RACMA
ROYAL AUSTRALASIAN COLLEGE
of Medical Administrators

THE QUARTERLY
#2

2020

> Leadership amid a pandemic

Quarterly 4

quarterly

The Quarterly is the journal of The Royal Australasian College of Medical Administrators (RACMA). It is published quarterly and distributed throughout Australia and New Zealand to approximately 1000 College Fellows,Associate Fellows, Affiliates and Candidates, as well as selected libraries and other medical colleges.

Publisher

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The College was founded in 1967 as the Australian College of Medical Administrators and attained its Royal Prefix in 1979. In August, 1998 when links with New Zealand were formally established, the College changed its name to The Royal Australasian College of Medical Administrators.

RACMA is a specialist medical college that provides education, training, knowledge and advice in medical management. Recognised by the Australian and New Zealand Medical Councils, it delivers programs to medical managers and other medical practitioners who are training for or occupying Specialist Leadership or Administration positions. It is the only recognised way you can become a Fellow in the Speciality of Medical Administration.

From the President

As I write, I feel proud of College Members as they have tirelessly stepped up to address a major global pandemic. Despite the negative impact of COVID-19 on the wider community, we have focused on the positive and protective aspects contained within the numerous learnings we taken from the pandemic. All of which will change the way the healthcare system operates into the future. At the risk of repeating myself but revelling in Winston Churchill's quote: "never let a good crisis go to waste". Thus, as Medical Leaders, we should ask ourselves some pertinent questions:

- How do we ensure the learnings are widely and quickly adopted to avoid slipping back into business as usual? The so called "snapping back" to our old ways; and they were not necessarily the good old ways!
- How do we compel governments to back funding proposals for investment, supporting the technology and practices that have been integral to our response to COVID - an example includes support for ongoing telemedicine and video-medicine? Virtual medicine and beyond.
- How do we keep the clinical governance issues at the top of mind for the decision makers as we move forward into the recovery or adaptation phase?
- How do we take the learnings in workforce reconfiguration and work-practice reform to enable our workforce to be more adaptable, and encourage the decision makers to apply it to the National Medical Workforce Framework?
- How do we further community and system recognition of the importance of qualified Specialist Medical Administrators – keeping our community and system safe?

The answer is - consistent, quality medical leadership; provided by skilled and experienced Medical Leaders.

We must use the intelligence contained within our entire membership to keep the healthcare workforce confident and the decision makers engaged. For this to happen we need to be involved in the dialogue with the influencers, decision makers and frontline workforce on an ongoing basis. This is the chance to advance and expand our influence as a College and be the better recognised and respected voice of health leadership and governance.

We have witnessed much shorter timeframes for changes to be implemented throughout the healthcare system during the COVID-19 crisis. The turnaround for some modifications and innovations has been weeks rather than years. It has proven rapid change is possible and achievable and again it is the dialogue initiated by Medical Leaders which will keep the momentum going.

Hence there has never been a greater need to create a proper network for Medical Leaders to share our knowledge beyond our College membership.

It is crucial all Medical Leaders, decision makers and influencers recognise we are entering into a new era of health systems.

Our weekly Member Forums have identified adjustments to protocols, processes and service delivery we can act upon in our leadership roles to create a more robust system overall. We cannot be naïve to think we will not be hit with another pandemic in the future.

COVID-19 has highlighted our whole system needs to work together – public, private, government and insurers. The pandemic has also emphasised the need for linkages between primary care and acute care.

We cannot act in silos anymore. We would not be able to manage this crisis if we did.

The College and its Membership have the opportunity to create and nurture an inclusive and engaged culture for the health system to work in better unison.

I would like to acknowledge the continued work of everyone leading the response in each of the jurisdictions of the College and congratulate you all on an amazing job. The generosity and collegiate support and sharing of Members during the weekly forums has demonstrated the strength of our fraternity.

Associate Professor Alan Sandford AM
President

FROM PREVIOUS PAGE

As I announced recently, we will continue with our Oral Examinations in December but they will be conducted virtually rather than face to face. I would like to thank the Board of Censors, Candidates and Censor-in-Chief for being adaptive and agile in ensuring that Candidates will not be delayed in proceeding with assessments, and then hopefully obtaining Fellowship.

I would also like to acknowledge the work of the team at the College led by our CEO. Every aspect of the work of the College has had to be delivered in an alternative way and this has sometimes been a challenge. Despites this, College Members have acknowledged the ongoing work of the College and support of Members, including our valued Candidates, has continued seamlessly.

In cogitating these and other lessons it is essential everyone is on the same page when adopting widespread system change. Please continue to stay in touch and share your learnings and experiences with the College by email covid19@racma.edu.au. We intend to collate and synthesize these learnings so we may guide others and inform our system leaders and colleagues alike.

Thanks to you all, for the bravery, duty and the collegiate loyalty and professionalism shown during this uniquely challenging health crescendo.

College News

RACMA 2020 ANNUAL GENERAL MEETING

Will be conducted virtually on 12 October 2020 at 4pm (Melbourne time). We will provide you with the papers and dial in details in the upcoming weeks.

ACCESS TO BMJ LEADER

As announced by the President we are pleased to advise of the arrangements negotiated by the College to have the BMJ Leader as the official journal of RACMA. We are hoping you are enjoying this benefit. If you have not yet accessed the journal you can do so via racma.edu.au/bmj-leader/

COLLEGE OFFICE

Despite being physically closed your College office remains open for business! You can continue to call or email the addresses you have for the College team and we will respond to you are normal.

NEW 2020-21 CPD HANDBOOK NOW AVAILABLE

The College is proud to launch the newly updated Continuing Professional Development (CPD) Handbook. To access the latest version click HERE .

CONVERSION OF COLLEGE EXAMS FROM FACE TO FACE DELIVERY TO VIRTUAL

As advised by the President, the College has made the decision to move from face to face Oral Examinations to virtual examinations.

There has been consultation with Candidates, JCTs and Censors in regards to this decision and we are working through our planning on delivery and will continue to work with all involved to ensure this occurs as smoothly and successfully as possible.

2020/2021 MEMBER SUBSCRIPTION INVOICES

The College successfully implemented its new and improved online invoicing process for Members.

Invoices are now available through the MyRACMA portal and Members will have direct access to view, pay and print invoices and receipts there. Detailed instructions on how to access and make payments online through your MyRACMA portal are available on the website HERE. There are also a number of FAQs on the website HERE.

Please note invoices will no longer be emailed separately.

A schedule of the 2020/2021 financial year member subscription fees can be found HERE.

If you have any questions please email membership@racma.edu.au.

College News

2021 Conference Update

The RACMA 2021 Conference is being planned as a face to face event at the Sydney International Convention Centre, 10-12 March. However, a back-up strategy is being developed if the Conference needs to be moved online. The theme is Quality Healthcare through Medical Leadership in a Crisis. The sub-themes are:

- The Value of Medical Leadership
- Partnerships and Collaborations
- Service Planning and Delivery
- Workforce Agility
- Technology

Registrations for the 2021 Conference will open in the coming months, with an early bird discount available for Members. Stay tuned for more updates on the website and through direct emails, including information about Abstract submissions. If you have any questions please email the College racmaconference@racma.edu.au.

ACCESS TO CANVAS FOR SUPERVISORS, PRECEPTORS AND JURISDICTIONAL COORDINATORS OF TRAINING

Those who play a pivotal role in the supervision, support and progress of Candidates in the Fellowship Training Program (FTP) now have access to Canvas - the RACMA Learning Management System used to provide information and resources for the FTP.

The aim is to ensure Supervisors, Preceptors and JCTs have the same materials and resources available to them as the Candidates. The College also uses Canvas to send important updates and information to Candidates and those who support them in their training.

Information available on Canvas includes:

- learning materials and resources
  - activity pre-reading materials
  - assessment activities
  - past oral examination questions
  - podcasts
  - webinars
- information, guides and forms for the training program
- scheduling and access information for interactive learning sessions

If you have any questions please email:
ftpadmin@racma.edu.au

APPLICATIONS FOR THE 2021 FELLOWSHIP TRAINING PROGRAM ARE NOW OPEN

Online Applications are now open for the 2021 intake commencing in February. We have refined the online process to make it easier for applicants.

Detailed information on the Fellowship Training program, including the application process and eligibility criteria can be found HERE. Applicants must complete the online application form which can be found HERE.

We encourage you to share this with colleagues who may be interested in applying or those keen to support a RACMA Candidate in 2021. **Applications close 13 November 2020.**

College working to **with Disability**

While the first image that might come to mind when thinking about the terms of "violence, neglect, abuse and exploitation" are acts of commission, acts of omission are just as important. This is why RACMA believes various aspects of governance and system failures need to be highlighted to the Royal Commission into violence, abuse, neglect and exploitation of People with Disability.

The College recently established a dedicated Working Group, chaired by former RACMA President Jennifer Alexander, which has hit the ground running to prepare a submission. In discussing the bio, psycho, social model of disability, the Working Group believes the emphasis should not be on the limitations of the person with disability, but on the gap between what they need to live an independent life as possible, and what society provides.

"The bio, psycho social model of disability places the focus on the deficiencies or limitations of the society (or system) in which the person with a disability resides, rather than on the limitations of the individual with the disability," Dr Alexander said.

"This then means that there is a need to challenge physical, political and attitudinal barriers within the environment or system within which the disabled person resides.

"This model does not see disability as being simply a medical diagnosis but arises when there is a gap between the person and what they need and what is on "offer" to them. RACMA believes that the existence of a gap in meeting needs is a form of violence, abuse and exploitation."

Using this line of argument, the Working Group is highlighting systemic level discrimination by institutions and organisations and ways in which "system" deficiencies are adversely impacting on People with Disability (PWD).

Established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability, the Disability Royal Commission is investigating:

- preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation;
- achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability; and
- promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.

Dr Alexander said it was important bodies like RACMA contribute their professional, clinical and personal expertise to the examination of public policy issues, because some ideas put forward may actually result in positive change and reform.

It was Dr Alexander's involvement with RACMA's submission to the Royal Commission into Aged Care which prompted her to volunteer her time again. She realised the College resources in the Policy and Advocacy area were stretched and it was an opportunity for Members to assist.

"It is an absolute delight to work with my colleagues, some of whom I had not known before," Dr Alexander said.

"Everyone is pitching in with the work and I am confident this will ensure we produce a very professional submission."

The Working Group has approached various external experts, who are providing comment, and is also collecting case studies that illustrate the points being made in the College submission.

To date, 10 key themes have been identified for the College submission. The themes are:

1. Systemic Issues within the Disability Sector, including concerns about poor or absent clinical governance systems to ensure that PWD receive high quality and appropriate services. Systemic issues also include the level of skills and training of many Disability Service Providers (DSPs) staff. This can mean that the care of PWD may be supervised by staff who do not have sufficient training to monitor the ongoing needs of their clients, especially in relation to health needs. Many people with disabilities have complex health needs. However, in many instances their care is supervised by "carers" who do not have sufficient training to monitor the ongoing health care needs of their clients.

RACMA Disability Royal Commission Working Group Members

Jennifer Alexander (NSW) (Chair)
John O'Donnell (QLD)
Phillip Montgomery (WA)
Charles A. Phillis (QLD)
Nadarajah Ramesh (NSW)
Peter Sloan (Vic)
Mohammed Usman (SA)

MAKE an IMPACT
Royal Commission Submission

2. Poorly enunciated models of care and a "one size fits all "approach to the management of PWD may inappropriately treat all PWD in the same way , particularly where the needs of children , younger people and adults are assumed as being the same.
3. Interface issues between the disability sector and other sectors such as health and education. The management of these interfaces is important as neglect can occur "between the cracks" at these interfaces.
4. A range of issues associated with transitions that a PWD will make through their lifetime, and the extent to which the various systems assist or hinder these transitions.
5. Service provision for specific groups also raises questions about the degree to which PWD experience neglect due to the absence of services for them. In this regard, the submission will highlight the significant disability burden borne by people from Aboriginal and Torres Strait Islander backgrounds, as well as the difficulty that PWD who live in rural and remote communities may face in obtaining support.
6. Concern about the level of transparency from some Disability Service Providers in relation to the services that they offer. This can make it more difficult for PWD and their families to select an appropriate provider.
7. RACMA believes that, in some circumstances, the placing of PWD in an inappropriate location (e.g. gaol) may be a form of "restrictive practice "and, as such, is a form of abuse. RACMA notes that for many decades some individuals with mental health and intellectual disabilities may have found themselves in places, such as gaols, where it is unlikely that they would receive optimal care and support for their needs.
8. Some systems, including government systems, may be too complex to negotiate by some PWD, especially those with an intellectual disability. They may find the government systems too hard to fathom and use, which can be particularly difficult in the absence of support. In this regard, RACMA is aware of anecdotal reports that this is a particular issue for younger people transitioning to a disability pension when they reach their majority.
9. Barriers between the formal Disability Service Providers, such as those funded through the NDIS, and the volunteer providers, such as families, can mean, at times that the needs of such volunteers may be overlooked. A key area that has come to the attention of RACMA is in relation to situations where the family carers may themselves be subject to some form of abuse from their disabled loved one. Yet such family members are not able to access "violence de-escalation" training that may be available to paid providers. Another issue that has been frequently raised with RACMA is the concern of ageing parents about the ongoing care of their lived one with a disability after they are no longer able to be cared for at home.
10. While advocacy is important in drawing attention to gaps in service provision , it is noted that some PWD , by virtue of their disability, may not be able to advocate on their own behalf and ,as a result, may experience neglect in the provision of some services to meet their needs. While the NDIS has brought many benefits to people with disabilities, anecdotal reports suggest that those groups with good advocacy may have more of their needs met than groups where the individuals are unable to advocate so well or are unable to advocate for their own particular need.

RACMA Disability Royal Commission Working Group Chair Dr Jennifer Alexander

Dr Alexander said it wasn't too late for Members to become involved with the Working Group.

"The area of disability is very broad, and we believe that our submission will be improved by the contribution of Members who have direct experience with the issues being addressed," Dr Alexander said.

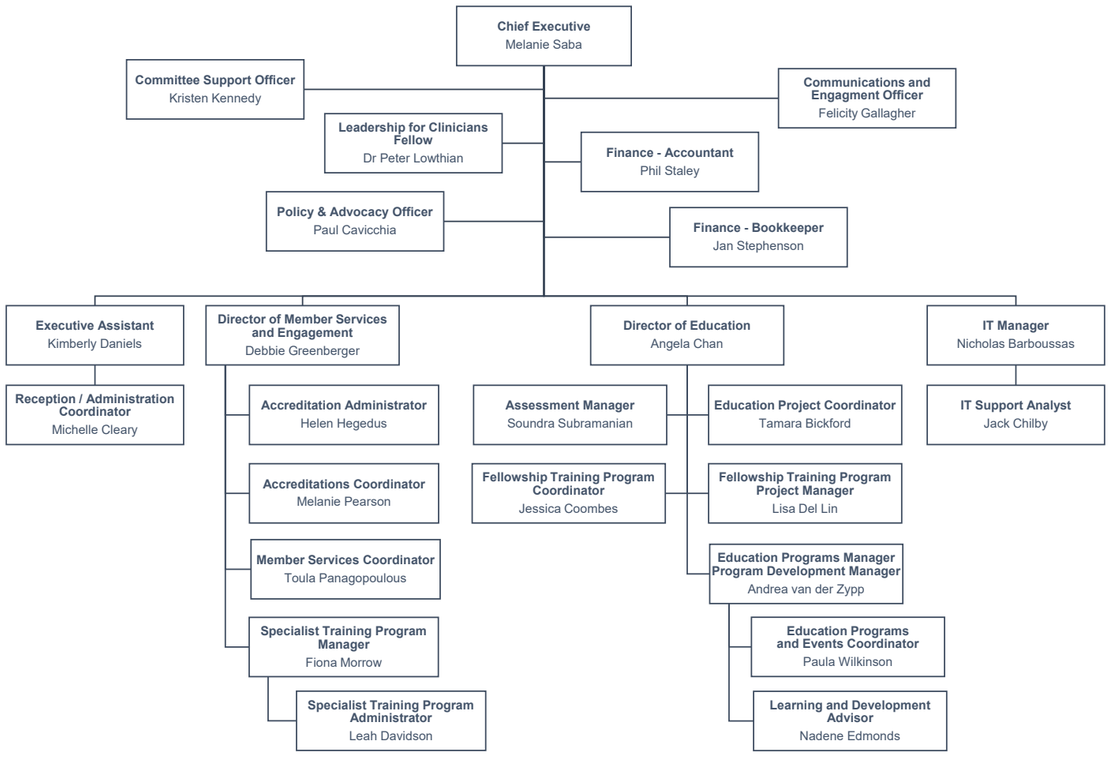
"One way Members can assist is by contributing short case studies, which are actually short vignettes we are collecting to illustrate the points we are raising and the recommendations that we are making. All case studies are anonymised so that privacy is maintained."

The Working Group is aiming to complete its submission by the end of the year. If you have any questions or would like to be involved, please email:

advocacy@racma.edu.au

THE faces BEHIND RACMA

RACMA ORGANISATIONAL CHART



Introducing the Education Division

Andrea van der Zypp
Education Development Manager

The newest member of the Education Division, Andrea van der Zypp has been entrusted with supporting development, operationalisation and evaluation of Education Programs. Andrea is also responsible for developing education resources and support materials for participants in RACMA Education Programs.

Andrea joined RACMA in November 2019 from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), where she was Manager of Assessment Programs. She brings experience in medical and healthcare research and medical education, including a PhD in Pharmacology. Her thesis explored “The signal transduction pathways involved in the regulation of vascular smooth muscle tone”.

Lisa Del Din
Fellowship Training Program Project Manager

Lisa Del Din is project managing the Fellowship Training Program Renewal Project. Key elements of the project include renewal of the Medical Leadership and Management Curriculum, stakeholder consultation and engagement, and development and implementation of renewed learning and assessment activities. Lisa also supports the RACMA Academic Board.

Lisa joined RACMA in July 2019 after five years with RANZCOG. She carried out various roles, including Manager of Regional Offices, Executive Officer of Victoria and Tasmania and Manager of Assessment, Selection and Specialist International Medical Graduates. Before working in specialist medical colleges, Lisa was a Science teacher for many years.

THE faces BEHIND RACMA

Introducing the Education Division

Soundra Subramanian
Assessment Manager

Soundra Subramanian manages the College examinations and is the first point of contact for Candidate enquiries about examinations, the Research Training Domain and the Health Systems Science Domain. She also provides support to the Board of Censors and Research Training Committee.

Soundra has dedicated her career to higher education and training. She has a Bachelor of Commerce, Advanced Diploma in Teaching Higher Education and a Master of Education (Leading & Managing Organisations). For the past seven years she has been working in the assessment area at RACMA.

Jessica Coombes
Fellowship Training Program Coordinator

Jessica Coombes is the first point of contact for Candidates enquiries and concerns. Jessica coordinates Candidate training workshops and webinars and is able to provide support to Candidates about their MyRACMA dashboards.

Prior to joining RACMA 18 months ago, Jessica was Adviser University Appeals Committee at RMIT, which involved managing the appeals process, committees, and governance compliance. She was also team leader and Acting Manager of Registration at the Victorian Institute of Teaching.

Jessica supports the Education and Training Committee and Training Progress Committee.

Nadene Edmonds
Learning and Development Advisor

Nadene Edmonds commenced at RACMA in 2017 and was involved in the administration of the Fellowship Training Program. In 2018 Nadene started working in the coordination of the Leadership for Clinicians and Management for Clinicians Programs. Nadene also coordinates the monthly Member continuing education webinars.

Nadene identifies as Maori. Before joining RACMA she lived and worked in New Zealand as an educator in Maori Education. Nadene is enrolled as an Edu.doc Candidate investigating the cross between social and academic language competence. Nadene was a teacher (early childhood – to adult), a researcher and a policy advisor.

Paula Wilkinson
Education Programs and Events Coordinator

For the past two years, Paula Wilkinson has worked in various roles with RACMA. She is now responsible for coordinating the RACMA Annual Conference and various components of the Leadership for Clinicians program.

Previously, Paula worked in Human Resources and the Migration Advice Industry for a mixture of large corporate companies as well as small and medium sized organisations. She has team leader experience and enjoys developing and maintaining working relationships with stakeholders.

For any queries regarding the Leadership for Clinicians Program please email L4C@racma.edu.au

Tamara Bickford, Education Project Coordinator

Tamara Bickford joined RACMA in 2019 and coordinates the Specialist Training Program education support projects. Current projects include development of podcasts and online learning modules.

Tamara has amassed extensive experience in Victorian Government communications and project management in the education, training and employment sectors. She has also worked in project management in the private sector. Tamara's expertise include:

- content development
- coordinating high-profile promotional campaigns, major events, grant and pilot programs
- providing strategic advice to improve processes, mitigate risk and increase engagement with stakeholders.

Member Q&A

Dr Leah Barrett-Beck
BSc MBBS (Hons 1) MHM
FRACMA FCHSM CHIA

Deputy Executive Director
Medical Services
Metro North Hospital &
Health Service

QLD/NT Jurisdictional
Coordinator of Training

What drew you to pursue the path of Medical Leadership/Medical Administration?
My early experience as a junior medical officer led me to look for ways to engage in quality improvement work. I was always naturally drawn to leadership opportunities and to being involved in governance and change leadership.

What led you to undertake the Fellowship Training Program of RACMA?
I undertook a Special Skills Term as part of General Practice Training in Medical Administration. It was an obvious follow on from my involvement in junior doctor rostering, education and committees at the local hospital I had previously worked at and low and behold - I loved it!!

What attracted you to take up the role of Jurisdictional Co-ordinator of Training? How have you benefited by carrying out the responsibility?
During my candidacy I found myself heavily involved in candidate matters and supporting the Candidate Advisory Committee as a state representative and then as Chair. I had also worked in Medical Education and could see the JCT role was one that I would not only find extremely rewarding but also offered the opportunity to make a significant difference in the path of up and coming medical leaders. I have enjoyed the opportunity to support candidates during training and hope I have helped the jurisdiction to embed a strong and robust pathway for Medical Administration Specialty Training.

What are some of the key achievements to note/changes you have implemented in your role as JCT? OR Do you have any changes/activities/support you would like to implement for the JCT role?

Queensland/Northern Territory has had a long history of strong Medical Administration Training. I have aimed to grow and Positively highlight the registrar pathway within Queensland in particular, with a more than doubling of positions over my time as JCT. this is of course through the support of the Queensland Hospital and Health Services and fellows in Queensland.

Regular, well attended jurisdictional training meetings and a sense strong comradeship within the candidate group have remain local strengths

How important is it for members of Colleges like RACMA to be actively involved through various roles like yours or on committees etc?
The colleges success and growth depend on members stepping up and actively participating in the education of candidates. Medical Administration Training is experiential and requires input from many sources. One fellow cannot support a trainee alone and we need to work together to develop our medical leaders for the future.

How would you describe the importance of qualified Medical Administrators/Fellows/Members of RACMA to the Australasian health care system?
Leading healthcare is not easy. We wouldn't expect surgeons to operate without extensive training - why would we expect doctors to manage and lead healthcare without good support, education and training? The growth of medical leadership, complex clinical redesign, clinical governance research and exemplary medical professionals management relies on collegiate collaboration for the best possible outcomes and advances - the College has a pivotal role to play to make this progress in an increasingly complex health and societal environment.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future?
Finite resources, fast-paced innovation and technological advances and population growth are the obvious challenges we face but are also present opportunities to engage us to think and do differently. How exciting to be part of such a fast moving professional environment and be in a position to lead change for years to come. The changing face of medicine will create an exciting opportunity for those of us that love each new challenge. There won't be any opportunity for boredom in the coming years.

Member Q&A

Dr Harvey Lander
B Med MBA FRACMA

Director, Systems Improvement
Clinical Excellence Commission, NSW Health

What drew you to pursue the path of Medical Leadership/Medical Administration?

I had a number of experiences early in my career which helped me to find my path. As a junior doctor I was always interested in management, medical education and learning, and how systems and human factors contributed to safety and quality. I gravitated towards learning about adverse events as well as high performance. During internship I was inadequately supervised and supported afterhours in a Tertiary hospital with a MET system that lead to a failure to recognise and respond to a deteriorating patient who suffered a potentially preventable outcome. I was also a second victim and I didn't want other patients and junior staff to have the same experience. I also remember assisting a surgeon in theatre who I realised was slowly deteriorating in his surgical ability. I was concerned and intrigued about this situation. At the same time, I wanted to combine my passion for learning, education, medicine and management.

What led you to undertake the Fellowship Training Program of RACMA?

After my junior years, I secured a part-time Clinical Superintendent role in a large health service to compliment my clinical work. I was passionate about supporting the educational and early rotational experiences of over 100 JMOs. This role required me to manage the unit, learning about patient safety systems and the organisational structures and processes of onboarding, supervision, training, assessment and career development. Before long I realised that my interest in health services management and system thinking required some further formal study and, fortunately, I found the College.

How would you describe the importance of RACMA to the future of Medical Administration and leadership in Australasia?

The Medical Colleges in Australia are clearly very influential. RACMA needs to ensure it continues to advocate and influence at all levels, as well as maintaining the high quality of its Fellows. In my current role I am exposed to many medical leaders who are engaged in a range of senior leadership and management roles. It is my experience that those organisations lacking stable senior medical leadership at both organisational level and clinical units are significantly exposed. Furthermore, undertaking the Fellowship and subsequently, exposed me to many like-minded individuals who were highly impressive peers and from whom I have been fortunate to learn from and marvel at their contribution to medicine, leadership and the community.

How would you describe the importance of qualified Medical Administrators/Fellows/Associate Fellows of RACMA to the Australasian health care system?

The importance of medical leaders and FRACMAs is evident from my clinical experience, reviews I have undertaken of health services (as a past surveyor for the ACHS and in my current state-wide safety and quality role), in my experience in a Clinical Governance Unit, and as a former Director of Medical Services. Leadership and culture are fundamental to providing safe, high quality healthcare. I have witnessed how the lack of qualified medical leaders/managers has led to failures to address critical clinical governance issues including credentialing, scope of practice, clinical care systems and failures to address clinical or service underperformance and complaints about clinicians. On the flip side, I have observed the stability and expertise of qualified and diligent Fellows and the difference they can make to patient, staff and organisational outcomes.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future?

There are so many to contemplate. The healthcare system will be increasingly affected by the current significant economic downturn and impact on inequity and access to care in this country. There is a need to ensure strong ethical leadership in organisations. Global pandemics and environmental challenges will inevitably become more frequent. It is, in many ways, getting more difficult to lead well in these roles especially if medical leaders are not part of a highly reliable team. Medical managers need to be supported by peers and a strong College.

What are some key attributes of a quality and strong Medical Administrator/medical leader?

The most effective leaders can collaborate, coach, mentor and build superb teams. They also have a strong sense of purpose, are relentless in their desire to serve their community and achieve the best patient and staff outcomes. They stand up to unethical and improper behaviours and look after the most vulnerable populations and staff. They are trained in understanding complex adaptive systems, whilst remaining always open to new learning and thinking. I also believe that leadership is about accepting that whilst we strive to be excellent, we will err from time to time.

Member Q&A

DrAjitha Nair
MBBS, MD (Paediatrics), FRACMA, FCHSM

Area Director of Clinical Services
North Metropolitan Health Service, Perth, WA

WA Jurisdictional Coordinator of Training

What drew you to pursue the path of Medical Leadership/Medical Administration?

Destiny and serendipity! After a 2-year long maternity break, I was looking to go back to being a Paediatrician part time when I was offered the opportunity to work in Medical administration. Working daylight hours and returning home to be a mother sounded like an appealing option for a short period before transitioning into full time clinical work. It has been 9 years since and I haven't looked back. What I really love about the job and the career is the diversity of options and the opportunity to make a difference not just for the system and for the patients but also for the frontline clinical teams.

What led you to undertake the Fellowship Training Program of RACMA?

I found out about the training program during the course of the employment and was keen to be formally trained in medical management.

What attracted you to take up your role as Jurisdictional Co-ordinator of Training? How important do you see the role of Jurisdictional Co-ordinator of Training?

I believe that the JCT role is a vital link between candidates and fellows within a jurisdiction and the college. Having worked in medical administration across two jurisdictions I believe that I bring some different perspectives to the role and am keen to build on the excellent work of my predecessors in continuing to develop and support a good training program in WA

What are some of the key achievements to note/changes you have implemented in your role as JCT? OR Do you have any changes/activities/support you would like to implement for the JCT role?

I have only stepped into the JCT role recently and it has been a great opportunity to understand the role and operations of the college and in particular the training program. I am also enjoying the opportunity to meet, network and connect with the candidates and the FRACMA community within and outside of WA.

How important is it for members of Colleges like RACMA to be actively involved through various roles like yours or on committees etc?

I think it is extremely important that the future of the college by driven by all its members. While most members would be in agreement with the above, I think that conflicting priorities would be one of the major barriers for most people in being to effectively accomplish this.

How would you describe the importance of both RACMA and qualified Medical Administrators to the Australasian health care system?

In a rapidly growing healthcare system faced with several challenges the importance of a systematic and structured approach to tackling the systemic challenges cannot be understated. I believe that is what the training offers – fostering systems-thinking, focusing on good governance and challenging the status quo.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future?

Keeping up with the advances in technology and medicine and balancing the need to continually innovate and improve with the existing inequities in a resource constrained healthcare system is the biggest challenge facing healthcare in general. The challenge for RACMA will be to adapt to the changing landscape and develop medical administrators who are ready and willing to take on the challenge.

Member Q&A

Dr Josh Hatton
BMed MHM(Extn)

Medical Services Coordinator
Sydney Adventist Hospital

Chair RACMA Candidate Advisory Committee

What drew you to pursue the path of Medical Leadership/Medical Administration?

Medical Administration & Leadership is an extremely challenging yet rewarding field. Whilst the work is often done at a distance compared with our clinical colleagues, this work still affects large numbers of patients, their families and all members of our community. It is an extraordinary responsibility, often with long hours of dedication required to make slight nudges that are hopefully towards a better path. It is that challenge and responsibility that led me to the field.

What led you to undertake the Fellowship Training Program of RACMA?

I see the attainment of Fellowship within RACMA as the highest level of education and training in Medical Administration & Leadership, yet only the beginning of a challenging and rewarding career in multiple sectors.

What attracted you to take up your role as Candidate Advisory Committee Chair? How important do you see the role of the CAC Chair?

After a year as a Candidate Representative, I saw that the Candidate Advisory Committee was performing a key role within the College. By participating in the shaping of the experience Candidates receive I believe that we also shape our future Fellows and ultimately health leaders of the present and future. Therefore, I humbly take my role very seriously to try and promote not only the interests of Candidates but also the interests of the College and the wider community in striving to ensure that Candidates are equipped to take on the diverse challenges that we expect to see in careers inside such a dynamic and complex system.

How important is it for members of Colleges like RACMA to be actively involved through various roles like yours on College Committees?

The connection back to trainees for colleges is extremely important. The Candidates of RACMA are such a talented and inspirational group of people. They are a resource of new ideas, fresh perspectives, high-level skills and a passion for improving the lives of their colleagues and their communities. Communication with such a resource within our own College is vital in order to improve our processes and to attract the next group of highly skilled medical practitioners to join with us.

What are some key attributes to a quality and strong Medical Administrator/medical leader?

A high quality, strong Medical Administrator needs to be an empathetic, humble, diligent and courageous source of knowledge and expertise in a wide range of fields with the ability to inspire hope and well being throughout their colleagues and their communities.

How would you describe the importance of both RACMA and qualified Medical Administrators to the Australasian health care system?

The Australasian health systems are going to face multiple varied and extremely difficult challenges within the 21st century. In order to respond successfully, these systems will need to not only adapt but to consistently thrive in response to these challenges. It will take expertly qualified leaders in order to achieve the results expected of us by our communities into the future in order to maintain and improve the health of our society, especially those who are most vulnerable.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future?

RACMA faces the challenge of filling the role of providing expert Medical Administrators and Leaders to our health systems instead of expedient appointments of leaders from other fields. We need to ensure that we are training our members and especially our Candidates to deal with these ever-changing challenges in innovative and consumer-focussed ways. We need to continue to demonstrate our value as experts in these important roles.

Member Q&A

Brian Yow
MBCHB

Clinical Quality & Risk Manager
Counties Manukau District Health Board, Auckland, New Zealand

NZ Jurisdictional Committee Candidate Representative

What drew you to pursue the path of Medical Leadership/Medical Administration?
I believe healthcare is a complex team sport, where many different professions and skill sets can benefit from each other's strengths and perspectives. Similar to a ward round or multidisciplinary team, where the medical, nursing, pharmacy, allied and other roles all work together to improve the patient's care, the medical administrator has the privilege to lead an even larger and more diverse team to treat not one patient, but the entire community, population or healthcare system that we are privileged to serve.

What led you to undertake the Fellowship Training Program of RACMA?
In my first year as a doctor, there was a horrifying incident, where a patient was referred for an MRI scan and lost an eye from a metallic item in their pocket. Five staff had asked beforehand if they had any metal and the patient denied every time. The patient was later diagnosed with dementia. We as a system had failed this patient, yet many safety improvements resulted from this incident. I was drawn to the RACMA Fellowship Program as it provides well balanced skills and training for medical leaders to continually improve safety, patient experience, clinical care, equity, quality and transform a reactive system into a proactive one, to prevent future disasters before they occur.

What attracted you to take up your role Candidate Representative on your Jurisdictional Committee? How important do you see the role of Candidate Representative?
Communication is commonly cited as a top skill for clinicians and one of the key RACMA competencies. It is by good communication that we cross pollinate positive ideas and generate beneficial actions and sustainable outcomes. As a privileged candidate representative, there is an unique opportunity to bridge the gap between candidates, the committee and the college, voicing important issues and closing the loop toward continuous improvement.

How important is it for members of Colleges like RACMA to be actively involved through various roles like yours or on College Committees?
Extremely. Not only is it a valuable training opportunity, as chairing and participating in many committees is a critical role of medical administrators, but it also provides the chance to meet fantastic people and develop professional networks, many of whom will be our colleagues in future.

What are some key attributes to a quality and strong Medical Administrator/medical leader?
In addition to the RACMA key competencies, an effective leader must inspire their colleagues, often by leading from the front. The one who passes the sentence should swing the sword and likewise we should practice what we preach. Yet we must also heed the voice of patients and frontline staff, as they are ultimately the people we serve.

How would you describe the importance of qualified Medical Administrators/Fellows/Members of RACMA to the Australasian health care system?

Indispensable. Medical administrators are instrumental in transforming the traditional hierarchical model in healthcare and bridging the gap between clinicians and management, both of which must trust in the strengths of each other for the system to function optimally. From a quadruple aim point of view, organizations with a RACMA trained clinician acting in its best interests would benefit from patient experience, staff experience, improves outcomes and optimized spending.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future?
Disasters such as COVID-19 have demonstrated that the abilities of RACMA trained clinicians in well balanced leadership and management roles are invaluable. From a New Zealand perspective, there is a comparatively small number of candidates and fellows and the sector would benefit from increased representation across major hospitals and healthcare organizations. Health is influenced by many determinants outside of the healthcare sector and there are collaborative opportunities with education, housing, social development and others for a truly cross sector approach. In terms of relationships, it is vital to establish strong linkages with other colleges, with cross training programs that inspire RACMA values across the continuum and even starting from medical school. There are many lessons to be learnt from history and internationally, in the first world perhaps most notably from USA, where healthcare spending exponentially increases yet outcomes suffer. As medical leaders and administrators, it is our duty to act on these learnings, whether by leadership, legislation, policy, advocacy, media, ethics, culture, funding, strategy, social stability or other means, building the path towards a safe, equitable and sustainable healthcare system of the future.

DRIVING for CHANGE

In a remarkable period of uncertainty, several College leaders have been working to ensure the Australasian healthcare system does not lose sight of some of the crucial issues impacting the culture of medicine. None greater than equality and inclusion.

With a commitment to lead change in medical culture and become a more inclusive organisation within, RACMA established the Diversity and Inclusion Working Group (DIWG), a sub-committee of the Policy and Advocacy Committee.

Although the group has only been working together for a year, they have an ambitious plan to achieve some quick wins in the space. Lead by Dr MaryAnn Ferreux leaves no doubt this will happen.

Director of Medical Services at Calvary Mater Newcastle, Dr Ferreux has African heritage and hails from the UK originally. This coupled with being a mum of three young children has ignited a powerful purpose and motivated the Fellow to become the Chair of the DIWG.

"I was sick of standing by and watching from the sidelines as people were consistently discriminated against during their medical careers, in much the same way that I have experienced throughout my life," Dr Ferreux said.

"I wanted to be a driver of change within the system. I knew that if I wanted things to change and then I had to be part of that process. As a college of medical leaders we also have a responsibility to lead change in this space and set a best practice framework for the other colleges.

Dr Ferreux believes her experiences can help shape how the College addresses the issues of social, gender, racial discrimination both within the college and more broadly across the medical fraternity.

"I think that I bring a lived experience to the group," she said.

"As a woman of colour I see myself as a mentor and role-model for doctors in training. This visibility shows younger women, particularly those from diverse backgrounds, what is possible in terms of medical leadership."

The aim of the DIWG is to:

- provide the College with advice in relation to diversity and inclusion activities;
- provide guidance on College responses to policy and strategic initiatives taken by external health organisations and government;
- foster an inclusive culture within the membership;
- set targets to improve staff and Candidate diversity across identified groups; and
- raise awareness of diversity and inclusion amongst all members of the College and its stakeholders.

Diversity and Inclusion Working Group (DIWG) Members

- Mary Ann Ferreux (Chair, New South Wales)
- Mellissa Naidoo (Queensland)
- Anil Nair (New Zealand)
- Asha Chitrarasu (South Australia)
- Catharina de Muelenaere (New South Wales)
- Emma Crampin (West Australia)
- Lloyd McCann (New Zealand)
- Lynette Knowles (Queensland)
- Scott Ma (South Australia)

DIWG Chair Mary Ann Ferreux

Dr Ferreux said the group would initially develop a diversity dashboard to track the makeup of the whole RACMA membership, the Board and committees, to see how the College was performing internally.

"As a college of medical leaders we have a responsibility to lead change in this space and set a best practice framework for the other colleges," she said.
"Are we a diverse College? Are we inclusive within our College executive?"

The next step is the development of policies to improve gender equity and exploring ways in which the College can promote competency in identifying and addressing unconscious bias across the health system.

"The plan for the committee is not to reinvent the wheel but deliver workable solutions that will make a significant impact for the medical workforce," Dr Ferreux said.

"There are certainly other colleges that are ahead of us in relation to this work, for example ANZCA.

However, I still think that as a country we are lagging behind places like the UK who have a much more multicultural workforce culture and have a number of policies and practices that have been embedded as standard practices. I think that there is a lot to learn from looking out externally, and then modifying initiatives to suit our unique circumstances."

The DIWG comprises Members from very diverse backgrounds, leadership roles and those with dual Fellowship to offer various perspectives and insights from their clinical experiences. This enables the group to be connected to their vision of being leaders in this arena and to develop realistic strategies to complex systemic issues.

One of those such members is AFRACMA Dr Scott Ma. A Fellow of and Councillor for the Australian and New Zealand College of Anaesthetists, he has witnessed his fair share of prejudice and inequity throughout his life and career.
To overcome discrimination, the Senior Consultant Paediatric Anaesthetist with the Adelaide Women's and Children's Hospital spent his childhood assimilating. Dr Ma even changed his name in an attempt to conform.
"It was only when I became an adult that I realised I was just perpetuating the problem," Dr Ma said.

"I became more aware of my own unconscious biases and attempted to address them. I feel that lived experience is vital to this working group and I hope I can draw on my own lived experience to create meaningful change."

As influential leaders within the medicine and the political sphere, Dr Ma believes RACMA must be at the forefront on creating a culture of equality and diversity.

DIWG Member Scott Ma

FROM PREVIOUS PAGE

driving FOR change

"RACMA can demonstrate leadership through development of professional standards by which the medical workforce operates," he said.

"There is an opportunity to develop a framework and define how the workplace can create a culture of inclusivity, how the demographic of the workforce can become more reflective of the community and how flexible work practices can be facilitated.

"Our understanding of health systems and policy puts us in a unique situation of being able to consider how issues of inclusion and diversity will affect delivery of healthcare and medicine into the future."

Further to this, Dr Ma said the College could create tools to foster cultural competency and build cultural safety for patients and the community.

In a space which is fraught with conflicting beliefs, values and historical perceptions, it brings many challenges for the DIWG to navigate. The greatest challenge will be changing the pervasive culture of medicine, according to Dr Ma.

"There remains a perception that merit-based achievement is the most objective measure of success," he said. "We forget that not everyone started at the same point and we continue to fail women, LGBTIQ people, people from culturally and linguistically diverse backgrounds (especially indigenous people) and disabled people.

"Until we accept that we need to shift the goalposts to engender diversity and inclusion, we will not be able to achieve our vision."

Despite the hurdles, the DIWG believe there is a lot to be excited about. The College has the opportunity to ensure medical leaders across the entire healthcare system understand their inherent biases and in turn redefine what really matters for the community.

"The most promising opportunity for DIWG and RACMA is to re-imagine what healthcare looks like with a workplace that values strength in diversity and is agile to the needs of its workforce," Dr Ma said.

And RACMA has the advantage of having an international perspective to reach across the community with Members from New Zealand and Hong Kong.

"Due to this unique structure it is even more important that the college is welcoming of minority groups and offers opportunities to a broad spectrum of people," Dr Ferreux said.

"I believe RACMA is in a position to lead the way in addressing diversity and inclusion.

"Many Members of the College are already leaders across the health system, giving them a unique opportunity to really deliver systemic change."

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