



The Medical Leadership Journey of Queensland's Chief Health Officer

Quarterly Journal
Q4 2020

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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.

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On behalf of the Board and team at RACMA, I wish you and your family a happy, safe and restful holiday period.

Thank you for your leadership and dedication throughout a trying 2020. We look forward to reconnecting in 2021.

Please note that the College Office will be closed from 5pm on 18 December 2020 and will re-open again on 4 January 2021.

President's Report

As the President of one of Australasia's medical specialty colleges, it has been a real privilege and honour to work with such a collegiate and inspirational fellowship of medical leaders through what has been an exceptionally challenging year for everyone in the healthcare system.

I applaud you all for the courage and commitment you have shown this year. The expertise and practices of our specialist Medical Administrators and trained Medical Leaders not only came to the fore, but captured the attention of many at the coalface. The RACMA office continues to field numerous enquiries about enrolling in the Fellowship Training Program and the Leadership for Clinicians Program.

I would like to thank you for your important role in managing the COVID-19 pandemic as well as maintaining the day-to-day fundamentals of Medical Leadership to ensure quality and safe healthcare was delivered.

Now we come to the end of a very long year – let's all take stock, take a break, and reset for next year.

I, for one, am excited to start "planning for the new tomorrow" and to put our 2020 learnings into practice. The major focus centring around re-thinking our workforces and supporting our membership (and thus their workforce) as we enter 2021. It is timely then that we look to the "Principles for the Post COVID-19 pandemic medical workforce" we developed earlier this year.

Throughout COVID-19, we learned important lessons about health service provision and health workforce capabilities which can inform future decision-making.

The need to respond rapidly, effectively, and efficiently to the pandemic has resulted in new models of health care, including the rapid expansion of telehealth for consultations, digital health, improved electronic communication between health professionals, re-activation of hitherto underutilised means of supporting isolated at-risk members of the community, innovative health workforce redeployment, and rapid credentialing processes to ensure there are adequate numbers of available clinicians to meet anticipated demand.

When re-thinking our workforces and work practices, we should consider the following to shape any review of the future medical workforce:

- Systems Approach
- Innovation and Change
- Support and Education
- Research and Evaluation

Next year is likely to be a busier year, when we also add the fact that we will be emerging from our enforced isolation and looking to reconnect professionally and personally. While this year has

proven what a tight-knit fraternity we have as we continually supported each other "virtually", we cannot underestimate the higher fidelity of face-to-face interaction with communication and consultation.

As most of you know, I feel very strongly about peer support and finding ways to nurture each other further professionally. The College plans to recommence the Member Forums early next year based on the positive feedback received and the perceived need. However, let's also ensure we take advantage of every opportunity to come together in person to share ideas, expertise and advice to strengthen our medical leadership network and system integrity.

Our new and learned "virtual" mode of connection should act as an adjunct rather than a replacement, especially for our various College committees and peers who cross paths within their workplaces and various roles.

Importantly please make sure you have the College Conference in your diaries for 11 and 12 March. I am pleased to announce registrations are open and more information is available on the RACMA website.

Looking to 2021 and post COVID-19, a focus for us as medical leaders will be to support the development and implementation of sophisticated and functional population-wide vaccination programs within each of our jurisdictions. Open collaboration with colleagues on all levels of government and healthcare services will be key to this.

Finally, I want to sincerely thank my colleagues on the Board for their support and work throughout such a tumultuous year. I would also like to acknowledge the Jurisdictional and College committees, the Dean, the CEO, and the College Office for their tireless efforts in ensuring a seamless delivery of our programs and services to Members. I also applaud our Censor-in-Chief and all those involved in the 2020 Oral Examinations, delivered online for the first time with minimal disruption. I again thank those Candidates who sat the exams for their patience and admirable adaptation to the new delivery mode.



We have achieved a great deal this year with the extra workload COVID-19 produced. Everyone should be proud.

I wish everyone all the best for a safe, healthy and happy festive season and look forward to another productive year for Medical Leadership and RACMA

Professor Alan Sandford AM
President

From the Dean



Well, haven't we had an interesting year of learning about our roles in planning for, and responding to, events that overwhelm our health resources, including ourselves! The College has provided access for all Members to updated information about many aspects of the COVID-19 pandemic online, and it has facilitated the President's Forum for sharing of experiences. We hope that both processes have been found to be useful in your own resilience development and maintenance.

Behind those visible activities, the College has continued to provide regular Member Forums on topics of interest to Fellows, and redesigned the Fellowship Training Program workshops into online, educative videos as preparation for Zoom discussion sessions.

The key feature of this year in the Medical Management Practice Domain has been, as most of you are aware, the conversion of the processes involved in conducting the MMP Oral Examination to an online environment, allowing for the conduct of the 2020 examination in December and the '2020' College Trial Examination to be held in February 2021.

Examination to be held in February 2021.

In the Research Training Domain, we also converted the Oral Presentation of Research Progress from a workshop setting to an online session and were very pleased with the outcomes.

We are continuing to bring together the processes involved in renewal of the Fellowship Training Program overall. One of those activities has been consultation about the Curriculum – its goals, learning objectives, workplace observation and feedback activities, and its assessments. Thank you to all those Fellows, Supervisors, and Candidates who have offered commentary, advice, and support.

We could not have achieved our Curriculum outcomes this year without the oversight and drive provided by our Director of Education, Ms Angela Chan, and her team in the College Office, in conjunction with our IT facilitators. I thank them very much for their efforts.

As we move into 2021, we look forward to further development of a syllabus for workplace observation and feedback, which will be consistent with our overarching Curriculum and our goals for incorporation of programmatic learning and assessment.

May you all find time for yourselves as some things become easier.

Dr Lynette Lee
Dean
Chair, Academic Board

Censor-in-Chief Report



It is a great feeling being able to write this as the Victorian "Lock down" is ending and State borders are starting to open. We can all only hope and pray that we do not have to face the next wave as severe as the one confronting our overseas colleagues; but with increased numbers of returning travellers, the risk of other and hopefully limited clusters remains. Our health systems have and are coping well; but of course, have not been stressed by an overwhelming case load. We all look forward to delivery of multiple effective and safe vaccinations around the world.

College Members and Candidates have been involved at all levels of the response, and the weekly Wednesday evening sessions chaired by the President have allowed sharing of knowledge and support by colleagues across Australian, New Zealand, Hong Kong, and Europe.

December 2020 Oral Examinations

As you all know, the decision was made to postpone the August 2020 Oral Examination, and move to December 2020, administering the Examination via a virtual Zoom model. This has not been without its challenges. We have tried to produce an examination format which will be as close to the Trial Examination format the Candidates completed as possible. With the support of the College Education staff, the Candidates and the Censors we were able to deliver the Examinations.

Because of Zoom technology and the need for additional time for operation and management of any issues which may arise, we could only get through eight Candidates per day. With 44 Candidates, we had to schedule over six days – commencing on Friday 4 December and running through to Sunday 13 December.

Examination Scenarios

We prepared seven different question packs – one for each day and a spare set if needed. This has meant preparing, reviewing, and calibrating over 35 different case scenarios, Censor notes, and rubrics. It has been a massive job this year.

I would like to thank the Censors who contributed scenarios, Peter Renshaw for his ongoing work as Lead Censor for Exam Questions, and John Menzies and Darrell Duncan for their work in that group. The final working and reviews have been done with the work and support of Lyn Lee and Ian Rewell. We have tried to ensure that as far as possible there is a consistency between the content and complexity of the scenarios for each day.

Support by the Examination Project Team

I must express my appreciation for the wonderful work of the RACMA Education team. Andrea van der Zypp, Angela Chan, and Soundra Subramanian have worked tirelessly on the project to move to the remote Oral Examination. Nicholas Barboussas has been the key IT contributor, ably supported by Jack Chilby. Melanie Saba has provided support, encouragement and expert advice, and Josh Hatton has provided weekly input and the ongoing conduit with the Candidates.

The communication by the College with the Candidates has been excellent, with regular emails supplemented by regular Candidate Forums. The Candidates have been kept informed at all stages.

The Candidates have continued with their work and preparation for the Examination throughout the COVID pandemic restrictions. I would like to acknowledge their hard work, as well as the support they have received from Fellows.

I would like to congratulate the successful Candidates, and express my commiserations for those who were not successful.

Finally, I would like to wish everyone a Merry Christmas and best wishes for the Festive Season, and for a healthy, happy and safe New Year.

Dr Peter Lowthian
Censor-in-Chief

College Update

2021 VIRTUAL CONFERENCE Registrations Now Open

The 2021 RACMA Conference will be run across two consecutive days, from 11 March to 12 March 2021, offering a number of engaging and interactive sessions for attendees, including a feature panel of Australasia's Chief Health Officers.

Guest speakers include:

- Melissa Sweet — author of "Inside Madness", which looks at the life and work of Margaret Tobin.
- Shane Fitzsimmons AFSM — the Head of Resilience NSW and previously the Commissioner of the New South Wales Rural Fire Service.

Registration fees for the conference are:

- Members: \$345
- Non-Members: \$395
- Candidates: \$210

The overall theme of the conference is *Quality Healthcare through Medical Leadership in a Crisis*, while the sub-themes for the event are:

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

For more information visit racmaconference.com



CPD EXEMPTION FOR 2020

Completion of 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 speciality 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.

Please be advised, Members will be required to meet the CPD registration standards in 2021 in accordance with MBA and MCNZ requirements. Activities should be recorded in MyRACMA from January. For clarification on CPD requirements, please click [HERE](#).

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



RACMA'S FIRST RECONCILIATION ACTION PLAN (RAP)

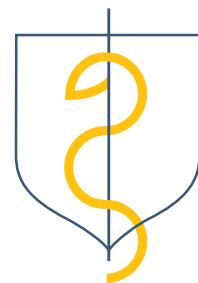
The College's first [Reconciliation Action Plan \(RAP\)](#) has been conditionally endorsed by [Reconciliation Australia](#). The RAP has been established to articulate the College's commitment to national reconciliation by connecting Members, staff, stakeholders and our community.

As RACMA's first RAP, it will be officially known and recognised as the RACMA Reflect RAP. Under Reconciliation Australia's RAP Framework there are four types of RAP an organisation can develop to accommodate the different stages of their reconciliation journey: Reflect, Innovate, Stretch, Elevate.

A Reflect RAP clearly sets out the steps needed to prepare your organisation for reconciliation initiatives in successive RAPs. The Reflect RAP will be RACMA's roadmap to work towards increasing the number of Indigenous Medical Administrators, and improving the health, safety and education of Indigenous communities.

The College's conditional endorsement on its Reflect RAP means Reconciliation Australia has approved all written content within the document. To complete the Reflect RAP's design for full endorsement from Reconciliation Australia, RACMA is currently sourcing artwork from the Wurundjeri people, the traditional owners of the lands upon which the College office is located.

Following on from the RAP, the next key priority for the College is developing a Māori Action Plan.



CONSTITUTIONAL CHANGE PROJECT

The College is undertaking a full review of the RACMA Constitution to ensure the Constitution remains fit for purpose. It has been 10 years since a full review was conducted on the RACMA Constitution, despite a series of amendments.

The first phase of the project has involved consultation and engagement with a number of College committees and Jurisdictional Committees on the role and composition of the Board and function of Jurisdictional Committees.

The next phase will focus on membership categories, other committees, and various other powers in the Constitution.

At its December meeting, the Board approved further consultation work for 2021, comprising monthly forums and the establishment of a Member committee through Expressions of Interest. The committee will provide their expertise, advice, and link into the broader RACMA membership to inform and champion the project.

UPDATED COLLEGE STRATEGIC PLAN

The College is in the final stages of completing its 2021-2024 Strategic Plan, which will guide the College toward achieving its necessary goals and growth to accommodate the ever-changing health setting and systems across Australasia.

We thank the members on Jurisdictional and other Committees who provided feedback on the draft, and look forward to sharing the finalised Plan with you in the new year.

A Passion for Problem Solving Leads FRACMA to Top Queensland Job

From a busy Sydney Emergency Department to Queensland's Chief Health Officer, The Quarterly learns more about Dr Jeannette Young's medical leadership journey

As RACMA strengthens its footprint in healthcare advocacy, pursuing Medical Administration is a conscious career choice for most medical professionals. But in the case of the Queensland Chief Health Officer, Dr Jeannette Young, Medical Administration chose her.

As fate would have it, Dr Young found herself in a medical management role as a solution for not finding suitable childcare. An emergency physician in a busy Sydney hospital, Dr Young had every intention of returning to the Emergency Department from maternity leave. But the offer of childcare in exchange for taking the new role was hard to refuse.

"I thought I didn't mind change, I didn't mind challenges, I didn't mind opportunities," Dr Young said.

"So I thought, 'I'll just do this for a while', and I absolutely loved it. And I loved the fact that I was in the role in the hospital where I completed all my training because I knew everyone. That meant I could genuinely go in and make changes and people forgave me because they knew you. It was the most brilliant way of starting a Medical Administration career."

When "untangling" her path to being Queensland's Chief of Health, Dr Young realised the main reason she loved being an emergency physician and never considered anything else, is ironically the same reason she now finds being a medical leader so fulfilling and enjoyable.

It is her passion for problem solving.

"I absolutely adore people walking into my office with problems," Dr Young said.

"I just have to control myself that I don't go and solve them all but rather let others solve them because other people have really good ideas. And they are not always coming into me to solve something, they coming to me to get confirmation that they have got it.

"Just as in the ED where there would always be new challenges and I loved finding new ways to solve them. It was creating order out of the chaos. I really enjoyed coming in to a frantically busy emergency department with chaos everywhere and creating calm."

But without realising it at the time, Dr Young was enjoying the management side of the emergency physician role just as much as the clinical work.

"I really liked creating rosters and making everyone happy by doing them," she said.

"I hated rigidity. I always felt there were ways we could work to keep most happy by making changes. For example, why did shifts have to last eight or twelve hours, and why did they have to

start at certain times? Or why did people have to work a certain number of shifts in a week? I was so lucky where I worked, I was given so much ability to experiment and to put in change."

Fast forward a few years, and Dr Young, having completed her MBA, went on to become the Medical Services Director at Rockhampton Hospital. Then followed her Fellowship with RACMA. Despite becoming more entrenched in medical leadership, a role such as Chief Health Officer was never on her radar.

"I thought my career trajectory was to manage hospitals and that's what I was planning," Dr Young said.

"So when I was asked to go into the department, I said 'No, no, no, that's not me. That's not where I see myself going'. They said, 'Why not? Just come in and try it.' So I spoke to my husband and thought I may as well give it a go."

Fifteen years later, Dr Young is still "giving it a go", showing the rest of the country how to solve problems and manage disasters.

As Chief Health Officer, Dr Young has advised the state through natural disasters, including tropical cyclones Larry and Yasi, and the 2010-11 floods. She has also tackled the threats of MERS, swine flu, dengue fever, and now COVID-19.

"Frameworks are important," she said.

"Queensland has a lot of experience with disasters, so we had the frameworks there from past disasters which enabled us to get on with it when COVID hit. We made sure we had everyone in the same room – the military, politicians, police and emergency services. It was about us all coming together and fixing it and doing it really early."

Dr Young believes a good outcome from the COVID-19 pandemic for medical leadership, and the College's Fellowship Training Program would be to set up public health training for RACMA Candidates.

"Traditionally, RACMA Fellows have not gone into those type of leadership jobs and I genuinely think that has to be where we start," she said.

"I think training across public health would be a great synergy. I didn't have the public health training. I have learnt it over my 15 years in this role and it was a big gap when I started. It would be really good to give all RACMA trainees a taste of public health.

"If you're going to work in the public sector in Australia, it is highly likely you will have some responsibility for public health management and outcomes. So, I think it is important therefore, to make sure Candidates have the understanding of what that is and some of the skill set which is needed to carry out a role in the system."



Dr Jeannette Young PSM, MBBS, MBA, DUniv(Griffith), DUniv(QUT), FRACMA, FCHSM(Hon)

For Dr Young, medical leadership is absolutely critical, but says FRACMAs have removed themselves from the health leadership tables for too long.

"We really have to be heard and make sure we are there managing and guiding and leading health services," she said.

"I don't think we have the numbers out there at the moment, so we have to make it an attractive career that recruits people.

"We must make sure we have the right training, which leads to the right skillset in the right people, so that people see RACMA training and FRACMAs as an absolute necessity, and then wouldn't dream of appointing someone without the skillset. Just as hospitals wouldn't dream of appointing a surgeon without the skillset."

The next layer behind this is aligning the right people with the right role.

"I think everyone is of value, but so often we put the wrong people in the wrong jobs," Dr Young said.

"A number of times I have been given what's called a difficult person to sort out, and all that is needed is to find out what they are good at, and what they are passionate about, and match them to the right role. I always think that is one of the most important jobs I have as a leader

is to recruit the right people to the right jobs.”

So, for any medical professionals thinking about pursuing a career in medical leadership, Dr Young advises they consider what they like about medical leadership and then what aspect of medical leadership they would like to try.

“There are so many different roles you can take on – leading a clinical area, be a chief health officer, lead a hospital or health service or a state,” Dr Young said.

“I believe you should always focus on your strengths, not on your weaknesses, because if you focus on your strengths, you will be right up there leading. Find other people to carry out the things you are not as strong at or interested in.

“I have done one of those leadership courses. I had my list of weaknesses to focus on and improve. But I thought, why would I go focus on what I have people to do, like budgets, and not continue with what I am good at. I don’t understand it. Understand your weaknesses, yes, but I honestly think we should focus on our strengths and get even better at them.”

Thinking about the attributes key to being a strong and successful medical leader and surviving the stress and pressure of the role, Dr Young believes experience, the art of negotiation, patience, and compromise are critical.

“I truly think that you need to understand the job you are doing,” she said.

“You need to have had a few years of clinical work before going into RACMA training, otherwise you can’t fully appreciate how a health system works. I was always so glad I had done those seven clinical years before I went into the RACMA training.

“People want a doctor with experience. I think it is important to recruit people further into their careers so they understand safety and quality and how to deal with media and all of those technical skills you can only get with experience.”

Dr Young recalls the positive influence of her mentors when she first started in medical leadership, who taught her the skills of negotiation, compromise, and patience.

“Sometimes it is not about winning the battle, it is about winning the war,” she said.

“You have to learn when to pull back and when to push. In the beginning I was like a bull at a gate and I thought I was right.

“I was so lucky to have had some brilliant mentors along the way.”

Throughout her time as Chief Health Officer, Dr Young has led Queensland through some monumental healthcare changes and improvements, including establishing Retrieval Services Queensland, implementing a proper immunisation program in schools, and fluoridating Queensland’s drinking water supply.

“Retrievals in the state were so patchwork and hit and miss, we had to sort it out,” Dr Young said.

“You can’t provide high tertiary care everywhere, because you don’t have the patient numbers, so you have to be able to rapidly move people. Now we have a fantastic retrieval process with helicopters and planes. This would have to be one of my proudest achievements, and it was very rewarding to be part of the process.

“There have been so many important health changes for

Queensland that I was able to oversee in this position that I would have never been able to do from a hospital. So, it has been quite exciting to be a part of that and lead it.”

But those numerous achievements have taken a lot of hard work.

“When I was in a hospital, I never turned my mind to how it all happens,” Dr Young said.

“Being in the department you can actually see that it isn’t by chance. It is by a lot of work by some really good people.

“I believe to achieve, you need to be perseverant, and slowly and methodically work through a framework bit by bit. I do not believe in revolutions because if something is changed too quickly it can just as easily be undone.”

With all the paperwork passing her desk, has the Queensland Chief Health Officer ever doubted any decisions she has made in the key role?

“Oh yes, definitely, and I know I have made some wrong decisions,” Dr Young said.

“But I can make a decision, and whether it is right or wrong I will move on from it. I don’t ignore what I have done, but I don’t dwell on it either. You just have to make a decision sometimes with the knowledge and circumstances you have. But I believe you are better off making a decision than not, because if you don’t make a decision, the situation will move on no matter what.”

No matter the situation or decision, there are two key pieces of advice Dr Young always uses as her markers.

“Firstly, always remember we are here for patients,” she said.

“Healthcare is what we do first and foremost. If we always remember that, we can’t go wrong.

“Second, always be nice to people. I just think we are too nasty to one another so often, and it is much easier to be nice.”

The decisions each medical leader had to make across Australasia throughout COVID-19, not to mention the public scrutiny they were exposed to, were more than enough to push anyone beyond their limit. And mental wellbeing is something Dr Young takes extremely seriously. Personally, exercise and family support have been key to Dr Young’s mental wellbeing.

“I spent the first half hour of every morning exercising and it made the most enormous difference,” she said.

“I was sleeping and felt much more energised. But I could not have done this without my husband. I can download with him on everything. I don’t know how I could do it without him. You need to have someone to talk to.”

Professionally, however, Dr Young attests to being part of the RACMA network.

“I received so much support from my colleagues of RACMA,” she said.

“I received so many emails, texts, and calls. People reached out when I was struggling, and it was invaluable. I am very thankful and lucky to be part of this fellowship. It truly is a wonderful fraternity we have, and the power of camaraderie cannot be underestimated.”



Save the Date

CREATING HEALTHCARE CULTURES OF SAFETY & RESPECT CONFERENCE

22-23 April 2021

These virtual sessions will focus on creating a culture of safety and respect in the workplace, by facilitating an assembly of health leaders and culture change practitioners with a common goal of eliminating bullying, discrimination, harassment and incivility in healthcare.

Keynote Speakers

Prof Russell Mannion PhD, FRSA, FAcSS. University of Birmingham
Prof Gerald Hickson MD, FAAP. Vanderbilt University Medical Center

RACMA has joined with the Royal Australasian College of Surgeons, St Vincent’s Health Australia and Macquarie University to deliver a two-day virtual conference for which Members may claim a maximum of 16 CPD hours if registered for 2 days.

For more information, [REGISTER HERE](#)



The Faces Behind RACMA

In this edition of The Quarterly, we round out the introduction to the team at RACMA's College Office with members of the College Services unit who provide key support to all areas of the organisation and the Members.



Kimberly Daniels Executive Assistant to the Chief Executive & Office Manager

Kimberly has extensive experience in various industries, working for companies and organisations across the world. Her expertise focuses on operations, office management, organisational structure, mathematics, and graphic design. Some of her previous roles include EMEA Operations Manager for Cytosol Italia Srl & Cytosol Therapeutics GmbH, Operations Director with Robert Half International, Mathematics Instructor at Mount Saint Mary's College in Los Angeles, and Office Manager at UCLA Medical Center Department of Surgery.

In her role at RACMA, she supports the Chief Executive and Board, serving as secretariat to the Board and its sub-committees. As the office manager for the College Office, Kimberly ensures the administrative and day-to-day operations run smoothly. Additionally, she provides extra support for College communications as graphic designer for RACMA publications.

Paul Cavicchia Policy & Advocacy Officer

Paul's background is in educational leadership and scholarship in tertiary education. His experience includes writing policy, advocacy and position papers, and maintaining risk and regulatory compliance.

He joined RACMA almost three years ago and supports the College with maintaining its policies, and the Policy and Advocacy Committee (PAC) in the review and development of position papers and advocacy submissions. Paul is also the Secretariat for the Policy and Advocacy Committee (PAC) and its sub-groups which include:

- Rural Policy Advisory Group (RPAG)
- Diversity and Inclusion Working Group (DIWG)
- Indigenous Health Working Group (IHWG)

For all Policy and Advocacy queries email advocacy@racma.edu.au



Jack Chilby IT Support Analyst

Jack joined RACMA almost two years ago after working for Glencore as an IT Service Desk Analyst, supporting more than 25,000 end-users with software and hardware issues. His role included 24/7 support for business and operational critical applications around Australia.

At RACMA, Jack is responsible for supporting all IT infrastructure, and offering IT support to all Members experiencing issues with MyRACMA, Canvas, Webinars, and the RACMA website. He also assists with IT projects focusing on continuing service improvement for the College.

For all IT support queries email support@racma.edu.au

Michelle Cleary Administrative Assistant

Michelle joined RACMA at the end of 2019 with years of healthcare industry experience across Ireland and New Zealand. She has a Degree in Health Promotion and has worked in pharmacy, Intellectual Disability services for adults with Intellectual Disability and Chiropractic administrative support.

Michelle provides administrative support to the RACMA College Team and Faculty Stakeholders. She carries out general reception duties, coordinates travel bookings and arrangements for staff and Faculty as required, assists with event coordination and also organises all advertising for industry vacancies.



Member Q&A

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

In the late 1980s, I was “sucked into a void”. There was a real lack of doctors who were interested and had some aptitude to take on formal leadership roles in mental health services. So at a very early stage in my career, I found myself as Director of a local service. I think the void that sucks people into leadership is still very significant today and is across health.

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

Having been in leadership positions for some years, I felt I had many gaps in my understanding and experience that could be addressed by the formal study, supervision, and preparation for the RACMA Fellowship. I really enjoyed and learnt a lot from doing an MHA and from the RACMA training program, particularly the study group I was in for 12 months before the exams. The exams were actually a very effective training experience for me in terms of developing knowledge and further developing a way of thinking about and approaching complex management and leadership issues.

What attracted you to take up your position as Honorary Secretary on your Jurisdictional Committee? How important is the role of the Jurisdictional Committees?

Medical colleges are a little bit like the elephant to a group of blind men. You get to know the small part you touch. To really get the best from the College, you have to get involved. My RACMA Peer Review/Learning Set provides me with a network of Fellows in a diverse range of medical leadership roles. Joining the Jurisdictional Committee gave me a window onto College affairs, strategy, politics, a voice in NSW issues and College policy development, and opportunities to be involved in conference organising committees.

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

For me, involvement in college committees is about contributing. The medical colleges rely on pro bono contributions of Fellows. It is part of our professionalism. It's also about networking. I know networking is such a cliché these days, but for me it provides a professional intelligence in relation to the latest thinking about leadership, supervision, or patient safety (to give some examples). Networking is also about sharing experiences, lessons, and professional gossip with a range of colleagues. This is both informative and normative. I get a lift from feeling part of the ‘tribe’. We often meet outside of normal hours, but I usually (not always!) feel energised despite the early start or the late finish.

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

Yes, wouldn't it be great to isolate the key attributes and develop a vaccine for new medical leaders! My answers today (ask me next week) are:

- An *observing self*, by which I mean an ability to keep a watch on oneself as a participant observer: constantly evaluating, learning, and adjusting, adept at self-dialogue and self-coaching, developing mastery and expertise, joining with others while always attending to the engagement, participating as “a fibre in a vast sentient web” (Francis Galton) that is the health team, the organisation, the college, medicine, and finally a self-caring/caretaker function.
- Leadership that recognises the pre-eminent importance of a culture where a shared vision and shared set of values are enacted through distributed power, behaviours and action at every level.

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

Medicine and healthcare are becoming increasingly complex. We continue to have health scandals and disasters, our adverse event rate has not changed significantly in 25 years, there remains a gap between best evidence and healthcare practices, there is much waste and low value care and significant workforce challenges. Much of what we are currently doing needs a re-think. The College and our Fellows have a really important place in providing the health system with leadership and expert advice on these matters.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future? In turn what are some of the opportunities RACMA could tap into?

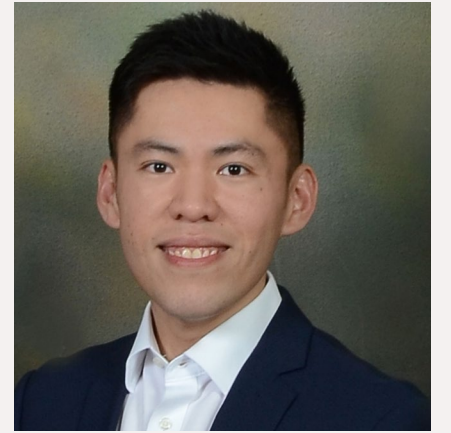
There are many, but perhaps one that I would like us to think about, is the fact that there are not, and there will not be, enough Fellows for all the roles that require medical leadership. I think the College's AFRACMA program is on the right path, but we need to do more to expand our reach into supporting doctors in leadership roles who may not want to go through the full program.

On a local Medical Administration/Leadership level, what are the challenges you can see that your Jurisdiction and the Committee will face in the future? In turn what are some of the opportunities your Jurisdiction and the Committee could tap into?

We are a small College, which means even in NSW we sometimes struggle to keep a critical mass. This means that often all the work falls to a small number. We would also benefit from some more diversity. I think attracting new and additional Fellows to the JC is important, particularly to be growing the next generation of Fellows prepared to contribute and participate in College affairs.

Dr Nick O'Connor
MBBS, MM, MHA, FRANZCP, FRACMA, GAICD

Clinical Lead Mental Health Patient Safety Program –NSW Clinical Excellence Commission
New South Wales Jurisdictional Committee Honorary Secretary



Dr Kean Kuan
MBBS, MHM, MPhil (Surgery), CHIA

Deputy Director of Medical Services – Flinders and Upper North Local Health Network
South Australia Jurisdictional Committee Honorary Secretary

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

I would have liked to tell an exciting inspirational story, but in truth it was the mentors and leaders I have met along my career who inspired me to take on what would be a challenging but rewarding career path.

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

When doing something, I like to know that I am well trained to do so. The RACMA Fellowship Training Program provides the formal training, supervision, and assessment needed for a medical leader and administrator to gain the necessary skills and experience. Since joining, I have learnt so much from RACMA Fellows and Candidates which convinced me my choice was spot on.

What attracted you to take up your position as Honorary Secretary on your Jurisdictional Committee? How important is the role of the Jurisdictional Committees?

The opportunity came up and I took it! In smaller jurisdictions like South Australia, it is important for all of us to pull our weight to ensure Members' needs and expectations are met and to promote the good work of RACMA.

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

I think opportunities to take on leadership and representative roles are crucial both from a personal and a professional development perspective. Through my role as Honorary Secretary and South Australia Candidate Advisory Committee Representative, I have had many opportunities to connect and learn from other Members which I otherwise wouldn't have.

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

None more so than humility and leading by example. We have to accept there is so much to learn in every aspect of life and in our profession. Being able to be part of the team means you can bring many more on board and work towards your vision.

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

That old cliché, “With great power comes great responsibility”. FRACMAs generally take on important leadership and strategic roles in addition to being skilled managers. Our actions and decisions often have a domino effect, so it is vital we get it right. Unfortunately, the role of FRACMAs is still very much undervalued in the Australasian health system. I would like to see our formal training and experience being recognised more.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future? In turn what are some of the opportunities RACMA could tap into?

As each medical specialty is getting more sub-specialised, we will likely face the same challenges. We are increasingly being asked to wear many hats and it is difficult to be a master of all trades. Some opportunities I would like RACMA to venture into would be digital health and entrepreneurship.

On a local Medical Administration/Leadership level, what are the challenges you can see that your Jurisdiction and the Committee will face in the future? In turn what are some of the opportunities your Jurisdiction and the Committee could tap into?

RACMA has some way to go to be recognised and valued in South Australia. Hopefully, with the increasing interest in RACMA Fellowship, we are able to establish ourselves as the respected voice of medical leadership in the local health jurisdictions.

Member Q&A

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

I had been 'tapped on the shoulder' as a Medical Registrar to work as a Deputy DMS, mainly because (in my opinion) I was the 'President' of our hospital junior medical officers social club. The fact that I found myself acting in a Medical Administrative position with only my basic medical training, a winsome manner and a reasonable store of jokes was a rather sobering experience, but I rapidly found myself enjoying the role.

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

In those pre-Google days, I looked up the national list of Medical Specialist Colleges and, lo and behold, there was RACMA, a college of which I had absolutely no previous knowledge. I approached the College, found out the requirements, and immediately signed up to do the Master of Health Administration degree at UNSW. My early enjoyment of management was strengthened and deepened through the Master program, and the additional College training opportunities, and I was most fortunate to gain my Fellowship in 1997.

What attracted you to take up your position as Honorary Secretary on your Jurisdictional Committee? How important is the role of the Jurisdictional Committees?

Being one of the smallest jurisdictions within Australia and New Zealand, we have a small membership (around 10 FRACMAs and 16 AFRACMAs). But in the last few years, it has been exciting to see that our Candidate numbers have slowly grown thanks to the STP training funding from the Commonwealth to the College, and our ability to promote administration training in our hospitals. The Jurisdictional Committee has only recently been 'revived' but is developing a strong role in building the College across the traditional divides of geography and (dare I say it) parochialism within the State.

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

Tasmania is small in area (we are about the size of Ireland), but has a population of only 520,000 which makes us quite decentralised in terms of population with real challenges in meeting the health care needs of our community. It is essential that doctors who have been trained to lead through the RACMA training programs show that leadership and use the exceptional skill sets that we acquire to drive innovation and change.

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

From my perspective, I would say a passion for putting the patient in the centre of everything we do. You also need a good level of self-awareness of the strengths and weaknesses of your individual management style, a willingness to listen and the skill to think laterally or to go back to first principles. Calmness and kindness are important and also the ability to not take oneself too seriously. And have a good supply of Dad jokes.

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

It's an interesting question – I believe that it is vital to have health service managers who are particularly skilled. Not only in managing and understanding doctors, but also in interpreting and shepherding innovative clinical policies and strategies and who can call on a good knowledge of medical management, clinical sciences, evidence-based medicine, and evidence-based policy development.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future? In turn what are some of the opportunities RACMA could tap into?

There has always been, and may always be, a kind of 'love-hate' relationship between health bureaucracies and Medical Administrators. Most of us would know examples of jurisdictions that have promoted lay health administration at the expense of medical managers rather than acknowledging that a good balanced health service requires both 'lay' and medically trained managers. I particularly think medically trained managers bring a dimension of resilience and flexibility that will always make a health service stronger.

I would like to see the day where every Executive Medical Director role requires the possession of a FRACMA (or equivalent).

On a local Medical Administration/Leadership level, what are the challenges you can see that your Jurisdiction and the Committee will face in the future? In turn what are some of the opportunities your Jurisdiction and the Committee could tap into?

Tasmania has been greatly advantaged by the cooperation between the Commonwealth and the College regarding support for specialist leadership and medical management training. Our challenges will therefore be twofold. Firstly, to maximise the benefit of the resources we are currently enjoying in terms of encouraging and developing clinical leaders for the next ten years. Secondly, to make this benefit sustainable.



Peter Renshaw
MBBS, MBA, MHA, GAICD, CHIA, FCHSM, FRACMA

Executive Director of Medical Services – Launceston General Hospital and Primary Health Services North
Tasmanian Health Service North
Tasmanian Jurisdictional Committee Honorary Secretary



Dr Amber Winter
MBBS MHM FRACMA

Director of Clinical Training (Acting) – Royal Brisbane & Women's Hospital, Metro North Hospital and Health Service
Queensland Jurisdictional Committee Honorary Secretary

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

I was previously training in a clinical specialty but started to question my trajectory when I saw colleagues struggle to find permanent specialist roles in metropolitan hospitals. And on reflection, I realised I needed to find a medical career with sufficient variety of experiences, and opportunities for creativity.

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

I remember coming across an MJA Careers article by Dr Karen Owen. This was the first time I had really ever heard of the College or considered this pathway. But it seemed to tick the boxes in what I was looking for and matched my skill set. I then reached out to our state Jurisdictional Co-ordinator of Training and spoke to a number of Medical Administrators about their own experiences. I found this feedback very encouraging and so made the switch to Medical Administration training.

What attracted you to take up your position as Honorary Secretary on your Jurisdictional Committee? How important is the role of the Jurisdictional Committees?

I was approached by the previous Committee Honorary Secretary whilst still a Candidate. It seemed to me to be an excellent opportunity. I think the Secretary role has always been very important in ensuring that all Committee conversations and planning are wrangled into practical actions and outcomes.

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

I have noticed a real difference moving from Candidate to new Fellow, in that I now feel less like I have my 'finger on the pulse' with what is happening in our RACMA community. Being involved in the Committee keeps me up-to-date and gives me opportunities to contribute to and advance the broader sphere of our profession.

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

I think the best Medical Administrators I have encountered in my career display clear professionalism, with strong ethics and integrity; but are also sensible, self-aware, and even humble individuals. Being a good communicator is also, of course, of key importance.

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

Someone said to me once that, in the same way that we expect clinical specialists to have undergone rigorous training and education to ensure a level of technical competence, we should also expect Medical Administrators to be highly trained and educated experts in our field.

What are the challenges you can see that RACMA, and the field of Medical Administration in general, will face in the future? In turn what are some of the opportunities RACMA could tap into?

A major challenge that I perceive as a new Fellow is how to effectively lead and bring about real change in the setting of so many potentially discordant strategic and social directions and political pressures.

In the sphere of junior doctor training for example, there is a level of cognitive dissonance in enacting and ensuring cultural shifts towards improving doctor wellbeing and addressing burnout and excess fatigue occurrence. Whilst at the same time observing the effects of increasing economic pressures, growing utilisation and inherent increased working demands associated with societal shifts towards patient-centred care.

On a local Medical Administration/Leadership level, what are the challenges you can see that your Jurisdiction and the Committee will face in the future? In turn what are some of the opportunities your Jurisdiction and the Committee could tap into?

Following on from the previous question, I am enthusiastic about tackling such challenges when I observe the calibre of Medical Administration trainees progressing through in Queensland, and the level of collegiality that exists in this Jurisdiction between Fellows.



Member Q&A

Dr Felicity Jensen
MBBS MHM AMA(M) CHIA FRSTMH FRSM FRACMA

Assistant to the Chief Health Officer, delegate for exemptions – Queensland Health
QLD/NT Deputy Jurisdictional Coordinator of Training

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

I have always been interested in the system of healthcare and the socio-political factors which influence health. Clinical medicine provides direct care to a patient, and whilst this is interesting and rewarding, I felt that I could make a greater difference at a community or population level.

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

I worked as a Psychiatry Registrar and investigated the options for moving into management and leadership. I stumbled across the option of RACMA and investigated the benefits of the training program. At the time I applied, I knew of some influential and inspiring Fellows in Queensland and was intrigued to know more about the program.

What attracted you to take up your role as Deputy Jurisdictional Co-ordinator of Training?

How important do you see the role of Deputy Jurisdictional Co-ordinator of Training?

Candidacy offers a range of rich learning opportunities across both the public and private sectors. I was well-supported during my training in the Fellowship program, and taking on the role of Deputy Jurisdictional Co-ordinator of Training offers an opportunity to give back to the College.

I am interested in Candidates being able to experience learning opportunities which offer both a depth and breadth of complexity. It is important for the Candidate to feel confident by the end of their training program that they would be able to work and lead safely in multiple settings.

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

Involvement on the Committee is rewarding and I would encourage others to become involved whenever opportunities arise to join. Training of future medical leaders is a joint effort and it is vital that we have individuals at the table who are willing to serve and give back to the College.

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

The ability to be decisive is a key attribute, however this should be balanced with the ability to be flexible and seek counsel from others. Communication and an interest in other people is vital – a quality leader should be able to engage with their team. I think humility is important. We are all learning and continue to learn as we lead. A further quality is tenacity, which has been evident throughout the crisis in 2020, as medical leaders have demonstrated their worth.

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

This past year has reinforced the value of the medical leader in shaping health policy and providing evidence-based information to make difficult decisions. RACMA has an integral role to play in ensuring that the Australian healthcare system is led by qualified practitioners.

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

We need to assert the importance of the Fellowship and the training program beyond 2020 and maintain a position of authority as medical experts and leaders. I see this as an opportunity for the future.

We need to continue to communicate and demonstrate to our colleagues and politicians the value which a Fellow may offer to any setting, whether it be a hospital, health service, or in the department. I have been inspired by observing the Chief Health Officers in each state and territory lead from the front.

COLLEGE OFFICE

Thank You

TO MEMBERS

The College office would like to express our appreciation of all Members and the support they have provided throughout what has been a very challenging year for everyone. The staff have valued the willingness of Members across all jurisdictions to contribute to our key work.

We have received tremendous support for the numerous virtual site accreditation visits, the modified delivery of the FTP Program, and online delivery of practice examinations and Oral Examinations.

The RACMA team is also grateful for those Members filling vital roles on College and Jurisdictional Committees, such as Co-ordinators of Training, CPD Co-ordinators, Supervisors, and Preceptors.

Member involvement in College forums to develop and update various programs and projects, including the Fellowship Training Program Renewal Project and review of the Leadership for Clinicians Program, has been crucial.

The commitment and assistance of Members beyond their workplace roles and specific College roles has been significant to making the achievements of the College this year come to fruition. We admire the work you do in Medical Leadership and Management, and feel privileged to work with you.

We look forward to continuing to work with you in 2021.

First Joint, Expert-Led Webinar a Success for RACMA & BMJ Leader

Leadership challenges & opportunities in home/social care put under the microscope

As part of the partnership between RACMA and the BMJ Leader, an international, online roundtable of experts was organised to discuss "Leadership Challenges and Opportunities in Home/Social Care".

The event was hosted by Professor Erwin Loh, Board Member of RACMA and Chair of the RACMA Victorian State Committee, and Professor Amit Nigam, Professor of Management at the Cass Business School and Deputy Editor-in-Chief at the BMJ Leader. Chaired by Jane Banaszak-Holl, Professor of Public Health and Preventative Medicine at Monash University, the panel included leaders and researchers in home/social care from Australia and the United Kingdom.

In what was a first event of its kind for the partnership between the College and BMJ Leader, the roundtable panel featured:

- Tom Owen, Director of My Home Life England, an organisation dedicated towards facilitating learning and improvement in the care home sector in England
- Lincoln Hopper, CEO of St Vincent's Care Services, which looks after 20 not-for-profit aged care facilities across Australia
- Steve Allen, CEO of Friends of the Elderly, a charity that runs a network of care homes in the UK
- Professor Joseph Ibrahim, Head of the Health Law and Ageing Research Unit at the Department of Forensic Medicine at Monash University

The panel was lively and informative, and we cannot presume to summarise it here. We encourage RACMA Members to take the time to watch it in full [HERE](#).

The cross-national perspective highlighted a few key themes. First, it highlighted policy failures and a long history of inattention to the home/social care sector across countries. This neglect and inattention is not a new theme that emerged with COVID-19, but rather a long standing and cross-national issue. The novel coronavirus pandemic exposed the pre-existing gaps in the aged care systems that remain unfixed.

Second, it highlighted the strong punitive approach towards the sector among policy makers. Despite high profile national reviews and investigations, findings and recommendations are slow to be implemented. Once again, this is not a new issue with COVID-19.

Third, it highlighted the incredible tacit knowledge that exists among care home managers and staff. On the ground, care home staff and leaders navigate a complex day-to-day reality that can go unrecognised by policy makers and by professionals in tertiary care. This has allowed the sector to cope with the pandemic as best it can when other supports evaporated. Having said this, we have seen systems failures in the jurisdictions described because of a lack of resilience and resources, requiring support from private hospitals and other components of the health system.

Fourth, the panellists talked about the potential for improvements in the sector, enabled in part by technology. It is possible for care homes and other segments of the health care system to coordinate in ways that leverage the tacit knowledge, as well as new technologies, to better care for residents, better coordinate with other healthcare providers, and to provide better jobs and career paths for residents. Intrigued? Do watch the webinar.

Professor Nigam said he learned a lot about a sector that was critical to many people's lives, but often forgotten about.

"The panellists were lively, engaging, and provocative," he said.

"Together, they have a wealth of experience with the sector as leaders and researchers. The cross-national perspective opened my eyes up to my own blind-spots about the sector, and to see what a wealth of knowledge and experience exists among care home managers and staff."

Professor Loh said the older members of our community deserved our highest honour and respect.

"Building a health system that can better care for our elders not only means that we have a more robust healthcare system as our population ages, but it also shows us what we value as a society," he said.

"The panel of experts highlighted how we can improve the way we look after those who are most vulnerable, and I believe it will be the first of many more. I am excited to be a part of this important movement."

An in-depth article on the "Leadership Challenges and Opportunities in Home/Social Care" will be published in the BMJ Leader in the new year. For more information and to access the roundtable webinar recording, click [HERE](#).

Professor Erwin Loh
Board Member of RACMA
Chair of RACMA Victorian State Committee

Professor Amit Nigam
Professor of Management, Cass Business School
Deputy Editor-in-Chief at BMJ Leader



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