



Quality Healthcare through Medical Leadership in a Crisis

Quarterly Journal
Q1 2021

Contents

04 President's Report

Professor Alan Sandford AM acknowledges the success of this year's virtual Conference and the College's newest award recipients. He also looks at the role of Medical Leaders in the COVID-19 vaccination rollout and the success of the ongoing weekly Member forums.

06 College Update

Read the latest news and information for Members, including 2021 CPD requirements, an overview of the Australian Government's Specialist Training Program and the launch of new STP online leadership modules.

08 RACMA 2021 Conference

Read about the key learnings and insights from this year's conference – the College's first virtual conference which attracted a record attendance of more than 500 people.

12 Chief Health Officers Share COVID Insights

All of Australia's CHO's came together on one panel for the Conference to talk about their learnings through the pandemic, including gaining public trust, advising politicians and decision makers, and using expert advice.

15 Australia's No. 1 Health Leader on Medical Leadership

Dr Brendan Murphy shared his insights and thoughts about the key to Medical Leadership and controlling COVID-19 at this year's Conference.

16 Latest College Awardees

Learn who received this year's Honorary Fellowship, College Medallion, Distinguished Fellow award, New Fellow Achievement award, Supervisor of the Year, Preceptor of the Year and the Bernard Nicholson Memorial award.

20 Meet the Newest FRACMAs and AFRACMAs

The College has welcomed 18 new Fellows and 82 new Associate Fellows.

21 Member Profiles

Learn more about some of the College's key leaders. In this edition, we highlight some of the Continuing Professional Development Coordinators.



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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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.

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Honorary Editor:
Dr Andrew Robertson

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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



While 2021 has started somewhat differently to last year, our sphere of Medical Leadership continues to face challenges as a result of COVID-19.

We have witnessed some clusters across our jurisdictions in the first three months of this year, a strong reminder we cannot drop our guard against COVID-19. The need for empowered and qualified Medical Leaders in ensuring clinical quality, safety and system integrity remains clear; a crucial presence that we must maintain and build upon as key influencers of healthcare governance.

As Medical Leaders, for many of us, in addition to our existing roles, our attention now firmly focuses on supporting the development and implementation of sophisticated and functional population-wide vaccination programs within each of our jurisdictions. Open collaboration with colleagues in all levels of government and healthcare services will be crucial. Our medical leadership competencies come to the fore.

As the second phase of both the Australian and New Zealand governments' vaccination strategies are rolled out, it is critical we are part of the conversations that provide advice and guidance which will help lead to a streamlined, comprehensive and clear-cut program.

We support our Leaders in both countries as the sources of authoritative medical advice in regards to vaccination against COVID-19 to allow our Members and our communities, particularly the vulnerable, to feel safer. Please refer to the College's "Support for Australia and New Zealand COVID-19 Vaccination Programs" position statement.

As we begin to reconnect professionally and personally, I cannot express how buoyed I was with the overwhelming success of the College's first ever virtual Conference last month in what has become our new and learned mode of connection.

The event attracted the largest number of attendees we have ever seen with more than 500 registrations. It was marvelous to see so many colleagues and committed medical leaders come together. I also appreciated the opportunity to gather personally with colleagues such as in my jurisdiction of Queensland, as did others in New South Wales and Victoria.

Yes, RACMA 2021 was quite different to our last Conference where we all gathered in person. But nonetheless we weren't disappointed with the extraordinary calibre of speakers. How privileged were we to receive the personal insights and learnings from Australia's Health Chief, Professor Brendan Murphy, New Zealand's Director General of Health Dr Ashley Bloomfield and every Chief Health Officer across Australia's states and territories.

I would like to take this opportunity thank the Program and Steering Committees for all their efforts in organising this year's conference. A lot of hard work and countless hours go into making sure an event like this is a success, and they have had to adapt to navigating through uncharted territory for the College hosting its first online conference.

There was much intellectual tonic, which I for one believe has enlivened and inspired us all again. The conversing, collegiality and networking was not diminished through the online platform.

I would like to congratulate the College's latest Honorary Fellow, Professor Brendan Murphy. He has done an extraordinary job in being the exemplar in medical leadership and indeed now in the broader health leadership overall. I cannot think of a more deserving recipient of our Honorary Fellowship.

I applaud our latest award recipients who have displayed outstanding Medical Leadership skills and qualities and commitment to the College:

- Distinguished Fellow – Dr Jeannette Young PSM, QLD Chief Health Officer
- College Medallion – Dr Helen Parsons CSC and Dr Peter Lowthian
- Supervisor of the Year – Dr Claire Blizzard
- Preceptor of the Year – Dr Liz Mullins
- New Fellow Achievement Award – Dr Deepan Krishnasivam
- Bernard Nicholson Award – Dr Jeremy Wellwood

I also warmly welcome our latest group of Fellows and Associate Fellows to the College. I acknowledge your commitment and dedication and recognise this great achievement for all of you.

Finally, I want to touch on our weekly Member forums and express my appreciation to our special fraternity, or the "uber Brady bunch" as I like to call us. Born out of the need for support and connection through the Pandemic, the forums have developed into a platform to collaborate and gain further insights and fellowship from various peers and fellow Members.

So far this year we have covered some critical issues relating to our profession, including workforce distribution, the role of medical leaders for medical trainees, gender equity, the COVID-19 vaccination rollout, and the delivery of quality and safe surgery in rural areas.

I would like to take this opportunity to thank those Members in each jurisdiction who I put "on the spot" for their weekly update, and also the guest speakers who have graced us with their knowledge and expertise each week:

- Dr Michael Cleary PSM – State Director COVID-19 Quarantine (Office of the Director-General QLD Department of Health) and RACMA Immediate Past President
- Dr Magdalena Simonis – Australian Federation of Medical Women President
- Tony Austin AM – Senior Medical Leader
- Dr Shahina Braganza – Senior Emergency Physician, Queensland Health
- Professor Brett Sutton – Chief Health Officer Victoria
- Dr Tony Sparnon - President of the Royal Australasian College of Surgeons
- Dr Tony Sara – President ASMOF (NSW)
- Dr Dan Wilson – Chair of the Australian Medical Association's GPs in Training Advisory Committee
- Dr Don Mackie – Executive Director Medical Services Cairns and Hinterland Hospital and Health Service
- Prof Scott Kitchener – Senior Medical Advisor, Queensland Health
- Dr Hashim (Hash) Abdeen – Chair of the Federal AMA Council of Doctors in Training (CDT)

If you haven't joined the forums to date, I strongly encourage you to do so; it is a wonderful opportunity to connect, learn and share with colleagues and there are plenty more exciting guests I am enticing for the coming months.

Take care and stay safe.

Professor Alan Sandford AM
President

“ The need for empowered and qualified Medical Leaders in ensuring clinical quality, safety and system integrity remains clear; a crucial presence that we must maintain and build upon as key influencers of healthcare governance.

College Update

Get Published in The Quarterly

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



Continuing Professional Development (CPD) Requirements in 2021

Mandatory completion of CPD returns this year following the Medical Board of Australia and the Medical Council of New Zealand approved exemption for 2020 due to the difficulties posed by COVID-19.

Fellows are required to achieve a minimum of 50 hours per year including a mandatory PDP and Associate Fellows are required to achieve a minimum of 25 hours per year including a mandatory PDP.

Information to support Members with CPD guidance can be found in the RACMA CPD Handbook, which can be found at <https://racma.edu.au/members/cpd/cpd-handbook/>. If you are a New Zealand Member, please be sure to review the specific requirements of the MCNZ.

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

All you need to know about the Australian Government Specialist Training Program

Did you know that Commonwealth (Australia) funding is available to support new rural and private training positions? The [Specialist Training Program \(STP\)](#) is a Department of Health initiative designed to extend vocational training for specialist registrars working outside traditional metropolitan teaching hospitals - with an emphasis on training in regional, rural and remote areas and private facilities. RACMA manages 33 positions across three funding streams - Standard STP, Integrated Rural Training Program (IRTP) and the Tasmanian Project.

In 2020, RACMA was fortunate to receive Commonwealth support to develop materials and strategies to promote the STP. Following a delayed start due to COVID-19, a Project Manager was engaged and has focused on the development of an STP communication toolkit.

The first step was creating an [STP section of the RACMA website](#), which was developed in consultation with a focus group of Fellows, Candidates and Health Setting Staff. Each section (as depicted in the landing page below) has relevant content dedicated to each specific audience seeking STP funding - STP Supervisor, STP Candidate or Health Setting.



If you are a Supervisor, find out about:

- Responsibilities
- Who you interact with
- Time required
- Training
- Schedule of activities

The Candidate section is broken down into content areas for those in RURAL STP funded health settings, PRIVATE METROPOLITAN STP funded health settings and Integrated Rural Training Pipeline (IRTP) funded posts. The information covered includes:

- Rural Support Loading (RSL)
- Recording FTE spent in different locations
- Private Infrastructure Clinical Supervision

Health settings can find out more about:

- Eligibility criteria
- How to apply for funding
- Funding amounts
- Accreditation
- Contracts

For more information contact the team on 03 9088 7962 or stp@racma.edu.au

Specialist Training Program (STP) Online Leadership Modules Launched

New interactive, guided and self-paced Leadership Modules have been developed for Candidates in STP-funded posts, with STP Support Project funding from the Commonwealth Department of Health.

The modules provide opportunities for Candidates to reflect on their own workplace experiences and apply learnings to their roles as Medical Administrators and Leaders.

Videos and podcasts illustrating Medical Administration Leadership are incorporated into the resource. In the Rural and Private Health podcasts, RACMA Fellows and other invited speakers discuss issues, experiences and solutions working in private and rural health settings.

Themes explored in the Rural Health podcasts include:

- Professional isolation - risks, experiences and strategies to reduce its impact.
- Recruitment and retention of medical workforce - how to support doctors in rural and remote areas to ensure successful long-term careers.
- How the Remote Vocational Training Scheme works to support rural doctors.
- Challenges and rewards of working as a medical leader in rural, regional and remote health settings and what is required to achieve health reform in such a role.
- Leadership lessons from working in indigenous communities of the Northern Territory including around decision-making pathway uncertainties and the challenges these can bring to effective medical leadership.
- Benefits and barriers to practicing in rural and remote areas.

Themes explored in the Private Health podcasts include:

- Interacting with Boards and Committees: mission, regulation, ethics and accountability in private health.
- Measuring Performance and Analytics: juggling finance, the needs of patients, and accurately assessing and measuring performance in a highly regulated environment.
- Private Health Funding, Finance and Insurance: achieving an equitable balance between patient care, staff needs, and financial constraints such as complex scales of cover provided by insurers.
- Private Health Operations: Fostering engagement with Visiting Medical Officers.

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

First Virtual RACMA Conference an Overwhelming Success

It may have been uncharted waters for the College, but the event attracted more than 500 registrations.

RACMA 2021 delivered a speaker line-up of Australasia's most eminent health leaders, including Australian Department of Health Secretary, Dr Brendan Murphy, and New Zealand Director General of Health, Dr Ashley Bloomfield.

Normally held as a face-to-face event in October, the conference was delayed due to the ongoing impacts of COVID-19. As the events of 2020 played out, Program Committee Chair Dr Annette Pantle said it became apparent they had to pivot in terms of the theme, content, and delivery.

"RACMA is all about Medical Leadership and there have been very few events in our lived memory than when our profession was more important than it was last year through a global pandemic so Medical Leadership in a Crisis became the RACMA conference for 2021," Dr Pantle said.

"It took a concerted team effort and the committee members worked hard to secure the speakers and help frame the program. As the Program Committee Chair it was humbling to see it all come to fruition."

Attendees were treated to thought-provoking sessions with a mix of diverse, high-calibre leaders who openly shared learnings and opinions about the pandemic and other healthcare challenges from their experience in various contexts.

Dr Libby Lee (HK Hospital Authority), Dr Andy Simpson (former NZ CMO) & Dr JillAnn Farmer (Deputy Director-General, Clinical Excellence Queensland) led a highly interactive and insightful discussion with powerful reflections of diverse medical challenges in Hong Kong, New Zealand, and the United Nations. Focusing on the value of Medical Leadership, the group reinforced the importance of qualified Medical Leaders and RACMA training.

Partnerships and collaborations in the context of leadership in a crisis were explored by Commissioner Shane Fitzsimmons (who lead the response to the 2019/2020 NSW bushfires) New Zealand Director-General of Health Dr Ashley Bloomfield, Austin Health Medical Director Patient Safety and Clinical Excellence Dr Mary O'Reilly, and Queensland Health Medical Director Dr Peter Aitken. This panel was moderated by Qantas Medical Services Medical Director Dr Ian Hosegood and had more than 300 conference attendees tune in.

Commissioner Fitzsimmons said the core to crisis leadership came down to the fundamental leadership attributes of honesty, authenticity, empathy and respect.

RACMA Honorary Fellow Dr Bloomfield agreed.

"It's about clear, open and honest communication," Dr Bloomfield said.

"There's nothing like getting up and saying we don't know, or we got that wrong so we are going to change or now we have new evidence we will do this. That was fundamental to public trust and confidence during the pandemic."

Dr Pantle said medical management of medical emergencies was a key RACMA competency which Fellows and Candidates did not

often get the opportunity to experience first-hand.

"So the opportunity to learn from people who have been at the fore front of those emergencies and understand what they experienced and the take home messages for other medical leaders is invaluable."

National Rural Health Commissioner Professor Ruth Stewart examined how Medical Leaders and managers could improve the health of remote, rural and regional Australians.

RACMA Rural Policy and Advocacy Group members Dr Hwee Sin Chong (Executive Director of the Queensland Medical Rural Service), Dr Suzanne Phillips (Regional Director of Medical Services for the Kimberley region of northern WA) and Dr Allison Turnock (Tasmanian Department of Health Medical Director, GP & Primary Care) led a question and answer session with Professor Stewart.

"Adequate health services and strong leadership in rural areas enables excellence," Professor Stewart said.

"You (Medical Leaders) have influence, use it for good. Develop rural educational frameworks and link rural hospitals & rural primary care in networks of excellence."

The highly anticipated Chief Health Officer panel did not disappoint with all of Australia's CHO's and CMO's providing a candid insight to all aspects of their experience leading their jurisdictions through the COVID-19 pandemic (see page 12 for the report).

A wide range of subject matter experts in the Conference sub-themes of service planning and delivery, technology and workforce agility also provided engaging and informative presentations for this year's Conference Abstract sessions.

Conference Steering Committee Chair Dr Tony Sara said the extensive program offered attendees many take-home messages to adopt in their workplaces.

"Congratulations to the Program Committee for organising such outstanding speakers," Dr Sara said.

"Dr Brendan Murphy's keynote presentation really resonated. To hear straight from someone in his position that medical advice had prevailed with our politicians, and that medical managers had such a positive effect on the response to the pandemic was very powerful.

"Colleagues in NSW greatly appreciated the option to attend together. It was a valuable networking event for Medical Leaders. Given the highest registrations ever, I think it definitely could be worthwhile to offer a combined physical and virtual event in the future."

For those who registered and were unable to attend, the conference sessions have been recorded and can be accessed on the virtual platform using the login details you received after registration. The recordings will be available to view until 10 May 2021. If you have any questions, please email racmaconference@racma.edu.au.



RACMA 2021 Abstract Submissions

The Value of Medical Leadership

"Exceptional experience for everyone – Using metrics to lead change in a large national public and private hospital and aged care group." Professor Erwin Loh, Group Chief Medical Officer, St Vincent's Health Australia

"The value of Medical Leadership in managing COVID-19 related mental health symptomology." Dr Milind Rawal, Medical Administration Trainee, Hunter New England Local Health District

"Sprinting a marathon - The experience of COVID-19 from the perspective of a Medical Leader in a Victorian regional health service." Dr John Elcock, Chief Medical Officer, Goulburn Valley Health

"A private hospital perspective of leading the COVID-19 response in Victoria." Dr Luis Prado, Executive Director Academic and Medical Services and Chief Medical Officer of Epworth HealthCare
Dr Sidney Chandrasiri, Deputy Chief Medical Officer and Group Director, Academic and Medical Services, Epworth Healthcare

Service Planning and Delivery

"Waiting List Initiative Early Intervention Trans-disciplinary Clinic." Dr Sabapathi Subiramanian, Head of Women's and Children's Department Central Gippsland Health

"The National Mental Health Service Planning Framework as an example of healthcare planning for chronic disease." Dr Harvey Whiteford Professor of Population Mental Health, University of Queensland
Dr Kevin Fjeldsoe, Research Project Manager, Queensland Centre Mental Health Research
Dr William Kingswell A/Executive Director, QEII Jubilee Hospital Metro South HHS

Technology

"Artificial intelligence to improve patient safety." Dr Paul Lane, Director Medical Services, Townsville Hospital Health Service

"The design and implementation of a virtual ward during the COVID-19 pandemic." Dr Leah Barrett-Beck, Deputy Executive Director Medical Services, Metro North Hospital and Health Service QLD

Workforce Agility

"Health Service Alchemy – increasing Paediatric ICU capacity and creating Adult Covid-19 ICU capacity in a Tertiary Paediatric Hospital." Professor Nicki Murdock, Medical Director, Alder Hey Children's NHS Foundation Trust

Partnerships and Collaborations in the Context of Leadership in a Crisis



Dr Ashley Bloomfield
Director-General of Health and Chief Executive
New Zealand Ministry of Health

On leadership and forming relationships in a crisis...

Some days I would get up and think I don't know if I am up for this. There was a small sense of self-doubt, but then you realise we have been trained, we have great relationships across our health system and public sector. I have great people around me to give me good advice, so every day we played a straight bat.

We had to work hard at understanding the culture of some of our counterparts in the public service and private sector. We had to quickly learn what was behind the way they worked so we could form the relationship.

In the past year we have seen an extraordinary public response and public trust in the public service and government – in New Zealand it skyrocketed from around 50 per cent to 69 per cent in one year.

It is about clear, open and honest communication. Authenticity and de-jargonising everything into plain English was key.

There is nothing like getting up and saying we don't know, or we got that wrong so we are going to change or now we have new evidence we will do this. That was fundamental to public trust and confidence during the pandemic.

It shows that in any time and in any place, if the circumstances are right and people understand the why, they will do extraordinary things for each other.

People will generally accept a decision they don't like if it is explained properly and the reason is articulated, particularly when the benefit is for the greater good.

I also found it very helpful to be clear about my values and being myself from day one. When there is so much outside your control, you have huge decisions and very little information, the one thing you can always control is your behaviour. Coming across as calm was extremely important, even if you are unsure about something and the stress levels are super high.



Panelists

Dr Peter Aitken
Medical Director – Queensland Health

Dr Mary O'Reilly
Medical Director, Patient Safety and Clinical Excellence – Austin Health
Adjunct Clinical Associate Professor – Monash University

Moderator

Dr Ian Hosegood
Medical Director – Qantas Medical Services

Shane Fitzsimmons AFSM
Commissioner of Resilience NSW

Dr Ashley Bloomfield
Director-General of Health & Chief Executive – New Zealand Ministry Of Health

On making snap decisions in a crisis...

“The key thing is to make a decision.”
~ Dr Mary O'Reilly



Dr Mary O'Reilly
Medical Director, Patient Safety & Clinical Excellence – Austin Health
Adjunct Clinical Associate Professor – Monash University

On making snap decisions in a crisis...

The key thing is to make a decision. It was all very complex because you knew whatever decision you made, somebody would be unhappy about it. For us we had so many levels of involvement – state, federal, community, plus an Aged Care Royal Commission already in progress. This added many additional complexities.

The other problem was we often didn't have very much time. With very little time, it was making the best decision you could at the time with the information you had at the time. Sometimes there was no time for consultation and the decision had to be made then and there.

Dr Peter Aitken
Medical Director – Queensland Health

On legacies from COVID-19...

Continuing to break down silos and increased social connectivity is something very important to come out of the Pandemic.

As a residual legacy, I believe there has been a strengthening of the public health system. Considering an approach to disaster management that integrates disaster and crisis business continuity into day to day functions more rather than having it as something to the side where you activate in emergencies.



On the value of leadership in a crisis...

The core to crisis management/leadership comes down to fundamental leadership attributes. For me, having had the benefit over a period of time as the Commissioner with some statutory responsibilities for taking charge of major fire operations across the state, the political connection is fundamental in terms of the whole of government effort and the community communication and confidence that you are trying to build. I have worked for a number of different ministers and premiers. The core of sensible leaders is aligned to what is needed in terms of a crisis:

- authenticity;
- being really clear;
- honesty; and
- being very real about the circumstances of the situation and what needs to be done.

Good leaders realise it is not about them, it is about everyone else and it is about the issue you are dealing with and having empathy for those involved in the response effort or those being impacted/effected.

My observation during the last fire season I was involved with is that egos have no place. I think we dance around that subject. The reality is if egos dominate it is very disruptive, very problematic and you run the risk of losing that trust and confidence.

However, I found it exceptionally necessary and beneficial to have political leaders on the journey early. It is crucial to brief them candidly and openly about what we know, what we don't know, what we are doing and why and also what we are not doing and why we aren't or can't. But most importantly it is essential to be clear about what we want our political leaders to do.

There needs to be genuine respect and confidence in backing decisions in truncated times. Ultimately the political leaders that care, resonate and tie in very closely with the subject matter experts and the disaster at hand.



Shane Fitzsimmons AFSM
Commissioner, Resilience NSW

Chief Health Officers Share COVID Insights

All of Australia's CHO's came together on one panel for the Conference to talk about their learnings through the pandemic, including gaining public trust, advising politicians and decision makers, and using expert advice.



Dr Jeannette Young
Chief Health Officer and one of the Deputy Directors-General in the Department of Health Queensland

On lessons learned through COVID-19...

1. We should not develop systems on the hop. We should have systems in place before entering the crisis/disaster/Pandemic or whatever it is. Having the AHPPC (Australian Health Protection Principal Committee) as a functional committee as advised by the CDNA (Communicable Diseases Network Australia) was fantastic and the fact that we then took that and met every day with colleagues.
2. It is critical to bring the community on the journey with you. Right from day one when I had very little idea what we might be facing, I engaged with community and the media and it was fascinating taking the media on the journey as it was the same people every day. I think their involvement from day one has been critical and because of them I could then take the community on that journey.
3. Have a plan but be flexible and evolve as you get more information. It is important to have a forward plan so you can try and work with people to let them know where things might be going.



Professor Tony Lawler
Chief Medical Officer and Deputy Secretary – Clinical Quality, Regulation and Accreditation Tasmania

On lessons learned through COVID-19...

What really resonated with me was that fine line that has to be walked between consistency and flexibility. There must be a plan but that also has to recognise the fact that when we were making decisions around the northwest hospital this disease was three months old. There wasn't a huge body of evidence on which we were able to rely.

I think the way in which Chief Health Officers across the country have maintained that balance, walking in lockstep with political leaders, is through transparency.

Unlike in some other countries, Australia demonstrates a respect for science and knowledge and a respect for expertise that we should be happy about and comfortable about because I think it has set us up for a world class response.

I think we need to maintain that connection with the community. Sometimes the community is the health system, but sometimes that community needs a systems-based understanding. Tasmania describes itself as having the most dispersed population in Australia. The separation and the isolation we feel in cities is exacerbated in those rural, remote and physically separated communities and that has to be kept in mind. But also that personal connection. Getting together when we can and when we are allowed to and understanding how the decisions that are made are affecting individuals directly.

Dr Andy Robertson
Assistant Director General and Chief Health Officer within the Public and Aboriginal Health Division Western Australia

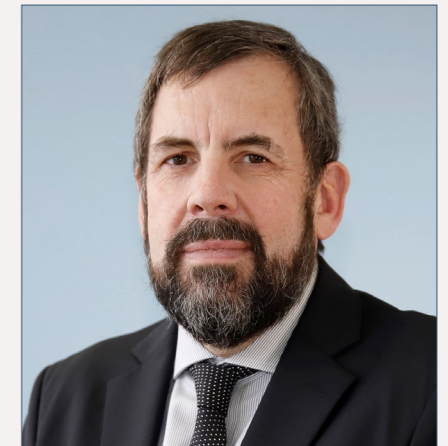
On lessons learned through COVID-19...

We have not only brought the community along with us but the government, politicians and media as well. But what we have gained more usefully is an acceptance across politics and our communities of the role of being able to make risk assessments, quantifying the risks and managing the risks.

We have also had an acceptance that a lot of the work is complex and there is a lot of ambiguity, so we need to be able to have the evidence and the risk management framework to work through that.

There is now also an understanding we have to make decisions and often the decisions have to be made very quickly with limited information and a lot of ambiguity and we are going to get questioned on this. But there is an acceptance that we will.

I think finally the advice we have provided has also been adopted, which I have not seen in my career. There is also a scrutiny we would have never seen before and I think that will be quite useful going forward.



Professor Nicola Spurrier
Chief Public Health Officer South Australia

On lessons learned through COVID-19...

My main personal focus during the Pandemic was to maintain community confidence.

When you think of a public health physician, I always think of the community and population in South Australia as "my patient" and because of this my job is to ensure we communicate to the whole population. I think being a Chief Health Officer is about coming to the fore and being confident to talk to the media, as this is how we communicate to the population.

If you are going to see the whole population as your patient, then you can't do that on your own. The only way you can work in public health medicine is by partnerships and getting as many people as possible on board. We need to know our stakeholders and convince people that our plans and recommendations are the right things to do.



Professor Brett Sutton
Chief Health Officer Victoria

On lessons learned through COVID-19...

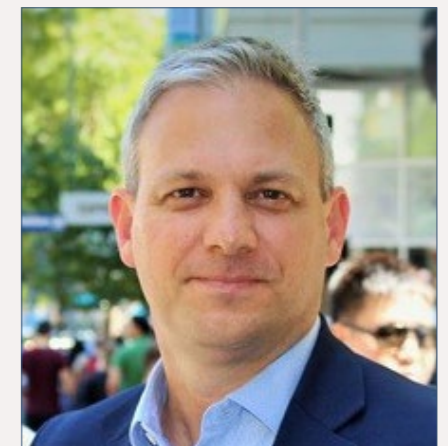
Public Health was elevated ... in a way that was effectively unprecedented in Australia. This was really important.

I think it's really something to celebrate that the people who came together in AHPPC and the ways in which we brought our leadership styles and our interactions was really fundamental in the success that we've gotten to in Australia.

The Chief Health Officers looked to the evidence and continued to challenge each other and to be open to new analysis, new reflections and new insights in ways that meant we could get to a point of decision-making across so many different issues. This was stronger by virtue of that ability to reflect and adapt and take a pathway that has ultimately served the Australian community really well.

Coming together under the AHPPC, when each of us operate across multiple jurisdictions with substantial sovereignty when you consider each state has their own health acts, public health acts or public health and wellbeing acts - is something to celebrate. The ways in which we brought our leadership styles and our interactions was really fundamental in the success in where we are in Australia.

[note AHPPC stands for Australian Health Protection Principal Committee, an advisory committee to National Cabinet]





Dr Kerry Chant
Chief Health Officer and Deputy Secretary Population and Public Health
New South Wales

Lessons learned through COVID-19...

The COVID-19 pandemic has highlighted the need to continually learn and embrace new evidence. Since the start of the pandemic, evidence has emerged about the transmissibility of COVID-19, the settings that promote transmission and the role of upstream and downstream contact tracing.

The benefits and efficiency of using whole-of-government assets is another key learning from the pandemic to-date. This has been particularly evident in the impacts of these assets on NSW Health's contact tracing at-scale. Contact tracing efficiency has been increased through the use of a single dominant platform for QR codes, the ability for NSW Health to use real-time transport data and through the integration of digital transport data into text messages to contacts for rapid notification.

The pandemic has also demonstrated the importance of structure, local knowledge and grounding to communities in managing a successful health response. NSW has a local health district system which includes hospitals that are responsible for the local community within their geographical bounds. This is a key strength of the response in NSW because districts have local knowledge of communities. This includes an understanding of how to best engage local communities, knowledge of threats and challenges at a local level and an ability to operationalise testing clinics appropriately to meet district needs.

Local challenges regarding access to COVID-19 testing or promotion of health seeking behaviours are often identified in certain areas or communities. Working with leaders in communities such as multicultural health, religious leaders, GPs and other health professionals is key to understanding barriers and challenges confronted by the community in following COVID-safe practices and presenting for testing. Local knowledge is integrated into communication campaigns and engagement with stakeholders and also addressed through practical solutions such as making testing easier and more accessible in location and setting.



Dr Hugh Heggie
Chief Health Officer and Executive Director of Public Health and Clinical Excellence
Northern Territory

On lessons learned through COVID-19...

For me it is about trust. It is critical to trust yourself and your own decision-making, trust in your team and trust in the organisation in order to build community trust. Although I sign public health orders, sometimes the decision making is by a committee. I have always been considered in my clinical decision making. Especially when I have worked in remote communities and have been involved in air medical retrievals so there is the same rigour when you have complex clinical issues. You carry out an assessment based on risk, current evidence and science and we grew to know a lot of things about the behaviour of the virus and who was most harmed.

It is important to not do things with haste because when you do, you don't capture all of the issues and you don't get everything quite right. So that was something we made sure we avoided.

I was always searching for what was happening in other places in the world that would inform how we did things. It was a challenge but we closed the borders. And that has a lot of consequences on the population and on industry. I was one to partner with the community and come on a journey why we were doing it, explaining the controls, the current science and adding to it when we knew more.

The Team I am involved with in AHPPC and my local team have been essential in my journey on this.

And I have also made it a priority to look after myself. I have given myself time for self-care, maintained a very intense exercise program and given myself time to think – not just about work.



Quality Medical Leadership Key to Controlling Virus, says Australia's No. 1 Health Leader

Strong Medical Leadership guiding government decision makers has been the key behind Australia's success in controlling COVID-19, according to the nation's leading health advisor, Department of Health Secretary Dr Brendan Murphy.

The Pandemic has seen an emergence of Medical Leaders across Australia, Dr Murphy said.

"There is nothing like a public health crisis to demonstrate the value of having people with a strong clinical background in leadership roles in the health system," Dr Murphy said.

"I would say those states that have done better than others in their responses are the ones that have had the strongest and embedded clinical leadership."

Speaking at the College Conference, Dr Murphy said people, rather than structures, guided Australia's response to the Pandemic.

"It has been the capacity of us as a federation to work together to have relatively consistent approaches," he said.

"The Commonwealth Government has played a very clear leadership role but we don't deliver public health services on the ground and we had to work in partnership with the effector arm in the public health services.

"A dynamic environment was created in the response to COVID."

Reflecting on the Pandemic, Dr Murphy was fascinated with the role of experts, the media's hunger for them and their influence on the community.

"We brought experts to the AHPPC (Australian Health Protection Principal Committee) to provide advice to governments and they were crucial to decision making early on," Dr Murphy said.

"The challenge was to find balanced expert advice. For example, we found some of the expert advice for some governments was much more risk adverse than that of another."

Despite a lot of narrative questioning hotel quarantine as an effective intervention, Dr Murphy believes it was one of the tools that "saved" the nation from widespread community transmission.

"Whilst there have been some breaches, we have to remember we have brought back over half a million Australians and only one percent tested positive," he said.

"So, the great majority of those cases were competently managed by the state and territories health authorities in quarantine."

Suppression of the virus with no community transmission remains the end goal. And while Australia is currently "in a good place", Dr Murphy said the nation's community had no immunity to COVID-19, which puts Australia at risk to widespread transmission until the population is vaccinated.

"Once we have protected our vulnerable population we may be able to tolerate a little more community transmission," he said.

"But the key role of the public health response capability and keeping our testing rates up until we get to that safe place cannot be over emphasised."

The Australian Government aims to have offered every Australian adult the COVID-19 vaccination by the end of October this year.

"It will be a very challenging task," Dr Murphy said.

"We don't know yet to what extent the vaccines will prevent transmission and to what extent we will get herd immunity and whether we will need booster doses if different strains become predominant.

"But I believe the new technologies like the MRNA vaccines are much more readily refashionable and they may be the face of the annual flu vaccines in the future."

<Those who registered for the conference can view the full keynote presentation from Dr Murphy with their login details to the virtual platform.>

College Award Recipients



Dr Helen Parsons CSC College Medallion

Dr Parsons received the College Medallion for outstanding service to the College Board and Membership.

Dr Parsons has been a highly active Member of RACMA, dedicating her time and expertise to numerous committees, working groups and in mentoring roles.

She has provided active support to Candidates as a Coach and Preceptor for many years and has also been a member of the Board of Censors examining both at the Trial and Oral examinations.

In 2016, she joined the RACMA Board as a Director and was re-elected in 2019.

In her role as Chair of the Policy and Advocacy Committee, Dr Parsons has been the driving force behind strengthening the College's voice and presence in healthcare advocacy.

Dr Parsons said she was very honoured to receive the College Medallion.

"I have been a member of RACMA for over 20 years and it has been a real privilege to contribute to the development of Medical Leaders throughout Australia, New Zealand and Hong Kong. I've always enjoyed and been somewhat in awe of the diversity, skills and experience of our College Members. There is a huge amount of talent amongst us.

"For Members thinking about becoming more involved in the College I would strongly encourage you do so. I have learnt so much in my time from College Members and have made lifelong friendships.

"RACMA Members have enormous potential and I look forward to working with many of you in the future as a member of the Board and on committees in the College."



Dr Peter Lowthian College Medallion

Dr Lowthian was awarded the College Medallion for outstanding commitment to Candidate learning in Medical Leadership.

Throughout his specialist clinical career Dr Lowthian has also served consistently in executive Medical Leadership roles with Cabrini Health Australia since 1993, most recently as its Group Director Medical Services and Clinical Governance over the past decade.

Dr Lowthian became a Fellow in 2011, he also holds Fellowships with the Royal Australasian College of Physicians, the Australasian Faculty of Rehabilitation Medicine, and the Royal College of Physicians.

Since 2011, he has brought his leadership background and experience in teamwork to RACMA through his roles as a Supervisor, Preceptor, and Executive Coach for RACMA Candidates throughout Victoria.

Dr Lowthian joined the Board of Censors in 2016 and has been the Censor-in-Chief for the past two years. He also recently led the review of the RACMA Leadership for Clinicians program and its articulation with Associate Fellowship status.

Dr Lowthian was delightfully surprised to receive a College Medallion.

"Medical Administration, I think, is a fundamental underpinning of our health systems and services and we are really fortunate to have a diverse group of Members – all of whom are supported by the wonderful administrative staff of the College," Dr Lowthian said.

"I have always seen my work supporting education and training of our trainees, colleagues and other clinicians as being a small way I can give back to the profession. I have learnt so much from these interactions with you all."

Dr Brendan Murphy Honorary Fellow

Dr Murphy was awarded Honorary Fellowship for sustained commitment and excellence in health administration and management at the highest level, driving improvements in healthcare for all Australians. Also, for exemplary leadership to all Australian health professionals and the Australian community, particularly in Australia's response to the COVID-19 pandemic.

Dr Brendan Murphy has had a long and distinguished career in health administration and management. A nephrologist by profession, Dr Murphy's Medical Leadership roles have included:

- Secretary of the Australian Department of Health - first medical doctor in the position
- Australian Government CMO
- The Australian Health Protection Principal Committee (AHPPC) Chair
- CEO of Austin Health for more than 10 years
- Chief Medical Officer (CMO), deputy Chief Executive Officer (CEO) and director of nephrology at St Vincent's Health over a 10-year period
- President of the Australian and New Zealand Society of Nephrology
- Board member of various organisations including Health Workforce Australia, the Florey Institute of Neuroscience and Mental Health, the Olivia Newton-John Cancer Research Institute, and the Victorian Comprehensive Cancer Centre

Dr Murphy has also excelled in academia. He has a long-standing affiliation with the University of Melbourne and additional adjunct professorial appointments with Monash and the Australian National Universities. Dr Murphy is widely published in his specialist area of nephrology, has supervised many successful PhD candidates and overseen research grants well in excess of a million dollars.

Dr Murphy said he was deeply honoured to receive Honorary Fellowship and looks forward to a long and positive association with RACMA.

"I am a huge believer in the role of medical leaders and the College has played such an important role in providing that medical leadership right across the health system," he said.

"I hugely value colleges generally, but this College really represents to me what I stand for – which is the role of medical professionals in leading the health system. All the evidence in my world has shown that Medical Leaders are the key in many situations to a strong and functioning health system."



Dr Jeannette Young Distinguished Fellow

Dr Young was awarded Distinguished Fellow for years of ongoing commitment to public service and achievement in the wider healthcare system. Also, her individual role in the COVID-19 response and the significant impact she has had in keeping Queenslanders safe.

Dr Young has been Chief Health Officer (CHO) for Queensland for 15 years, and also Deputy Director-General of Queensland Health's Prevention Division. In these roles, she has put the spotlight on children's immunisation; implemented strategies to address rising obesity rates and set up the Retrieval Services Queensland.

Her experience in disaster preparation and management includes advising government through natural disasters like tropical cyclones Larry and Yasi and the 2010-11 floods as well as advising on influenza season management, MERS threats, swine flu and dengue fever.

Prior experience and utilisation of an established flu pandemic plan enabled her to lead strategic COVID-19 disaster planning and preparation. Since the outbreak of the COVID-19 in January 2020 Dr Young has been the State Health Incident Controller for the management of the Pandemic response. She has provided clear and consistent leadership and advice to Government and the public.

Dr Young has held multiple appointments across the broader health and academic sector in Queensland and nationally and she has a list of appointments recognising exemplary commitment to Medical Leadership.

Dr Young was "absolutely thrilled" to receive the award not only in recognition of her work as the CHO of Queensland for the last 15 years, but also her role as state health incident controller for COVID.

"I'm very fortunate to be a member of a team who have been essential to the work I have done," Dr Young said.

"We all know how important teams are but in a crisis they are critical. I am also grateful to the broader RACMA team. These colleagues have come to the rescue time and time again. I'm so proud to be a Fellow of RACMA and truly honoured that you have chosen to bestow this award on me."





The Margaret Tobin Challenge

Dr Margaret Tobin was passionate about developing leadership in the field of mental health. The RACMA Fellow dedicated two decades of her career to managing and reforming mental health services in South Australia, New South Wales and Victoria.

It has now been 18 years since Dr Margaret Tobin was murdered and this year the Conference featured a panel outside of the Margaret Tobin Challenge for Candidates, dedicated to mental health.

The session delved into many aspects surrounding Margaret Tobin's career and issues which continue to raise questions for Medical Leaders within the field of mental healthcare and beyond around:

- the delivery of and access to quality mental health care;
- improvements in care and outcomes for people with mental illness; and
- the stigma associated with mental illness and the flow on effect it has on those who work in the sector and on policy-making.

The panel was led by Dr Nick O'Connor. Dr O'Connor is Clinical Lead of the Mental Health Patient Safety Program, NSW Clinical Excellence Commission, a FRACMA and a Fellow of the Royal Australian and New Zealand College of Psychiatrists.

Speakers included Dr Melissa Sweet, Dr Beth Kotze and Dr Murray Wright.

Dr Sweet is a public health journalist, managing editor of Croakey Health Media and author of "Inside Madness", which looks at the life and career of Dr Tobin.

Dr Sweet has been writing about health and medical issues since the late 1980s. Her most recent academic publication (co-authored) is: "Converging crises: public interest journalism, the pandemic and public health". Her most recent journalistic publication is co-authored with Dr Tess Ryan: "The long road to healthcare justice".

In 2017, Dr Sweet completed a PhD at the University of Canberra, titled: "Acknowledgement": A social journalism research project relating to the history of lock hospitals, lazarets and other forms of medical incarceration of Aboriginal and Torres Strait Islander

people. This was awarded the Parker Medal for the University of Canberra's most outstanding thesis of 2017.

Dr Kotze is Director of Child & Adolescent Mental Health Services for Sydney Local Health District Mental Health. She is a FRACMA and a Fellow of the Australian and New Zealand College of Psychiatrists. Dr Kotze has held senior executive, leadership and management positions over more than twenty years during which time she has contributed to mental health service development, mental health policy, psychiatry education and practice. Dr Kotze spoke about the legacy of leadership.

Dr Wright has been the Chief Psychiatrist with the New South Wales Ministry of Health since 2014. He is responsible for overseeing quality and safety for mental health services, investigating and reviewing critical incidents associated with mental health services, and contributing to improvements in patient safety. Dr Wright has had a long-standing interest in service improvement, quality and governance, and played a significant role in the introduction of the first Maintenance of Professional Standards program by the RANZCP in the early 1990s. Dr Wright spoke about responding to the risk in our midst: managing the disruptive or impaired colleague.

This year the Margaret Tobin Challenge attracted five Candidates from New South Wales, New Zealand, Queensland, Tasmania and Victoria:

- Dr Isabelle Kapterian, Medical Services Coordinator, Sydney Adventist Hospital. 2D or not 2D? The lessons learnt in the shift to virtual accreditation surveys.
- Dr Brian Yow, RACMA Registrar & Health Informatics Fellow New Zealand: "Agile Clinical Leadership in COVID Digital Health Response."
- Dr Gaurav Puri, Clinical Excellence QLD: "Bringing you care

anywhere. VOICeD – Virtual Outpatient Integration for Chronic Diseases."

- Dr Shehzad Kunwar, north west Tas gave a personal & frank insight into managing COVID while having COVID looking at essential leadership skills needed.
- Dr Sophie Adams (psychiatrist): "Redefining Healthcare-Telehealth Use during COVID in a primary care mental health setting."

Judged by Censor-in-Chief Dr Peter Lowthian and Continuing Education Program Committee Chair Dr Liz Mullins, this year's competition was one of the highest calibre in the history of the Challenge Award. The judges found it extremely difficult to find a winner, however after much deliberation, Dr Brian Yow was chosen as the 2021 Margaret Tobin Challenge recipient.

Shocked and surprised with the decision, Dr Yow was very grateful.

"There was a fantastic array of presentations from all Candidates," Dr Yow said.

"It is an incredible honour to win the highly prestigious Margaret Tobin Challenge, which upholds the spirit of quality and excellence in healthcare leadership.

"RACMA is a growing domain in Aotearoa New Zealand and it was a privilege to have this opportunity to showcase the values of the College, aligning with the cornerstone mission of our profession."

The New Zealand Candidate's presentation concentrated on how a small agile team built an automated, real-time COVID monitoring and decision support system with locality mapping and big data. Dr Yow and the team he works with converted the digital emergency response system developed for the White Island disaster into a COVID monitoring tool.

"It was an amazing team effort from the core ROM Team of about 15 specialists and over 50 people had worked on various components over the course of the COVID-19 pandemic response," Dr Yow said.

"In the early months of 2020, as successive countries were being overrun, medical leaders had to lead by example, employing our RACMA training and crisis management frameworks to coordinate, collaborate and communicate at the forefront of the pandemic response.

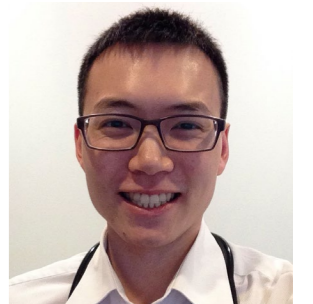
"No one had all the answers, everyday was different and only through teamwork, mutual support and the boundless passion of the entire health sector did we emerge from the other side, with many lessons learnt to take forward into the future."

In detailing the digital emergency response application case study, he highlighted the value of Medical Leadership in a crisis and explained the importance of teamwork, trust and mutual respect.

"Empowered and engaged multidisciplinary clinical teams, driven by a worthy cause, can make all the difference," he said.

"The amount of politics, bureaucracy and tribalism that vanished overnight (when COVID hit) speaks volumes about the philosophy of lean and agile co-design.

"Every opportunity is another building block towards a safer, more equitable and sustainable health system."



Dr Brian Yow
Margaret Tobin Award Recipient

Supervisor of the Year – Dr Claire Blizzard

For her support and encouragement to her Candidates, going above and beyond what was anticipated. Also, for creating a powerful learning and training environment.

Preceptor of the Year – Dr Liz Mullins

For providing significant and ongoing support, feedback and advice to Candidates. Outside the preceptor program, Dr Mullins is always willing to provide tutorials for both Victorian and New South Wales jurisdictions and also offered stand-alone tutorials for small groups.

New Fellow Achievement Award – Dr Deepan Krishnasivam

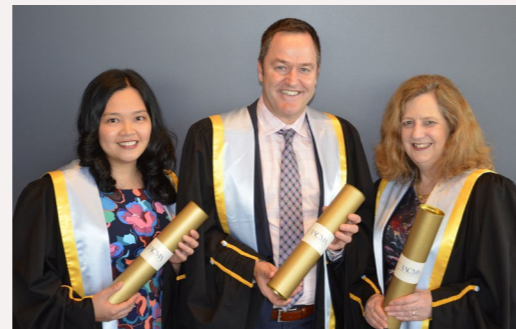
For ongoing and exceptional commitment to supporting Candidates and College training in Western Australia.

Bernard Nicholson Award – Dr Jeremy Wellwood

The most outstanding Candidate at the 2020 oral exams.

Congratulations to our New Fellows & Associate Fellows of 2020

The College Conferred 18 New Fellows and 82 New Associate Fellows



FELLOWS

Suhanthini Baskaranathan
Ken Cheng
Thomas Connell
Astor de Silva
Nigel Fellows
Stephanie Hadikusumo
Allison Johns
Natalie Klees
Kean Kuan
Kent McDonald
Mary O'Reilly
Piraveen Pirakalathanan
John Robson
Sudeep Saraf
Susanty Tay
Jonathan Wallace
Amber Winter
Kellie Wren

ASSOCIATE FELLOWS

Ramu Adusumalli	Robert Gluer	Pradeep Mishra	Deky Souvannavong
Deborah Amott	Heide Griesemann	Titus Mohan	Amanda Stevanovic
Aparna Arjunan	Isaac Hohaia	Orla Morrissey	Peter Subramaniam
Andrea Baas	David Holden	Vince Murdolo	Merlina Sulistio
Paul Bergamin	Abdul Qadir Imran	Allison Newman	James Tadros
Sandeep Bhagat	Ian Irving	Heidi Newton	Girish Talaulikar
Habib Bhurawala	Vasudha Iyengar	Patrick O'Neill	Nadim Taoum
Michelle Bryson	Rebecca Jack	Robin Paterson	Peter Thompson
Robin Burr	Karin Kit Chee	Maria Paul	Keith Yong Giek Tiong
Sonia Chanchlani	Jodlowski-Tan	Sharon Paull	Keith Towsey
Nanda Kumar	Hitesh Joshi	Charles Phillis	Margaret Truesdale
Sakaleshpura	Beth La Brooy	Timothy Platt	Anneke Van der Walt
Chandrashekar	Guy Lampe	Sanjay Porwal	Amrita Venkataramani
Behzad Eftekhari	Diana Lawrence	Daniel Pronk	Marianne Vonau
Hashtika Ellepola	Joanna Lawrence	Craig Quarmby	Lara Wieland
Vivek Eranki	Sharmila Lawrence	Doug Randell	Angela Williams
Glen Farrow	Sean Wei Leow	Gopala Rangan	Edward Wims
David Gaskell	George Mabeza	Phillip Read	Anthony Wong
Charles George	Rajesh Malik	Vincent Rossis	Sharon Wong
Timothy Geraghty	Sharon McAuley	Arun Sasi	Andrew Woods
Jamal Ghannam	Kathleen Melville	David Simon	Jamie Young

Member Q&A



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

I was working as a GP and got involved in the development and growth of primary care management of hospital outpatients in New Zealand. I found it fascinating that I could look after a population rather than 2000 individuals and decided to explore that further.

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

Soon after making the decision to remain in Medical Management, a colleague who was a FRACMA spoke with me about the benefits of getting the Fellowship. I looked into it and decided to take up that challenge.

What attracted you to take up your role as CPD Coordinator?

How have you benefited by carrying out the responsibility?

Realistically, the previous co-ordinator resigned and I was the only one on the State Committee with no portfolio! However, I am very happy that I took this on and have been able to assist with the transition to a more formal CPD process. The greatest benefit is that we have a monthly meeting that involves all States, NZ and Hong Kong. We hear about what is happening in each of our areas in CPD as well as in the wider Medical Management spheres.

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

It gives Members the opportunity to understand some of the background workings in the College and how complex these can be. It helps us to understand the amount of work that has to be done for something that appears as simple as CPD and the amount of work done by our Admin staff.

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

The training that we undertake in preparing for FRACMA is applicable in multiple situations. It prepares us for the range of complex situations we are engaged in and provides an academic and evidence-based base that Fellows can use when faced with typical and atypical issues.

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

Because RACMA is not clinical but works largely alongside other managers, it therefore does not have a visible presence in some hospital services. There is a risk that Medical Administration and hence the College will be undervalued.

Dr Allan Pelkowitz
MBBCH (Wits), FRACMA

WACHS Midwest

Member Q&A

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

I trained as a urologist in the early 1980s. During my clinical career I saw some poor results and even poorer responses that made me interested in the surgeon's role in patient safety and quality. This intensified when I worked in a privatised, public hospital which had no medical administration at all and a "tick-box" approach to governance. I was so concerned that I became involved in the political push that successfully returned the hospital to state control. While at the hospital I suffered a work-place accident that restricted my right arm movement and made it difficult to practice as a surgeon. While I was recovering, I came across an advertisement for a deputy DMS role in Sydney and felt it was the next step to stay in a medical career and further my interest in improving healthcare delivery. As I had absolutely no experience in medical leadership or administration, I am very grateful to the interview panel who gave me the job.

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

My initial plan was to spend about 18 months in the deputy DMS role to see if it really suited me. In fact, it was one of the better decisions in my life as I found it very fulfilling and much more satisfying than urology. I also realised that as an administrator I was able to beneficially influence the health outcomes of a far greater number of people than I had as a surgeon. I was given a lot of help by my hospital, health district and director but it became obvious that if I were to do the best job possible, I would need to undertake training and fulfilling the requirements of the FRACMA was the obvious answer. I was impressed by how the separate parts of Fellowship training added to a complete package: three-years supervised work, an MBA or equivalent, research, small written exercises and compulsory tutorial and workshops, finished off by a not very easy exam.

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

While I was a Candidate, I played a small role in College management as the NSW Candidates' Representative on the state jurisdictional committee. When I got into my mid-60s I decided to retire from full-time work to follow some other interests and do occasional locums. I wanted to put something back into the College and saw the role of CPD co-ordinator as a way of doing this. As I had some free time, I felt I would be able to put some effort into the job.

I have benefitted by speaking or meeting with many of the NSW Fellows and Associates who have asked for help with their CPD or needed a gentle reminder that the deadline for accreditation was approaching. More significantly, through membership of the College CPD committee I have been able to represent the concerns of the NSW Members and influence the development of the CPD program.

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

The College can only reflect the interests of its Members if those Members are active in its life. A key aim of the College is to improve the quality of Medical Administration in the various jurisdictions and an important part of this is providing and certifying continuing professional development. By being active in College affairs, through membership of the CPD Committee, I can help ensure that the College's program is shaped to meet the needs of Members and hopefully this improves the Fellows' practices.

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

I have worked in a public hospital that did not have a qualified Medical Administrator. "Rule of the jungle" is probably the best way to describe the result. Without a doctor to objectively advise, advocate, communicate and collaborate with the medical staff and hospital management, the more dominate senior doctors pushed through their pet projects with little regard to the overall needs of the community or patients. There was very little engagement with the medical work force to ensure that patient safety and the quality of their healthcare were priorities.

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

While Medical Administrators must always be part of the management team, my experience is that the importance of their role in the team is gradually being downgraded with an increase in the numbers of managers with no clinical background. Medical Administration is also affected by recruitment and workforce issues with many positions, particularly outside the cities being difficult to fill. I believe the College must offer training and CPD which is capable of remaining relevant as the healthcare system evolves.

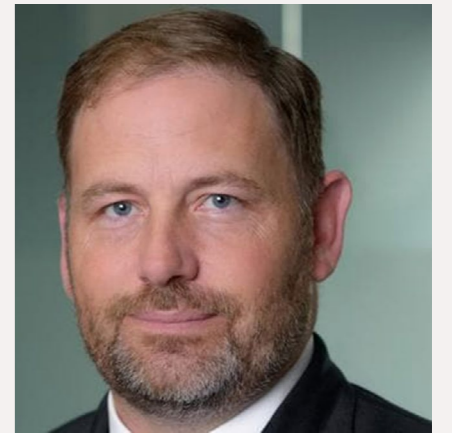


Dr Greg Watters
MBBS, BA(Hons), PhD, FRACS (ret.), MHA, FRACMA

Locum DMS

Professor Anthony (Tony) Lawler
BMedSci, MB BS, MBA (Health Mgmt), FACEM, GAICD, FIFEM, AFRACMA

Chief Medical Officer and Deputy Secretary –Clinical Quality, Regulation and Accreditation
Tasmanian Department of Health



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

I started in Emergency Medicine- the clinical variety attracted me as did the opportunity to teach, research, manage and lead, all in the same shift!

Over time, I steadily moved into medical leadership roles, as I was attracted to the ability to improve outcomes by improving governance and policy on a broader scale, even if it was at a remove from "the clinical coal-face". With changes in position, the focus shifted for me from direct operational responsibility at the unit level, through hospital-wide EDMS and Education and Training roles, until I eventually ended up in the Tasmanian Health Department in 2013. While I started in the Department providing clinical input to planning and purchasing strategies, my role has evolved so that now, as the state's Chief medical Officer, I have been able to engage in broad strategy, governance review, system design, and advice to politicians and other key decision-makers.

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

In 2015, well before I commenced RACMA training, I completed my MBA. While I had completed medical school to be a doctor, and Emergency Medicine training to be a specialist, the MBA was my first real experience of study just to learn more. I found it changed how I approached my role, and also revealed some of the biggest gaps in my skill-set. The transition to FRACMA training seemed the next logical step. I had enjoyed the Leadership for Clinicians program, and felt ready for the next challenge- and another Fellowship! I have been accused of chasing post-nominals- until I point out that by going from AFRACMA to FRACMA I actually lose a letter!

What attracted you to take up your role as Candidate Representative on your Jurisdictional Committee? How important do you see the role of Candidate Representative?

I have always enjoyed the value and challenge of representative roles. There is no point in being unhappy with a system, or having ideas to improve it, and sitting back for others to do the hard work. I have had a long (and mostly happy) history in such roles, with AMSA, the AMA, ACEM and other bodies. And there is an element of self-interest too- national representative roles are a great opportunity to take lessons back for implementation closer to home. The Candidate Advisory Committee is crucial to the progressive improvement of the FTP. We are increasingly a consumer culture, and the Candidates are in a real sense the consumers of the College's product. And there is also the element that as Candidates, we cannot expect the program to be cognisant of or responsive to our needs without providing input as to what that actually looks like.

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

Colleges cannot function without the expertise, passion and goodwill of their contributing members. Colleges have changed enormously over the past twenty years. They are bigger, more sophisticated beasts. Rather than being wholly focussed on training standards and credentialing specialists, they are advocates, and change agents. Colleges are active in the public, policy and political spheres, and every strand of College activity is strengthened by the expertise of highly trained and experienced staff. But the members of the College- Fellows, Candidates, Associate Fellows and all other categories- provide the clinical and professional context, and much of the credibility, of the positions the College assumes. The members are the face of the College, and are key to putting forward its agenda.

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

Despite a comprehensive and well-developed curriculum, I think it is pretty simple:
Be informed- like any other clinical decision-making activity, have as much information as can be reasonably gathered
Be decisive- make the best decision you can on the best information you have at the time, and don't waste energy on regrets for what "could have been"
Be current- the need for maintaining knowledge of contemporary evidence is as important as in any other clinical specialty
Be honest- no situation was ever made better by lying
Be prepared to learn- one of my favourite pearls is "Good judgement comes from experience, and experience comes from bad judgement!"
Be reflective- "think about what you are thinking about"- most importantly, don't spend so much time in the "urgent but not important" box that you never get to spend time in the "important but not urgent" box
Most importantly- and too easily forgotten- is "Be human"- treat every member of the team as the most important member of the team. Remember that everyone's role is as important to them as your role is important to you, and never confuse a team member's impact with a team member's worth.

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

Remember- I have already been in medical administration and leadership roles for 14 years, and I am only now in my (hopefully) final year of RACMA training! As with any other clinical specialty, the need for targeted training, which is a suitable mix of didactic, experiential and workplace-based learning, and appropriate credentialing at qualification stage, is crucial. There has long been a belief that technical clinical excellence is a reliable predictor of managerial or leadership ability. Experience would suggest such prediction is not 100% reliable. We believe we need to continue down the path we are treading currently- recognise leadership ability across the medical profession, and develop it to match the role and responsibility (and aspirations) of the individual. Undergraduate teaching, short courses and Associate Fellowships are great investments in developing leaders, but I do believe that a specialist qualification in a discrete and dedicated clinical field should be the minimum, in Medical Administration as it is in Surgery, or Emergency Medicine, or any specialist field.

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

The COVID experience has demonstrated the central role of skilled, experienced and, above all, visible medical leaders. If the College doesn't move to own this space, someone else will. I think the biggest challenge we face is continuing to convince a traditionally cynical medical workforce of the value of formal training and qualifications in medical administration and leadership. This is progressing with the increasing uptake of the Leadership for Clinicians program. Another way of accelerating this is through a greater focus on undergraduate education. We should be looking to engage medical schools to provide the expertise on leadership and health system literacy. This will prime graduates, not only for further training in administration, but to lead with confidence and ability. We need to be in the forefront of responding to significant challenges facing medicine that we are perfectly positioned to address- workplace culture, resource stewardship, continuous clinical improvement and system design.



CREATING HEALTHCARE CULTURES OF SAFETY & RESPECT CONFERENCE

The College helped put the spotlight on diversity, inclusion and unconscious bias recently.

The RACMA-led panel at the online "Creating Healthcare Cultures of Safety and Respect" Conference explored the concept of merit, the barriers to demonstrating and achieving merit, unconscious biases and how to overcome them. The session attracted close to 150 participants.

The impressive and diverse panel included FRACMAs, AFRACMAs and other notable healthcare leaders across Australia and New Zealand who shared powerful insights and experiences in unconscious and conscious bias and micro-aggression in the workplace.

Moderated by RACMA's Diversity and Inclusion Working Group co-chairs, FRACMA Dr MaryAnn Ferruex and AFRACMA Dr Scott Ma, the panel discussed various issues including:

- The impact of challenging "the norms" within leadership when it comes to under-represented groups and diversity.
- Addressing merit-based systems in the workplace, which can reinforce cultural and social inequalities faced by women.
- The strategies organisations could implement to address unconscious bias and its negative impact on career advancement and opportunities.
- How doctors in training should navigate and challenge micro-aggressions without it impacting their wellbeing.

Dr Ferreux said for healthcare workplace cultures and behaviours to change and properly embrace and harness diversity, it needed to be reflected in leadership positions.

"Part of creating safe environments is having representative leadership and having diversity in leadership," Dr Ferreux said.

"I have always found myself as the only person not white in an executive role and I have certainly noticed the impact of me just being there. There is an acceptance to be able to come forward and raise issues.

"Leading from the front and being present with junior doctors to show you support them and we are there to change the culture together is key."

Well known diversity advocate and Surgical Lead at Bond University, A/Prof Rhea Liang, said evidence indicated diversity made workplaces stronger, improved productivity and culture.

"Whenever the narrative of selecting on merit arises we have to challenge that and ask what evidence do we have that shows

diversity makes us any less effective, productive or valuable?" A/Prof Liang said.

"Those of us with leadership responsibilities are now in the position where we can start calling these things out, bring people's attention to it and hold people accountable to those much narrower tolerances when they otherwise wouldn't."

Dr Lloyd McCann, FRACMA and CEO and Head of Digital Health for Mercy Radiology and Healthcare Holdings Limited Auckland, said Medical Leaders had to be very deliberate in challenging the "norms" that had been established for decades.

"I think it is the cumulative effect of a number of small things of these micro aggressions and some of these unconscious biases that take their toll on individuals and ultimately have a detrimental impact on our workforce and therefore on our patients," he said.

"So, when we do challenge the status quo as leaders what we are doing is bringing what might be marginal instances into the mainstream and normalising diversity as part of our everyday way of operating.

"We have to normalise the conversation. And we can't be shy about being specific around targets for this. You need these approaches and strategies to start tipping the balance towards equity otherwise you never get to the point of having enough diversity at the leadership level, so you never shift the narrative."

Dr Dinesh Palipana OAM, Emergency Department Registrar at Gold Coast University Hospital, lawyer, researcher, and disability advocate, said the biggest challenge was at the grass roots level or workplaces.

"We have all these different laws and policies and guidelines about how employment should be and anti-discrimination, but none of that matters if the middle layer and the grass roots are not doing the right thing," Dr Palipana said.

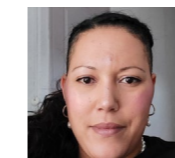
"If everyone doesn't come on board and believe in the value of diversity, it becomes really difficult. It is up to us as the grass roots in our profession to make a change and do the right thing."

The Creating Healthcare Cultures of Safety and Respect Conference was a partnership between Macquarie University, St Vincent's Health Australia, the Royal Australasian College of Surgeons and RACMA.

For [registered](#) attendees, all sessions will be available for viewing up to 30 days post event.

For more information please email Janelle Fisk at Anderson Event Consulting – janelle@andersoneventconsulting.com.au

The panel for the session titled "Merit: Challenging the status quo" was comprised of the the following leaders:



Dr MaryAnn Ferreux (FRACMA) is co-moderator of the panel. Dr Ferreux is the Chief Medical Officer at Integrated care 24 for the NHS in the UK. She has a special interest in researching the impact of the social determinants of health and reducing health inequalities and is passionate about promoting diversity and inclusion in healthcare and supporting women in leadership. Dr Ferreux is the Chair of RACMA's Diversity and Inclusion Working Group.



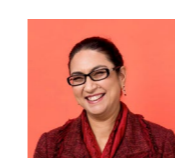
Dr Scott Ma (AFRACMA) is co-moderator of the panel. A specialist anaesthetist with an interest in paediatric anaesthesia and medical leadership, Dr Ma is currently appointed as a Consultant Paediatric Anaesthetist in the Department of Children's Anaesthesia at the Women's and Children's Hospital, Adelaide.



Associate Professor Rhea Liang is a general and breast surgeon and Surgical Lead at Bond University. She grew up and completed her surgical training in NZ and has worked on the Gold Coast of Australia for the past 14 years. She is passionate about respectful culture, inclusive practices, and multidisciplinary cancer care that extends beyond the delivery of treatment. She researches in diversity in workplace culture, medical education, and breast cancer care. She tweets at @LiangRhea.



Dr Dinesh Palipana OAM is a doctor, lawyer, researcher, and disability advocate. He is currently the Emergency Department Registrar at the Gold Coast University Hospital. He is a researcher in spinal cord injury. Dinesh was awarded an Order of Australia Medal in 2018. He was the 2021 Queensland Australian of the Year.



Dr Nisha Khot is an obstetrician gynaecologist who trained in India and UK before moving to Australia. She currently has clinical appointments at The Royal Women's Hospital & Joan Kirner Women's & Children's hospital in Melbourne as well as at Bacchus Marsh hospital. In addition to her clinical roles, she is a medical educator & a passionate advocate of equity & diversity in healthcare leadership. She is on the council for the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and a board member of Rural Doctors Association of Victoria.



Dr Philippa Hawkings (FRACMA) is Director of Medical Services Alfred Health. Previously the Chief Medical Officer at Latrobe Regional Hospital, Dr Hawking is originally from the UK and also holds a Masters of Health Management from the University of NSW. She moved from England to Western Australia in 2007 and was later part of the commissioning team for the Fiona Stanley Hospital (FSH) – a state government hospital and teaching facility in Murdoch, Western Australia.



Dr Peter Jansen (FRACMA) – Ngāti Raukawa, Ngāti Hinerangi – is the Executive Director of Medical Services for the Illawarra Shoalhaven LHD. Peter has held senior medical roles in the Accident Compensation Corporation of New Zealand and in multinational pharmaceutical companies in Australia. Previous medical leadership roles include inaugural director of ProCare IPA, Clinical Director of Te Kupenga o Hoturoa PHO, Deputy Chair of Counties Manukau DHB, a Board Member of Mid-Central Health, and a board member of the New Zealand Health Quality and Safety Commission. He has published a number of papers relating to cultural competence in health care settings.



Dr Sidney Chandrasiri (FRACMA) is the Deputy Chief Medical Officer and Group Director, Academic and Medical Services at Epworth HealthCare, a Board Director of the Healthcote Health Board of Management and a Sentinel event reviewer for The Department of Health in Victoria, Australia. Dr Chandrasiri has medical management experience in both public and private health care organisations across Australia and New Zealand, and has lectured in health system management to post graduate students at the University of Monash in Melbourne.



Dr Lloyd McCann (FRACMA) is the CEO and Head of Digital Health for Mercy Radiology and Healthcare Holdings Limited. He was an expert panel member on the recent New Zealand Health and Disability Review. He worked previously as a Beachheads Advisor for New Zealand Trade and Enterprise and was an Infantry and Reconnaissance Officer in the NZ Territorial Army. He has a fellowship in Emergency Medicine and Performance Improvement at the Oxford University Hospitals NHS Foundation Trust in Oxford, UK.



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