%	0%	0%	0%	0%	0%
	Region wide	25%	0%	0%	8%	0%	15%	2%	5%	5%	0%	6%	8%	6%	0%	0%	9%	0%	0%	9%	0%
	Facility wide	42%	0%	0%	0%	0%	27%	9%	15%	1%	0%	14%	2%	18%	4%	0%	18%	0%	45%	0%	0%
	Department wide	0%	0%	0%	0%	0%	4%	1%	3%	0%	0%	6%	4%	2%	2%	2%	0%	0%	9%	0%	0%
	Sole practitioner	8%	0%	0%	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	10%	0%	0%	0%	0%	9%

Distribution of responses for Leadership-related workplace activities

Workforce		CEO or equivalent					Executive Management					Clinical lead					Trainee or Registrar				
		Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A
Strategic medical workforce planning	National/ state wide	0%	0%	0%	0%	0%	8%	1%	5%	5%	0%	7%	0%	9%	4%	0%	0%	0%	0%	0%	0%
	Region wide	11%	11%	0%	11%	0%	24%	6%	5%	5%	0%	0%	4%	4%	9%	0%	22%	0%	0%	0%	0%
	Facility wide	22%	11%	0%	11%	0%	26%	6%	3%	3%	0%	4%	2%	22%	2%	2%	11%	11%	33%	0%	0%
	Department wide	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	9%	7%	4%	2%	2%	0%	0%	0%	0%	0%
	Sole practitioner	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	11%	0%	0%	0%	0%	6%	0%	0%	0%	0%	7%	0%	0%	0%	0%	22%
Medical workforce attraction, recruitment and retention	National/ state wide	0%	0%	0%	11%	0%	7%	1%	3%	5%	0%	2%	0%	4%	2%	0%	0%	0%	0%	0%	0%
	Region wide	11%	11%	0%	0%	0%	24%	5%	2%	1%	0%	11%	2%	9%	2%	0%	11%	0%	11%	0%	0%
	Facility wide	22%	11%	0%	0%	0%	26%	12%	2%	4%	0%	7%	2%	11%	4%	0%	11%	22%	11%	11%	0%
	Department wide	0%	0%	0%	0%	0%	1%	1%	1%	1%	0%	11%	9%	7%	9%	2%	0%	0%	0%	0%	0%
	Sole practitioner	0%	0%	0%	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	22%	0%	0%	0%	0%	6%	0%	0%	0%	0%	7%	0%	0%	0%	0%	22%
Medical workforce policy development	National/ state wide	0%	0%	10%	10%	0%	6%	2%	4%	5%	1%	0%	0%	13%	3%	0%	0%	0%	0%	0%	0%
	Region wide	0%	10%	0%	0%	0%	18%	8%	11%	2%	0%	3%	0%	18%	0%	0%	10%	0%	20%	0%	0%
	Facility wide	20%	10%	10%	0%	0%	25%	6%	4%	1%	0%	0%	3%	25%	5%	0%	10%	0%	20%	0%	20%
	Department wide	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	5%	0%	8%	0%	3%	0%	0%	10%	0%	0%
	Sole practitioner	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	30%	0%	0%	0%	0%	8%	0%	0%	0%	0%	18%	0%	0%	0%	0%	10%
Medical workforce credentialing	National/ state wide	0%	0%	0%	0%	0%	7%	3%	4%	2%	0%	5%	0%	2%	2%	0%	0%	0%	0%	0%	0%
	Region wide	0%	0%	13%	0%	0%	21%	6%	10%	0%	0%	2%	0%	10%	5%	0%	0%	0%	11%	0%	11%
	Facility wide	13%	25%	13%	0%	0%	25%	7%	2%	4%	0%	7%	5%	17%	0%	0%	11%	11%	33%	0%	0%
	Department wide	0%	0%	0%	0%	0%	0%	2%	2%	0%	0%	7%	2%	10%	0%	2%	0%	0%	0%	0%	0%
	Sole practitioner	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	38%	0%	0%	0%	0%	7%	0%	0%	0%	0%	22%	0%	0%	0%	0%	22%
Medical workforce performance management	National/ state wide	0%	0%	0%	0%	0%	4%	3%	4%	0%	1%	4%	0%	4%	0%	0%	0%	0%	0%	0%	0%
	Region wide	11%	0%	0%	0%	0%	13%	8%	2%	4%	0%	9%	7%	2%	2%	0%	22%	0%	0%	0%	0%
	Facility wide	22%	22%	11%	11%	0%	32%	11%	4%	1%	0%	9%	2%	9%	4%	0%	0%	11%	33%	0%	0%
	Department wide	0%	0%	0%	0%	0%	2%	5%	0%	0%	0%	15%	17%	4%	4%	0%	0%	0%	0%	0%	0%
	Sole practitioner	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	11%	0%	0%	0%	0%	7%	0%	0%	0%	0%	7%	0%	0%	0%	0%	33%
Workforce deployment and utilisation, e.g. rostering	National/ state wide	0%	0%	0%	0%	0%	6%	1%	1%	1%	1%	2%	2%	2%	0%	0%	0%	0%	0%	0%	0%
	Region wide	0%	0%	13%	0%	0%	10%	3%	5%	5%	1%	2%	10%	5%	0%	0%	11%	0%	0%	0%	0%
	Facility wide	25%	0%	25%	0%	0%	16%	22%	4%	8%	0%	2%	2%	10%	2%	0%	11%	0%	22%	11%	0%
	Department wide	0%	0%	0%	0%	0%	1%	2%	3%	0%	0%	19%	14%	5%	2%	5%	0%	0%	0%	11%	0%
	Sole practitioner	13%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	25%	0%	0%	0%	0%	10%	0%	0%	0%	0%	14%	0%	0%	0%	0%	33%
Advise on medical professional practice and issues	National/ state wide	0%	0%	11%	0%	0%	7%	1%	6%	7%	0%	7%	4%	9%	2%	0%	0%	0%	0%	0%	0%
	Region wide	0%	0%	11%	11%	0%	25%	0%	2%	4%	0%	2%	9%	2%	7%	0%	0%	0%	9%	9%	0%
	Facility wide	22%	0%	0%	0%	0%	24%	7%	3%	6%	0%	7%	0%	17%	9%	0%	9%	0%	18%	9%	9%
	Department wide	0%	0%	0%	0%	0%	2%	2%	0%	1%	0%	7%	2%	9%	4%	0%	0%	0%	9%	18%	0%
	Sole practitioner	11%	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	22%	0%	0%	0%	0%	4%	0%	0%	0%	0%	4%	0%	0%	0%	0%	9%

Distribution of responses for Workforce-related workplace activities

Clinical Governance and Quality & Safety		CEO or equivalent					Executive Management					Clinical lead					Trainee or Registrar				
		Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A
Development of policy and regulation relating to clinical practice and quality & safety	National/ state wide	0%	10%	10%	10%	0%	9%	2%	9%	3%	0%	17%	0%	11%	2%	0%	0%	0%	0%	0%	0%
	Region wide	10%	0%	0%	0%	0%	14%	4%	10%	4%	0%	2%	9%	0%	4%	0%	8%	0%	0%	8%	0%
	Facility wide	20%	0%	20%	10%	0%	20%	10%	8%	3%	0%	2%	2%	26%	2%	0%	17%	8%	42%	0%	0%
	Department wide	0%	0%	0%	0%	0%	1%	0%	2%	0%	0%	7%	2%	7%	4%	0%	0%	0%	0%	8%	0%
	Sole practitioner	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	2%	0%	0%	0%	0%	8%
Development of clinical governance systems	National/ state wide	0%	0%	0%	0%	0%	9%	1%	6%	2%	0%	4%	0%	11%	0%	0%	0%	0%	0%	0%	0%
	Region wide	10%	10%	0%	0%	0%	13%	4%	10%	2%	0%	0%	0%	15%	6%	0%	0%	0%	18%	9%	0%
	Facility wide	20%	10%	20%	0%	0%	22%	8%	15%	1%	0%	11%	4%	21%	4%	0%	18%	0%	36%	18%	0%
	Department wide	0%	0%	0%	0%	0%	1%	0%	1%	1%	0%	6%	2%	6%	2%	0%	0%	0%	0%	0%	0%
	Sole practitioner	10%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	10%	0%	0%	0%	0%	4%	0%	0%	0%	0%	6%	0%	0%	0%	0%	0%
Implementation of clinical governance systems, and specific systems and/or improvements to clinical practice and quality & safety	National/ state wide	0%	0%	0%	0%	0%	9%	5%	2%	1%	0%	9%	0%	11%	0%	0%	0%	0%	0%	0%	0%
	Region wide	0%	11%	0%	0%	0%	11%	8%	6%	4%	0%	2%	4%	13%	0%	0%	9%	0%	9%	0%	0%
	Facility wide	33%	11%	22%	0%	0%	28%	11%	8%	2%	0%	4%	9%	15%	4%	0%	18%	9%	45%	0%	0%
	Department wide	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	11%	2%	13%	2%	0%	0%	0%	0%	0%	0%
	Sole practitioner	11%	0%	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	2%	0%	0%	0%	0%	9%
Leadership/management of facility/department accreditation (e.g., ACHS)	National/ state wide	0%	0%	0%	0%	0%	4%	2%	0%	2%	0%	5%	0%	2%	0%	0%	0%	0%	0%	0%	0%
	Region wide	20%	10%	0%	0%	0%	9%	4%	12%	1%	1%	0%	2%	2%	0%	0%	0%	0%	11%	0%	0%
	Facility wide	20%	10%	20%	0%	0%	19%	11%	19%	2%	0%	7%	5%	33%	0%	0%	0%	22%	33%	0%	0%
	Department wide	0%	0%	0%	0%	0%	0%	1%	0%	1%	0%	12%	5%	12%	0%	0%	0%	0%	0%	0%	0%
	Sole practitioner	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	20%	0%	0%	0%	0%	13%	0%	0%	2%	0%	12%	0%	0%	0%	0%	33%
Development and implementation of consumer/carer engagement strategies	National/ state wide	0%	0%	0%	0%	0%	4%	0%	4%	6%	0%	2%	2%	5%	0%	0%	0%	0%	0%	0%	0%
	Region wide	11%	11%	0%	0%	0%	5%	4%	14%	4%	0%	2%	0%	5%	2%	0%	0%	0%	10%	0%	0%
	Facility wide	33%	0%	11%	0%	0%	4%	2%	33%	8%	0%	10%	2%	26%	2%	2%	10%	0%	20%	10%	10%
	Department wide	0%	0%	0%	0%	0%	0%	1%	3%	1%	0%	5%	0%	10%	2%	0%	0%	0%	0%	0%	0%
	Sole practitioner	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	22%	0%	0%	0%	0%	6%	0%	0%	0%	0%	21%	0%	0%	0%	0%	40%
Medico/legal work relating to quality and safety in clinical practice	National/ state wide	0%	0%	0%	0%	0%	8%	2%	6%	2%	0%	5%	2%	5%	2%	0%	0%	0%	0%	0%	0%
	Region wide	0%	0%	11%	0%	0%	12%	6%	4%	5%	0%	0%	0%	5%	2%	0%	9%	0%	0%	0%	0%
	Facility wide	22%	0%	22%	0%	0%	18%	11%	11%	4%	0%	2%	7%	20%	10%	0%	9%	27%	18%	0%	0%
	Department wide	0%	0%	0%	0%	0%	1%	0%	1%	1%	0%	2%	2%	7%	0%	0%	0%	0%	27%	0%	0%
	Sole practitioner	11%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	33%	0%	0%	0%	0%	8%	0%	0%	0%	0%	27%	0%	0%	0%	0%	9%

Distribution of responses for Clinical Governance-related workplace activities

Operational Management		CEO or equivalent					Executive management					Clinical lead					Trainee or Registrar				
		Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A
Budget management (inc. financial and/or activity budgets)	National/ state wide	0%	0%	0%	0%	0%	5%	5%	3%	0%	0%	0%	0%	5%	0%	3%	0%	0%	0%	0%	0%
	Region wide	27%	0%	0%	0%	0%	4%	6%	7%	2%	1%	0%	0%	5%	0%	0%	0%	0%	0%	11%	0%
	Facility wide	45%	9%	0%	0%	0%	10%	13%	11%	5%	0%	0%	0%	16%	0%	0%	11%	11%	22%	0%	11%
	Department wide	0%	0%	0%	0%	0%	5%	14%	4%	1%	0%	5%	8%	8%	13%	0%	0%	0%	0%	0%	0%
	Sole practitioner	0%	9%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	9%	0%	0%	0%	0%	6%	0%	0%	0%	0%	34%	0%	0%	0%	0%	33%
Day to day medical/clinical staff management (inc. rosters, leave, clinical academic/VMO/ specialist staff claims)	National/ state wide	0%	0%	0%	0%	0%	4%	1%	0%	3%	1%	2%	2%	2%	0%	0%	0%	0%	0%	0%	0%
	Region wide	0%	0%	0%	13%	0%	7%	2%	2%	9%	1%	2%	2%	5%	0%	0%	0%	11%	22%	0%	0%
	Facility wide	25%	0%	0%	13%	0%	23%	14%	3%	14%	0%	7%	5%	7%	2%	0%	11%	11%	22%	11%	0%
	Department wide	0%	0%	0%	0%	0%	4%	2%	0%	1%	0%	21%	12%	12%	0%	0%	0%	0%	0%	0%	0%
	Sole practitioner	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	38%	0%	0%	0%	0%	8%	0%	0%	0%	0%	16%	0%	0%	0%	0%	11%
Information system and data management as it relates to supporting clinical work (inc. data integrity, appropriate clinical coding, advise on future IT requirements etc)	National/ state wide	0%	0%	10%	0%	0%	4%	3%	8%	2%	0%	5%	0%	12%	0%	0%	0%	0%	0%	0%	0%
	Region wide	10%	0%	0%	0%	0%	5%	4%	9%	5%	2%	0%	2%	2%	2%	0%	0%	0%	10%	0%	0%
	Facility wide	20%	0%	30%	0%	0%	3%	10%	14%	20%	0%	5%	0%	28%	5%	0%	0%	10%	10%	40%	0%
	Department wide	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	2%	5%	5%	12%	0%	0%	0%	0%	0%	0%
	Sole practitioner	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	20%	0%	0%	0%	0%	10%	0%	0%	0%	2%	14%	0%	0%	0%	0%	30%
Ongoing operational improvement/efficiency/ revenue generation requiring medical expertise (e.g., medication and prosthetic costs)	National/ state wide	0%	0%	0%	0%	0%	4%	3%	4%	3%	0%	3%	0%	5%	0%	0%	0%	0%	0%	0%	0%
	Region wide	11%	0%	0%	0%	0%	5%	6%	7%	8%	1%	3%	0%	0%	5%	0%	0%	0%	11%	0%	0%
	Facility wide	22%	11%	44%	0%	0%	7%	10%	20%	9%	0%	3%	0%	26%	0%	0%	0%	0%	33%	0%	0%
	Department wide	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	3%	13%	10%	0%	0%	0%	0%	0%	0%
	Sole practitioner	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0%	11%	0%	0%	0%	0%	26%	0%	0%	0%	0%	56%
Business case development for new services/equipment where medical expertise is required	National/ state wide	11%	0%	0%	0%	0%	3%	2%	8%	1%	0%	5%	2%	10%	0%	0%	0%	0%	0%	0%	0%
	Region wide	11%	11%	0%	0%	0%	6%	5%	3%	12%	0%	0%	2%	10%	2%	0%	0%	0%	0%	22%	0%
	Facility wide	22%	0%	33%	0%	0%	17%	2%	19%	8%	0%	0%	2%	15%	10%	0%	22%	0%	11%	11%	0%
	Department wide	0%	0%	0%	0%	0%	3%	2%	0%	1%	0%	10%	2%	10%	2%	0%	0%	0%	0%	0%	0%
	Sole practitioner	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0%	9%	0%	0%	0%	0%	15%	0%	0%	0%	0%	33%
Capital works/project management where medical expertise is required	National/ state wide	0%	0%	0%	0%	0%	2%	1%	6%	2%	0%	0%	0%	5%	3%	0%	0%	0%	0%	0%	0%
	Region wide	11%	11%	0%	0%	0%	2%	3%	10%	11%	0%	3%	0%	5%	5%	0%	0%	0%	11%	0%	0%
	Facility wide	22%	11%	22%	0%	0%	4%	1%	27%	11%	0%	3%	0%	24%	11%	3%	0%	0%	11%	22%	11%
	Department wide	0%	0%	0%	0%	0%	1%	1%	1%	0%	0%	3%	0%	3%	3%	0%	0%	0%	0%	0%	0%
	Sole practitioner	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	11%	0%	0%	0%	0%	15%	0%	0%	0%	0%	30%	0%	0%	0%	0%	44%

Distribution of responses for Clinical Governance-related workplace activities

Education, Training and Research		CEO or equivalent					Executive Management					Clinical lead					Trainee or Registrar				
		Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A	Leading	Managing	Participating	Advising	N/A
Development and/or management of programs for teaching/clinical supervision of medical staff	National/ state wide	13%	0%	13%	0%	0%	7%	1%	5%	1%	1%	2%	0%	7%	0%	2%	0%	0%	0%	0%	0%
	Region wide	0%	0%	0%	0%	0%	13%	3%	4%	5%	1%	9%	0%	2%	0%	0%	9%	0%	9%	0%	0%
	Facility wide	13%	0%	25%	0%	0%	17%	15%	11%	8%	0%	9%	5%	12%	9%	0%	0%	0%	27%	9%	0%
	Department wide	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	12%	2%	12%	2%	0%	9%	0%	0%	9%	0%
	Sole practitioner	0%	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	25%	0%	0%	0%	0%	5%	0%	0%	0%	0%	14%	0%	0%	0%	0%	27%
Training/supervision of junior doctors	National/ state wide	0%	0%	0%	0%	0%	6%	1%	2%	2%	1%	2%	0%	4%	0%	2%	0%	0%	0%	0%	0%
	Region wide	0%	0%	13%	0%	0%	6%	4%	4%	8%	1%	6%	4%	2%	0%	0%	0%	0%	0%	0%	0%
	Facility wide	13%	13%	13%	0%	0%	12%	14%	15%	9%	1%	11%	6%	17%	2%	0%	0%	22%	22%	11%	11%
	Department wide	0%	0%	0%	0%	0%	3%	0%	1%	0%	0%	9%	11%	15%	0%	0%	0%	0%	0%	0%	0%
	Sole practitioner	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	50%	0%	0%	0%	0%	7%	0%	0%	0%	0%	6%	0%	0%	0%	0%	33%
Key liaison with universities/medical schools regarding clinical academic staff and placements	National/ state wide	0%	0%	0%	0%	0%	4%	0%	5%	1%	0%	0%	0%	3%	0%	3%	0%	0%	0%	0%	0%
	Region wide	22%	0%	0%	0%	0%	15%	5%	8%	2%	0%	3%	0%	15%	0%	0%	0%	0%	0%	0%	0%
	Facility wide	11%	0%	22%	0%	0%	14%	8%	16%	6%	1%	5%	3%	18%	5%	0%	0%	0%	11%	0%	11%
	Department wide	0%	0%	0%	0%	0%	1%	0%	1%	0%	0%	8%	0%	8%	3%	0%	0%	0%	0%	0%	0%
	Sole practitioner	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	44%	0%	0%	0%	0%	13%	0%	0%	0%	0%	28%	0%	0%	0%	0%	78%
Develop/manage frameworks for research governance and evaluation	National/ state wide	0%	0%	0%	0%	0%	7%	0%	6%	1%	0%	0%	0%	9%	0%	3%	0%	0%	0%	0%	0%
	Region wide	0%	13%	0%	0%	0%	11%	4%	5%	4%	1%	0%	0%	14%	0%	0%	0%	0%	10%	0%	0%
	Facility wide	13%	0%	25%	0%	0%	12%	6%	11%	7%	3%	3%	0%	17%	3%	0%	0%	0%	20%	10%	10%
	Department wide	0%	0%	0%	0%	0%	0%	0%	2%	1%	0%	6%	3%	11%	0%	0%	0%	0%	10%	0%	0%
	Sole practitioner	0%	0%	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	38%	0%	0%	0%	0%	17%	0%	0%	0%	0%	31%	0%	0%	0%	0%	40%
Undertake research	National/ state wide	0%	0%	0%	0%	0%	2%	1%	9%	1%	1%	5%	0%	7%	0%	2%	0%	9%	0%	0%	0%
	Region wide	0%	0%	0%	0%	0%	4%	1%	10%	8%	2%	5%	0%	2%	0%	0%	9%	0%	0%	0%	0%
	Facility wide	13%	0%	13%	0%	0%	4%	7%	8%	10%	3%	2%	0%	16%	2%	0%	36%	0%	18%	0%	0%
	Department wide	0%	0%	0%	0%	0%	0%	2%	7%	0%	0%	7%	2%	27%	0%	0%	9%	9%	0%	0%	0%
	Sole practitioner	0%	0%	13%	0%	0%	1%	0%	0%	0%	1%	2%	0%	2%	0%	0%	0%	0%	0%	0%	0%
	N/A	0%	0%	0%	0%	63%	1%	0%	1%	0%	13%	0%	0%	0%	0%	18%	0%	0%	0%	0%	9%

Distribution of responses for Education, Training and Research-related workplace activities

Appendix II – Full text comments of survey respondents

Work focus: the most important piece of work respondents have initiated or undertaken in the past 12 months in their work setting

Fellows' comments:

Leading a medical division in a growing organisation.
Overseeing and contributing to the further development of the Medical Workforce Strategy in our Local Health District.

A Clinical Handover Clinical Improvement Project

A new clinical governance framework for health and human services and a research governance strategy

Accreditation of prevocational medical staff and workforce planning

Accreditation.
Increasing specialist and JMO workforce.

Achieving JCIA accreditation and introducing a full time specialist model for the first time in Myanmar

ACHS Accreditation requirements

Activating the issue regarding rising number of private patients in public hospitals

Activities related to achieving accreditation of the facility

activity with medical staff arising from mortality & clinical review

Advising and providing information for the development of a proposal for a Rural Training Hub. The proposal has been fully funded.

Advising hospitals on how to improve quality and safety of patient services

an effective clinical governance system and rehabilitation of a medical workforce

An organisation-wide program focusing on health resource stewardship

Analysis of Pre Vocational well-being and workload

AQHCS accreditation- lead for stds 4 and 7

Assisting with transition of the WA public hospital system to a Board arrangement under the new Health Services Act 2016.

Audit of quality of examination processes

BAU: management of 59 health facilities with 1500 staff nationwide, delivering services to ADF members. Single work: delivery of two facilitated weeklong courses in service delivery and command & leadership, with formal training management plans along the lines of a postgrad course.

Business development (established new clinical registries) and academic output (publications and external funding).

Change management for public health group in the min of health

Change traditional sole medical leadership model to create modern shared accountability with nursing and managerial leaders

clinical governance framework

Clinical redesign for evidence based practice improvement

Clinical Services Plan for New Territories West Cluster ,Hong Kong

Commissioning evidence based guidelines for national surgical practice

Complete review of JMO staffing numbers and rostering practices

Comprehensive comparison of prostheses prices between public and private sectors

Consulting on recertification changes

Continuing my management of the Selection Processes for the Melbourne Medical School

Contracting work with public sector

Contributing to development of rural internships

Corporate and organisational restructure

Credentialing

Credentialing quality improvement. Industrial reform

Cultural realignment

Customer centric reform - Improving Customer (both patients and command) relationships at every level of the organisation

Data verification and publication on safety

Developed medical workforce strategic plan for region and commenced implementation of key activities associated with plan

Developed state strategy for clinical genomics.
Revised the state guide for the role delineation of clinical services.

Developing a Doctors Welfare Program

developing an org wide education strategy

Developing and Implementing an annual review process for senior medical officers

developing and implementing credentialing framework

Developing partnerships with public metropolitan services and subsequent service agreements for provision of specialty care to the region.

Developing research governance framework

Development and establishment of a health governance framework in a non-clinical organisation

Development and implementation of new urgent care models

Development and recruitment of consumer engagement positions

Development of a public medical workforce and providing emergency care support for rural health services

Development of new model and framework for clinical governance

Development of revised role statements for Medical Director roles in re-configured organisation. Day-to-day operational management. Management of medicolegal cases.

Development of rural training hubs

Digital platform preparation and implementation

doctor's health and wellbeing research;

Electronic credentialing systems, developing electronic escalation of pathology results, guiding the development of the interface between pathology systems and Cerner

Ensuring that credentialing processes are correctly followed

establish (by value adding) medical executive as a key member of the executive group via e.g. assistance/expert advice with accreditation/clinical governance, work on a number of matters with medical staff

Established a unique consulting business

Establishing a clinical governance structure for the hospital

Establishment of a new facility

evaluation of anaemia and perioperative transfusion

Evaluation of quality of services and customer relationships on behalf of Australian Council on Hospital Standards

Executive leadership responsible for successful achievement of ACHS Equip National Accreditation

Expansion of Gippsland Regional Intern Training Programme and Regional Specialist Medical Workforce Survey

external review of surgical service

Finding site for new hospital

Firefighting

Funder/client relationship development.

Helping commission and commence clinical operations in a new Tertiary Women's and Children's Hospital in Qatar.

I do not consider this a meaningful question. My role is central to the effective function of more than one health service - I do not see the point of singling out one 'piece of work'

I have multiple work settings - so 'important' varies from place to place, but includes - clinical governance review of a national organisation; leading Board in NDIS changes, and aged care funding changes; advising Board on hospital related strategic financial and capital planning.

I prepare all the medico legal reports

I work in management consulting therefore work is very varied and clients include state health departments, health districts, hospitals, other medical colleges and other organisations - I have undertaken several state-wide reviews which have resulted in system wide changes.

Identifying and mitigating risks associated with Medical Workforce Planning

Implement mental health strategy

Implementation of a new Clinical and Communication Skills Method in teaching to First Year Medical Students

Implementation of new after hours junior medical staffing model.

Implementation of state-wide credentialing system

Implementation of the Digital Hospital in Cairns

Implemented digital hospital

Improved efficiency in department of general paediatrics to eliminate long waits and reduce cat 3 waiting time to 9 months. Had been persistently 200-600 long waits with cat 3 wait time of 3+ years over the previous 10 years+.

Improving clinical care through various committees and meetings.

Installed as acting chief executive for a health service in crisis

Intern training accreditation

Introduction of new Public Health Act and Medicines and Poisons Act.

Junior medical workforce strategy

Lead Development and implementation of ICU

leading a culture change to improve patient safety and quality of care

Leading a region wide redesign of acute stroke services

Leading achievement of full ACHS accreditation at recent periodic review survey. Represented 12 months of work

Leading ACHS accreditation preparation.

Led 2nd org wide National Standards survey - very successful

Led National Standards accreditation for the organisation

Led Open Disclosure and management of patient complaints in a health service which had a failure of clinical governance.

Led the establishment of one of the new Statutory Authorities in WA

Linkage of clinical and administrative data and associated systems/training to improve data quality of inpatient data with significant impact on revenue/funding but also the ability of this information to be used for other purposes. Other data linkage of clinical and administrative data to examine safety and quality issues across a state.

making VMO fee audits more effective

Management of legal cases and coronial matters

Management of VMO reappointment project

Managing a business with diminishing income and rising costs

Medical recruitment

Medical workforce plan for Queensland

Medical workforce planning

Metro North wide Training and Education program

National medical workforce strategic development

National service planning for clot retrieval services

National Strategy

New mental health act and first ACHS. Survey as a MHS

New service planning

new structure for quality and patient safety

Opened a private general practice

Organisational structure reform and the filling of key positions

Patient flow leadership

Preparing for transfer of staff and VMOs to new facility

Private health insurance services to private psychiatry services

Provide report on the safety and quality of organisational corporate and clinical governance

Providing advice on disease and disease control.

Providing health related advice to the Health Minister and other relevant stakeholders.

Quality improvement activity/clinical audit of unread abnormal pathology results.

Quality Improvement strategy and capability

Raising awareness of Indigenous Health issues.

Recruitment and retention strategies for junior doctors

Recruitment of medical staff

Redesign of theatres. Engagement of physicians

Relationship building

Remediation of Defence eHealth System

Research Strategy

Restructure of Executive teams and functions

Restructuring of the work force, improved financial management (billing & collections)

Review of a National health service

Review of Clinical Governance systems

Review of credentialing

Review of outcomes and length of stay variance

revision of medical workforce governance related policies and procedures

Second Australian Atlas of Healthcare Variation

Service planning

Service reconfiguration

specialist recruitment

Stabilised the position of EDMS in the hospital after the previous EDMS resigned.

Staff performance management and employment relations issue.

Strategic plan update

Strategic Planning & implementing strategy, restructure, performance management, attracting & retaining new doctors to work with us.

Strategy refresh

Structured program for continuing management of people with diabetes

Succession planning for my impending retirement

Supervising young managers

The most important aspect has been participating in a \$300M state-wide tender process for Renal services across the state of WA

the setting up of a clinical governance framework for an organisation which is now involved with direct patient care whereas previously it was not

Two pieces the New Zealand Clinical Governance framework, and the From Knowledge to Action framework: a framework for building quality and safety capability in the New Zealand health system.

Workforce Analysis

Workforce modelling for Gladstone and Banana Shire with associated financial modelling

Workforce planning

Working with clinical coders to improve standard of coding

Workplace health - introducing population health management

Associate Fellows' comments:

credentialed in robotic surgery
supervisor of masters student

Auditing standards of radiology request forms as part of clinical governance and writing a manuscript for publication.

Being utilised as a cover consultant when colleagues are on extended leave and bridging the gap in the services.

Change of staffing and starting the process of specialist clinic accreditation.

Clinical governance and development of clinical guidelines

Clinical research, submitting articles in spine journals.

Clinical work

Collaboration between health department, courts department and university group to develop a multisector registry - started the initiative, leading the research component and managing the stakeholders and groups

Collaboration with local university under the Knowledge Transfer Partnership program to develop a decision support system to facilitate and measure revenue optimisation, and to monitor healthcare activity in much shorter time frames.

compiling 10 year clinical service plan for the facility

Contributing to Drug and Alcohol Policy statements from the RACP

credentialing overhaul

Developing a community rehabilitation team and community geriatrics service in a rural centre.

Developing and implementing a safe after hours medical service in the hospital.

Development and implementation of medical staffing model

Established a properly staffed clinical simulation training centre and administrative systems supporting it.

Establishment of the Regional Cancer centre governance, operations, and commissioning.

I have worked in the Office of the Chief Psychiatrist on a 5 month secondment writing policy and helping roll out the Mental Health Act Amendments.

implemented liaison with residential care education programs

Improved support for researchers for grant writing

Improving clinical governance

Initiating a program that will (hopefully) lead to RACS accreditation as a trauma centre - the first time this has ever been achieved by a deployable Australian military hospital

Involved in service restructuring

Involvement in medical technology innovation, biomedical start-ups

JMS Post Accreditation

Leading Department for Hospital wide Accreditation + minimise inefficiency in Ambulatory Services

Management of workforce

Medication management reviews

Membership of the Medicare review Pathology Clinical Committee and chair of the Microbiology working group- Assessment of 'Appropriate Use Criteria' for the microbiology investigations along with the development of a contemporary MBS schedule.

Chair of institutional ASQHC national standard 3 working group.

National scoping of Antimicrobial Resistance Surveillance activities across Australia

Obtaining agreement on hospital-wide procedure to support renal dialysis in wards (no longer restricted to ICU)

obtaining Fellowship of the RANZCP and full registration with AHPRA

Opening the new emergency department at SCUH

Planning my retirement

preparation for new service rollout of 75 beds in a new facility, with staffing and governance sign-off

Recover from illness

Recruit

Regional Clinical information portal - an IT system to span 5 DHBs in NZ

Revising the acute pain service set up in a regional hospital in South Australia

revision of CME claims process

Revision of model of care.

Service and workforce planning and implementation

Strategic planning for a state-wide neuropsychiatry service

Support development of Collaborative model of national patient blood management

The formalisation and operationalisation of a national subspecialty collaborative, including governance, ethics approval, funding, new clinic setup and stakeholder engagement.

Transfer of responsibilities when no succession for role available

Candidates' comments:

Accreditation by HETI

Accreditation by ACSQHC

Accreditation by ACRRM

Accreditation by ACEM

Re-Accreditation by RACP

After-hours orientation and workforce initiatives

Changing model of after hours medical staffing across hospital

Clinical Governance Framework restructure. Change culture to go with the restructure

clinical governance system

Develop business case for expansion of scope of practice of specific clinical trade group within defined environment

Development of new model of care to deliver ENT services and addressing long term wait list issues for our region

Digital Hospital transformation

Establishing a Medical Engagement Taskforce and leading an integrated project to introduce a medical engagement framework in the facility.

Facility wide audit of procedural sedation practices

ICU expansion/redevelopment

Implementation of an Inter-professional education program

Implementation of improved medication management strategies for non-doctor practitioners

improved junior workforce recruitment and retention

Improving clinical governance across organisation

Increasing structure and support around junior doctor health & well-being

Innovative research.

Medical leadership of electronic medical record, state-wide

Medical staffing strategic plan

Medical Workforce Strategy

NEAT improvement,

Partnership with Metropolitan Hospital in provision of senior and junior medical staff

Project management and implementation of a suicide prevention strategy and pathway.

Recruitment of Hod

VMO quinquennium

Redevelopment of hospital CSP development in medicine in executive user group and clinical governance group member

Safety and quality

Establishment of family obesity clinic from last years' service enhancement and separation of Endoscopy unit from surgery to align under medicine included negotiation and writing business case and successfully transitioning

Regional healthcare providers' collaboration and raising profile of clinical governance

Review and update Credentialing and Scope of Clinical Practice of all Medical Practitioners.

Reviewing the current M&M process within different departments and defining a minimum standard required for all departments in M&M reviews.

Safe, Smart and Sustainable Program - organisational reform project

setting up the clinical senate & research unit

Significant improvement in the Medical Workforce

Strategic planning

Structural changes to improve operational activities in an area of the department

Transition of rehabilitation unit to new facility

Weekly clinical update that goes to all medical officers nationally

Work on improving discourage summary completion rates.

Workforce planning and recruitment

Trainees' comments:

Budget review

A system for benchmarking clinical outcomes

Attempts to make our department consistent with minimal safe standards.

Division wide mentoring program

Escalation of complex cases

Formulating plans to expand the service at Eastern Health

Full review of hospital staffing

hospital at night program- extending medical coverage to the wards overnight

Improving the admission guidelines process

Participate in reforming issues related to subacute admissions

Restructuring the roster and including outreach

Review/revitalisation/reaccreditation of O&G Dept., with difficult conversations

Robust Clinical Governance and Capability Framework (with evaluation of same)

Selecting/recruiting the right person for the specific job at our facility

Writing and implementing a performance management policy for junior medical staff.
completing PMCV accreditation

Affiliates' comments:

State wide education program for trainees