RACMA
ROYAL AUSTRALASIAN COLLEGE
of Medical Administrators

Indigenous Health on RACMA Agenda

Quarterly Journal
Q3 2020

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RACMA ROYAL AUSTRALASIAN COLLEGE of Medical Administrators

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.

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 1,000 College Fellows,Associate Fellows, Affiliates and Candidates, as well as selected libraries and other medical colleges.

The Quarterly is prepared by staff of the RACMA Secretariat.

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ISSN 1325-7579
ROYM 13986

Honorary Editor:
Dr Andrew Robertson

Publisher:
The Royal Australasian College of Medical Administrators
1/20 Cato St Hawthorn East VIC 3123
Australia
ABN 004 688 215

Tel: 03 9824 4699
Email: quarterly@racma.edu.au
Online: racma.edu.au

From the President

As the COVID-19 pandemic again escalates across many countries around the world, we as Medical Leaders are taking a cautious deep breath (with a mask on) with minimal new coronavirus cases being recorded in our jurisdictions.

As we take stock with the end of the year fast approaching, I encourage you and your colleagues to make time to come together in a COVID-safe way and celebrate the wonderful achievements, the resilience, and the special Members' camaraderie of 2020. Acknowledging team accomplishments reinforces the significance of our roles as Medical Leaders and provides a valuable sense of normalcy, which has been hard to find this year. It also reminds us, how critical it is that we continue to nurture our workforce and ourselves for our overall wellbeing and the quality and safety of our healthcare system.

We cannot let complacency creep in as we must also be mindful the virus has not been eradicated. Lest not we let our protective guard down and see any erosion of:

- the results of the marvelous commitment and focus of our leaders in managing the pandemic;
- keeping our communities and organisations safe; and
- maintaining the day-to-day fundamentals of Medical Leadership.

Amidst the upheaval, the College Officers have been cheerful and tireless in their efforts to ensure a seamless service delivery across the whole business. The team in the College office has remained committed to minimising the negative impact of COVID-19 on our Candidates. I applaud their dedication to delivering many practice examination sessions as we prepare our Candidates for the Oral Examinations in December. A lot of hard work has gone into testing the technology and processes to ensure the exams will run smoothly, and I am confident all will go well.

It has been a most trying year for Candidates, with many assuming extra responsibilities and tasks as a result of COVID-19. It has not been easy to prepare for your exams, and I commend you and your commitment to continue the path toward Fellowship. I thank you for your patience and adaptation to the new delivery mode of the exams. I wish you all the very best. I also extend my gratitude to our Supervisors, Preceptors, Censors, and Jurisdictional Coordinators of Training for their ongoing input, unwavering diligence, and support of the Candidates and the College.

RACMA's presence within healthcare advocacy has not lost momentum either thanks to the hard work of the Policy and Advocacy Committee, chaired by Dr Helen Parsons CSC.

The College recently established a working group for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Chaired by former RACMA President Jennifer Alexander, the group is working feverishly to prepare a submission which will highlight various aspects of governance and system failures.

For a College of our size, we are very fortunate to have several passionate and enthusiastic Members who continue to volunteer their time to ensure RACMA has a strong voice on these critical issues. I am also buoyed by our newly established Indigenous Health Working Group and look forward to the footprint they will create for the College as we make further progress in this First Nations peoples' domain.

It has also been a very busy year for site accreditations, and I want to acknowledge all those involved in the successful transition to virtual meetings. During the COVID-19 lockdown, 66 posts have been accredited virtually across 54 health settings. It takes a mountain of work to organise and carry out the meetings within the schedules of numerous parties. Again, it is the collegiate support and commitment of our fraternity which makes this come to fruition.

To assist the College with the ongoing site accreditation, I would like to remind all Members to ensure you keep the College Office updated if a Candidate moves posts or if there is a change of Supervisor.

Lastly, the Board had a changeover of the Director from the Candidate category at the recent AGM with Dr Samantha Simpson completing her two-year term. I am pleased to welcome Dr Allison Turnock to the position.

Allison is the current Medical Director, GP and Primary Care at the Department of Health in Tasmania. She is also on the RACMA Candidate Advisory Committee and is a Candidate representative on the RACMA Rural Policy Advisory Group. Allison brings a passion for medical education and training, playing a key role in medical education at both undergraduate and postgraduate levels in Tasmania, Queensland, and nationally. I look forward to working with Allison.

On behalf of the Board, I would like to thank Sam for her contribution, enthusiasm, and commitment to the College. She brought a great connection with the Candidates and I am proud to have served with another of our talented future Medical Leaders.

Professor Alan Sandford AM
President

> "Acknowledging team accomplishments reinforces the significance of our roles as Medical Leaders and provides a valuable sense of normalcy, which has been hard to find this year.

College Update

2021 Conference Now Virtual

After careful consideration of the current environment, the Board has decided to move the 2021 College Conference to a virtual event.

The ongoing and varying nature of COVID-19 across our jurisdictions has made it difficult to continue planning for a collective face-to-face event. There may be an opportunity to have some local gatherings within jurisdictions as an adjunct to the virtual Conference.

The overall theme of the Conference remains *Quality Healthcare through Medical Leadership in a Crisis*. The sub-themes for the event have not changed:

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

The Program and Steering committees are working hard to finalise plans for what the overall event will now look like online and we will keep you informed on the progress.

Abstracts

The College is still inviting Members to submit abstracts for presentation at the 2021 Conference. The contribution of presenters is critical, and we value your input greatly.

- All submissions must be made online
- Biographies are to be no longer than 250 words
- Abstracts must not exceed 500 words
- For more information click here
- To make your submission via the abstract portal, please click here and create an account

The closing date for submissions is **Thursday, 22 November 2020.**

Please direct any queries to RACMA Conference Coordinator Paula Wilkinson by email on racmaconference@racma.edu.au or by phoning +61 3 9088 7943.

To stay up-to-date on RACMA 2021 details, please visit the Conference website at racmaconference.com.

CPD Exemption for 2020

Completion of Continuing Professional Development (CPD) activities for 2020 has been difficult for most Members due to COVID-19. In line with advice from the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ), the RACMA Board has approved an exemption for CPD requirements for Members for 2020, with no action to be taken for non-compliance.

However, as CPD is a cornerstone of the Medical Administration specialty that keeps Members contemporary in an ever-changing health landscape, Members are still encouraged to complete CPD activities when and where possible. Those Members who do not reach minimum hours, but do still record some activities, will be issued a Certificate of Participation.

Many Members have been regularly participating in the RACMA weekly Member Open Forums, all of which can be recorded as a CPD activity under 'Education Activities' in your CPD record. These forums assist Members maintaining an informed and contemporary approach to the pandemic response.

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

Time is Running Out to Apply for the 2021 Fellowship Training Program

Are you striving to one day be a Chief Medical Officer, a Director of Medical Services, a healthcare Chief Executive or Chief Health Officer? Then you should be considering the RACMA Fellowship Training Program (FTP). Online applications for the 2021 intake close **Friday, 13 November 2020**. Late applications will not be accepted.

The RACMA Fellowship Training Program is accredited by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ). After completion of the training program, Candidates can apply for Specialist Registration in Medical Administration with the MBA or MCNZ.

The Program is designed around the Medical Leadership and Management Curriculum, which is organised into four domains of learning and assessment:

- Health System Science
- Medical Management Practice
- Research Training
- Personal and Professional Leadership Development

The FTP can be undertaken on a full-time or part-time basis while working in supervised medical management practice in various healthcare settings, government departments, or health authorities. If you are interested in applying or know someone who is, please click here.

Updated 360 Degree Feedback Survey

The RACMA 360 Degree Feedback Survey collects performance information on a participant from the participant's manager, peers, and direct reports. It provides participants with information that is immediately useful in targeting areas for improvement. This information can be used to enable the identification and formulation of ongoing self-development activities to assist the development of personal leadership effectiveness.

The survey questions align with the RACMA Leadership and Management competencies. Upon completion, the survey information is compiled and presented in a confidential feedback report.

To apply for access to the RACMA 360 Degree Feedback Survey, an online form must be completed here.

To assist in the interpretation, understanding and insight of your report and to help you develop and refine self-development strategies, an online, one-on-one debrief session is available. Click here for more information.

Participating in the survey is an approved Continuing Professional Development (CPD) Peer Review activity, which accounts for 10 hours toward CPD compliance for a year.

The RACMA 360 Degree Feedback Survey is also available for non-Member clinicians who may wish to seek feedback on their performance as leaders. For more information email membership@racma.edu.au.

Supporting Creative Careers in Medicine

RACMA is again supporting the annual Creative Careers in Medicine (CCIM) conference, which will be held virtually this year. The theme for CCIM 2020 is "What's your super power?" — What makes you special? What rare combination of abilities, attributes, knowledge, experience and passion allows you, or could allow you, to do things most others can't?

The College is running a two-hour session on Saturday, 12 December 11am-1pm, looking at How Great Women Lead. It will be hosted by a panel including Dr Monica Trujillo (FRACMA), Dr Mellissa Naidoo (FRACMA), Dr Leah Barrett Beck (FRACMA) and Dr Alison Turnock (Candidate).

CCIM's mission of encouraging clinical practitioners to help design the system rather than just be passive end users, complements what RACMA offers — Medical Leadership Education by Doctors for Doctors who want to influence the health outcomes of many. As Medical Administrators, RACMA Members are the custodians of clinical quality, safety and system integrity.

The event is on 12-13 December and attendance will cost:

- $69.00 – CCIM Members
- $99.00 – Non Members
- $49.00 – Medical Students

To register please click here or for more information click here.

Indigenous Health Working Group (IHWG)

Indigenous Health on RACMA Agenda

As RACMA strengthens its footprint in healthcare advocacy, the College can now add Indigenous health and reconciliation to its portfolio. RACMA has recently established its Indigenous Health Working Group (IHWG) to guide the implementation of the College's first Reconciliation Action Plan (RAP) — a roadmap to work toward increasing the number of Indigenous Medical Administrators, and improving the health, safety and education of Indigenous communities.

Being an Australasian College offers RACMA different opportunities in this space to some of the other specialty medical colleges. Most importantly, RACMA can be wholly inclusive of all First Nations people across Australia and New Zealand, acknowledging the wide ranging geography our First Nations people cover, and the many and varied groups across each jurisdiction who each have important similarities and differences to consider.

The IHWG, with a membership covering a cross section of RACMA leaders and Indigenous community influencers, is tasked with many responsibilities, including:

- Guiding reconciliation though the College's sphere of influence.
- Raising awareness and increasing respect, understanding, value, and recognition of Aboriginal and Torres Strait Islander people and Māori cultures, histories, knowledge and rights.
- Introducing the College to new networks with Indigenous organisations and partners.
- Supporting Indigenous people in the healthcare system to be heard and identified.
- Developing a Māori cultural safety plan.
- Engaging and participating in all relevant external Indigenous events/workshops as identified in the College RAP (encouraging Members and staff to participate).
- Promoting and advocating positive race relations through policy and anti-discrimination strategies.

Chaired by RACMA Board Member Dr Luis Prado, the group includes key Aboriginal and Torres Strait Islander health figurehead Dr Brad Murphy, and RACMA Community Board Member Ms Kiri Rikihana, who has Māori heritage.

Dr Murphy, who has Aboriginal Indigenous heritage, brings years of experience paving a pathway for Indigenous doctors across many platforms. Dr Murphy is the founding Chair of the National Faculty of Aboriginal and Torres Strait Islander Health for the Royal Australian College of General Practitioners and is an Associate Professor at Bond University.

Ms Rikihana is a Māori woman from Te Ati Awa, Ngāti Raukawa, Ngāti Toa Rangatira. She has 30 years' experience in law, management, and policy relating to Indigenous rights, health, and quality improvement in the Aotearoa / New Zealand context.

Dr Prado said that the establishment of the IHWG is a significant step forward for the College.

"It is fair to say that RACMA has not had a focus on Indigenous health; and the College, as a leading healthcare institution, is perfectly placed to make a significant impact on the health and welfare of the Indigenous communities of Australia and New Zealand," Dr Prado said.

The IHWG has had its first meeting and has set a fast-paced agenda examining the structure and constructs of the College and changing the culture to one of understanding and inclusion. However, Dr Murphy believes it is crucial to first ensure the group itself is truly connected.

"There is a huge strength that comes from developing the relationships and trust to help speak openly and honestly to identify challenges, and come up with constructive strategies and then implement into the College culture," Dr Murphy said.

"It is important all Members feel safe enough in the group to have the difficult conversations that no one else wants to talk about and say 'It is okay — how do we fix this?' so we can look at how we address the issues and develop a strategy."

Ms Rikihana says while the IHWG may have a big mountain to climb, its members share the same initial and overarching objective.

"Please excuse the metaphor, but we're not even at the Everest base camp," she said.

"What we do have is the intention to climb the mountain and learn as a team as we go — with the aim of finishing the climb as a more culturally safe and a demographically more Indigenous RACMA workforce.

We have just had our first introduction to each other, so this is not agreed; but I would posit that the initial goal would be to acknowledge the current state of Indigenous health and whether we are privileging the Indigenous voice and point of view in this assessment."

Dr Murphy said for the IHWG to have affect, it was key RACMA Members understand they operate on Indigenous lands even if they are not directly managing Indigenous health or within an Indigenous community.

"There are a lot of Medical Administrators working in Indigenous communities in Queensland, West Australia, and Northern Territory. But it is not just the people working in the Worrabinda or the Kimberly or wherever — all RACMA Members have Indigenous influences upon their workplace, some are more obvious than others," he said.

Dr Luis Prado — Chair, Indigenous Health Working Group

"And where it is less obvious, they need to be more attentive, because it is easier to go covert and go unnoticed. Therefore, the Indigenous health perspectives have some importance about how RACMA Fellows might conduct themselves or engage with the community.

So it is about making sure we have Indigenous liaison, identification, and processes in place to guide Indigenous people safely through the system in a culturally appropriate manner."

Establishing a RAP was important for RACMA, Dr Murphy said; but the next equally integral step was guiding the membership to establish a RAP in their workplaces.

"Helping the membership to then see the importance of having their own RAP within their working environment is a positive flow on effect of the College taking the leadership and a true benefit," Dr Murphy said.

"Reconciliation Australia are an amazing resource to tap into as well. They are extremely supportive of guiding people and organisations down the right road, but at the end of the day the organisation needs to take ownership.

If we do Aboriginal and Torres Strait Islander health well, and if we can keep moving the goal posts to ensure we are constantly improving, we do in fact make it better for all Australians."

Having identified there is a role for Indigenous health within RACMA, Dr Murphy said the College could start working on putting tangible principles, processes, and systems in place. But he believes taking as many Members and external stakeholders as possible on the journey is necessary.

“For me, being involved with RACMA with this is exciting,” he said.

“But I only bring one perspective. We need to make sure we are asking as many other people along the way and incorporate Members to build that critical mass so they can ultimately take on these leadership roles.

"And that is important because RACMA has Members which are of Aboriginal or Torres Strait Islander heritage. We just need to identify who those people are and embrace their experiences whilst providing leadership development opportunities through mentorship.

The next part of the journey is promoting the role of the College and the best way to recruit Indigenous Candidates. RACMA and Medical Administration is not as well known as some of the other specialties, so we need to show Indigenous health professionals there is a career in Medical Administration for them and how they can be involved in influencing the health system for all.”

RACMA has immense opportunity in the leadership of the health of First Nations people, hence making the IHWG essential, according to Ms Rikihana.

“Attracting and retaining Indigenous Fellows into RACMA will be crucial,” she said.

“This group merely charts the course. It is the responsibility of the Board and Fellows to live the values as daily practices and behaviours to put it into practice. And we have a very supportive President, Vice President, and Board. We have cultural capital on staff and we have a regulatory environment that supports and requires our endeavours.”

Ms Rikihana brings both personal and professional insight into the personally mitigated and institutional racism she believes is designed into and supported by the Australasian health system.

“I believe this can be designed out of our health system,” Ms Rikihana said.

“We can notice, plan, train, model, mentor, recruit, lead, structure, reward, and normalise an equitable, inclusive, culturally safe, and indigenously educated health system on both sides of the Tasman. And I believe RACMA can lead the way to establishing it as normal and ‘how we work’.”

Dr Prado also believes a lot of progress could be made by incorporating Indigenous health and acknowledgement in the culture of College and Member messaging.

Whilst the IHWG will meet 4 times a year, the key for the group, says Dr Prado, is to ensure effective consultation and engagement. According to Dr Prado, a main focus of the IHWG is to work with the Board and the College more broadly as the RAP is implemented and embedded into the fabric of the College.

“We will encourage the College’s leaders and committees so it becomes part of ongoing messaging — even if subliminal, which is a simple, yet powerful and effective way to make this part of the medical leadership psyche moving forward. It is important to get the momentum rolling.”

The IHWG welcomes the opinions and comments of all Members of the RACMA community, and encourages everyone to reach out to any member of the IHWG directly, or through the College office by emailing advocacy@racma.edu.au.

RACMA Indigenous Health Working Group Members

Luis Prado	Chair & Board Member	FRACMA
Brad Murphy	Aboriginal Representative	External
Kiri Rikihana	Māori New Zealand Representative	External Board Member
Catherine Kelly	VIC	FRACMA
Christopher Gerard Milross	NSW	FRACMA
Eugene Chee Keen Wong	QLD	AFRACMA
Helen Elizabeth Harris	TAS	FRACMA
John Shephard	NSW	Candidate
Katy Templeman	WA	Candidate
Maxwell Peter Alexander	VIC	FRACMA
Mirna Merle Hunter	NSW	Candidate
Paul Lane	QLD	Candidate
Stephen Arthur	WA	AFRACMA
Sue Abhary	VIC	FRACMA

The Faces Behind RACMA

Introducing RACMA's Member Services & Engagement Division

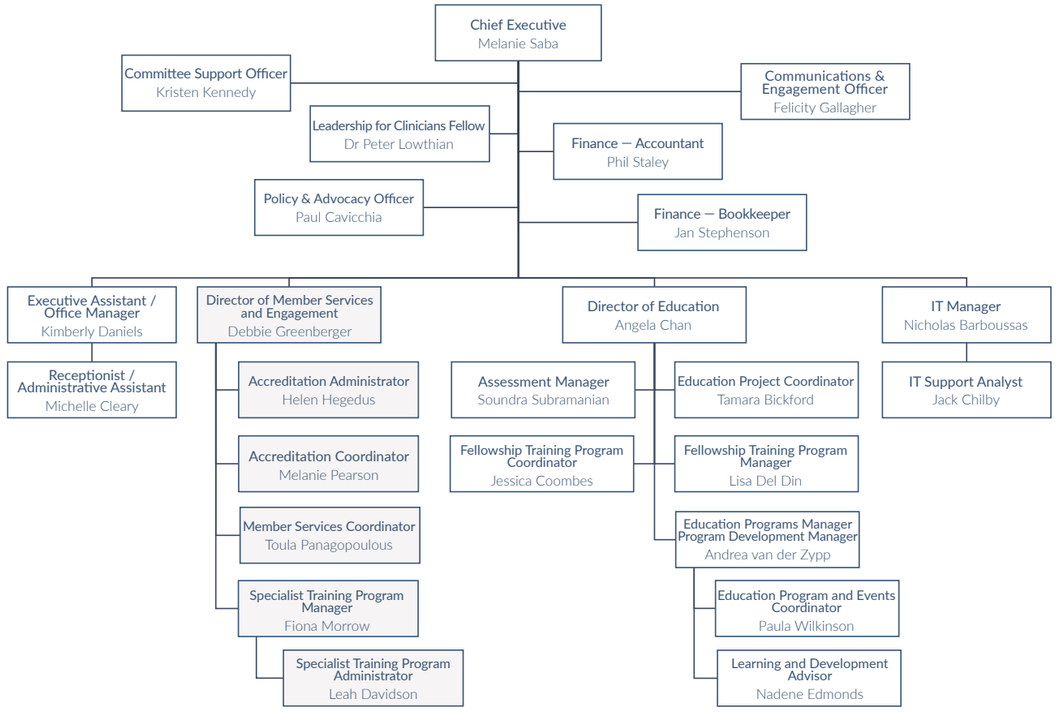
We continue to introduce the team members at RACMA's National Office to ensure Members are aware of where the areas of responsibilities lie. This edition, we are focusing on the Member Services & Engagement Division.

The Member Services & Engagement team, overseen by Debbie Greenberger, looks after the following areas:

- Membership
- CPD Governance
- Applications
- Site Accreditations
- Specialist Training Program

For all membership enquiries email membership@racma.edu.au

RACMA Organisational Chart



Toula Panagopoulos
Member Services Coordinator

Toula Panagopoulos is the first point of contact for all Member and prospective Member enquiries. Toula processes applications and coordinates all enquiries/ activities relating to:

- Applications for the Fellowship Training Program
- Applications for AFRACMA and Affiliate membership
- Recognition of Prior Learning and Experience (RPLE)
- CPD activities, exemptions, and compliance
- Specialist International Medical Graduates (SIMGs) Assessment
- 360 Degree Feedback Survey
- Resignation/Retirement
- Letters of Good Standing

Membership account enquiries are also handled by Toula.

Toula joined RACMA in this role last year, after 19 years with the Royal Australasian College of Surgeons (RACS). At RACS, she was responsible for the administration and management of Specialist International Medical Graduates applying for specialist recognition and Fellowship.

Melanie Pearson
Accreditation Coordinator

All general enquires relating to accreditation of training posts for Candidates and their RACMA training are coordinated by Melanie Pearson. Melanie is also responsible for:

- Liaising with the health settings to schedule site visits and Accreditation Panels
- Preparing and submitting post accreditation reports for the Accreditation Panel and the Accreditation Review Committee, which is responsible for identifying any issues, risk, and recommendations for the accreditation period

Melanie joined RACMA about three years ago with a background in Higher Education, which started at the University of Melbourne as a faculty Liaison Librarian for a decade. She also worked in the area of literacy with the Dubai Women's College and the Australian Council of Educational Research (ACER) in London as their Higher Educational Consultant. This role involved delivering and promoting assessment programs across the UK and Ireland, working with nine universities delivering Graduate Medical Schools Admissions Test (GAMSAT) and Health Professions Admission Test (HPAT).

Helen Hegedus
Accreditation Administrator

Helen works with a range of stakeholders including Fellows, hospital and health services senior management, College Candidates, and committees. She is responsible for responding to general enquiries regarding accreditation and initiating interaction with health services to facilitate accreditation applications. Helen's other key responsibilities include:

- Prioritising accreditation site visits according to the College risk assessment framework for RACMA training posts
- Liaising with health settings to schedule accreditation site meetings and formulating Accreditation Panels
- Provision of advice to health settings regarding accreditation of training posts
- Maintaining accurate and efficient records management, and maintaining the College database for the accreditation of training posts
- Providing support for membership enquiries and providing general support to the Member Services and Engagement Division

Helen joined RACMA with extensive experience working for both State and Federal Government Departments such as the Victorian Curriculum and Assessment Authority (VCAA), Australian Electoral Commission (AEC), Victorian Electoral Commission (VEC), Australian Bureau of Statistics (ABS) as well as the Victorian Department of Justice and Regulation. Helen has also worked across the University, Education, Private, and Not-for-Profit sectors.

The Specialist Training Program (STP) is a Commonwealth Government initiative designed to extend specialist training into non-traditional areas with a focus on rural and private settings.

Fiona Morrow
STP Manager

Fiona Morrow is responsible for managing contracts, payments, and reporting for the funded settings, while working closely with the Accreditation team and Fellowship Training Coordinator to ensure that STP positions are filled and accredited.

Fiona previously worked as the Training Projects Manager at the Royal Australasian College of Surgeons (RACS), which included responsibility for Post-Fellowship Training, Surgical Gastrointestinal Endoscopy (establishing a Colonoscopy Recertification program), and the RACS STP.

Leah Davidson
STP Administrator

Leah Davidson assists with all enquiries relating to the STP, Integrated Rural Training Pipeline (IRTP), and Tasmanian Project; and takes care of all reporting and eligibility requirements for the program. Her role also involves liaising with eligible health settings interested in accessing future STP funding.

Leah is one of RACMA's international team members, joining the College office from the UK where she was a Customer Service Advisor with Santander UK, a financial services company. Her role was responsible for ensuring a high level of customer satisfaction whilst building and deepening relationships to gain trust and retain loyalty.

RACMA ROYAL AUSTRALASIAN COLLEGE of Medical Administrators | BMJ Leader

Joint Webinar with BMJ Leader — 26 November

Leadership challenges and opportunities in social and aged care will be put under the spotlight by a panel of Australasian and UK experts.

The online roundtable on Leadership Challenges and Opportunities in Social/Aged Care has been organised as part of the partnership between RACMA and the BMJ Leader.

The event brings together a mix of leaders and researchers who will combine their diverse perspectives to innovate and discuss ways of improving the delivery of care and leadership in the social and aged care sectors.

RACMA Fellow and Victorian Jurisdictional Chair, Professor Erwin Loh, who is Group Chief Medical Officer St Vincent's Health Australia, will deliver the introduction to the roundtable. Chaired by Jane Banaszak-Holl, Professor, School of Public Health and Preventative Medicine, Monash University, the panel features:

- Lincoln Hopper — Chief Executive Officer, St Vincent's Care Services Australia
  Australia
- Tom Owen — Director, My Home Life England
  United Kingdom
- Joseph Ibrahim — Head, Health Law and Ageing Research Unit at the Department of Forensic Medicine, Monash University
  Australia
- Steve Allen — Chief Executive, Friends of the Elderly
  United Kingdom

The roundtable will be delivered as a Zoom webinar and will take place at **7pm Australian Eastern Daylight Time on Thursday, 26 November.**

All Members have been emailed the Zoom details for the webinar, but to view all the information, visit the RACMA website.

Get Published in The Quarterly

The Quarterly Wants Your Articles!

If you are working on a piece you would like published, or if you have any ideas for stories and/or articles, we want to hear from you.

Please phone +61 3 9824 4699 or email enquiries to quarterly@racma.edu.au

Introducing RACMA's Newest Board Member

Many will know Dr Allison Turnock (BMedSci, MBBS, DCH, FRACGP, MPH/MHM) as a GP, for her work with Universities, the Tasmanian Department of Health, and her involvement on RACMA's Candidate Advisory Committee (CAC) and Rural Policy and Advocacy Group (RPAG).

The Quarterly caught up with Dr Turnock to find out what drives the College's new Board Director from the Candidate category.

If there's one ingredient which keeps college boards relevant it is passion. And Dr Allison Turnock is bringing plenty of passion to the RACMA Board. Passion for medical trainee involvement in college governance, passion for primary care, and passion for rural health.

Dr Turnock is Medical Director, GP & Primary Care with the Department of Health Tasmania. She believes Candidates bring a different perspective which diversifies views and opinions, making for richer discussions.

"I think diversity is important," Dr Turnock said.

"Candidates also play a valuable role in questioning the ways we've always done things in a way that sometimes, if you've been in a system while its evolved over time, you may not recognise."

The second-year RACMA Candidate also brings the perspective of someone with a primary care background, and who currently works in a State Department of Health.

"I think RACMA is known for training Directors of Medical Services, however there are many other diverse positions that RACMA Fellows take on and it would be good to see this diversity reflected more strongly through the College," she said.

"While I will be the Candidate elected to the Board, as with any board, my position will be to act in the best interest of the College."

Not only an advocate for trainees on College Boards, Dr Turnock also believes it is critical that all Members become actively involved in College governance.

"Member organisations equally exist to serve the membership and are reliant on the membership to inform how the organisation evolves," Dr Turnock said.

"It's important that Members who are particularly passionate about a topic, or who would like to see something done differently, or have some ideas about how things should be, are able to contribute through the various College committees. Again, it adds to the diversity of input that makes for a better College. All views are important."

A local Tasmanian, born in Hobart and a graduate of the University of Tasmania, Dr Turnock's path to specialist Medical Administration has developed over time. However, being a GP has seen her involved in Medical Administration for a long time. GPs as contractors, manage incidents, undertake audits and Continuing Professional Development, contribute to practice management, and are very aware of the business of the service they and their primary care colleagues provide within the community.

During her career, Dr Turnock also became involved in research and teaching, providing a good mix with her clinical work. After a break from clinic, she focused on medical education with part-time work at the University of Tasmania running medical student selection, and working part-time at the Department of Health as the Director, Rural Pathways where she led the Tasmanian Rural Generalist Pathway.

When taking on the Medical Director, GP & Primary Care role in 2017, Dr Turnock felt there were some skills and knowledge she could further develop to undertake that work, and completed her Master of Public Health and Master of Health Management. Moving into RACMA training is consolidating and expanding that further.

"I thought the RACMA Fellowship Training Program was a good way to consolidate current skills and knowledge and further develop areas I had less experience in," Dr Turnock said.

"The training has opened up learning opportunities and workplace experiences I'm not sure I would otherwise been afforded had I not been doing RACMA training."

Dr Turnock cannot stress the importance of communication to being a strong leader, and she believes COVID-19 has highlighted the importance of such quality leadership.

"Having people with deep understanding of governance, systems and structures, and disaster management, provides hopefully an evidence informed approach to situations," she said.

"This is particularly necessary within an unknown situation."

When thinking about her current role with the Department of Health in Tasmania, Dr Turnock said working with a variety of stakeholders in a team and seeing the final product of a lot of background work was rewarding.

"One of the services I was involved in from a Department perspective was the Community Rapid Response Service, otherwise known as ComRRS. It enables GPs to refer patients who would otherwise go to ED with acute illness or injury, receive treatment at home short term in order to avoid hospital presentation," she said.

"This is now business as usual in one region, being piloted in the other two, and well accepted by GPs, State health staff, and patients.

I find the variety and breadth of things I am involved in day-to-day and across a year very rewarding. I am constantly learning and looking for solutions or improvements."

In explaining her passion for Medical Administration in the primary care space, Dr Turnock, believes the value in primary and preventive health is increasing.

"Australia has an opportunity to transform our health system through the National Preventive Health Strategy and the National Primary Health Reform," she said.

"If we can take a step further and work with sectors outside health to address social determinants, that'd be even better."

When it comes to another of her passions, rural health, Dr Turnock says there is a lot of opportunity to do things differently with the Stronger Rural Health Strategy, the Office of the National Rural Health Commissioner, and the Rural Health Multidisciplinary Training review.

"Queensland has done a great job embedding leadership into their rural generalist training through opportunities to do the AFRACMA, which is essential when many rural generalists will have leadership roles, formal or otherwise, in their remote, rural, or regional health services," she said.

"I see RPAG having a role in advocating for and supporting the work of people in leadership roles in remote, rural, and regional areas, where you also need to be a generalist medical administrator. These areas have some shared challenges around workforce recruitment and retention, and ineligibility to be accredited for some vocational training opportunities, for example."

Dr Turnock sees demonstrating the value of Medical Administration to the broader health community as a key challenge for RACMA in the future.

"This is all part of changing misconceptions about what Medical Administration is, what Medical Administrators do, and how this work adds value for clinicians and patients at the point of care," she said.

And where does she see herself in 10 years' time?

"Ten years ago, I was a GP registrar and had no idea that Medical Administration even existed. Currently, there are plenty of things I would still like to achieve within my role. Maybe there's another job I'm unaware of now that I'll be doing in 10 years time."

Member Q&A

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

It is always the people. I've met so many wonderful people since joining RACMA and made many great friends.

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

Accidentally. A friend of mine applied for a RACMA registrar role on my behalf as she felt I would be a good fit. I was floating around as a surgical registrar at that point but she must have seen potential in me as a medical leader. When I got a call from the DMS saying they'd like to get me in for an interview for a Medical Administration Registrar, I must admit that I had to pretend I knew what they were talking about. A lot of cramming happened during that week as I'd never heard of RACMA before.

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

Our Candidates. Going through RACMA training is tough, but the biggest issue is the loneliness we all face, especially for our registrar cohort. Hopefully Anand & I can play a small part in helping our future (& current) medical leaders find their place in our crazy world.

Do you have any changes/activities/support you would like to implement for the Victoria Jurisdictional Coordinator of Training role?

We're actively working on it. Main thing is to simply listen to our Candidates. They are an incredible group, and giving them a voice will only make RACMA stronger now and into the future.

2020 has obviously been challenging with having to run all of our events through screens, but we're looking forward to introducing more social events to help people get to know each other and help build out their social networks which are crucial elements for success.

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

It's vital, especially for our younger cohort. Unfortunately, I don't think we as a College do enough to capture the hearts and minds of those undertaking the Fellowship Training Program and to our new Fellows. There is a massive generational gap within our College and I don't think we've got the balance right yet in regard to youth vs. experience helping drive our future direction.

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

It is essential. But, in my experience, FRACMAs, or even doctors, don't play enough in operational roles. Governance will always be important and core to Medical Administration, but having influence over how the system runs, rather then simply ensuring systems run smoothly, is key to driving policy and funding directions.

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

I wouldn't say challenges, but there certainly are opportunities. I have a lot of buddies outside of the traditional hospital system who are unsure of their place in RACMA. These are high-quality individuals who would only enhance our College. How we make these people feel at home within our College should be the focus of the next evolution of RACMA.

Dr Michael Kirk
MBBS, MBA, MHA, GAICD, CHIA, FCHSM, FRACMA

Director, Research & Medical Services — Northern Health
Victoria Co-Jurisdictional Coordinator of Training
(in partnership with Dr Anand Ponniraivan)

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

I've been lucky to have had great role models as leaders who inspired me and continue to do so. It is because of them I believed in leadership and change management.

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

By way of referral. A friend of mine suggested the College as a potential career option. This is how it started. But since commencing training, I have gained so much in terms of opportunities, and the training program has been instrumental in providing that structure.

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

To improve Candidate experience. It is very important. We see this role as a conduit between the Candidates and the College. I absolutely enjoy the experience of interacting with the Candidates and will continue to work toward creating the platform for them to be heard.

Do you have any changes/activities/support you would like to implement for the Victoria Jurisdictional Coordinator of Training role?

We've had a good run of tutorials and other exam related sessions this year given the circumstances. The College's support in streamlining training/tutorial programs across different jurisdictions will be beneficial for Candidates. Recruitment into training positions continues to be a challenge for Candidates in Victoria. College support on a consistent approach in future will be helpful.

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

Very important. But more important, is that the current Fellows in various roles actively contribute. Also, we should encourage new Fellows to participate in College committees. They have a fresh perspective on the transition from Candidate to Fellow experience.

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

It is, and should be, more important than the current state. The exposure and branding could be worked on. I think medical leaders as a group are not promoting ourselves enough. The shift that is needed is the move from skilled administrators to efficient and inspirational leaders!

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

I think we have a really enthusiastic medical workforce in the system now who could make great leaders if guided in the right direction. With the recent evolution of data, analytics, and digital health, the College could tap into some exciting opportunities to expand the scope of RACMA brand and value.

Dr Anand Ponniraivan
MBBS, MHM, FCHSM, FRACMA

Director Medical Services & Patient Experience — Monash Health
Victoria Co-Jurisdictional Coordinator of Training
(in partnership with Dr Michael Kirk)

Member Q&A

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

My first exposure to medical leadership imprinted a need for me to progress into medical leadership. In the mid 90's, the New Zealand Ministry of Health transitioned all hospitals into Crown Health Enterprises. With it came a rapid increase in management (15 to 120 staff).

The lack of clinical engagement created a huge divide between clinicians and management. So much so, that patients were impacted. Being an idealist intern, I decided to become a medical leader and serve my clinicians better; ultimately, to improve patient safety by involving clinicians in the decision-making process to improve health services.

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

I had not heard of RACMA until after I had self-funded my MBA and had been struggling to gain a role in the public hospital system. No one wanted a doctor with a business degree in hospital management in the early 2000's. A senior Director of Surgery directed me to complete a Fellowship before further applying for hospital leadership roles. A colleague recommended I consider FRACMA.

I applied for the Fellowship program in early 2006, mere weeks before interviews for NSW trainee positions. I was interviewed by NSW FRACMAs (AUS/NZ time difference meant I got stuck at a bus stop trying to answer very challenging questions!). I was offered a role in Sydney, which was most unexpected. Sadly, I had to decline, as we were on the IVF journey in New Zealand (fortunately we have a wonderful 13 year old daughter). A truly sliding-door moment in life.

With the support of NZ FRACMAs, superb supervisor, and preceptor (thank you Bernie Brenner), I began the training program. I was in my first CEO role in Fiji, a true 'baptism by fire', in a post-coup political environment. RACMA training was a much needed framework to address the challenges I faced.

What attracted you to take up your role as Jurisdictional Coordinator of Training? How have you benefited by carrying out the responsibility?

I have always admired the level of commitment to the trainees shown by the former JCTs. I really appreciated the importance of the role during my trainee years. Challenging supervisory dynamics highlighted how vital it was to have a JCT available to work through issues and develop mitigation strategies to ensure trainees can complete their training in a supportive environment.

I am still new to this role. I'm on the exponential learning curve, like many trainees, as I come to terms with how the role interacts with supervisor, preceptor, State and National JCT Committees and RACMA. I hope to become a supportive JCT and ensure all trainees gain the best educational experiences they can.

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

Vital. I admire the level of commitment made by so many FRACMAs and AFRACMAs to the College and its Members. With their continual efforts, the College provides a breadth of education and training opportunities not found in many other colleges.

Medical leadership is incredibly diverse and demands all practitioners to gain competencies in many areas of leadership. 'Soft skills', learnt by experience and observation, are inherently important to be a leader with authenticity and integrity. We all strive daily to improve ourselves and become better leaders.

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

The importance of qualified medical leaders of RACMA remains under recognised. Recent decades have seen reduced medical input into the leadership of the healthcare system. Fiscal drivers have dictated 'bottom line' priorities for many organisations. FTE numbers and reducing costs have pervaded the healthcare environment.

Yet the need for medical leadership has never been greater. Australasian healthcare systems are coming to terms with the need to 'work smarter not harder' and achieve more effective and efficient health outcomes. This value-based paradigm shift is driven by the realisation that we can't sustain health services like we have done.

Medical leaders will be a vital part of the solution to achieve value-based healthcare. A 'return to the future' — effective models of care being discussed with involved clinicians, will shape the efficiencies we seek. This will keep healthcare costs under control while ensuring quality healthcare outcomes.

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

We need to continue to advocate our value proposition to the Australasian healthcare systems. Medical leadership is a large part of the solution to becoming a value-based outcomes healthcare system.

We face the risk of being perceived as optional at Executive tables. Each of us, through our daily roles, must exemplify the qualities of great leadership. We can promote how important it is to have medical leaders engaging and involving clinicians in decision-making processes within organisations. Through dialogue and collaboration, we can change the way we provide healthcare to benefit everyone.

Dr Grant Rogers
MBCHB, MBA, FRNZCGP, FRACGP, FRACMA, CPE (AAPL)

Rural eMeds Chief Medical Officer / Clinical Lead —eHealth NSW (seconded from NNSWLHD)
New South Wales Jurisdictional Coordinator of Training

Dr Helen McArdle
MBBS, MPH, FAFOEM, FRACMA, FAICD, FAMA

Consultant Occupational Physician
Locum Medical Administrator
President of AMA Tasmania
Tasmania Jurisdictional Coordinator of Training

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

I was working as an Occupational Physician in a large government enterprise and eventually became the senior Occupational Physician managing a team of doctors, nurses, and allied health professionals. I thoroughly enjoyed the management side of the work and therefore decided that I should pursue Medical Administration training. In addition, I was working in Melbourne and contemplating a move back to Hobart where I grew up. At the time, there were limited opportunities in Occupational Medicine, but there were opportunities in hospital management.

I have always been interested in medical leadership and saw Medical Administration as a way to achieve this.

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

As outlined above, I was contemplating a move back to Hobart from Melbourne. I had previously undertaken a Master of Public Health (MPH) as part of my Occupational Medicine training; and when I approached RACMA, I was informed that by undertaking an few additional subjects, I would be able to use my MPH to satisfy the Masters component of my training.

I subsequently was able to obtain Recognition of Prior Learning and Experience (RPLE) for some of my management time in Occupational Medicine. After obtaining the Assistant Director of Medical Services position at the Royal Hobart Hospital, I was able to continue my training and sit the exam.

What attracted you to take up your role as Jurisdictional Coordinator of Training? How have you benefited by carrying out the responsibility?

I was initially the Coordinator of CPD within Tasmania and was then asked to take on the JCT role for Tasmania. I was very attracted to this role due to the ability to attract trainees into RACMA and support them during their training. When I was training, there was no such position and there was very little support for trainees both locally and from the College perspective.

Since taking on the role, we have moved from just one trainee to now having seven trainees. This is a small number compared to other states, but is a very large number for Tasmania. They include a mix of new graduates to experienced GPs, and also individuals with extensive experience in Management.

I have benefited enormously from the role. The JCT group around Australia is a very cohesive group and very supportive of each other. I have also found the College staff very supportive, and together we make a good team.

It is also very rewarding to see Candidates progress through their training to obtain their Fellowship. During my time, I have seen four Candidates obtain Fellowship.

What are some of the key achievements to note/changes you have implemented in your role as JCT?

As well as increasing the number of Candidates in our jurisdiction, I have helped develop stronger relationships with the Candidates and Supervisors. I have also been involved in the RPLE processes, which have been very stimulating and challenging.

The other area where I have been very actively involved is in undertaking accreditation visits for training positions all over Australia. This is an enjoyable aspect of the role, despite being largely virtual this year. However, you often learn new things through undertaking these visits.

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

I think it is essential for members to be involved in College activities. Although the College staff are excellent, they need input from Fellows to ensure that the College can achieve its aims. Without Fellow involvement there would not be a College. We need to work very closely with the staff to ensure we have robust training and training positions.

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

Qualified Medical Administrators are essential to the Australasian healthcare system. They bring a completely different slant to management by combining medical knowledge with excellent management training and expertise. They are able to engage with clinicians in a way that generic managers cannot.

The COVID experience has shown how beneficial Medical Administrators have been to ensure a successful outcome.

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

The main challenge that I see with RACMA and Medical Administration is the fact that a RACMA qualification is still not mandatory for medical management positions. We still see senior medical management positions being filled by clinicians with minimal management experience and no management qualifications. This has shifted somewhat in Queensland, but is still the case across much of Australia. This situation needs to change.

Despite this major challenge, it is pleasing to see the number of Fellows from other colleges deciding to take on Medical Administration because they want to improve their management skills.

Member Q&A

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

I have always been keen to improve how patients are treated; and whilst I enjoyed clinical medicine, I thought that I could influence care delivery in a more systematic way in a leadership role. My early clinical work was as a Medical Superintendent in rural Queensland, and so I became engaged in organising health services from early in my career.

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

It seemed important to have a good understanding of the complexities associated with health management and leadership. I was fortunate to be in roles of responsibility early in my career, so my learning in the Fellowship training was applicable in my daily job.

What attracted you to take up your role as Jurisdictional Chair? How important do you see the role of Jurisdictional Committees??

The Jurisdictional Committees seem to me to have a number of roles. They are local support for the many activities required of the College and provide local connections for the College. The Committees are a forum for discussion, support for Continuous Professional Development, registrar training, and policy advice.

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

I think it is critical that College Members actively participate in College activities both to improve the quality of the College, but also to gain an understanding that the College relies on its Members to remain active. It is all too easy for College Members to rely on a small number of people to contribute in multiple areas. This is both unfair on those who repeatedly volunteer and also diminishes the breadth of input.

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

It is clear that health care requires major ongoing reform to better deliver the services required of the community on the future. It is very important that doctors who have a systems approach to health care and who are skilled in leading health clinicians and managing health systems will be critical to successful change. The group of doctors best trained in these areas are Fellows of the College.

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

I think that it will be a challenge to remain engaged with clinical leaders as colleagues. The role of Fellows is changing in many jurisdictions with an increasing emphasis on governance and reduced service delivery responsibilities. The challenge will be to remain part of the team improving the delivery of care and to be seen as such by other health care members.

Dr Mark Waters
MBBS, FRACGP, DipObs RANZCOG, MHA, FACHSM, FRACMA, CHIA

Director of Surgical Services — Redland Hospital (P/T)
Director of Patient Safety — The Prince Charles Hospital (P/T)
Queensland Jurisdictional Chair

Dr Virginia Hope
NZMN, BHB, MBChB, M.Phil, Dip. Comm. H., FAFPHM, FRACMA, FNZCPHM, MInstD

Medical Director —The Institute of Environmental Science and Research
New Zealand Jurisdictional Chair

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

Dr Peter Matthews, a rather far-sighted Medical Superintendent, offered three lucky House Surgeons three-month rotations as his Acting Deputy Superintendent when he was between Deputies. I was fortunate to be one of them, and thoroughly enjoyed the experience. I subsequently undertook training in community medicine (then the equivalent of both RACMA and AFPHM in New Zealand today). I was again privileged to work with influential champions of medical leadership and management, such as Dr Leslie Honeyman at the then (wider) Auckland Hospital Board.

I still see the legacy of this early work providing young clinical specialists with an interest in leadership a background in health system management. Those specialists still play senior medical leadership roles today. That management training experience whetted my appetite for management in general, and I completed an M.Phil in the 1990's in parallel with specialist training in community medicine. I see strong parallels between Medical Administration and public health medicine in the opportunity they provide to step back, understand, and potentially influence and improve quality and health outcomes at the system level.

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

Shortly after completing my MNZCCM, a decision was taken by the then College to close down the College of Community Medicine and transition Fellows in 1994 to the Australasian Faculty of Public Health Medicine and/or RACMA. Those who had Master's degrees in management and/or experience in Medical Administration were eligible to become part of RACMA, and I jumped at the opportunity to become more involved in Medical Administration.

What attracted you to take up your role as Jurisdictional Chair? How important do you see the role of Jurisdictional Committees?

Jurisdictional Committees provide the connection between the wider College and local Fellows, Associates, and trainees. Being part of the Jurisdictional Committee enables me to provide some small input into that as part of a team. We have a great team and I would like to help facilitate their collective action and progress links with RACMA in NZ.

Do you have any changes/activities/support you would like to implement for the JCC role? Are there any areas which you think need attention or you would like to work on/expand? Or have you started working on any initiatives you would like to share?

I'm keen for us to make some collective progress on the uptake of RACMA affiliation in clinical leadership roles in New Zealand and on the availability of funded training positions. Members of the Committee and NZ Fellows have already made changes to these areas over the past few years and we are all keen to continue to build on this.

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

Medical colleges are in significant ways voluntary, charitable institutions. They benefit not only from those who put themselves forward regularly and are the mainstay of the institution, but also from having a range of people involved who bring different experiences and strengths over time. I encourage all Fellows and Associates to be actively involved in some way in the course of their career.

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

While the profile of positions in which Medical Administrators work differs between Australia and New Zealand, with more New Zealanders operating in government or Crown Entity medical leadership positions, the essence of the various roles is similar in terms of impacting systems. Medical Administrators speak multiple languages, including 'medicine', 'management', 'systems', and 'leadership' and understand those cultures in a detailed way. They are therefore key interpreters in the system with the opportunity to add value to key strategic and operational conversations and optimise medical and system outcomes.

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

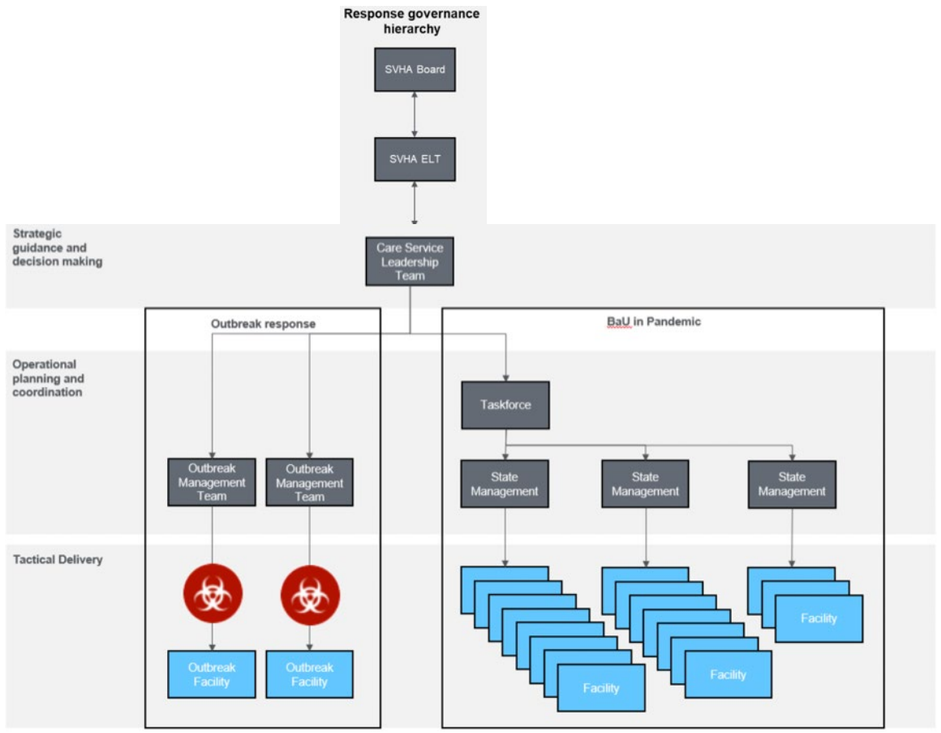
Changing technology, digitisation, open access to data, evolving societal expectations, relationships and norms, increasing compliance costs and an acceleration of the pace of change in general, and at interfaces, will significantly and rapidly change our operating environments. Keeping up with this pace of change and maintaining relevance and value will be challenging for many organisations and institutions. In particular, medical colleges and other professional bodies will need to learn how to incorporate accelerating change into business-as-usual professional training and development whilst 'flying the aeroplane'.

COVID-19 and Aged Care — the Central Role of Clinical Governance

Professor Erwin Loh, Lincoln Hopper & Julia Lawrence

St Vincent's Health Australia (SVHA) is the nation's largest not-for-profit health service, with 6 public hospitals, 10 private hospitals and 20 residential aged care facilities, across the country. St Vincent's Care Services (SVCS), which is the division within SVHA that oversees aged care and community services, has worked closely with the SVHA clinical governance unit, to respond to the challenges and complexities presented by the COVID-19 pandemic. To date, none of the 20 aged care facilities, including the three in Victoria, have had a COVID-positive aged care resident. There have also been zero health care worker infections due to a workplace transmission in any of our facilities. We believe this is because of preparation, planning and implementation of a strong, robust clinical governance framework across SVCS, supported by the wider SVHA structures, including our public and private hospitals.

Figure 1. Organisational governance during the pandemic response



The SVCS COVID-19 Taskforce and Care Services Leadership Team has been formed very early during the crisis, and meets on a regular basis to ensure a timely, structured and sustainable response to COVID-19. The Case Services Leadership Team reports directly to the SVHA Executive Leadership Team (ELT), which reports to the SVHA Board. Central to governance structures remains the SVCS COVID-19 reporting dashboard where key metrics are monitored daily that includes data related to suspected COVID-19 cases, sites in lockdown, vacant shifts, training, flu vaccination, absenteeism, supply and PPE stock. Regular communications continue to be issued to staff, residents, and families providing COVID-19 related updates.

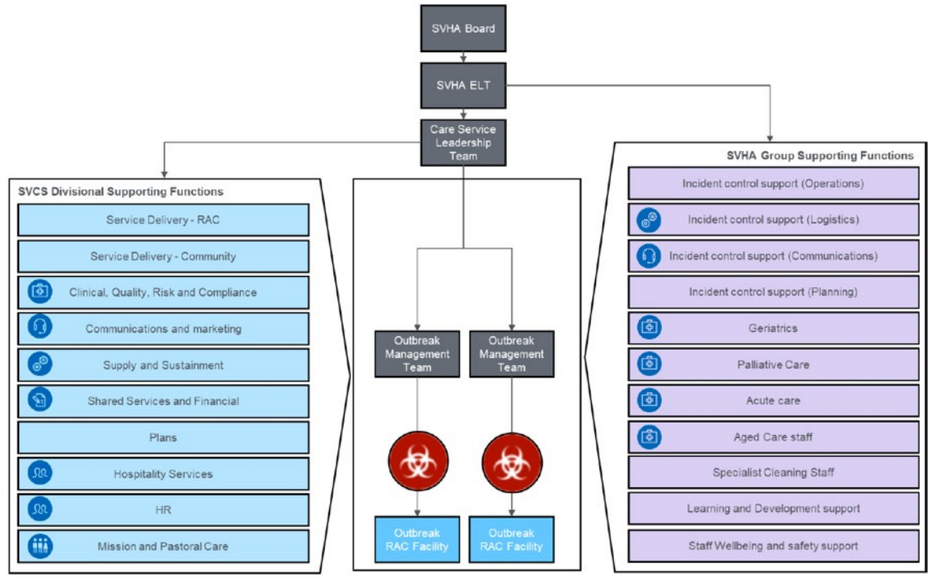
St Vincent's Care Services has implemented a range of COVID-19 initiatives in order to minimise the risk of COVID-19 infections and ensure preparedness to respond to a positive COVID-19 case or outbreak. The dynamic nature of COVID-19 has meant initiatives continue to be developed, reviewed and updated in order to ensure an effective response at both a facility and SVCS wide level.

Recent SVCS COVID-19 response activity has been focused on:

1. The rollout and implementation of the SVCS COVID-19 Outbreak Response Plan
2. Ensuring processes are aligned with the latest public health guidelines
3. Implementing additional processes and restrictions for SVCS Facilities in NSW & Victoria
4. Maintaining 100% Flu Vaccination Compliance
5. Infection Control and Personal Protective Equipment Training
6. Monitoring of Finance metrics and ensuring adequate PPE stocks

In the event of an outbreak the key stakeholders delivering capability to the affected facility, which includes SVCS State and Divisional resources as well as the SVHA's Rapid Outbreak Response Teams, will be organised to support the outbreak response instead of, or in additional to, their business as usual (BaU) roles. The full capability and capacity of SVHA and SVCS's Divisional support functions will be mobilised, as necessary, to support the outbreak response. Those capabilities most likely to be engaged in the response are included in the figure below:

Figure 2. Task organisation chart showing supporting relationships between SVHA and SVCS



SVCS Aged Care COVID-19 Outbreak Response Plan

Central to SVCS's COVID-19 response initiatives has been the development of the SVCS COVID-19 Outbreak Response Plan. The Outbreak Response Plan has been developed to ensure a timely and structured response in the event of a positive case or outbreak at an SVCS residential aged care facility. The SVCS COVID-19 Outbreak Response Plan was informed by new and existing clinical policies

and process including the SVCS COVID-19 Model of Care.

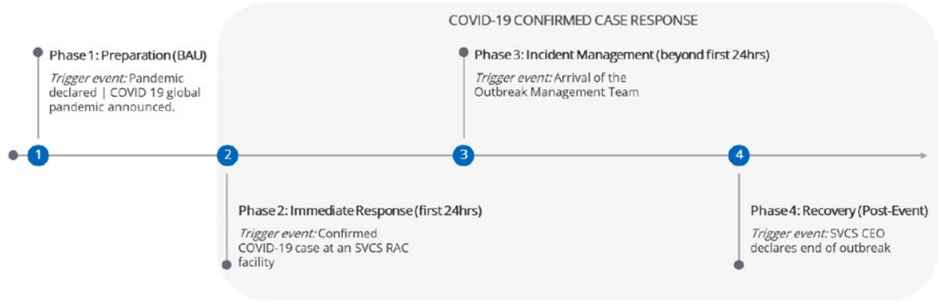
The purpose of the COVID-19 Outbreak Response Plan is outlined below;

In the event of a COVID-19 outbreak at one or more of our residential aged care facilities, our duty is clear - we will control the spread of infection and do all we can to minimise suffering for those infected and those affected by the outbreak, inclusive of our staff, our residents and their families. In seeking to protect the health and wellbeing of all, we will carry out this work with compassion, integrity, justice and excellence and fulfil our Mission to bring God's love to those in need through the healing ministry of Jesus."

Since finalisation members of the SVCS COVID-19 Taskforce and the COVID-19 Outbreak Response Teams have been provided with instruction and training on the plan to ensure readiness. Information and instruction have included information on key principles, progress of actions, roles and responsibilities, governance and control and communications. Included in this training when appropriate have been staff from the SVHA Public Hospital Division.

The COVID-19 incident response operational manual for residential aged care facilities covers the activities across four phases, delineated by specific trigger events as described in the graphic below:

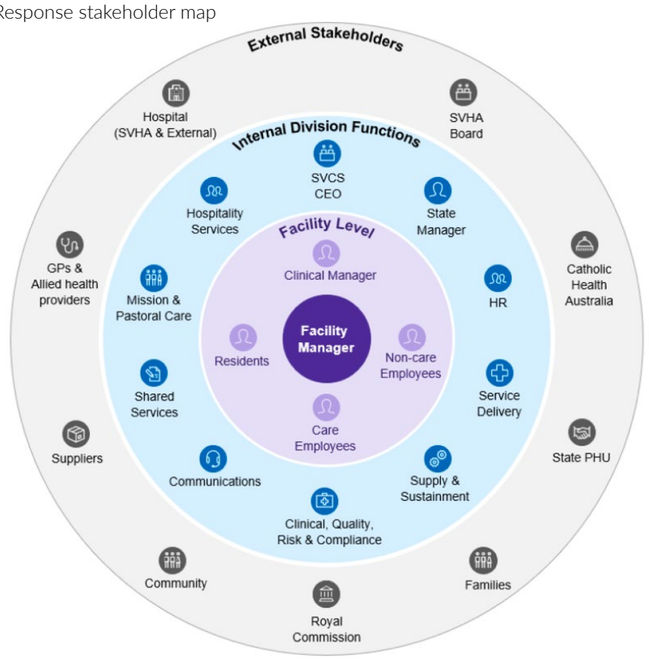
Figure 3. Broad timeline for outbreak response



Stakeholder Mapping

The key stakeholders involved in a COVID-19 response at an SVCS facility fit into 3 groups: the facility level stakeholders, SVCS divisional level stakeholders and the external stakeholders.

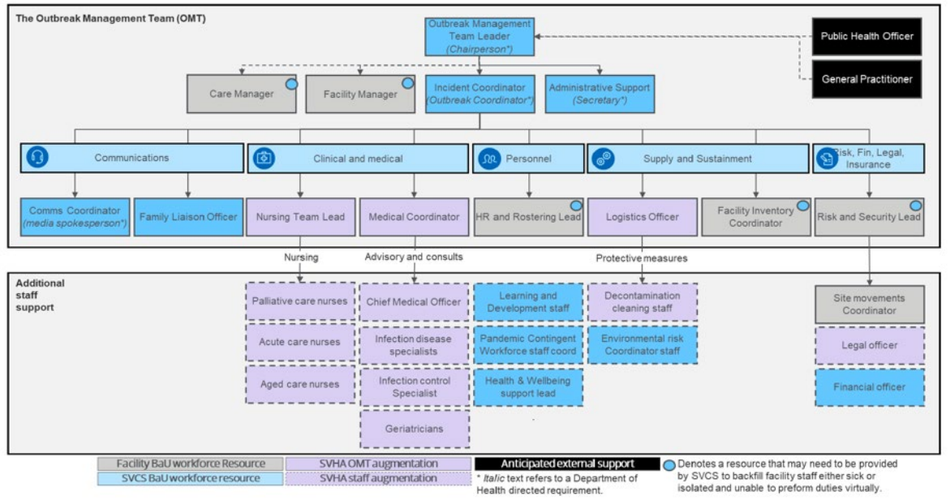
Figure 4. SCVS COVID-19 Response stakeholder map



Outbreak Management Team (OMT)

In the event of an outbreak the key stakeholders delivering capability to the affected facility, which includes SVCS State and Divisional resources as well as the SVHA's COVID-19 RACF Rapid Outbreak Response Teams, will be organised to support the outbreak response instead of, or in addition to, their business as usual (BaU) roles. All OMT have an initial standardised structure:

Figure 5. Outbreak Management Team (OMT) standard task organisation



Communications Plan

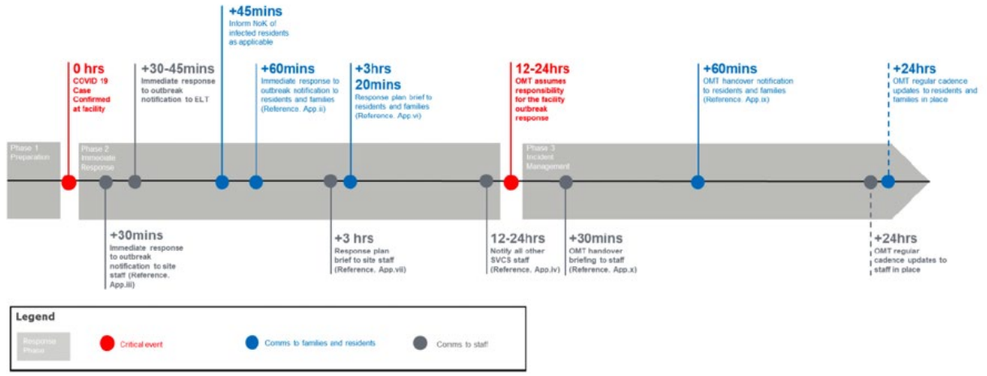
A COVID-19 outbreak in an SVCS facility will be accompanied by significant elevation in the need to engage, liaise and inform stakeholders of the situation at the facility as appropriate to reduce uncertainty and concern for staff, residents and their families, and to ensure situational awareness for the appropriate authorities and, as necessary, the media.

The importance of timely and accurate communications in the event of an outbreak cannot be overstated. A lack of information or response to a stakeholders question will be a catalyst for mistrust and ill-informed rumour. In the event of an outbreak at one of the SVCS facilities the intent must be to 'seize the narrative ' and ensure that every stakeholder understands what we are trying to achieve and how.

Our outbreak response narrative: "Seek to protect the health and wellbeing of all by doing all that we can to control the spread of infection, to minimise distress for those infected and those affected by the outbreak, inclusive of our staff, our residents and their families."

In the event of a COVID-19 case confirmed at one of the SVCS facilities the communications response will follow a standard timeline, timings shown in the figure below are approximate but indicative.

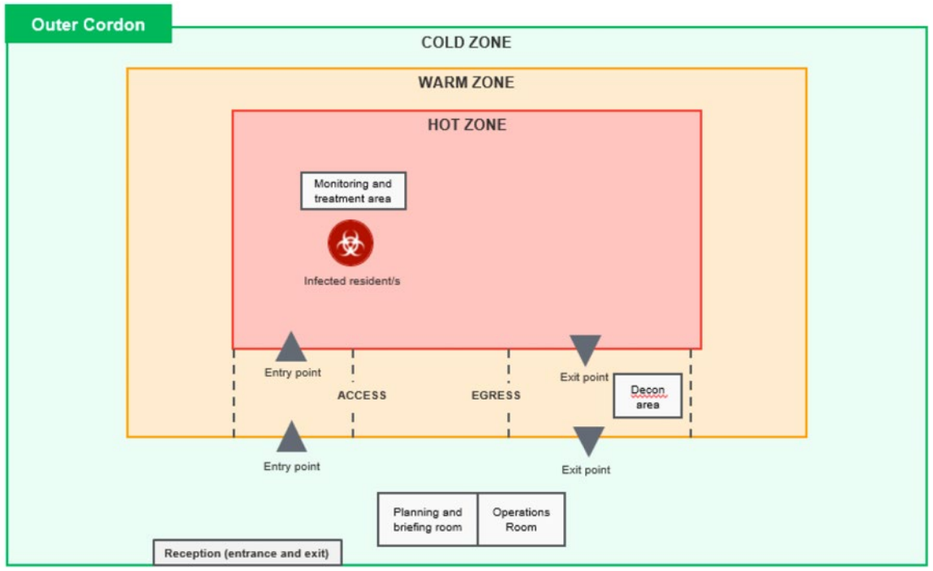
Figure 6. Communications timeline



Operational Facility Site Control Zones

An essential component in managing a CV-19+ response at a facility is the establishment of a series of Control Zones. The objective of these zones is to control the decontamination requirements of people, material and equipment entering and leaving contaminated areas. A conceptual layout of this is displayed in below. These zones, and their associated requirements (minimum PPE requirements, entrance points and exit points), apply to all personnel who are within a facility, noting that those entering the facility from external agencies (e.g. emergency services personnel) will have their own PPE requirements and procedures.

Figure 7. Operational zones



The terminology and definitions for zones are consistent with the Australian Department of Emergency Management.

Zone access and egress requirements

ACCESS AND EGRESS REQUIREMENTS	Cold Zone	Warm Zone	Hot Zone
Single access point	✓	✓	✓
Single egress point	✓	✓	✓
Entrance permitted by	Reception in liaison with the relevant Team Lead and Site Movement Controller	Relevant Team Lead in liaison with the Site Movement Controller	Relevant Team Lead in liaison with the Site Movement Controller
Entrance requirements	1. Sign in at the entrance 2. Temperature screening 3. Complete a Health Declaration Form	Depending on the incident, PPE may or may not be required when entering the Warm Zone.	PPE must be donned prior to entrance and doffed once outside the Hot Zone.
Essential personnel only	✓	✓	✓
Special circumstances	Prior to entering the Cold Zone, all personnel who have been in the Hot Zone must decontaminate.	Upon entry to the Warm Zone from the Hot Zone, all personnel must decontaminate.	

Maintaining Flu Vaccination Compliance

Influenza Vaccination for all employees, contractors and volunteers visiting our Residential Aged Care Facilities was mandatory from 1 May 2020 under Federal Government guidelines. As at 16 July 2020, we have achieved 100% compliance of all employees actively working. Mandatory influenza vaccination is being actively communicated through recruitment and offer of employment processed and is a mandatory requirement prior to on-boarding new employees.

Infection Control and PPE Training

Across SVCS, mandatory PPE training has been undertaken. As at 11 September compliance sits at:

- o 91% for Donning and Doffing (a practical competency assessment competed at facility) for in-facility / consumer facing staff
- o 96.86% for the PPE online training

Risks and Challenges

As part of the SVCS Risk Management process a COVID-19 Risk Register was established. The top 5 COVID-19 related risks that are contained in the register relate to:

1. Service Delivery and Clinical Care;
2. Finance, Supply and Consumables;
3. Strategy and Plans;
4. Communications (with residents, families and staff);
5. Workforce Protection

These risks contain risk treatment plans and are actively being managed and monitored with their impact considered as part of COVID-19 governance and reporting structure.

Conclusion

The issues and risks associated with COVID-19 are complex and continue to evolve on a daily basis. As experienced nationally and globally the impact of a COVID-19 outbreak within a residential aged care facility has the potential to be especially severe.

Central to SVHA's aged care COVID-19 response initiatives have been the ongoing development of a SVCS COVID-19 Outbreak Response Plan to ensure a timely and structured response in the event of a positive case or outbreak at an SVCS residential aged care facility. Ensuring that SVCS is adequately prepared to respond to and actively managing the impact of COVID-19 is our continued focus. Work is also being progressed to ensure that SVCS is well positioned to transition successfully in the next phase of COVID-19. By doing so, we will maintain our target of zero COVID-19-positive residents into the future.

Professor Erwin Loh
MBBS, LLB(Hons), MBA, MHSM, PhD, FIML, FAICD, FACLM, FCHSM, FRACMA
Group Chief Medical Officer St Vincent's Health Australia

Lincoln Hopper
Chief Executive Officer, St Vincent's Care Services

Julia Lawrence
Executive General Manager Service Delivery, St Vincent's Care Services

Key Attributes of Senior Health Executives, and Tips for Aspiring Leaders — by Senior Health Executives

Professor Erwin Loh, Paul W. Long, Wayne Bruce

For healthcare organisations to rise to the challenges they will face over the next 10 years, collective and innovative approaches will be required from healthcare leaders, executives, managers and clinicians. They will need to adopt and demonstrate expertise in leadership; to create and innovate with purpose; collaborate across boundaries and have the capacity to adapt and act strategically.

Health executives must promote a shift in thinking about the complexity of the health system, and workforce design and planning. This thinking should centre on, and be driven by, the needs of stakeholders at all levels of the system in order to optimise outcomes for consumers and communities. Organisations need to put the patient at the centre of everything they do, while ensuring that staff feel valued, respected, engaged and supported, in order to improve systems, and nurture care cultures (Dixon-Woods, 2014).

The COVID-19 pandemic has led to significant disruption to business and working life is more complex and challenging than ever. The health system is even more unpredictable, ambiguous and volatile than usual, and health executives must be agile and practise adaptive leadership in order to meet the current challenges.

To that end, we asked 40 of Australia's top CEO and senior leaders in healthcare and academia about their views on the key attributes that are important for senior executives and aspiring leaders in health. In-depth interviews were held with each of the participants. There were 13 CEOs, 6 academic leaders, and the rest senior health executives.

There were four broad themes that these leaders agree are important attributes for senior health executives.

1. Relationships

People skills — A successful senior health executive is not just a usual 'good communicator'. Senior executives need to be able to influence and bring people with them. This includes communicating with people at all levels of the organisation – both staff and patients. The ability to understand the disparate players and be able to negotiate the many tensions and agendas at play is key. There must be strong engagement with stakeholders. Sitting in your office just isn't going to cut it! This point is an interesting one as many offices are under lockdown because of the COVID-19 pandemic, and senior leaders have had to work from home. Despite these restrictions, a competent health executive will continue to meet with peers and team members, even if it is in the virtual setting, to maintain relationships and to keep in touch with those that he or she works with, and leads.

Embrace diversity — The health executive celebrates diversity, because different points of view provide a richer tapestry of experience and expertise to the team, so that optimum results can be achieved. The best teams have diversity in gender, age, sexual preference, colour and thinking. Working in a range of organisations on the way up and knowing how to bring in a diversity of viewpoints as you rise up the ladder is a skill to develop.

2. Values and Character

Be values driven — Health care executives need to live their values. They need to walk the walk, not just talk the talk. Leadership needs to be values-based, and be founded on strong ethics. If you come at health leadership from just a commercial perspective you run the risk of failing people when they entrust you with their health care needs. Living out your values means patients and their families see that you are there to serve them, and that they are not a means to an end.

Emotional resilience and vulnerability — Senior executives need to recognise that they do not know everything, and they must be willing to listening to colleagues and continually learn. They need to put aside their ego and develop an ability to reflect and have insight into their own strengths and weaknesses. Resilience in the face of stress is crucial for health leaders, as the health system is complex and difficult to manage in the best of times.

Intellectual curiosity and be innovative — Health leaders must be open to trying new things. They need to be curious, adaptable and adaptive, and have an entrepreneurial spirit that is able to tolerate risk in order to experiment with new innovative ideas in the context of a health system that tends to be conservative and risk averse, especially in the public health space.

3. Systems Thinking

Having a systems perspective — Health leaders need to learn to work in ambiguity. Dixon-Woods (2014) found that a failure to understand complexity and exercise nuanced leadership led to different perceptions of quality and safety problems and their solutions at the blunt end and the sharp end of organisations. In the NHS, lack of support, appreciation and respect, as well as not being consulted and listened to, were reported as endemic problems by staff in some organisations (Dixon- Woods, 2014).

Creating a culture that is less deferential and permission focused, and where staff are actively encouraged to challenge the prevailing norm, will require a change in the traditional dynamic between organisational perspectives. There must be a willingness of all parties to share accountability, between clinical and managerial perspectives. This joint responsibility for setting the organisational culture should facilitate further enhanced and sustained culture of high performance.

High level thinking in terms of strategy, developments, future, and building capacity, particularly organisational development, is essential for the high performing health leader. Balancing this with a watchful eye on day to day operations is also required, so that you learn how to switch between being strategic to being operational.

4. Competence

Own your success — To be a recognised health leader, you must establish a track record of achievements, with demonstrated capacity to succeed in your chosen field of expertise. To achieve this, ensure you deliver in your roles, meet and exceed expectations, and be confident of your successes without being arrogant.

Professor Erwin Loh
MBBS, LLB(Hons), MBA, MHSM, PhD, FIML, FAICD, FACLM, FCHSM, FRACMA
Group Chief Medical Officer St Vincent's Health Australia

Paul Long
Founding Director, Centre for Health Leadership Australasia

Wayne Bruce
Managing Director, Ccentric Group

RACMA
ROYAL AUSTRALASIAN COLLEGE
of Medical Administrators

1/20 Cato Street
Hawthorn East Victoria 3123
Australia
T +61 3 9824 4699
info@racma.edu.au
racma.edu.au
abn 39 004 688 215