



Advancing Women in Leadership

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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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Professor Alan Sandford AM

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Dr Iwona Stolarek

Chair Continuing Education Program Committee:
Dr Elizabeth Mullins

Chair Education & Training Committee:
Associate Professor Pooshan Navathé

Chair Finance & Audit Committee:
Professor Erwin Loh

Censor-in-Chief:
Dr Peter Lowthian

Chief Executive:
Ms Melanie Saba

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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Online: racma.edu.au



From the President



This will be my last Quarterly report as RACMA President with my three-year term finishing at the upcoming RACMA AGM. It seems to have gone like a flash and yet so much has happened. Firstly, I would like to say it will be an absolute honour to join an illustrious group of Fellows who have been past Presidents of our College. I have no plans to ride off into the distance yet and will continue to proudly serve our College, which I believe is strengthening and is well respected.

As the President of one of Australasia's medical specialty colleges, it has been an extraordinary experience and a real privilege to work with such a collegiate and inspirational fellowship of Medical Leaders, particularly within the CPMC but also more broadly, where medical leadership has come into sharp and necessary focus.

I am proud to have overseen what the College has achieved in the past three years, especially given the recent tumultuous times our health system has had to endure. I applaud you all for the courage and commitment you have shown by safeguarding the system integrity of our health system, thereby ensuring the ongoing delivery of safe and high-quality healthcare which has been maintained in these difficult times.

Medical Leadership has really come to the fore and has surely captured the attention of the wider community through the upheaval caused by COVID-19. None more so than the superior leadership practices of our specialty qualified Members and trained leaders at the coalface and behind the scenes. I am delighted to see that our membership has really grown since I took on the Presidency role. We have enrolled record numbers into the Fellowship Training Program and Leadership for Clinicians Program, all thanks to our contributing members and our College officers.

As I reflect on my term, it has been one dispersed with many 'firsts'. It has been exhilarating on the most part and has required much of us all.

We quickly adapted to the new virtual mode of communication to stay connected during the COVID-19 Pandemic. The weekly RACMA Member Open forums, born out of my belief in the need to connect and support each other, particularly through the demands of the Pandemic. The Open Forum has developed into a vibrant platform to collaborate and gain further insights from various peers and fellow Members. The forums have provided a safe communication platform for Members via the "uber brady bunch" as I liked to call us, to share openly, connect and support each other. This has certainly confirmed my belief in the importance of peer support.

The College invested months of diligent testing to deliver the Oral Examinations online for the first time in RACMA's history. We remain committed to helping our Candidates achieve Fellowship and worked hard to ensure minimal disruption was caused to training because of the pandemic restriction which confronted us. I commend all those involved in making sure the process was smooth and uncomplicated whilst maintaining a high standard.

The RACMA Board approved the Leadership for Clinicians program to be delivered online for the first time, due to the ongoing impact of COVID-19 across the jurisdictions. The creation of the online format has provided an opportunity to review and refresh content and to create highly interactive Zoom sessions. It has also made way for more flexibility and easy access for a larger number of participants.

After much consideration of the ongoing and varying nature of COVID-19, the Board decided to move the 2021 College Conference to a virtual event. In another first for RACMA, the event was a big success. Although I did miss getting dressed up for the Graduation! More than 500 people registered for the two-day event, which featured the very popular panel session of all of Australia's Chief Health Officers amongst other marvellous presentations and sessions. I applaud the steering and program committees for their organisation.

Looking back, without a doubt, the College's greatest achievement within my tenure was the re-accreditation of the Fellowship Training Program for another six years - the longest period of accreditation available from the Australian Medical Council. This of course is the result of the efforts of many prior to our accreditation and of course these efforts continue. I am very proud of the College and the reputation it has gained, acknowledged by the AMC, our peak professional body.

I would like to acknowledge the significant effort and time many of our specialist leaders who contributed to the whole accreditation process, particularly our Dean, Dr Lyn Lee and our Chair of the Education and Training Committee, Associate Professor Pooshan Navathé.

In the past three years RACMA has had a bigger impact in healthcare advocacy across Australasia. We have grown our presence, visibility and engagement through involvement in a number of roundtables, high-level meetings, consultations and submissions, such as the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The College has also established specific groups to target key areas of medical workforce, diversity and inclusion, Indigenous health and rural Medical Administration. I am truly grateful for all the work, support and enthusiasm of fellow Board Member and Policy and Advocacy Committee Chair, Dr Helen Parsons CSC in this space. She has led and encouraged Members who have contributed generously to this work.

I have been buoyed by the introduction of several Position Statements from the RACMA Board, which have outlined a definitive position of the College on the issues of:

- Doctors' health
- Digital health
- Equitable access to quality healthcare
- Diversity, Inclusion & Equity
- Climate Change
- RACMA Guide to Credentialing and Scope of Clinical Practice Processes
- Principles for the Post-COVID-19 Pandemic Medical Workforce; and
- Support for Australia & New Zealand COVID-19 Vaccination Programs

Whilst I am stepping down as President, I look forward to continuing my contribution to the work of RACMA. I am confident in the incoming Board and offer them my full support.

Leading a Specialty Medical College takes a team of devoted and passionate people. I would like to acknowledge the Jurisdictional and College committees, the Dean, Censor in Chief, Censors, Supervisors, Preceptors, Site Accreditors, and the College Office for their tireless efforts in ensuring a seamless delivery of our programs and services to Members. If it wasn't for your ongoing commitment, the College would not be able to achieve and succeed as have, certainly "punching above our weight" for a College of our size.

The collegiality we have built across our tight-knit fraternity is admired and respected by other specialty colleges, for this you can all take credit.

To the Chief Executive Melanie Saba, my trusted advisor and guide I thank you. I appreciate your unwavering assistance, loyalty, and application to keep me focused on our goals and keep our team leading and achieving.

To my colleagues on the RACMA Board, I sincerely thank you for your support, guidance and work over the past three years. A Board is an effective collective of the skills and efforts of all its members, and I have been fortunate to work with a dedicated, talented, diverse, and wise group of colleagues who generously give.

Lastly, as President I would like to reiterate, as I have many times in this role, how crucial it is that we as Medical Leaders, harness wisdom, compassion, tolerance and kindness for our teams and co-workers. It is critical we overtly value and model kind leadership across our workplaces and communities and that we continue to nurture and encourage each other. On that note, I leave you with this poem below, given to me from my dear old dad after I became President and before COVID-19. Thank you and stay safe.

Professor Alan Sandford AM
President

“ Smiling is infectious, you catch it like the flu.
When someone smiled at me today, I started smiling too.
I passed around the corner and someone saw my grin,
When he smiled I realised I'd passed it on to him.
I thought about that smile, then I realised its worth.
A single smile, just like mine, could travel round the earth.
So, if you feel a smile begin don't leave it undetected.
Let's start an epidemic quick and get the world infected!

Do you want to influence the health of many?

Do you want to help deliver safe, quality healthcare across Australasia?

Do you want to play a key role in maintaining the integrity of healthcare governance?

Here is your chance to become a Medical Leader.

Apply for RACMA Fellowship Training Program.

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From the Dean



Well, another amazing year of continuing the College's journey into facilitating our andragogy (adult learning) in our digital COVID-influenced worlds!

The College has, this year, provided several online educational workshops in our program for Leadership for Clinicians, specifically leading to our award of Associate Membership of the College. Dr Peter Lowthian, Lead Fellow for the Program, has been instrumental in ensuring there is a strong relationship between the learning objectives, the content delivery and the assignment processes; and we thank the Fellows who have been teaching and supporting participants in the Program for their enthusiasm and adaptability.

The College has continued to be responsive to technical challenges in the Fellowship Training Program. All Candidate education and summative assessments over the last two years have utilised digital communication systems and we are now evaluating those experiences. We have now transitioned most of our Fellowship Training Program processes to our online learning management system (Canvas).

We are now into our third year of our current AMC Accreditation term, which expires in 2025. Policy activities have continued and this year we have learned more about learning as we have consulted upon, and consolidated, our principles for in-training workplace learning and assessment (programmatic assessment), and for supervisor training in those principles.

Our Academic Board has confirmed that a RACMA Fellow's practice is different from that of a graduate of other specialty medical colleges, with each activity or task potentially taking considerable time to investigate, reason and write-up. The assessment, then, by a Supervisor, of how, and how well, a Candidate has performed, and can be trusted to continue to perform, an assessable management task, similarly requires a solid understanding, and potentially extra time commitment, for learning to have occurred.

Hence, the two key features of RACMA workplace activities are the learning partnership between the Candidate and the Supervisor; and the importance of discussion and reflection in the identified 'monitoring moments' required in the program.

Our thanks go out to Ms Angela Chan, our Director of Education, and the relevant members of the Education Team, for their expertise in assuring our challenges in education and training are being addressed.

Lynnette Lee
RACMA Dean

College Update



College Continuing Professional Development

Don't Forget - Mandatory Completion of CPD returns for 2021

Mandatory completion of CPD has returned in 2021 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.

There is less than three months to record CPD requirements for this year. The deadline for entries into your CPD record is 31 December. Fellows and Associate Fellows are urged to avoid leaving it to the last minute to document their CPD activities.

Fellows are required to achieve a minimum of 50 hours per year including a mandatory Professional Development Plan (PDP) and Associate Fellows are required to achieve a minimum of 25 hours per year including a mandatory PDP.

FRACMAs and AFRACMAs are reminded that attendance at the College's weekly Member Forums counts towards CPD activities and for those who attend, your record will be updated to record your attendance. RACMA's Monthly CPD Webinars are recorded and available on the website under [Resources](#) and if you hold dual Fellowship with another College you can record attendance at their Annual Science Meetings/conferences.

Those who continue to be impacted by COVID-19 can use work activities undertaken in direct relation to managing the Pandemic at their workplace. For example:

- webinars, Zoom or Microsoft Teams sessions with Chief Medical Officers, Health

Medical Board of Australia CPD Changes to be introduced in 2023

Australia's Health Ministers have approved the Medical Board of Australia's (MBA) revised CPD registration standard, to strengthen support for medical practitioners to continue to deliver quality care.

The three core changes to CPD are:

- CPD homes for all – for quality assurance
- Professional development plans for all – for CPD with purpose
- Different types of CPD – for CPD with value

Under the changes, doctors will do 50 hours CPD each year, made up of:

- 25 hours active CPD - reviewing performance and measuring outcomes (doctors decide the best mix for these activities to suit their practice, with five hours minimum of each type)
- 12.5 hours traditional learning or educational activities – reading, lectures, conferences
- 12.5 hours – doctors choose across the three types of CPD.

Under these CPD changes, doctors will choose their own CPD home, which may be their specialist college, or another accredited organisation. For RACMA Fellows, you are required to record CPD in your MyRACMA portal, this is a constitutional requirement

Department officials, Chief Health Officers, regional health authorities or medical leadership groups

- developing new policies, protocols, or care pathways to be applied in your health service or other work environment during COVID-19
- collecting, developing, sharing or curating data, information, knowledge or educational materials to support best practice healthcare during COVID-19

Border healthcare industry online conferences can also be recorded to support your CPD requirements, providing they relate to leadership and management. Some upcoming events include:

- **HLTH 2021**, 17-20 October – covering digital health, virtual care, health data and care models. Keynote speakers include the Chief Executive Officers of Pfizer and Moderna
- **Innovate Health**, 8 -9 November - remote monitoring and digital innovations enabling home as the centre of care.
- **Leaders in Healthcare 2021**, 8-11 November - delivered by the Faculty of Medical Leadership and Management and BMJ

Information to support Members with CPD guidance can be found in the [RACMA 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

for Fellows of the College to maintain your membership obligations.

The MBA is working with specialist colleges as they refine their CPD programs ahead of the changes and new CPD homes will also undergo AMC accreditation, as college training programs already do. The governance and accreditation arrangements for new CPD homes are still being finalised by the MBA.

All doctors will need to record a professional development plan each year that targets their professional development to their learning goals and strengthens their practice. The MBA is not specifying what a PDP looks like or what should be in it. Guidance will come from the College.

The changes will be implemented in January 2023 and RACMA will continue to provide Members with updates as they come to hand.

For more information on the CPD Changes click [here](#) and to view the updated CPD registration standard click [here](#).

Save the Date - Conference 2022

Planning is underway for RACMA 2022, which will be held at the Grand Chancellor in Hobart, Tasmania, 28 September – 1 October.

While the event will take place during school holidays for many jurisdictions, the Conference Committee intend to organise a strong family program for Members.

The last Conference held in Tasmania was in 2006. Stay tuned for more details at <https://racma.edu.au/conference/>

College Takes Stance on COVID-19 Vaccinations for Healthcare Workers

RACMA believes it is imperative that healthcare providers vigilantly foster a COVID-safe environment for the community, patients, but also for all its healthcare workers.

In its commitment to ensuring the delivery of safe and quality healthcare across Australasia, the College Board has developed a position statement detailing its viewpoint on COVID-19 vaccination for healthcare workers.

RACMA regards that having a fully vaccinated healthcare workforce in both clinical and non-clinical settings is necessary as a significant control measure against the COVID-19 Pandemic and to keep the whole community safe.

The College also regards a healthcare worker's health and wellbeing as essential for system integrity. To view the full position statement, click [here](#).

RACMA releases Position Statement on Climate Change

The College believes that no action is inaction in the face of the current climate crisis. The RACMA Members through their important role as Medical Leaders and Managers commit to actively leading on climate change, in collaboration with others, to minimise impacts for current and future populations.

The RACMA Board and its Members believe the College must clearly lead by example in responding to the climate change crisis through:

- Role Modelling
- System Leadership
- Collaboration
- Advocacy

To view the full position statement, click [here](#).

2021 AGM

The 54th RACMA AGM will be held on Saturday, 23 October 2021, from 2pm AEDT.

The meeting will be via Zoom, due to the ongoing impact of COVID-19, which will enable as many Members as possible to attend.

- The Notice of Meeting Role Modelling can be found [here](#)
- The Draft Minutes of the 2020 AGM can be found [here](#)
- The Audited Financial Statements 2020-2021 can be found [here](#)
- If you are unable to attend and wish to appoint a proxy, the form to appoint a proxy can be found [here](#)

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

Introducing New Staff Members

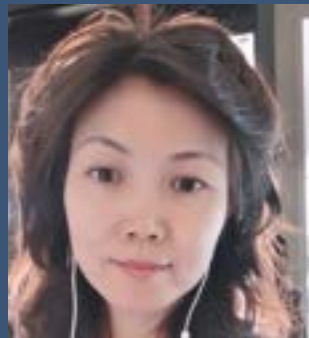


Bec Graham

Educational Development Manager

Bec joined RACMA in June 2021 as an Educational Development Manager. She previously worked as a Secondary Teacher of English, Literature, Media, Humanities, Religious Education, and junior Japanese across a range of settings in Victoria and the United Kingdom. Throughout her 11 years as a teacher, she gained valuable experience in curriculum planning and project management across multiple disciplines.

At RACMA, she works with the Education Team to provide educational expertise to support the review, development, implementation, and reporting of College Education and Training projects, including the Fellowship Training Program Renewal Project. Key elements of the project include development and implementation of renewed learning and assessment activities, and stakeholder consultation. Bec also manages a small team working on Specialist Training Program (STP) support projects.



Gina Jing

Fellowship Training Program Coordinator

Gina Jing joined RACMA in March 2021. She has extensive working experience in the tertiary education environment, focusing on student and alumni engagement, customer service and administrative support at Central Queensland University and University of Southern Queensland.

Gina graduated from the University of South Australia with Bachelor and Master of Arts degrees majoring in Communication Studies.

As the Fellowship Training Program (FTP) Coordinator, Gina is the primary point of contact for our FTP Candidates. She coordinates FTP education activities for the Medical Management Practice and Personal & Professional Leadership Training Domains and provides support to our Candidates regarding completion of their training and assessment requirements. She also provides secretarial support to the Education and Training Committee & Training Progress Committee.

Emma Yench

Instructional Designer

Emma joined RACMA in November 2020 as an Instructional Designer in a short term project role aimed at developing online learning content and improving the use of Canvas.

She has post-graduate qualifications in education, multimedia design, and information design and management, along with many years' experience in web and interaction development, video production, and systems and process design.

Prior to joining RACMA she worked as a Learning Design expert in the higher education sector at RMIT, La Trobe University, UNSW and the University of Sydney across a wide range of disciplines, including the health sciences.

Margaret Kerr

Education Programs Manager

Margaret joined RACMA in October 2020 in a temporary project role to assist with the transition of the Leadership for Clinicians program from a face-to-face delivery to an online program. Margaret commenced her career as a histologist. After a few years in scientific sales she moved into education; initially secondary teaching and then tertiary health and science education. She has over 20 years' experience in education and management in the vocational, higher education and specialist medical college sectors. Margaret holds qualifications in Medical Science, Education and Management.

Margaret has since been appointed as the Education Programs Manager and now manages Leadership for Clinicians, Management for Clinicians, CPD webinars and the Annual Conference. She works closely with Fellows in their roles as Facilitators and Support Fellows for the programs. Margaret also assists with the development of tailored programs for various organisations. She hopes her experience in education program development, assessments, curriculum review and leading teams will add value to her role.



Maria Cerullo

Communications Officer

Maria joined the College in July 2021 with extensive experience in B2B Marketing. She has worked for a few years in a member-based organisation representing the civil construction industry and she understands the challenges and acknowledges the requirements to support this type of organisation.

At RACMA, Maria provides support to the Communications and Engagement Adviser with the development and management of various communications in all the divisions and programs, including Jurisdictional Committee newsletters. Also, Maria maintains the website with regular updates, social media presence, edits and designs newsletters and produces marketing material such as, the Quarterly, RACMA Annual Report and Newsletters for all the divisions.



Moi Torreda

Administrative Assistant

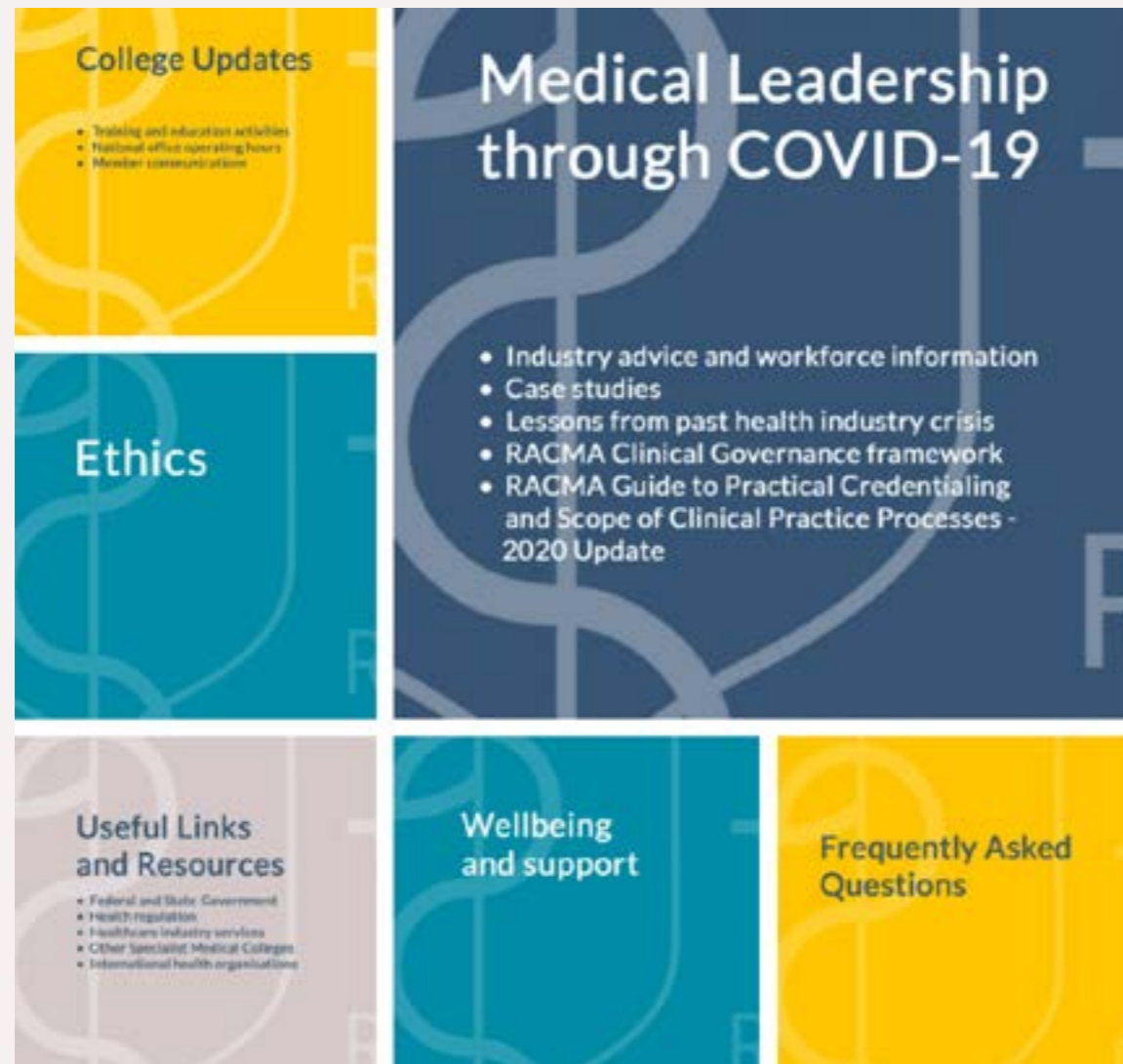
Moi joined the College in May 2021 with experience in administrative roles here in Australia and in Japan. She is a passionate administrator with knowledge in the medical and education sector. Coming from a South-East Asian background and having lived in Japan for more than four years, Moi is professionally, culturally competent as she has worked with people from various backgrounds.

Moi supports the team members with general administration and assists the College's Members with inquiries. She is a multitasker and flexible worker as given by her diverse responsibilities, which helps the different departments run their day-to-day tasks.



COVID-19 Resource Hub

RACMA has developed a dedicated, central source of information on its website to help Medical Leaders and decision makers navigate through the current challenge on Australasia's health system. The COVID-19 Resource Hub is regularly updated with research and assets. To view, please click [here](#).



TeORA LFC Scholarship

Together, RACMA and TeORA are committed to developing Medical Leaders and Managers among the Maori medical community. For the first time, RACMA has offered a full scholarship to a TeORA Member for its Leadership for Clinicians (LFC) Program in the second half of this year.

Dr Natasha Demi Parekauwau Martin was the successful recipient. Dr Martin is currently a GP Registrar at Adelaide Medical Solutions, GPEX, and a Principal Investigator for CMAX Clinical Drug Research Trials. Upon completion of her GP training, Dr Martin plans on returning to Aotearoa to promote and support Māori health.

What has attracted you to move your career into the management/leadership sphere? What are some of the particular facets in this area that you are passionate about?

I am a proud wāhine of Ngāti Ranginui and Te Arawa descent. Leadership is an inherent quality that all Māori doctors possess. Through my work in health management and leadership I hope to foster and support other Māori doctors to achieve their goals and ultimately reduce the inequities that burden iwi Māori.

Do you have some initial goals you are aiming to achieve within medical management/leadership?

My current goals are focused on completing my General Practice Fellowship with RACGP and completing my Masters of Public Health and Masters of Health Leadership Management. Following this I am eager to apply for a training position with RACMA. In addition, I have life long goals of developing my use of reo Māori and the Kaurua language.

In your opinion as a clinician, how important is the role of Medical Leaders in the healthcare system in general, and more specifically to Indigenous health?

Ka whawhai tonu matou ake ake - Medical Leadership is an inherent part of the systematic challenges that contribute to the inequitable health conditions experienced by indigenous individuals. Medical Leadership that is culturally sound and accompanied by cultural partnerships is fundamental to Indigenous health. Leadership in Indigenous Health should acknowledge, advocate for and action changes to provide healthy equity for all.

What opportunities/areas of focus can you identify that Medical Leaders need to pursue within Indigenous health in particular?

Indigenous health inequity is evident in all health domains. It is vital that we go beyond acknowledging the tangata whenua (traditional owners) of the land on which we live and work on and question how our institutions practices and policies include and advocate for indigenous health. Do these processes include Indigenous consultation? Do our organisations current practices close, maintain or broaden the health gap?

What do you see as some of the challenges for Medical Leaders in Indigenous health?

When reflecting on the challenges of Indigenous health it is important to look back on our history. When we see the inequities of health in our whanau, hapu and iwi we can be defeated. It can be exhausting for medical leaders to constantly fight the battle of institutionalised racism. However, it is important to reflect on the positives and successes we have attained. The whakapapa of medical leaders in Māori health begins over 100 years ago with our first Māori medical graduates: Maui Pomare, Te Rangihiroa, Tutere Wi Repa, Pohau Ellison and Rina Moore - the firsts of their era. Today, we now have medical graduates achieving population parity. How can we support and empower these upcoming Māori leaders? A whakataauki that encapsulates the wero(challenge) Indigenous Health presents is " Kua tawhiti ke to haerenga mai, kia kore e haere tonu. He nui rawa o mahi, kia kore e mahi tonu " You have come too far not to further, you have done too much not to do more" - Ta James Henare (Ngati Hine).

Nga manaakitanga,

Dr Natasha Martin

Te Arawa, Ngāti Ranginui
MB ChB



Advancing Women in Leadership

By Professor Erwin Loh, RACMA AWHL representative and Associate Investigator

RACMA has stepped up its commitment to gender equality as a partner in Advancing Women in Healthcare Leadership (AWHL), a large-scale national research and impact project.

Supported by a National Health and Medical Research Council (NHMRC) Partnership Project grant, AWHL aims to explore, co-design, implement and evaluate organisational strategies that increase the capacity, credibility, and capability of women and advance women in healthcare leadership.

When the College was approached by AWHL Chief Investigator Professor Helena Teede, from Monash University, the Board believed participating in the initiative would provide strong evidence to inform and assist RACMA in improving gender equity policy and practices in its education and training programs that lead to both Fellowship and Associate Fellowship.

According to AWHL, women comprise 75% of the Australian healthcare workforce. Yet, 30% of Deans, Chief Medical Officers, College board or committee members and 12.5% of large hospital CEOs are women. In some surgical streams only 3-5% are women. However, research shows that the transformational and collaborative leadership style, more characteristic of women, has direct and positive impacts on health care outcomes.

AWHL aims to overcome the current ad hoc, duplicative and ineffective research with a systematic, organisational approach to achieve a sustainable impact on the advancement of women in healthcare leadership positions.

RACMA and its Members are active in their commitment to gender equality. As a College, RACMA has a long history of female Members in lead roles such as College President, Dean, and Censor-in-Chief. Currently, the Board of RACMA has 6 out of 11 members who are female, while 34% of RACMA's Members are women.

RACMA's involvement is focused on the four-year, Organisational Change Management research which will be conducted over four phases. The first phase of the project comprises a series of in-depth interviews of RACMA Members to understand what matters, what works and what can be done to increase the number of women in healthcare leadership via RACMA and more broadly within

the healthcare sector.

This is a great opportunity for RACMA to be part of such a robust research project to further promote the College's role as the medical college specialising in Medical Leadership. The College is a lead partner organisation in this research, and seeks to generate new evidence to provide real, effective action and methods the College can use to increase the number of women in its training program, and increase engagement and the promotion of women in the specialty of Medical Leadership.

It is clear that current strategies to try to increase the number of women in medical leadership roles have not been very effective based on the observed data available, and new avenues are needed. Structural changes may be needed to change the systemic barriers that may be in place making such roles unavailable or unattractive to female health professionals. It is evident that there is no simple solution to what is a complex issue. The issue of women in leadership is a wider societal issue, that affects all industries, not just health, and it may require cultural and generational change. The movement for gender equality may seem to have come a long way, but there is still a long way to go.

It is important that there are male champions of change to advocate to highlight the need for transformation, and it is also important to ensure that women have a voice through this piece of research so that their viewpoint is heard.

AWHL will officially be launched at the Prioritising Women's Health and Careers in COVID Recovery and Beyond webinar and panel discussion on Thursday, October 14, 6-7.30pm. To register click [here](#).

Dr Helen Parsons CSC, RACMA Board Member and Chair of Policy and Advocacy Committee, will represent the College on the panel session discussing Women in Healthcare Leadership and Academia. The panel will be facilitated by Professor Teede and also features Dr Katie Allen MP, Associate Professor Jacqueline Boyle, MCHRI, and Dr Anjali Dhulia, Chief Medical Officer, Monash Health.

The event will also launch Women's Health Research Translation and Impact Network (WHRTN), which seeks to boost national and international collaboration on women's health and research.



Professor Erwin Loh

RACMA AWHL Representative & Associate Investigator
Chair, RACMA Victoria State



Advancing Women in Healthcare Leadership Background

The healthcare sector is a major Australian employer with a 75% female workforce, yet women remain underrepresented in healthcare leadership, with leadership failing to reflect our community or workforce. Progress towards equity is slow and inadequate. Research into barriers, enablers and effective models to promote gender equity in leadership, optimise career goal attainment and improve quality of working life for women in healthcare is limited. Investment is scarce, duplication rife and Australia struggles to implement and measure improvement across disciplines and at multiple levels.

Here Monash University multidisciplinary academics and health professionals bring together leading health public and private health services from Monash Partners Academic Health Sciences Centre, NHMRC accredited to integrate research into healthcare, with professional societies and policy makers. In this large-scale collaborative partnership, we aim to meet partner priorities and co-develop an evidenced based, healthcare tailored, strategy at an organisational and individual level, to promote gender equity in healthcare leadership and improve attainment of career goals for women.

Intervention mapping and an implementation research framework will enable exploration of gaps, needs, beliefs and determinants, supported by evidence synthesis. Agreed objectives and measurable outcomes will be developed and integrated into an innovative digital benchmarking platform. We will do-design of a multi-level intervention across individual, and organisational levels to advance women and promote diversity in healthcare leadership and implement and evaluate it with partners, generating an implementation tool kit.

Ultimately, we seek to implement and scale this generalisable, evidence-based, measurable multifaceted intervention across health services nationally via the Academic Health Science Centres network and partners.

Areas of focus include:

Capacity: Caring responsibilities limit work capacity and often create non-linear career paths, with opportunities and success shifted to later career stages. Lack of workplace flexibility further enhances the impact career disruption and capacity issues.

Credibility: A persistent masculine bias and a lack of gender diversity including cultural diversity in leadership and organisational culture affects leadership credibility, compounded by a lack of women role models. Unconscious bias also presents significant leadership barriers.

Capability: Perceived reduced capability and lack of confidence or self-advocacy stalls progress, leaving women outside strategic networking positions, vital for advancement. Compounded by inadequate leadership training and mentoring at an individual and organisational level.

Intersectionality: Addressing the compounding impacts experienced by women in healthcare leadership who identify with broader diversity attributes.

For more information visit: <https://www.womeninhealthleadership.org/>



Leadership for Change



Tony Walker

Chief Executive Officer
Ambulance Victoria

As a leader, staying connected and in touch with his organisation and workforce is so important to Ambulance Victoria Chief Executive Professor Tony Walker, he normally spends around one day every month out on the road with a crew of paramedics.

"It's a great opportunity to learn a lot of things about what's working and what's not," Professor Walker said.

"I think every leader should be inquisitive about what's going on and ask the right questions to get people thinking, what could we be doing differently?"

"You have to be agile because the community and healthcare is constantly evolving. I sometimes hear other CEO's say 'there's nothing more we can do'. There is always something more you can do, and I think organisations get into trouble when they become static and start defending the way they're doing things."

A registered paramedic himself, another way Professor Walker ensures he remains current and abreast of all facets of his role and workforce is actively keeping up to date with clinical practice. He believes it increases his ability to influence colleagues at the most senior level of the organisation and drive innovation in the clinical areas.

Professor Walker has dedicated 35 years to Ambulance Victoria. While his journey to be Chief Executive was unlike most leaders, he has always wanted to make a difference. After being a road and intensive care paramedic in Melbourne and country Victoria he moved into setting up quality and education services for Ambulance Victoria.

"Then in 2009/10 I had an epiphany where I thought if I seriously want to influence change I need to be in a place where I can pull those levers," Professor Walker said.

"So, I moved into emergency operations and started heading up that. It was a big shift because I didn't come through the traditional pathway like most leaders come through in management roles of people. I came through managing a support function, so it has been an interesting journey."

Before being appointed to the top job, Professor Walker acted in the role for 18 months. He has spent considerable time building up credibility with his workforce and the community. Knowing the emphasis he places on being embedded across all levels of the organisation, it is no surprise he values driven in the way he operates.

"One of the things that is important for me in this role was being myself, being open and transparent with the community and our staff," he said.

"It is about recognising if we get things wrong, and we do from

time to time, you have to be very upfront about it and own it. If the community and staff see you've got a plan to deal with it, they are generally pretty tolerant.

"Being the Chief Executive means you are the public face of an organisation, responsible for its reputation. So, I am also very keen to help tell the great stories of what my people do every day.

"I'm trying to give some insight into the life of a paramedic, which helps people understand the sorts of things that they experience because it is a really tough job."

Professor Walker believes the issues around mental health and wellbeing in the health workforce is a critical issue. In 2016 he rolled out an action plan dedicated to mental health and wellbeing with the goal of 'Happy and healthy people delivering great care'.

"We have made mental health and wellbeing a priority because we were at a point about six years ago where we saw high levels of suicide and other things in our workforce that said we had to do something different," he said.

"So, we started working with Beyond Blue and others to help us deliver a more preventative approach with an early intervention model. We created a clear strategic approach that I am held accountable to and so are the staff. There's still this vulnerability piece for people surrounding mental health so we've done a lot of work to breakdown the stigma and create a language so you can identify in yourself for others when things aren't going well. We increased mental health literacy in our workforce, we have 170 psychologists around the state, there's a chaplaincy program and a peer support program.

"The intent is to say, how do we intervene early so that people, either because of the environment they're working in or the overlay of family issues, can get the confidential support they need to get well and get back to work."

It is an approach which has paid dividends for Professor Walker and Ambulance Victoria during the COVID-19 Pandemic. In the past 12 months, there has been a 25% increase in the use of their mental health services to help staff facing the anxiety of what's coming, the anxiety of putting PPE on every day, and the changes that are happening in clinical practice and in their home lives.

Professor Walker said there was more conversation and focus about mental health in the community and an increasing focus and emphasis on caring for the workforce amongst health leaders and government.

"I am very open with my colleagues and team that I see a psychologist regularly. It's part of my healthy regime to ensure I can be the best I can be and that to me is normalising it," he said.

"As a paramedic we often see the most severe mental health crisis in the community and that becomes the benchmark. We have done a lot of work to help our people to understand that they shouldn't think 'I'm not like that so I am ok'. But actually no, you have other things going on and here are the signs and symptoms, you can see them, and we can see them in you; here is how you self-care or here is where you can get professional care.

"Looking after the wellbeing in the workforce is a conversation I hear leaders talk a lot more about, not in a tokenistic way but in a clear strategic way like you do your performance and your finances because it is critical to success."

Professor Walker believes the COVID-19 Pandemic has forced the healthcare system to dramatically change the way it operates, with not only weaknesses identified but deep learnings also.

"We will never go back to what we were before," he said.

"We are working on how to try and address challenges around workforce numbers and how we connect our whole system. We've seen a dramatic increase in ambulance utilisation driven by people who have not been able to or not wanted to access the GP, they have worsening medical conditions and so we are becoming the first point of call for them but it means they are in hospital longer, which puts pressure on the hospital system that's already under pressure.

"On top of that though there's new and innovative options and processes and we're now looking at how we can leverage off telehealth and point of call care, bringing clinicians to our paramedics to avoid going to hospital. We are thinking differently now and while there have been lots of little pieces that have been operating in little pockets for years, it has become so permissive all of a sudden.

"The other big one for me is the social care. Through the pandemic we have dealt with the most disadvantaged in our community in a very appropriate way. There are people who have accommodation for the first time and a range of things in healthcare. So how do we make sure we don't lose that? How do we make sure we take that into what the new world looks like?"

Professor Walker believes the Pandemic has been a "wake up call for us as a society" and has sent a strong reminder the healthcare system needs to have better systems in place and be ready to adapt when a similar situation unfolds in the future.

"There is no doubt that that this event has really disrupted us, but I think there's some real opportunities that come out of it," he said.

"We need to invest in supply chains, we need to invest in

ensuring we have vaccine capability here in this country so we don't get caught out again because despite all that we can do, we are not in control of everything around us."

A self-confessed optimist, Professor Walker believes once we are through "the other side" of COVID-19, there will be positive change to come from it.

"In my mind it has returned the power of community," he said.

"Our local communities, our neighbours and the social connections have become important to us again. You don't know what you've got until you haven't got it around you."

Looking forward, Professor Walker says the wider community are looking for healthcare leaders to be more agile and prepared to challenge the traditional norms. Partnering would be critical for the industry he said.

"How do we partner with the community and with each other? because none of us can do it alone," Professor Walker said.

"The system works best when we understand each other's needs and we collaborate. I think there will be much more connectivity, better visibility of our patients and their histories, and how we can move them through the system, and that's not just an ambulance issue, that's an ambulance and health issue.

"So how do we collaborate to take the patient through their journey in a way that we don't have to deal with the silos? I think the silos are starting to breakdown out of necessity and I don't expect they'll rebuild.

"So, I think a modern health leader for me is going to have to be one who is prepared to keep changing and has to keep focused on their workforce, because we've got a lot of rebuilding to do in that space post the pandemic because a lot of our society is not going to come back overnight.

"And we need to be prepared to innovate, to challenge and to test and ask what we can do differently. We have shown with the stroke of pen we can change the way we operate that people thought wouldn't be possible for years but how can we make that the way we do business?"

While he has a job that he acknowledges is all consuming, he says he manages it by integrating life and work together and adopting a simple philosophy.

"Each day is a new day. I can't change what happened today. I can't change what happened yesterday, but I can change what happens tomorrow. That helps me recognise it's a new morning, we can move on, and we will get through these things."



Lumos shines a light on patient journeys in NSW



What is Lumos?

The Lumos program links de-identified records to map patient journeys from primary care to other settings and health information sources in NSW, including hospitals, cancer registry and cause of death information. Data from this program uncovers new insights to identify ways to improve patient outcomes

and experiences across the state. So far over 450 general practices are enrolled, and new information about the patient journeys of approximately one third of the NSW population is generated twice per year.

Uncovering new insights

Lumos provides a unique opportunity to explore interactions and their outcomes across the health system. Lumos analytics has found that practices who, overall, see their patients more often, are associated with patients having fewer ED presentations and hospital admissions than practices who see their patients less often. These 'higher-frequency servicing' practices were defined as practices where at least 30% of their patients visited them 12 or more times over 2 years. Practices that fit these criteria had patients that were 10% less likely to present to ED and 12% less likely to have an unplanned hospital admission. In fact, patients experienced reduced ED presentations and unplanned hospitalisations even if they weren't the ones that attended more frequently. Read more about this study on our [website](#).

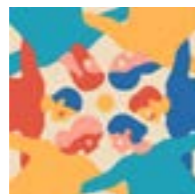
As higher-frequency service practices were associated with improved outcomes of all patients, both frequent and less frequent attenders, it seems likely that the observed associations are due to more than just the frequency of servicing. For instance, there may be differences in the continuity and quality of care delivered that correlate with the overall frequency of patient visits at a practice. Further investigation is needed to explore the underlying causes of these associations.

Another insight has been the opportunity to examine the use of telehealth since the start of the COVID-19 pandemic. Since new MBS items for telehealth were introduced on 13 March 2020, around 30% of standard GP consultations were via telehealth. These were nearly always over-the-phone consultations, and approximately two thirds of the patients were female. Further work is underway to explore whether telehealth consultations are associated with different outcomes to face-to-face consultations.

Supporting system reform

Lumos is also being used to support statewide programs aimed at improving how we plan, deliver and evaluate care. Examples of this include:

- review of policy on the prescription of medication at hospital discharge; and
- evaluate state-wide healthcare initiatives, including Integrated Care and Collaborative Commissioning.



Stakeholders are excited about the potential of Lumos data to support data-driven decision making towards value-based healthcare: *"The Lumos insights are invaluable. They really helped focus executive discussions on how to improve the patient journey; there are a range of funding reform opportunities that the Lumos evidence base could inform"* Ryan Broom, A/ Director Policy and Funding Reform, NSW Ministry of Health.

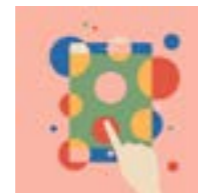
Lumos data is also used by participating general practices for local quality improvement activities. Participating practices receive a practice report with unique insights about their patients after each linkage, and some practices are using the data to consider how to:

- review triage processes which may potentially reduce unnecessary presentations to the emergency department;
- increase screening for chronic diseases; and
- review opening hours and services to match the needs of their patients.



General practitioners report substantial benefits for their service and patients: *"Lumos provides us with significant insights into how our patients interact with the health system outside of our own practice and how we compare to similar practices, across a variety of different indicators. This has allowed us to focus our quality improvement processes where they're most needed."* Dr Nuwan Dharmaratne - Hills Family GP

An innovative solution for data access



The Secure Analytics Primary Health Environment (SAPHE) was developed in 2020 to allow secure access the Lumos data asset by the program's collaborators. It is a custom cloud solution with built-in analytics tools and extensive privacy and security measures. Through the SAPHE, the Lumos collaborating organisations can use Lumos data to support

planning, funding, management or evaluation of health services in line with the program's ethical approval. Other organisations may gain access to the Lumos data asset by partnering with the Lumos collaborators.

The SAPHE allows approved users outside of NSW Health such as NSW Primary Health Network (PHN) analysts to access the data asset. There are currently over 60 users of the SAPHE from PHNs, Local Health Districts and other parts of NSW Health. These users meet in a monthly community of practice to share ideas and develop analytical skills. For further information about applying for access please [contact us](#).

Further information

The Lumos program has been funded by the Commonwealth Government under the Health Innovation Fund. For further information about Lumos please visit our [website](#) or [contact us](#).

International Forum RACMA Huddle: Power of Kindness in healthcare

The very concept that kindness breeds kindness inspired a thought-provoking huddle at the recent International Forum on Quality and Safety in Healthcare Australasia.

As a partner of the Forum, RACMA hosted a virtual huddle led by College President Professor Alan Sandford AM, Professor Catherine Crock AM and Sue Robins, healthcare activist and author based in Canada.

The session canvassed experiences and ideas around the power of kindness across the healthcare system workforce to ensure the delivery of quality and safe healthcare. The panel also warned medical practitioners and leaders a negative interaction often trickled across the workforce inciting further unnecessary negative interactions.

"I've always been particularly struck that as healthcare workers, we're pretty good on the most part about being kind to our patients and family, but we're pretty dreadful at being kind to each other," Professor Sandford said.

"It seems a rather paradoxical thing given our profession is all about being caring. One of the things I've also noticed in my role as a specialist Medical Leader we underestimate how those around us are impacted when there may be some rather curt words or even worse, exchanged and we often forget our patients and families are watching. Conversely to see a team working together and being collegiate and kind to each other, makes such a difference to the environment of healing that we're so carefully trying to create."

Ms Robins has worked in two different children's hospitals in Canada in the area of patient and family experience and believes patient wellbeing and staff wellbeing are intertwined and should not be treated in two separate streams.

"If staff are not having a good day that means that patients are not going to be having a good day either, because we're all in a relationship with each other in a really intimate environment in health care," she said.

"Often when I talk about kindness, I get some pushback that there's not enough time to do it in the healthcare environment. But often the smallest of kindness gestures do make a difference. Like helping somebody who's lost in the hall or letting somebody in front of you in the coffee line up; I think it means a lot to patients and I believe clinicians get a lot back from it too.

"I wonder sometimes as caregivers we have a hard time even accepting kindness and allowing people to be kind to us and I wonder if that's something that we could all work on? I think it is really important to not push people away when they're trying to be kind to us."

Royal Children's Hospital physician and founder of the Gathering of Kindness Professor Crock said kindness was not something which depleted people when using it. Instead, kind interactions between clinicians were something extraordinary, sustaining medical practitioners and are vital to patient safety.

"It is critical we can bring a team to a state of feeling psychologically safe together so anybody in the room is free to speak up if they're worried about something and feels totally comfortable and

supported," Professor Crock said.

"We come into work, and we put on a professional persona that everything's all OK in our lives. But that is not always the case. There was a particular time when I had some personal issues going on at home, and I came into work and told my team about it because I was worried about how I was going to manage. I knew I was in a safe place where I wouldn't be judged, and the team would have my back. The complete feeling of trust and being in it together. And we know that is what is helping to keep the patient safe and to keep us safe. There is a safety net when you've got a team that functions really well. This isn't the soft stuff, this is the pointy end of patient safety."

The discussion explored the importance of the ripple effect of actually starting by treating each other with kindness and the 'pay it forward' concept. There were many theories about workplace kindness in the health system shared between participants, including:

- "Culturally, we have forgotten life is actually about giving unconditionally and giving first and not expecting anything back. We have created complexity in something that's so simple. We need to take a step back and start doing it again."
- "Has our mindset become too focused on the science of medicine and not enough on the art? Are we thinking about the 'disease that happens to be in a person' rather than 'a person who happens to have a disease'?"
- "Are we less kind to each other due to extraordinary pressures and a sort of limited supply of kindness?"
- "Isn't kindness energising? The more we give the more we have to give?"

Professor Sandford said you could not argue with the "recharged" feeling a 'thank you', an acknowledgement or kind and compassionate interchange with a colleague provides. Conversely, kindness had the power to quickly disarm negative behavior he said.

"I think kindness is an extraordinary anti-venom," Professor Sandford said.

"I've often been surprised at how it startles someone behaving badly when you say something kind to them. If you're lucky it may make them reflect a little bit without being confronted by overtly calling out bad behavior."

Professor Crock agreed countering meanness with kindness was very effective.

"Stepping back from the situation and considering what's behind the bad behavior and then countering it with something kind is transformative," she said.

"It can be quite amazing, and I think it helps build trust in teams. You show that you're a good person. You think the other person is a good person, the positive behaviour starts to be reciprocated and you gradually build that relationship."

Professor Sandford suggested "huddles" could be introduced into workplaces as a way to spread kindness across the health system.

"I leave it to all of you to explore how you can turbo charge kindness within your own domain."

RACMA Jurisdictional Committee Members

It takes a team of committed people to ensure ongoing delivery of services and support to our Members. The Jurisdictional Committees play a key role in helping the College provide training and professional development, as well as keeping the membership up to date with Medical Leadership news, information and issues. The Committees also organise opportunities for Members to network and connect with peers and colleagues.

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Dr Kate Tindall	CPD Coordinator

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Dr Shemanandhini (Shema) Haima	Candidate Representative QLD
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Dr Jon Hodge	Committee Member
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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