RACMA
The Royal Australasian College of Medical Administrators

The Quarterly

The Royal Australasian College of Medical Administrators

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2009 Langford Oration

Annual Reports

List of Fellows, Members & Candidates

Celebrating Achievements

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RACMA
The Royal Australasian College of Medical Administrators

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The Royal Australasian College of Medical Administrators

The College was founded in 1967 as the Australian College of Medical Administrators and attained its Royal Prefix in 1978. In August, 1998 when links with New Zealand were formally established, the College changed its name to The Royal Australasian College of Medical Administrators. The College when first established had the aim of promoting and advancing the study of health services administration by medical practitioners.

Profound changes in health administration have occurred since that time, but the need for competent well-trained health sector managers has not diminished.

The College works to achieve its aims through a rigorous university-based training course, supervised posts in medical administration and postgraduate education programmes for Fellows, Members and Candidates.

The College headquarters are situated at 10/1 Milton Parade, Malvern, Victoria 3144 and there are active Committees in each State and Territory of Australia and New Zealand.

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"Medical Administration is administration or management utilising the medical and clinical knowledge, skill, and judgement of a registered medical practitioner, and capable of affecting the health and safety of the public or any person. This may include administering or managing a hospital or other health service, or developing health operational policy, or planning or purchasing health services."

Editorial

Dr Andy Robertson

What's in a Journal?

As a medical administrator with a keen interest in medical editing and journal publication, I sit on a number of Editorial Boards and in various editing positions, from Editor-in-Chief to Section Editor to Editor of the trusty *Quarterly.* The roles vary from being a name on a list (and never consulted in 5 years) for one international journal, through regular Editorial Board consultation with another national journal to regular Editorials and hands on editing in yet other national and international journals. This has certainly increased my understanding and affection for the English language, including coming across some memorable misuses of the vernacular.

You have to love a "Flight Lieutenant" described as a "Flight Left Tenant" in a Wagga newspaper or a Californian wine described as "produced with the aid of fish". I am not sure what the latter actually means, but the mind boggles. From examples like these, you learn to appreciate good writing and punctuation. Lynne Truss, in probably the only best selling book on punctuation in English history, "Eats, shoots and leaves", decries the current use of punctuation in her zero tolerance guide to bad punctuation. This very entertaining book is an important resource as a writer or editor. The title is based on the definition of a panda in a wildlife guidebook, as an animal that "eats, shoots and leaves" (provided you give it a gun, I imagine).[1]

Moving away from the more entertaining side of the English language to journals, I have now been involved with a number of journals over the past 12 months that are considering merging with similar competing journals, as they struggle with insufficient articles and a small reading base. In a world where increasing numbers of journals are electronic and open access, smaller niche journals, particular those with a local focus, continue to struggle. This segues neatly into a discussion on *The Quarterly.* What do Fellows, Members and Candidates want from *The Quarterly?* Should we be merging with another journal with similar aims? Should we be an online journal only? Are we addressing the needs of our readers or are we just adding to the recycling burden? We would be very keen to have your feedback on where we need to take *The Quarterly* over the coming years.

This December issue of *The Quarterly* constitutes the College's Annual Report. Readers will find the key reports from the Executive, each of the State Branches and the Annual Register of Fellows, Members and Candidates. A highlight of the 2009 Conference was the Langford Oration; this year's orator was Prof Fred Hilmer, Vice Chancellor of the University of New South Wales. We have included his speech.

The last 12 months have been memorable, starting with the Global Financial Crisis and then adding a range of disasters from the Victorian Fires to the H1N1 2009 Pandemic, which have tested us all. As we enter December, I would like to wish all our readers, contributors and the staff at the RACMA Secretariat a very Happy Christmas, a safe holiday period and a rewarding and productive 2010.

Dr Andy Robertson
Editor

[1] Truss L. Eats, shoots and leaves. Profile Books: London; 2003.

From the President

Dr David Rankin

Reflections on Health Sector Reforms

The current round of health reforms seem to overlook how health practitioners work and function. In wondering if the latest round of reforms will make a difference to health outcomes, I find it useful to reference a set of axioms that I believe drive the way health is delivered in Australia and New Zealand. These factors ensure the health system is extra-ordinarily resilient – it simply bounces back to end up looking very much like it did before the latest change was implemented.

Health practitioners are advocates of the patient

Health practitioners are trained to be patient advocates. Having determined what they believe to be in the best interests of the patient, the health practitioner will endeavour to ensure the patient is able to access that service. Issues of funding streams, fiscal accountability and eligibility criteria are challenges to be overcome in ensuring the patient accesses "required" treatment.

Practitioners are problem focused – not whole person focused

This is particularly the case for surgical specialists who focus on a particular body system (bones, hands, skin, ears etc). They assume others (GP, anaesthetist) will explore issues outside the area of their specific interest.

GPs are limited by time and re-imbursement to dealing with the presenting complaint. Complaints are seldom able to be examined in the context of the whole person.

Practitioners work in isolation

Doctors have limited ability to compare their performance with their colleagues. Once established in practice, they continue to undertake treatment in a way they consider best for their patient. This may not reflect best practice or be the most efficient or effective intervention.

Practitioners have a financial involvement in the recommendation to treat

Primary care practitioners earn their money through maintaining a relationship with their patient. Patients are able to exert considerable influence over a practitioner by threatening to change practice or communicate their frustrations to other patients.

Surgeons earn money through undertaking surgery. Surgical time is reimbursed at a much higher rate than consulting. Theatre sessions are booked in blocks of half days, and so there is considerable pressure to fill the available operating time.

Each practitioner has a discrete span of competence

Doctor cannot be assumed to all have a universal understanding of medicine or health management. Unless a doctor has specific experience and training in a particular area of medicine, they are unlikely to be able to provide quality assessments of a person's condition and their recommendations may simply reflect what the patient has asked for.

Many tasks traditionally assigned to doctors can be more reliably completed by nurses or case managers.

Severity is a judgement call

Severity of diagnosis is open to interpretation. There are few objective tests for determining the need for surgical intervention or hospitalization. The decision to operate is predicated on subjective assessments of factors such as pain, discomfort, ease of movement, social support and lifestyle expectations.

Health practitioners are a very stable workforce

Most health practitioners spend 40 years in active practice (including specialist training). This period is often completed at a single location. A GP may purchase a practice within five years of completing their training and will expect to retire from that practice.

While systems change and managers come and go, the health practitioner continues to deliver care. Senior practitioners accrue this knowledge and learn ways to work with or around the changes. This wisdom is quickly shared with their colleagues.

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RACMA Constitution

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Primary care is an owner operated cottage industry

Primary care largely remains a group of distinct practices, owned and operated by doctors with little training in management. The doctor(s) own the facility, salary the staff and determine the computer system. Capital is constrained and the size of the practice is determined by the personality of the owners.

Health practitioners are intelligent workers

Doctors and physiotherapists in particular are selected for training based on their very high grades in high school. When these practitioners work in groups they pose a daunting challenge to processes redesign, particularly where it might increase bureaucracy or reduce their revenue.

It is all Government money

There is little sympathy amongst health practitioners for various siloed government expenditure pots – it is all seen as government money.

The current round of reforms focuses on systems issues such as funding flows, the operation of hospitals and issues of accountability. Unless reforms address the fundamental issues such as the drivers of doctor's behaviour, the organisation of primary care and demand management, we are unlikely to achieve the savings or efficiency that is promised.

It is a unique challenge of medical administration to bridge the gap between clinician behaviour and system change.

Dr David Rankin
President

At the 2009 AGM the Fellows of the Royal Australasian College of Medical Administrators voted overwhelmingly in favour of change to the College Constitution.

These changes follow widespread consultation among members and herald significant change to College governance and broader representation for RACMA members.

I would like to take this opportunity to highlight some of the key changes to the Constitution.

RACMA will now be governed by a Board rather than a Council. The size of the Board will be reduced from 22 to 10 to better reflect best practice in corporate governance. While the majority of directors will be Fellows, representation is extended to include Associate Fellows and Candidates as directors.

In order to ensure the voice of all members is heard, the Board is required to meet with the jurisdictional committees at least annually and can meet more often.

To ensure that no jurisdiction has a majority of Board members, and to broaden the distribution of positions, the number of Fellows from any one jurisdiction will be limited to a maximum of two. Fellows and members living overseas will be re-enfranchised through the right to vote for all directors irrespective of their current jurisdiction.

Finally, there will now be four classes of membership: Fellow, Associate Fellow, Candidate and Affiliate. All members will be on the company register and will assume membership rights. Transition through the levels of membership will be dependent on attainment of College competencies, mandatory CEP, good conduct and financial status.

If you would like to read more about these changes, please take a moment to visit the RACMA website where the details appear under the proceedings of the 2009 AGM.

Between now and 1 March 2010, when the new governance structures will be in place, a new Board will be elected; all non-Fellows will be transferred to the company register and transition processes for the new membership classes of Associate Fellow and Affiliate will be completed.

Dr David Rankin
President

College Matters

Dr Karen Owen

This December issue is essentially our annual report when we showcase College achievements of the last 12 months. Within these pages you will find the list of Fellows, Members and Candidates in Australia, New Zealand and overseas. Seeing this leads me to advise that we are commencing to update our company register to meet ASIC requirements. This is one further result of the 2009 AGM decision to adopt the new RACMA Constitution from 1 March 2010. All Fellows, Members and Candidates are asked to complete the Company Register Details Form enclosed with this journal and return it to the Secretariat as soon as possible. This will ensure that we have accurate information for the Register.

Also in this edition of *The Quarterly* you will find the annual reports of the President, Honorary Secretary, Honorary Treasurer, Censor in Chief and the National Director CEP/R. These reports leave us in no doubt about the continuing contributions of so many members to the College. The pace of change and the energy generated by these can be felt through so many aspects of the College. I sense an energy and engagement that is strengthening. This augurs well for the future.

Your decision this year to support a new constitution for the College is awesome. Changing a constitution is not an easy thing to do and the changes you have supported are big. We acknowledge the challenges surmounted in reaching the level of consensus required for more than a 75% vote at the AGM. Thank you to all who sent in proxy forms to express your view because you could not attend the AGM.

Elections for the seven Fellows who will comprise the core of the new board will be held before Christmas. This board will commence its governance of the College immediately 1 March 2009 arrives. The new Constitution is already giving rise to discussions about new ways of doing things. It promises to be the catalyst for change that will continue renewal of our College and I look forward to this. We received a letter of congratulations from the President of RANZCOG, Dr Ted Weaver, who wrote: "It is pleasing to see that the College of Medical Administrators has embraced best practice in corporate governance by switching to a smaller board governance structure."

This week I attended the workshop jointly developed by RACMA and RACS and called *Bridging the Divide: Surgeons and Managers Working Together.* There were 32 participants from the two colleges and if the noise levels during discussions are an indication then the workshop succeeded in engaging the two stakeholder groups. For me some of the most telling moments were those which related to something of a 'discovery' about the medical administrator role; its risks and its politicisation (perhaps?). Some of our FRACMAs presented an excellent case for the medical administrator as doctor first – one of their own kind – with a pathway to management that presents as an opportunity for other medical specialists. Most telling of all was one suggestion that there should be medical administrators in all the hospitals working with the surgeons and why was this not so now ... we should work together to do something to make this standard practice in our hospitals. There are plans to continue to find ways to strengthen this collaboration.

May I end 2009 by thanking you all and encouraging your continued engagement with the College. Your participation is energizing. Have a safe holiday break.

Dr Karen Owen
Chief Executive

Letter to the Editor

Dear Editor

I would like to make a comment about clinician engagement and performance review ("Clinician Engagement: Supporting Senior Medical Staff Performance", *The Quarterly,* September 2009).

During my 23 year management career I always continued some clinical role, but almost always away from the hospital in which I worked and in a private practice setting. Engaging with clinicians to me means involving them positively in change and encouraging them to show leadership in a constructive and positive way. They often complained that they were the last to know and many of the issues that were engaging the organisation had little relevance to them on a day to day basis. Five months ago I returned to full time clinical practice in the public hospital system and find myself on the other end of the stick. It does give one a different perspective as I often feel like a mushroom and experience a sense of powerlessness in addressing what I view as important issues particularly where they involve the practice of colleagues or other professional disciplines. Sometimes it's easier just to get on with the job at hand. Despite my close involvement with clinical care over many years I think my understanding of the day to day experience of those at the sharp end of the system had significant limitations.

Performance management or whatever term you wish to use in relation to assessing how well a clinician undertakes their role is very complex indeed. In my experience it is only a problem when one is dealing with a clinician who for whatever reason is not meeting expectations. These clinicians are small in number but occupy a disproportionate amount of the time of a medical leader. They fall into two groups. Firstly those who are clinically underperforming but with personality traits that fall largely within what I would call normal that is they have the capacity for insight. The second group are those who may or may not be clinically adequate but have fixed personality traits that adversely affect those around them and hence negatively affect an organisation's capacity to provide safe and appropriate clinical services. The most challenging of these is the destructive narcissist.

My experience in dealing with these difficult individuals has been that there are no mechanisms to protect those who are managing them. The registration body and Colleges are of little help and other individuals and bodies such as the media, the community, lawyers, politicians, the Ombudsman, the Human Rights Commission and even Parliaments are often enlisted in the process by the aggrieved clinician.

Whatever process for performance management is put in place can assume that the majority of people will have some insight and willingness to change but it must also be able to deal with those who have no insight and no intention to change, otherwise it will achieve little of value.

I make these comments not to be negative but to suggest that we need to be very certain about what it is we are wanting to achieve with any change and that those initiating change should go through a process of self examination and understand the limitations of their own experience and how it affects their view. Management is after all, like economics, not really an evidence based discipline but action research driven by the times. There are however some truisms that suggest not all people are as reasonable as you, complex issues rarely have simple solutions and the law of unexpected consequences is always lurking.

Dr Brian Cole
FRACMA

Editor's Note: Anyone who wants to know more about managing concerns about individual clinicians may be interested in the Clinician Performance Support Service (CliPSS).

CliPSS provides support and advice for the management of concerns about the safe clinical practice of individual clinicians. Information can be accessed at http://www.health.qld.gov.au/clipss/

Submit a Letter to the Editor

Please keep letters to a maximum of 500 words and include your name and a daytime telephone number.
By submitting your letter to the Editor, you agree that we may edit it for legal, space or other reasonable reasons.

Submission can be made via email rmason@racma.edu.au
post 10/1 Milton Parade Malvern Vic 3144 or fax +61 03 9824 6806.

2009 Langford Oration

Professor Frederick G Hilmer AO (LLB Syd, LLM *Pennsylvania,* MBA *Wharton*)
President and Vice-Chancellor
University of New South Wales

I understand the focus of this year's conference proceedings is high performance leadership. Leadership is, of course, critical to the performance of any system, including the health system.

But rather than talk about leadership in general, tonight I will discuss a particular aspect of what I see as a contemporary "Crisis in Leadership".

The Global Financial Crisis is only one of a trifecta of negative situations that are challenging almost every society worldwide, as well as Australia. The GFC alone would be enough of a challenge. However, at the same time, we are facing a "GEC", the Global Environmental Crisis with a myriad of its own challenges including CO2 emissions, waste disposal and water quality and quantity issues.

And if these two situations were not enough, we are also dealing with serious breakdowns in ethical standards in politics, public administration, community organisations and business. The UK expense scandals affected numerous members of parliament, leading to the resignation of the speaker in the House of Commons and the suspension of two members of The House of Lords. Turnover of ministers and even criminal prosecutions are going on here. Even in the medical profession with generally high ethical standards, there have been cases of overbilling and abuse of patient trust. There have also been numerous ethical breakdowns in the police forces and the church. Fraud and non-compliance with the law have affected not only marginal firms but a number of major respected companies.

If something bad happens once we consider it bad luck; twice, perhaps coincidence; but three times or more signals a serious problem. What then is the problem? The most common answer is "a failure of leadership" in areas as diverse as politics, business, the professions, science, bureaucracy, regulation and community affairs. But what does "failure of leadership" mean? How and why has leadership failed?

One answer often put forward is that the failure is due to greed and capitalism itself. However, this explanation ignores the fact that capitalism and self interest have existed for many years, and that some of the most significant economic and environmental failures have been in non-capitalist states.

Another oft-touted explanation is that the problems are due to regulatory failure – that deregulation has gone too far and too fast. While there are examples of poor regulation, such as with respect to bank capital requirements in the US and UK, the problems being experienced are far deeper and more widespread. Many of the failures are not failures of regulation but of compliance with regulation. Deregulation does not explain non-compliance with construction, environmental, health or safety standards, all of which have been tightened rather than relaxed in the last decade. Nor does deregulation explain ethical breakdowns in politics, public administration or the church.

Without a clear understanding of the nature and causes of the problem, the "cures" are unlikely to be effective or lasting.

This paper puts forward a different argument as to what is behind the trifecta of failures, and what might be done. The argument is that the main reason for these failures is the effect of time frame compression – a shortening of the time frames in which leaders in many fields, including the medical field, are now operating.

There are four parts to the argument:

1. Long time frames are essential for ethical, constructive leadership.
2. Time frames are being shortened by a number of forces.
3. Shortened time frames lead to dysfunctional and unethical leadership behaviour.
4. And, therefore ways to lengthen the time frames within which leaders operate should be pursued.

Time Frames Key

The importance of time frames was highlighted by Elliot Jaques, the psychoanalyst and organizational psychologist, who saw how important it was for leaders to be able to envisage a result far in the future and overcome anticipated and unanticipated obstacles to create the expected outcomes[1]. The ability

to see and then produce results far in the future – or set "big, hairy, audacious goals" – was needed to develop the first commercial jet, to put a man on the moon[2] and to develop many cures which we now take for granted, and this ability is still needed to find solutions to some of the global challenges we are currently facing.

While most people operate in short time frames, the leadership of large institutions requires the taking on of tasks within a 10-20 year time frame. The Australian Government's 20/20 Summit held in 2008 looked at a 12 year time frame. Yet as discussions proceeded, 20/20 seemed very close. Creating new infrastructure requires long time frames. Any redesign of the health or education systems requires at least a decade to take effect. Universities take decades to grow into successful educational enterprises – in the case of the University of New South Wales, it has taken 60 years for it to become the respected globally ranked institution it is today. E-health, or a new configuration of health facilities are no different.

Development of new technologies and solutions also require long time frames. Quantum computing, environmentally friendly energy solutions, or developing an efficient, effective and affordable health system are cases in point.

Leaders need to be able to handle these 20 year or so tasks cognitively and practically. They need the knowledge and perspective to work out what to do, and how to control or influence enough levers to make it happen.

Time Frames Shortening

Yet leaders increasingly do not seem to have the scope to work in long time frames. In leadership selection and tenure, we see evidence of compressed time frames, with increasing CEO turnover, shorter tenures and younger retirements. In the decade from 1991 to 2001 average CEO tenure decreased from 9.5 to 7.3 years.

We have also seen pressure for shorter tenure of directors. The view that directors who have served for longer than some arbitrary period are no longer impartial has increased pressure to replace them. The proposal that directors serve no more than 12 years implies an average tenure of 6 years. Yet boards need experienced directors with an understanding of the past as well as new directors with new perspectives.

The recruitment of "outsiders", CEOs from outside the organisation, has been decreasing time frames further. Analysis shows an increase to 24% in 2008 of "outsider" CEOs, from a rate fluctuating around 20% previously. In contrast, visionary organisations have management development processes and succession plans in place to ensure smooth transitions and constancy of direction[3].

Health is not immune from these trends, with what looks like increasing turnover from Ministers to heads of area health services.

As tenure has shortened, the obsession with short term metrics such as quarterly earnings and annual

rankings has increased. In business and investing communities, the amount of time spent on longer range planning for sustainable growth over time is reduced by the excessive focus at CEO and board level on reporting half yearly or yearly earnings, when the focus should be 10 years plus out. In addition, regulation and standards generally have a short-term, "tick the box" compliance approach, and focus on outputs in a narrow, short-term way.

Finally, we are seeing an exponential increase in complexity. Competition is now global, not local in most arenas. Technology changes rapidly, often redefining the basis of business, as is happening in media and communications. Increasing complexity and rapid technological change in the medical arena have been evident for years, and have made the allocation of resources and the provision of health care increasingly problematic. More factors such as the impact of changes on attracting and retaining staff are also at play.

The net effect of these influences is that it is harder for leaders to deal with issues cognitively and to influence outcomes in a 10 year plus time frame.

Consequences

What then are the consequences? Shortened time frames change behaviour in dysfunctional ways. There is pressure to defer a problem rather than solve it. The "not on my watch" scenario is supported by the mantra "are you on the bus or not?", in which reasonable questions are seen as resistance. On a global scale, the problem of our over-reliance on oil has been evident for decades, yet Jimmy Carter was derided in 1979 for his infamous 'reliance on oil'

speech, many of his alternative energy programs were discontinued, and today we continue to struggle to find long-lasting solutions to this problem.

Deferral of the problem is linked to other dysfunctional changes in behaviour – a tendency to bury bad news and long term consequences, a lack of consideration of all stakeholders, and a focus only on the short-term profit. The subprime mortgage crisis is a case in point. How would these loans ever be repaid?

Another consequence is that interactions with all stakeholders become increasingly transactional. Leaders do not develop the long-standing relationships with employees, suppliers and other stakeholders that are needed to achieve great performance over time. For example, they burn out the good young people to produce the right numbers, rather than develop their skills. Recent media has noted the return of "command and control leadership", which increases employee disengagement. This behaviour will come back to haunt us as skills shortages will continue over time. The only competitive edge now is, and will be, the quality of an organisation's people[4].

This dysfunctional behaviour also results in running down of infrastructure, which is evident in Australia and throughout the developed world. Our leading research intensive universities have deferred capital maintenance of $8 billion. Our health systems show the evidence of long-term running down of infrastructure, as does transport, and even the supply of our water in areas of Sydney is affected by the same phenomenon.

The short-term view has also resulted in a decline in expenditure on research and development, which by its very nature is a long term matter.

Perhaps most significant of all is the breakdown of ethical standards that underpins these dysfunctional behaviours. Instead of honesty, considering others, considering the future and playing by the rules, we see deferring problems, burying bad news, transactional relationships, riding momentum, running down infrastructure, and not investing in the ideas of the future. And once ethical standards erode in one area,

the breakdown seems to spread to other areas. Hence the widespread breakdowns in politics, business, public administration – including health - the church and the police

In relation to the health system, ethical leadership was recognised as a necessity by Peter Garling, SC, in his report into systemic breakdowns:

"leadership from all involved in the political process to accept that the good of all citizens in NSW, and the provision of health care in an orderly and systematic way, must prevail over individual, sectional or geographical interests whose motivation is largely, if not entirely, self interest"[5].

Lengthening Time Frames

What then can be done? Almost by definition, a time frame problem is not amenable to a "quick fix". But there are steps that can be taken by leaders of organisations. Some suggestions follow:

1. **Strengthen teaching and research in ethics at University, as well as in the school curriculum.** There is no shortage of good teaching cases in the events of the last decade. Students might examine why the events occurred, what drove the key actors to behave as they did, and what might have lead to different behaviour.
2. **We can improve leadership selection and lengthen tenure.** If tenure is shortening and more people are leaving in "unusual circumstances", then the current model of selection must be flawed. Perhaps more time of key members of selection committees should be spent on this issue.
3. **We can reduce the focus on short-term metrics** by encouraging a focus on the 5 to 7 years results as well as last year's. We can embrace corporate social responsibility and require triple-bottom-line reporting, which monitors economic, environmental and societal performance[6]. We "require a broader set of performance measures"[7].
4. **We can reform pay systems so that judgment and ethical behaviour can be reflected in performance reviews and bonus arrangements[8]** by reducing the portion of pay based on objective measures[9]. In the private sector, we can change incentives, such as requiring CEOs to keep stock options for 5 years after departure.
5. In the absence of other changes, regulation will not fix the problems, but **we can ensure that regulation and standards do not hinder the ability to take a longer term view.** The global financial and environmental crises are giving birth to a lot of regulation, so we need to ensure that regulatory reform does not make the situation worse through increased complexity and rigidity.

All of the above ideas are ways of saying that we need to elevate long-term thinking and solutions above the 'quick fix', to separate the important from the urgent. The global financial crisis is a major structural break in the economy, and major breaks are often an opportunity in disguise[10]. The environmental crisis also makes it imperative that we focus our thinking 10-20 or more years out.

In conclusion:

- Long time frames are essential
- Time frames for ethical constructive leadership are compressing
- Compressed time frames lead to dysfunctional and unethical behaviour
- But the good news is that time frames can be lengthened if we have the resolve and are prepared to change incentives and the environment in which leaders operate. The basic idea was well expressed in a Pogo cartoon by Walt Kelly.

"We have met the enemy… and he is us"

[1] Jaques, E., 1982. The Form of Time. Heinemann, London, p 14.

[2] Collins, James & Porras, Jerry, Built to Last , as summarised on http://www.bizsum.com/articles/art_built-to-last.php

[3] As summarised at http://www.bizsum.com/articles/art_built-to-last.php

[4] http://www.smh.com.au/opinion/what-did-you-do-during-the-gfc-20090622-ctxo.html, Henry, Avril, What did you do during the GFC? , *The Sydney Morning Herald,* 23 June 2009

[5] P 36, ref 1.210, Overview of the *Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals,* Garling, Peter, SC, published 27 November 2008

[6] Cameron, A, Brave new world of the not-just-for-profit, opinion piece, *The Australian Financial Review,* 1 June 2009

[7] Ibid

[8] Hilmer, FG, Leadership DNA , p 3

[9] Hilmer, FG, Leadership DNA , p 3

[10] Rumelt, Richard P, Strategy in a 12 structural break, The McKinsey Quarterly, 2009 No. 1, p 35

Looking Back on 2008-2009

Dr Roger Boyd

Last year I noted that Council's and the Secretariat's attention had been focused on the Australian Medical Council's accreditation assessment of our College and on review of the College's constitution, leading to recommendations that were put to the 2008 Annual General Meeting. As all members would be aware, the results during the early part of this reporting year were favourable in respect to AMC accreditation but the proposed changes to the constitution were not passed by the required 75% majority.

In another very busy year since then, there has been considerable achievement in addressing the recommendations and opportunities for improvement noted during the AMC accreditation assessment. This includes the formation of several committees to progress development of the curriculum, examination processes and monitoring of accreditation and compliance of university programs and training posts. These will strengthen the College's governance structures for our central role of education and training, complementing the improved governance arrangements around College financial matters with the establishment last year of the Finance Committee.

Over the past year there has been considerable discussion on the Constitution, both in Council and with efforts to engage the membership broadly, through jurisdictional committees and publications. This has lead to further refinement of the proposed new Constitution, which is being put to the members at the 2009 Annual General Meeting.

In addition there has of course been plenty of activity in the routine running of the College. As in past years, the College has continued to contribute to deliberations on a range of health policy issues, both at national and state/territory levels, through representation on a range of boards, committees and working parties as well as through representatives' attendance at meetings and written submissions. To all those involved in supporting the College in this way, thank you.

It should be noted that this year we have changed the approach to organising the College's annual conference, with the establishment of a National Scientific Program Committee overseeing design and content of the program, supported by the conference management company and the Secretariat for other aspects of conference organisation, and the Finance Committee monitoring budget matters.

Our Chief Executive, Dr Karen Owen, has continued to provide energy and vision to help drive these developments over the past year, supported by Rebecca Mason as Training Program Administrator and Marie Paraskakis as Policy and Programs Manager, plus Dino DeFazio providing IT support and Jan Stephenson assisting with Accounts.

In addition, the Secretariat is supported by several other Fellows who serve in various roles. I thank Dr Andrew Robertson, Honorary Editor, and the members of the Editorial Advisory Committee, for the production of the College journal, The Quarterly; and Dr. Bill Appleton for his assistance again as Honorary Returning Officer.

Council and the Executive of Council have continued to meet almost monthly, generally alternating between the two groups. Details of attendance at meetings are summarised in the Councillor's Report that accompanies the Financial Report. During the past year we have welcomed Draginja Kasap, Sally Tideman and Mellissa Naidoo as new members of Council and thanked retiring Councillors – Philip Montgomery, Kim Hill, Beth Kotze, Erwin Loh, Susan Svilans and Bruce Swanson – for their contributions.

I would like to express my personal appreciation to Karen Owen and the Secretariat staff for their support over the past year and wish the College and all involved, further success in the year ahead.

Dr Roger Boyd
Honorary Secretary

Focus on Quality:
Doctors Leading Innovation in Health Service Delivery

Dr Lee Gruner
Censor in Chief RACMA

The 2009 RACMA conference provided the opportunity to run a workshop that tied in with the workshop theme of Leadership. The workshop was to canvass ideas and experiences in relation to doctors leading innovative health service delivery and to provide information for medical managers wishing to engage doctors in this key activity. Numbers of participants at this workshop were limited to ensure that there would be good discussion in the very short 90 minutes allocated and with 25 participants, this was able to occur.

The 25 participants formed a diverse group from all over Australia, NZ and Hong Kong. Some were highly experienced medical administrators and some candidates. The participants were from a broad range of professional roles and activities.

Under the RACMA competency model, based on CanMeds, one of the most important facets of being a medical expert relates to being able to influence medical staff particularly in contributing to the whole organisation, not just in their day to day clinical work. Being able to harness the enthusiasm and intelligence of medical staff members for organisational goals can make a significant difference to health service delivery and it is a skill that must not only be developed, but then practised on a daily basis by the professional medical manager so that skills are maintained, engagement is an ongoing process and new skills are learnt.

Numerous research studies in recent times have demonstrated that engaging doctors can make a significant difference to health service performance including the bottom line. This is one of the ways in which the FRACMA can exercise a key role in contributing to health service goals.

The workshop was structured as a series of questions for discussion by small groups and then feedback and discussion with the larger group. The following questions were asked:

- What does medicine teach us about innovation?
- Where do doctors usually innovate?
- Where should doctors be involved in leading innovation?
- Why is it important to get doctors involved?
- How can we get doctors out of their clinical mindsets to contribute organisationally?
- What are the motivating factors for this?
- What / who influences doctors to do something different?
- What techniques have you successfully used to achieve these aims?

Medicine and Health Service Innovation

There was an interesting discussion on the first group of questions with some agreement that although teaching of medicine had become more innovative, there was still a hierarchical model of care that encouraged conformity rather than creativity. In particular, this was regarded as the situation in hospitals and in contradistinction primary health care had been more innovative, with doctors taking the lead in many cases. Although the reasons for this were not fully discussed, the autonomy that doctors in primary care have in the running of their business is probably one reason for this. In addition, GP divisions were set up as external and supportive organisations for doctors and these have been the source of considerable innovation in Australia. In NZ, the government has also supported significant innovation in primary care.

In relation to hospitals, discussion centred on innovation being mainly related to doctor involvement and leading of clinical trials. Where doctors did innovate in health service delivery, these were usually individuals passionate about patient care and effective services. Such individuals were not common but were prepared to do something different due to their strong belief systems that there was a better way to do things (even if their fellow medical staff did not agree). These are the doctors who are prepared to break the conformity mould to lead change. Such doctors are not always supported by their fellow clinicians.

The group agreed that doctors should be encouraged to drive innovative service delivery for the patient community and influence organisations to support them in this.

They believed that medical staff could be instrumental in:

- Health service re-engineering
- Solving complex problems around patient care
- Using their audit data to identify and actively address gaps in health service delivery
- Developing better care delivery around safety issues

It was agreed if medical staff were engaged in these areas by identifying their interests and if they could then see visible improvements, that they would feel valued. This again would encourage more involvement and lead to further positive change in health service delivery.

Motivating doctors to move out of their clinical mindsets to contribute to organisational improvement

There was considerable discussion on both motivating factors and techniques to engage doctors in organisational goals. The discussions focused on how to work with doctors, how to build relationships, use of effective communication processes and use of evidence including data. Overall, it was acknowledged that whichever techniques were used, it was important to build trust and respect and that this took time.

Engagement techniques suggested:

- Actively developing opportunities for multidisciplinary communication around topics that would interest medical staff
- Using another event to get doctors together and adding some organisational business to this e.g. after a session by a visiting speaker
- Establishing a safe environment for doctors to speak openly and honestly and share their views with others. Such an environment needed to have strong and agreed business rules
- Using carrots rather than sticks was regarded as a powerful technique that some health services had forgotten
- Developing a shared vision related to a common goal that was important to doctors and then demonstrating timely progress towards this goal was put forward as a means to gain more sustainable engagement
- Communication with time allocated to listening as well as speaking, taking identified issues on board and developing actions to address these was regarded as a key factor. Such communication should include honest discussion of things that were not possible to do and things that were possible to do, including those that were within and outside the control of the organisation
- Delivering what was promised and not promising what cannot be delivered was a key tenet also of sustainable engagement
- Being available when needed- having a true open door policy
- Providing administrative support and facilities
- Developing reward and recognition systems
- Communicating in language clinicians understand
- Meeting doctors on their own turf demonstrates respect for their time and their roles
- The use of evidence, particularly data was regarded as one of the most powerful tools
- All doctors come with their own personal experiences of the health system and this may be a powerful motivating factor to get involved (or a powerful disincentive, depending on the experience)

Motivating factors to get involved included:

- Working with other medical staff with a similar interest in improvement
- Using clinical networks and structures as a vehicle for involvement
- Demonstrating successes in the areas where doctors had been involved in leading and contributing to change- particularly by using data
- Getting doctors involved in a common problem that they can work on together and that will improve service delivery
- Developing a spirit of competition between medical staff to achieve aims
- Appealing to their areas of self interest and showing how contributing can be in their personal interest
- Appealing to those who see leadership as status
- Appealing to those who seek recognition and respect of peers
- Open discussion of suboptimal outcomes to encourage change in practice
- Providing incentives such as time off or some extra funding
- Common threats to their organisation or to service delivery

Focus on Quality: Doctors Leading Innovation in Health Service Delivery continued

In addition doctors may be motivated by a variety of people and organisations such as college, family, the media, medical leaders, medical indemnity organisations, peers, patients and the leadership style of the CEO.

There will be different people and different motivating factors for different doctors and it is important to understand the individual in order to engage particular doctors.

Examples of techniques used to successfully engage doctors in leading health service innovation

There was a multitude of examples from the experienced medical managers and these included:

- Use of a multidisciplinary training session to teach wanted skills and improve communication between professional groups
- Training doctors to enhance their teaching skills so that they were more engaged in teaching
- Provision of data about organisational issues so that medical staff understood these issues better and were prepared to contribute to making improvements
- Establishing monthly meetings with medical staff to discuss issues of interest and then introducing performance indicators for discussion once relationships had been built. This resulted in a better understanding of the big picture and ownership of organisational issues
- Introduction of a maintenance of standards program sponsored by the Chief Executive to demonstrate its importance to the organisation
- Introduction of a training program and a succession strategy for clinical leaders
- Building relationships with clinical champions in areas such as IT
- Getting clinicians involved in service planning and redevelopment and incorporating their needs and views into the project
- Establishment of a quality council to review quality indicators, quality recommendations and involve doctors in portfolios of interest such as blood transfusion and medications
- Ensuring meetings had appropriate refreshments
- Providing some funding or resources for involvement in organisational activities
- Providing personalised data to improve prescribing habits

This workshop only just scratched the surface in understanding and sharing successful strategies for doctor engagement in leading health innovation. It demonstrated the diversity of strategies that experienced and professional medical managers had successfully instituted to engage doctors and have them contribute to furthering organisational goals. There is no doubt that the busy clinician focused on his or her patients can be encouraged to both lead and contribute to innovative health service delivery if time and effort is taken to build trust and respect and to nurture ongoing relationships. This must include providing a safe and supportive environment in which such doctors are willing to take risks and break out of the hierarchical medical model if necessary.

Because of their clinical background, Fellows of our college are in the unique position of understanding doctors, their motivations and their passions and have the ability to harness their energies to improve health service delivery overall. They can also provide the support and safety for considered risk taking and work to get other clinicians aligned with change. This expertise of the FRACMA needs to be recognised, understood, promoted and continuously enhanced for health services to successfully develop sustainable models of care for future generations of patients.

Celebrating Achievements

New Fellow Achievement Award

Dr Sally Tideman
BA MBBS MPH FRACGP FRACMA

Dr Sally Tideman obtained Fellowship of RACMA on 30 August 2007. In 2008, she accepted the role of Chair of the South Australian Committee of RACMA. As Chair, Sally has represented the College at careers events for young graduates and actively encourages their interest in RACMA.

Sally is a Preceptor in the Fellowship Training Program and is also on the organising committee for the National Conference.

Sally is currently the State Medical Director of the South Australian Organ & Tissue Donation Agency.

Margaret Tobin Challenge Award

Dr Albert Ip, Candidate (Vic)

The Margaret Tobin Award, previously known as the Challenge Award, was renamed in December 2002 after the late Dr Margaret Tobin, to provide long lasting recognition of her immense contribution to the College. The award is for the best twelve-minute presentation by a College Candidate. Each State/Territory & New Zealand nominates a Candidate for this award. The presentations and judging take place during the Annual Conference. Candidates speak on a topic of their choice.

The judging criteria are presentation (including the use of audio-visual aids), relevance of topic to the Conference theme, originality, and content. This year, the Challenge was taken up by Dr Sayanta Jana (WA), Dr Clayton Spencer (NSW), Dr Vishnu Sharma (Vic) and Dr Albert Ip (Vic). Dr Ip came away the winner of the Challenge with a highly entertaining presentation which we hope to publish in a future edition of *The Quarterly.*

Dr Albert Ip accepts his medallion as winner of the Margaret Tobin Challenge Award 2009

On the Cover: New Fellows 2009

Top Row (L-R) Dr Nadarajah Ramesh, Dr Allan Pelkowitz

Middle Row (L-R) Dr Malcolm Mohr, Dr Yogendra Narayan, Dr Mark Garwood, Dr Erwin Loh

Bottom Row (L-R) Dr Michael Cleary, Dr Monica Trujillo, Dr Dale Thomas

Honorary Treasurer's Annual Report 2008/2009

Dr Draginja Kasap

In preparing this annual report I would like to bring to the attention of Members of the College a number of key developments that have an impact on the financial standing of the College. Unlike previous years Council has had an active Finance Committee which met in advance of Council meetings every two months.

One of the first tasks of the Finance Committee was to develop a Financial Management Strategy based on a review of the College membership and potential for fees collection, since that remains the primary source of College revenue. The initial review indicated that unless active recruitment of Candidates into the program takes place, there will be a significant decline in the numbers of Fellows over the next ten years, largely reflecting the dominant "baby boomer" cohort moving through to retirement. Additional forecasting and cost modelling is being undertaken in order to develop a longer term financial plan which will underpin the sustainability of the College.

More recently financial provision has been made to commission a feasibility study on the potential of the College to develop a wider range of services and education programs to provide additional sources of revenue.

During 2008/09 the College was awarded accreditation by the Australian Medical Council which was a major achievement, although it incurred significant additional costs. Whilst obtaining accreditation there were a series of recommendations which required the College to undertake a number of projects, the most important being to develop a curriculum as the cornerstone of the College's educational core business. This project is now well under way under the management of a small Steering Committee. There have been two day-long face to face workshops facilitated by Professor Peter Sheldrake and Professor David Prideaux, and participants are compiling materials with an emphasis on the "value-added" dimensions of having medical practitioners trained in management within the health system. Financial provision has been made to provide professional assistance in the compilation of the final curriculum.

With respect to the 2008/09 Financial Report consolidated audited accounts, I am pleased to report that the College's Auditor, Morton Watson and Young, has provided an unqualified audit report for the year, which was received by Federal Council at its meeting on the 21st August, 2009. The proceeds of the sale of the College's building in the previous financial year were invested into term deposits which initially attracted an interest rate of 8.0%. However, in the more recent economic climate the short term interest rate has declined to around 4%. The total interest received in 2008/09 was $128,878.64 and there was an operating surplus for the year of $72,532.54. Without the interest on capital the College would have had a potential loss. The Financial Report for the year ended 30th June, 2009, is the consolidated financial report of the College covering all jurisdictions as well as the Secretariat. The Chief Executive has kept a tight rein on the finances throughout the year. There was a hiatus of three months with two secretariat staff vacancies for the first quarter of the financial year which were filled in October, 2008. Delay in these appointments contributed salary savings. It will be important to continue to prioritise College expenditure and Council acknowledges that operational efficiencies provide savings for subsequent investment in core College activities. This approach aims to protect College capital.

As summarised in the addendum to the Financial Statement, there were additional expenses incurred in education and workshops, and travel, over the previous year, which reflect the increased activities of the College including meetings of Federal Council and the Executive on alternate months, the Board of Studies, the Curriculum Steering Committee and Working Group, the Board of Training and Continuing Education, Preceptor Training workshops in Brisbane and Melbourne, Reflective Writing workshops, and Finance Committee.

key developments

Other notable expenses which were incurred in 2008/09 are those in relation to accreditation by the AMC of $67,149.92 and in relation to updating the College Constitution of $24,156.00.

The budget for 2009/10 is tight due to increasing costs, reductions in the membership base on which fees are set, limited alternative sources of revenue, constraint on member/subscription/training fee increases and falling investment returns. Annual subscriptions are increased by 2% across all categories. Increases to training fees are on selected events only. Some College services and support services have been rationalised e.g. *The Quarterly* is reduced to a bi-annual publication combining the Annual Report and selected papers, but supplemented by a continuous on-line publication process; the external research and policy service to Council is replaced by internal resources within the Secretariat generating savings of $34,000 compared to the previous financial year.

Additional provision is made for Council and Committee meetings, travel, and teleconferences. Negotiations have been completed with the Mirvac Group for members to benefit from competitive discounted rates for accommodation and meeting facilities, and with Redback for teleconferencing. Overall the 2009/10 budget is balanced with a small surplus of $994.

The fees collection processes have been streamlined and there has been a significant increase in the response rates of the membership. As at 30th June, 2009, 58% of fees had been received. At its meeting on 21st August 2009, Federal Council approved the transfer of cash funds surplus to requirements to be invested in a short-term term deposit to maximise interest.

As a result of the activities during 2008/09 the College is in the process of becoming a far more dynamic educational institution, building on its accredited status and increasing relevance in providing leadership to other medical Colleges. The long-term financial strategy will be defined during the forthcoming months based on sound planning and management.

I wish to thank the Members of the Finance Committee, Drs David Rankin, Wayne Ramsay, and Richard Ashby for their work on the Committee, and also to thank the Chief Executive Dr Karen Owen for her efforts on behalf of the College.

I commend the 2008/2009 Annual Financial Report to Fellows and Members for endorsement.

Dr Draginja Kasap
Honorary Treasurer RACMA

Note: A copy of the Annual Audited Accounts can be found on the College website.

2009 RACMA Annual Conference High Performance Leadership

The following presentations are available on the RACMA website under Conference/2009 RACMA Annual Conference:

- Clinical Leadership & Management of Health Services – Prof Jeffrey Braithwaite
- Strategies for Building a National Health Information System – Prof Enrico Coiera
- Peer Review by Medical Practitioners – Prof Chris Baggoley
- eHealth: An Industry Perspective – Dr Mark Parrish
- eHealth: Advancing Health Care Delivery – Mr Stephen Moo
- The Importance of Engaging Doctors in System Performance – Mr John Clark
- Disaster Preparedness – Dr Tony Austin
- Disaster Management – Dr Andy Robertson
- Disaster Recovery – Dr Michael Hills
- Partnering for Performance – Dr Grant Phelps
- eHealth: The Foundations – Dr Peter Fleming
- Clinical Governance and Incident Management – Ms Penny Eden
- NHHRC Report for A Healthier Future for All Australian – TressCox Lawyers

Draft National Safety and Quality Healthcare Standards

Invitation to comment

The Australian Commission on Safety and Quality in Health Care (the Commission) released last week a consultation document on the first set of draft National Safety and Quality Healthcare Standards (NSQH Standards).

In April 2008, following extensive consultation by the Commission, Australian Health Ministers endorsed the future model for safety and quality accreditation proposed by the Commission. Ministers also noted the Commission was to undertake the first phase of implementation. On 13 November 2009, Ministers noted that the Commission will be undertaking a national consultation on the initial set of draft NSQH Standards and associated aspects of the new model.

Initial work on the model has included developing a preliminary set of NSQH Standards and the detailed planning for national coordination of accreditation, involving a national body for this purpose.

The preliminary set of NSQH Standards addresses the following areas:

- Governance for Safety and Quality in Health Service Organisations
- Healthcare Associated Infection
- Medication Safety
- Patient Identification and Procedure Matching,

and

- Clinical Handover.

The draft Standards are being developed as the nationally agreed safety and quality standards for use by all jurisdictions and health care organisations. Health service organisations that pose a high risk of harm to patients, such as hospitals and day procedure centres must be accredited against the NSQH Standards under the model proposed for national coordination. Health service organisations with a lower risk of patient harm should utilise the NSQH Standards as part of their internal quality assurance mechanisms.

It is intended that the final set of the Standards will be sufficiently comprehensive to assess all key aspects of safety and quality in health care and will provide a guide to health service organisations of the level of care expected to be provided to improve overall patient care in Australia.

The Commission is consulting broadly with stakeholders on the draft NSQH Standards before piloting and final consideration by Health Ministers in 2010.

Written submissions are being accepted by post, fax or email and should be received by close of business on 29 January 2010 to be considered in the consultation process.

For further information, please visit the Accreditation program page (under 'Our work') at www.safetyandquality.gov.au or contact the Commission on (02) 9263 3633.

Scenes from the 2009 RACMA Annual Conference

Queenslanders (L-R) Drs Michael Cleary, Julieanne Graham and Richard Ashby

(L-R) Drs Kim Hill, Gavin Frost, Tony Austin and Anne Duggan

(L-R) Mrs Jana and Dr Sayanta Jana, Drs Anjali Dhulia and Vishnu Sharma

2010 Hong Kong Conference Planning Committee: (L-R) Drs Fung Hong, Bernie Street, Karen Owen, Roger Boyd and WK Ching

Dino de Fazio at the RACMA booth

(L-R) Drs Mary Turner, Heather Wellington, Karen Owen, Tamsin Waterhouse

(L-R) New Fellow Dr Monica Trujillo with partner Elliot and Dr Debra Graves (NSW)

(L-R) Drs Paul Lim, Chris Kennedy and Qalo Sukabula

Membership & Candidate Update

Admission of New RACMA Fellows, September 2009

New Fellows

Congratulations to all the new College Fellows who received their testamurs at the 2009 Langford Oration:

Dr Michael Cleary,
Queensland

Dr Mark Garwood,
Victoria

Dr Erwin Loh,
Victoria

Dr Malcolm Mohr,
Victoria

Dr Yogendra Narayan,
New South Wales

Dr Allan Pelkowitz,
Australian Capital Territory

Dr Nadarajah Ramesh,
New South Wales

Dr Dale Thomas,
Queensland

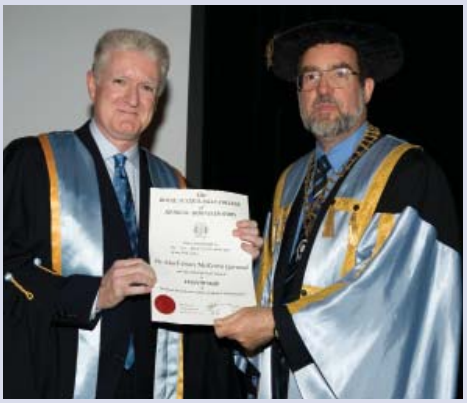
Dr Monica Trujillo,
Queensland

Honorary Fellow

Dr Ian Brown,
New Zealand

Dr Michael Cleary

Dr Malcolm Mohr



Dr Mark Garwood

Dr Nadarajah Ramesh

Dr Erwin Loh

Dr Allan Pelkowitz

Dr Dale Thomas

Dr Monica Trujillo

Dr Yogendra Narayan

Dr Ian Brown

Congratulations to new College Members who received their Certificates:

A/Professor Eugenia Pedagogos, Victoria

Professor Barbara Workman, Victoria

In Absentia

Dr Adesina Adesanya, Victoria

Dr Mark Norman, Queensland

Professor Nagesh Pai, New South Wales

Dr Megan Robertson, Victoria

Dr Leigh Trevillian, Northern Territory

A/Professor Eugenia Pedagogos

Professor Barbara Workman

Members and Candidates

A warm welcome is extended to all new Members and Candidates who have recently joined the College:

Members

Dr Maxwell Alexander, Victoria

Candidates

Dr Linda Danvers, Victoria

Dr Roderick Harpin, New Zealand

Dr Justine Harris, New South Wales

Dr Christopher Swan, New South Wales

Retirements

The following Fellow has retired:

Dr Norman Kwang Beng Lee, Western Australia

Annual Training Program Report

Dr Lee Gruner
Censor in Chief RACMA

In 2009, we have continued to build on the initiatives developed in 2008, developed new initiatives related to the outcome of our AMC accreditation. In addition, we have considered a number of new initiatives aimed at improving the pathway to Fellowship.

In 2008, the project based case study was replaced with a case study based on reflective practice of learnings during the candidacy period and the first Candidates submitted this case study in December 2008. This first submission was a transitional year as both Candidates and marking censors were still coming to grips with what was needed in this task. Candidates were expected to demonstrate some reflective practice only to complete this task.

In 2009, there have been a number of Reflective Writing Workshops conducted by Prof David Boud who is an expert in this area and these have been attended by Candidates, Censors, Board of Studies Chairs and Preceptors. The guidelines for submission and preparation of the case studies have been clarified and Candidates will be assessed more stringently on their reflective writing. The key to this process is that it is an iterative one and the case study needs to be prepared over a period of at least 3 months with preceptor feedback on a number of occasions.

During the year Dr Lyn Lee was appointed the Censor for Case Studies and the MPF.

Examination processes continue to be regularly reviewed by the Censor team and this has resulted in clearer guidelines for the examination process and the day of examination. Of particular note is the provision that Candidates are not able to take any written material into the examination room and their notes on RACMA headed paper provided on the day of the examination. Although Candidates may use templates, these must remain in the reading room.

Censors agreed that Candidates need to pass four case studies on the day of the examination to pass the oral. This could be at one sitting (4/4) or with a supplementary examination (4/5). A pass is the mean of the two Censor scores adjusted after Censor pair discussion about each Candidate and must be 9 or more out of the total of 15.

There has also been considerable discussion on the reliability of results as research has demonstrated that the more stations there are for an examination, the higher the reliability of the results. The addition of more examination questions in the form of short questions is to be piloted in 2010, with a move to formalising this if successful from 2011.

Many RACMA Candidates are granted RPL (Recognition of Prior Learning). Of these many are granted 2 years RPL, but analysis has revealed that no Candidates with RPL of 2 years have completed the requirements for FRACMA in 12 months. Usually Candidates will take between 18 months and 2 years for completion. As a result of this analysis and to cater for a very small number of very senior medical managers many of whom are members, Council has agreed to alter the RPL guidelines to establish an accelerated pathway to Fellowship that will be able to be completed in 12 months. A small committee will meet to develop the selection criteria and the program that will make up this accelerated pathway with the final step being the same oral examination as other Candidates. This will mean that RPL will be more limited for all other Candidates.

The appointment of Dr Draginja Kasap as Preceptor Coordinator has been a major initiative and allowed face to face education of preceptors for both orientation and updating. This has resulted in many new Preceptors being trained. In addition there has been analysis of Preceptor data and reports that has assisted with the development of the new strategy such as the accelerated pathway. All new Preceptors now sign contracts that clearly outline their responsibilities. A number of Preceptors who have been unable to attend the face to face training have completed the on-line package.

The Curriculum Project has been a major initiative from the AMC recommendations and this committee chaired by Professor Gavin Frost has made considerable inroads into curriculum philosophy. This has been assisted by a recent workshop facilitated by David Prideaux which identified the key philosophy and elements of the curriculum. The curriculum is to focus on the value that having medical training adds to the professional manager and the value management training brings to the clinician involved in management. This will be the lens through which all of the training is to be viewed and will form the major task for 2010.

A major achievement has been the funding by DoHA of three positions in private hospitals through the ESTP scheme (Expanded Specialist Training Program). These positions to be occupied in 12 month blocks have been funded for a period of 3 years and will allow Candidates to gain enhanced competencies in different settings. Later in 2009, RACMA will have further submissions to DoHA for positions in other organisations outside the traditional metropolitan teaching hospital

I would like to thank the Censors, both those who have been involved in the orals and those who have been involved in marking the MPF and case studies, for their assistance and support during the year and also to thank the Chairs of Board of Studies for their input to policy and strategy.

Dr Lee Gruner
Censor in Chief RACMA

RAMCA / RACS Workshop:
Surgeons and Administrators – Working Together to Bridge the Divide

32 participants from RACMA and the Royal Australian College of Surgeons (RACS) came together for a one-day workshop at the Grace Hotel, Sydney on 9 November.

The workshop explored the working relationship between surgeons and medical administrators and proposed strategies for improving collaboration on both an individual and an organizational level.

The workshop built on the analysis of survey results reported in The Quarterly, June 2009. Presenters at the workshop included Professor John Harris (RACS), Dr Lee Gruner (RACMA), Dr Liz Mullen (consultant) and Mr Bay Warburton (Johnson and Johnson Medical Pty Ltd).

An evaluation of the workshop is underway and plans for further collaborations will be advised.

Annual Continuing Education Program Report

Dr Bernie Street

The RACMA CEP Program

CEP participation is mandated by RACMA, although so far not rigorously enforced. However evidence of CEP participation will be an absolute requirement when National Registration commences in July 2010. The CEP Committee has set up the tools to facilitate compliance with this mandatory requirement. These tools are now available through the College Website (www.racma.edu.au).

RACMA CEP requires a minimum of 50 hours per annum (or 150 hours per triennium) of appropriate education, preferably based on the Curriculum and Competency Framework. The process involves creating a learning plan or contract, completing a log of activities to fulfill the learning plan/ contract, and review of success on completion of the plan.

There are several ways to submit CEP information to the College. There are two online tools – eCEP and RACMA on RRMEO (for Qld/NT members). There is also the ability to submit written learning plans or logs to the College. The forms can be downloaded from the website.

RACMA CEP maintains quality assurance through a system of reviews by state CEP Coordinators, annual statements of completion, triennial certificates and annual audits for compliance. The audits will be of 20% of CEP participants, not involved in eCEP, excluding those who have been audited in previous two years. This audit will be performed in November-December 2009.

Other developments in 2008-2009:

The CEP Manual

The 2009 CEP Manual was developed by the CEP Committee following a CEP Manual Revision Workshop held on 26th Feb 2009. This will be a dynamic document with regular revisions. It builds on the previous CEP Manual, last revised in 2007, and incorporates feedback received by Fellows and Members.

The basic changes:

1. The manual is simplified.
2. There is an emphasis on both individual and group learning.
3. There is a move to learning plans rather than learning contracts.
4. There is an emphasis on electronic CEP documentation.
5. CEP activities are now measured in points rather than hours in line with the continuing education programs of the other learned Colleges. The basic principle is that 1 point = 1 hour, but there will be some activities where the points loading will be varied such as audit.
6. A paper-based system is still available for members who prefer to use this.
7. Audit/National Registration

Improvements to eCEP

Fellows and Members have been set up with blank learning plans. Password processes are improved. Passwords are available from the National Office. A facility to print logs from any two selected dates is in place.

CEP Certification Project 2008

This project which included the opportunity to complete the contract completion documentation as part of a web-based survey, was well received. There were a total of 168 responses. Comments emphasised the need to simplify the CEP documentation requirements. The project led to a significant increase in CEP participation rates.

AMC Recommendations regarding CEP

A priority of the CEP Committee is to deal with the relevant Accreditation recommendations regarding CEP from the Australian Medical Council.

The RACMA Curriculum

There has been extensive work on the RACMA Curriculum. The intention is to align the CEP curriculum with the RACMA curriculum, so there is one universal RACMA curriculum reflective of the core competencies.

RACMA Educational Activities

These have included the Management for Clinicians Program and various State Based activities. It is hoped to expand these activities with an emphasis on RACMA competencies, Leadership and Management for Clinicians.

The RACMA
Annual Scientific Meetings

After a successful conference in conjunction with ACHS in Adelaide in 2009, the National Scientific Program Committee embarked on RACMA's most ambitious and interactive conference program ever with the 2009 Sydney Conference. Focussing on topics relevant to Fellows and Members particularly High Performance Leadership, this year's conference has been well subscribed.

Earlier this year we surveyed RACMA members to determine levels of interest in a possible 2010 Hong Kong conference. There was an extraordinary level of interest. Of 218 respondents, 86% were interested in attending a Hong Kong conference.

The National Scientific Program Committee in conjunction with the Hong Kong College of Community Medicine is actively working towards the 2010 conference which will have an international focus.

Acknowledgements

I would like to thank the members of the RACMA CEP Committee – Dr Jennifer Baker, Dr Rod Lambert and Dr Elizabeth Rushbrook (ACT), Dr Fung Hong (HK), Dr Eva Pilowsky (NSW), Dr Bob Boyd (New Zealand), Dr Gabrielle du Preez-Wilkinson (Qld/ NT), Dr Richenda Webb (SA), Dr Helen McArdle (Tas), Dr Alison Dwyer (Vic) and Dr Robyn Lawrence (WA) for their dedicated contributions in 2008-2009. I would also like to thank the RACMA National Office, Dr Karen Owen, Ms Rebecca Mason, Mr Dino DeFazio and Ms Marie Paraskakis, who greatly assisted and provided impetus for our CEP initiatives over the past year.

Dr Bernard Street
National Director of Continuing Education/ Recertification

Annual Reports
States, New Zealand and Hong Kong College of Community Medicine

Queensland

Office Bearers

Chair
Dr Richard Ashby

Honorary Secretary
Dr Judy Graves

Treasurer
Dr Don Martin

Chair, Board of Studies
Dr Gabrielle du Preez Wilkinson

CEP Coordinator
Dr Gabrielle du Preez Wilkinson

RACMA Queensland State Committee has had a very active year with the regular monthly educational meetings continuing to be the major focus. These are usually attended by approx 15-20 people and video-conferenced broadly around Australia.

Topics have covered such areas as Patient Safety, Managing Disasters (bushfires) and Management scenarios. As usual the highlight of the academic year was the Cilento Oration presented by Professor Michael Pender on Multiple Sclerosis.

The annual September dinner meeting was an entertaining evening with a discussion on Generation Y. Dr du Preez Wilkinson continues to be a very energetic and enthusiastic Chair of the Board of Studies and organises multiple training sessions and workshops for the hard working registrars.

There were five to eight registrars working in Queensland Health posts at any point in time in the last year (some part-time).

Nine Queensland Candidates successfully passed the annual exam which was a fantastic achievement.

Trial exams and tutorials are underway for this year's candidates.

Dr Judy Graves
Honorary Secretary

New South Wales

Office Bearers

Chair
Dr Tamsin Waterhouse

Honorary Secretary
Dr Bronwen Ross

Treasurer
Dr Tony Sara

Chair, Board of Studies
Dr Steevie Chan

CEP Coordinator
Dr Eva Pilowsky

Scientific Program Coordinator
Dr Michael Hills

Dr Boyd summarised changes to the Committee membership with Dr Tamsin Waterhouse now Chair. The scientific program has continued with meetings every second month. A teleconference link is also being established with the Queensland program. He also noted continuing efforts to recruit Candidates and obtain funding to better support their education program, including the recent meeting with the Minister for Health.

Australian Capital Territory

Office Bearers

Chairman and National Councillor
Dr Rod Lambert

Honorary Secretary
Dr John Donovan

Chair, Board of Studies
Dr Elizabeth Rushbrook

CEP Coordinator
Dr Elizabeth Rushbrook

The ACT Committee meets monthly and has an active Committee. Dr Rod Lambert will Chair the Committee for the next 12 months.

Victoria

Office Bearers

Chair
Dr Bernie Street

Honorary Secretary
Dr John Gallichio

Treasurer
Dr Peter Trye

Chair, Board of Studies
Dr Wayne Ramsey & Dr Cate Kelly

CEP Coordinator
Dr Alison Dwyer

Candidate Representative
Dr Malcolm Mohr/Dr Mark Garwood

Country representative
Dr Peter O'Brien

Highlights for 2008-09

The Candidate Training Program has continued through 2008-09 under the stewardship of Dr Wayne Ramsey, Chair of the Board of Studies assisted by Dr Cate Kelly. The Candidate Training Program is a major strategic priority towards the future success of RACMA. There are currently 7 active metro and 2 active regional Candidates.

RACMA Examinations

Dr Erwin Loh was successful in his oral examinations (2008) and won the Margaret Tobin Challenge Award.

Dr Cate Kelly achieved Fellowship.

Dr Mark Garwood and Dr Malcolm Mohr are undertaking the oral examinations in 2009.

RACMA DHS Fellowship Positions

After considerable work by the Victorian State committee, particularly Susan Sdrinis, and Wayne Ramsey, these DHS funded positions continue at Northern, Southern and Melbourne Health. These positions provide a significant boost to RACMA training in Victoria.

Educational and CEP events

The National Scientific Conference in Adelaide, held in conjunction with ACHS was a successful and stimulating event.

The RACMA website continues to develop. In the CEP Area under Links and Resources there is a large repository of relevant material.

Dr Wayne Ramsey and Dr Cate Kelly continue to run the CEP training program and convene a comprehensive series of educational events.

Trial examinations for the Candidates were held in early August.

Dr du Preez-Wilkinson in Queensland also runs a very active CEP and Candidate Training Program in Queensland. The presentations are available on disc and by teleconference. Victorian candidates are participating

The Victorian Management for Clinicians Workshop was held in July 2009, convened by Dr Lee Gruner. Topics included Successful Leadership, Clinical Governance, Building Effective Teams and Managing Change. There were 23 participants and the feedback was excellent.

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CEP Program

CEP remains a major RACMA priority. The electronic CEP program is available on the website and there is increasing use by Victorian Fellows and Members. Note that CEP is a mandatory requirement of the College and of National Registration.

Support is available from Vic CEP Coordinator, Dr Alison Dwyer and will be available at the 2009 conference.

We participated in the VMPF Careers Advice Day held in May 2009. There continues to be strong interest in the work of the College and the RACMA Fellowship qualification.

Relationships with DHS

As well as supporting the RACMA Fellows Program, DHS is currently focusing on Clinician Leadership, Clinical Engagement and Performance Development.

Acknowledgements

I would like to thank all the members of the State Committee for their enthusiasm and hard work, especially our Secretary Dr John Gallichio, Treasurer Peter Trye, Board of Studies Chair and Federal Councillor Wayne Ramsey, CEP Coordinator Alison Dwyer and Victorian Federal Council Reps Lee Gruner. Thanks also to Humsha Naidoo and Susan Sdrinis, who stepped down after a number of years as Secretary and Treasurer respectively. I would also like to thank our RACMA Chief Executive Dr Karen Owen, Marie Paraskakis, Rebecca Mason, Dino De Fazio and all at the National Office Staff for their support over the past 12 months.

Dr Bernard Street
Chair

South Australia

Office Bearers

Chair/ Honorary Secretary
Dr Sally Tideman

Honorary Treasurer
Dr Bruce Swanson (in transition)

Chair Board of Studies
Dr Susan Merrett

Coordinator CEP
Dr Richenda Webb

Candidate Representatives
Dr Jayanthi Jayakaran/
Dr Anthony Wong

National Conference Liaison
Dr Michael Jelly

The 08/09 year has again seen a core group of active Fellows/Candidates continue to maintain a profile for the College in South Australia.

State Issues

The SA Healthcare Plan(2007-2016) released June 2007, and the SA Country Health Plan released June 2008 continue to be implemented across South Australia with the major focus being service and financial efficiencies through networked and integrated clinical services. Further role definition of the 'spine' (3) major hospitals, the general hospitals (4), the Child Youth and Women's Health Service and the Country hospitals, underpins current activity.

The release of the Plans 2007 /2008 held scope for a reinvigoration of Healthcare governance, utilizing in part the medical leadership/administrative expertise of Fellows and members. A paper was developed Dec 08/Jan 09 (Discussion Paper: *Future directions and structures of Directors of Medical Services in Central Northern Adelaide Health Services* – authors Drs J Fletcher, S Merrett, J Jayakaran and S Tideman) and submitted through SA's largest Health Region CNAHS. This demonstrated a continued effort to improve healthcare governance through advocating for appointment of Directors of Medical Services into existing vacancies and to reinstate Registrar training positions aligned to the DMS roles. The Royal Adelaide and The Queen Elizabeth Hospitals are actively recruiting to the DMS vacancies and locums are in place for the interim. However there has been no success to date with reinstatement of Registrar training positions and efforts continue in this area.

Committee Activities

The Committee has had a program of regular meetings (3 monthly) for state and national business and these meetings have been combined with a continuing education forum. Two successful, (although with small numbers of attendees) meetings have been held with the third of the four 2009 meetings being held in mid August.

The Committee continues to support the 2 SA Registrars, Dr Jayanthi Jayakaran and Dr Anthony Wong through these meetings, exam preparation and supervision/ preceptorship.

The State Committee was represented at two recent medical careers information forums: the State Medical Careers Expo (May) and one of the metropolitan hospital hosted careers in medicine information evenings. (June) There is considerable interest in RACMA from doctors in their early clinical years requesting information about Registrar positions in SA.

The Committee, through representations by the Chair, has continued to advocate for the reinstatement of RACMA Registrar positions and discussion is ongoing with the Post Graduate Medical Council of SA in regard to possible new positions in 2010.

The focus of the SA RACMA now and into the future:

- Support current candidates
- Continue to identify, advocate for and support training positions and provide an environment that encourages Medical Administration as a career option
- Work towards holding a Management for Clinicians program in the latter half 2009
- Continue to reinforce to the Minister for Health, the Chief Executive SA Health and the Health Regions, through action and advocacy, the critical role of Medical Administration/Directors of Medical Services in leading change and championing Healthcare Governance
- Strengthen links with the National RACMA Secretariat and contribute as a State to matters of national Medical Administrative/ Health Service importance
- Continue to support CEP contemporary knowledge of medical leadership/administration trends nationally and internationally
- Develop further collaboration and formal arrangements with the other States/Territories in regard to Candidate education and training, preparation for examination, the continuing education program and other matters of national importance
- Contribute to the RACMA National Conference/s where possible

The State Committee wishes to thank the National Secretariat for the ongoing support of South Australia through what continue to be very challenging times for Fellows and Candidates in South Australia.

Dr Sally Tideman
Chair

Tasmania

Office Bearers

Chair
Dr Jack Sparrow

Honorary Secretary
Dr Peter Renshaw

Treasurer
Dr Paul McCann

Chair, Board of Studies
Dr Paul McCann

CEP Coordinator
Dr Helen McArdle

Due to the small number and geographic spread of RACMA members in Tasmania and the fact that a number of these members maintain Tasmania as a Base but work throughout Australia Tasmania does not have a formal committee which meets on a regular basis. Tasmania instead operates a "virtual committee" and members opportunistically use other, usually work, opportunities to get together to discuss RACMA business. Communication also occurs extensively via phone and e-mail.

Over the past 12 months our numbers of active members have increased by two, both of whom moved to Tasmania to take up medical management positions.

- **New Fellow-** Dr Gershu Paul has taken up the position of Director of Medical Services at the North West Regional Hospital
- **New Member-** Dr Mark Oakley Browne has taken up the position of Clinical Director for Mental Health Services

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Both of these new members are very actively involved in medical administration and have been providing very valuable input to the medical administrative scene in Tasmania. It is quite invigorating for our small group to have some fresh members with diverse backgrounds.

Although we have not had a candidate in Tasmania for some time it is looking likely that we may have someone interested in becoming a candidate in the future.

The recent H1N1 pandemic has provided a good opportunity for the FRACMAs in Tasmania to get together both face to face and via teleconference to work on this issue and has provided an opportunity to build stronger links.

RACMA continues to link closely with ACHSE on educational events.

Dr Helen McArdle
Tasmanian Council Member

Western Australia

Office Bearers

Chair
Dr Mark Salmon

Honorary Secretary
Dr Philip Montgomery

Treasurer
Dr Terry Bayliss

Chair, Board of Studies
Dr Mark Platell

CEP Coordinator
Dr Robyn Lawrence

Dr Salmon advised that the WA Committee will be working to strengthen links between senior College Fellows and other medical directors in the State.

New Zealand

Office Bearers

Chair
Dr Andre Nel

Honorary Secretary
Dr Wilson Young

Treasurer
Dr Kevin Morris

Chair, Board of Studies
Dr David Rankin

CEP Coordinator
Dr Bob Boyd

Candidate Nominee
Dr Tim Kerruish

Immediate Past Chair
Dr Bernie Brenner

Dr David Rankin took up the College Presidency at the College AGM in Adelaide in October 2008, becoming the first New Zealand Fellow to serve as College President. Dr Rankin has also retired from his position as College Censor, having served in that capacity for nine years. Drs Dell Hood and Andre Nel have both been appointed College Censors, joining Dr Bernie Brenner as the three Censors from New Zealand.

The College's New Zealand AGM was held in Auckland in November. Dr Bernie Brenner stepped down from the Chair, and Dr Andre Nel was elected Chair of the New Zealand Committee.

Regular CEP meetings continue to be held in Wellington and Auckland as well as in Whangarei. A Management for Clinicians Workshop, conducted by Dr Lee Gruner, was held in Auckland in November. Whilst in Auckland, Dr Gruner also conducted a Preceptors Workshop for New Zealand Preceptors.

The New Zealand Committee continue to meet by teleconference every two months. Secretarial support is provided by the New Zealand College of Public Health Medicine. Ongoing discussion is being held with the College of Public Health Medicine to explore the feasibility of joint annual scientific meetings and joint recognition of CEP activities.

Dr Nel has written to all Fellows to strongly urge Fellows, who are providing collegial relationship to other doctors involved in Medical Administration, to require these other doctors to participate in the College's Continuing Education Programme. There is ongoing dialogue with the Clinical Training Agency regarding the availability of funding for Medical Administration training positions.

Dr David Rankin
Chair

Hong Kong College of Community Medicine

Office Bearers

President
Dr Kathleen So

Vice President
Dr Mak Sin Ping

Honorary Secretary
Dr Thomas Chung

Treasurer
Dr Lo Su Vui

Chief Censor
Dr Leung Ting Hung

Dr Fung Hong presented a report to Council on the activities of the HKCCM which highlighted:

- The conferment of two Honorary Fellowships at the recent Conferment Ceremony.
- In the first week of December 2009 Dr Gruner will attend the Part 2 Examination which are to be undertaken by 2 candidates.
- CEP for Hong Kong Fellows and the recognition process.
- Revisions to the training program to provide for:
  - Part time training for very senior clinicians
  - Affiliate training units for NGOs and the private sector
  - Reduction from 2 theses to 1 in the training requirements
  - Introduction of 6 mini theses (1000 words) and reflection.
  - Expansion of required credit points 100 to 200 in the folio.

Dr Fung also commented on HKCCM engagement in discussions for the 2010 Annual Scientific Meeting in Hong Kong.

List of Fellows November 2009

Australian Capital Territory

Baker, Jennifer Lindsay
Brennan, Leonard Basil
Burnand, Josephine Tessa
De Souza AM, David
Donovan, John
Dumbrell, David Milton
Edmondson, Kenneth William
Elvin, Norman Anthony
Lambert, Rodney
Langsford OBE, William Andrew
O'Leary, Elizabeth Mary
Orchard, Barbara Winifred
Palmer AM, David Hugh
Pelkowitz, Allan
Proudfoot, Alexander
Rushbrook CSC, Elizabeth
Wells AM, Ronald Harry Cecil
White, Gordon Eustace E.
Wilkins MBE, Peter Sydney

New South Wales

Alexander, Jennifer Anne
Appleton, Joanne
Arya, Dinesh Kumar
Austin AM, Tony
Bashir AC CVO, Marie
Bearham (Jnr), George
Benjamin, Susanne Jane
Bennett, Andrew Gordon G.
Bennie, Alexander Shedden
Best AO, John Barton
Blizard, Claire Maree
Blok, Charles Ronald
Bolton, Patrick Geofrey Mark
Boyd, Roger Gregory David
Boyd, Susan
Boyd Turner, Mary Josephine
Bull, Robert Russell
Burrows, Donald Leslie
Cable RFD, Ronald Hughes
Campbell, John
Carless, Alan James
Chan, Steevie Siu Wei
Child AM, Donald Stewart
Cleary OAM, Maurice P
Collie, Jean Patricia
Collins, John Malcolm
Conley, Jeanette
Currow, Elwin George
Curteis, Owen Gregan
Curtis, Paul
De Carvalho, Vasco
Desgrand, Vincent Geoffrey S.
Dewdney, John Colin Harris
Donnelly, Roy Douglas John
Doolan, David
Douglas, Paul
Duggan AM, John Malcolm
Duncan, Darrell John
Ellis, Vivienne Margot
Finlayson, Peter
Forster, Susan Lesley
Gardiner, Brett
Gillies, Peter
Gobius, Risto Julianus
Godding, Robyn Mary
Golding, Stephen John
Graves, Debra
Greenwell, John Brian
Grimes, Donald
Grunseit, Barbara Anne
Guanlao, Luisito Pangilinan
Haski, Robert Rhuben
Hely, Joanna Kathryn
Hill, Kim
Hills, Michael William
Ho, Leong Kit
Hockin OAM, Ralph Lionel
Holland, Howard John
Hooper, Roger Carrington
Horvath AO, Diana Glen
Hoyle, Philip
Jones, Roslyn
Jump, Marie-Antoinette
Karnaghan, Jo-anne Evelyn
Kasap, Draginja
Killen, Alice Ruth
Kotze, Beth
Lander, Harvey
Latta, Alison Leigh
Laughlin, Allan
Lee, Lynette Ann
Mackertich, Martin
Mallarky, Stephen Graham
McEwin AM, Roderick Gardner
McInnes, Jennifer Elizabeth
Miskell, Sharon
Mok, Anne
Montague, Andrew James
Morey AM, Patricia Sue
Murugesan, Ganapathi Asiri
Narayan, Yogendra Prakash
Niall, Paul Damien
O'Brien, Lisa
O'Connor, Nicholas John Xavier
Pantle, Annette
Parrish, Mark McKenzie
Parsons, Helen
Peters OAM, Harry
Pilowsky, Eva
Pisk, Dennis William
Porter, Robert
Price, Edward Daniel
Ramesh, Nadarajah
Reeve AC CBE, Thomas Smith
Repin AM, George Dimitri
Rewell, Ian Leslie
Ross, Bronwen Anne
Ruscoe, Warwick John
Sanderson, Russell Bruce
Sanger, Margaret Mary
Sara, Antony
Sesnan, Kevin
Shea, Peter Barry
Shepherd, Webster Graeme
Smith, Denis Andrew
Spencer, Ronald Brian
Stewart, Gregory
Swierkowski, Piotr
Tindal, Mabel Louise
Tridgell, Paul Kenneth
Vago, Leslie
Ward, Nicola
Wasti, Syed Farouk
Waterhouse, Tamsin
Webb, Freda Holland
Westphalen, John Brock
Wills, James Thomas
Woolard, Thomas John
Wooster, Arthur George
Yoong, Helen
Yu, John Samuel

Northern Territory

Joyce, Brian Bilbrough
Katekar, Leonie
Sathianathan, Vinothini
Wilson AM, Pauline

New Zealand

Allen, Pim (Patricia)
Bolevich, Zoran
Boyd, George
Brenner, Bernard
Brown, Ian McLaughlan
Chamberlain, Nick
Gollop, Bruce Raymond
Gootjes, Peter Robert Findlay
Holmes, John
Hood, Dell Arlington
Hope, Virginia
Jessamine, Stewart Sinclair
Johnson, Gloria Ann
Kelly, Francesca
Morris, Kevin
Nel, Andre
Patel, Arvind Chhotu
Pike, Pieter Wessel
Rankin, David
Richards, Ruth
Robinson, Peter Huntly
White, Janis Mary
Young, Wilson Wai Sang

Overseas

Cheng, Beatrice
Cheng, Man-Yung
Cheung, Wai-lun
Ching, Wai Kuen
Chiu, Lily
Choi, Teresa Man-Yan
Chow, York Yat-ngok
Choy, Khai Meng
Davidson, Lindsay Alexander G.
Feek, Colin
Fong, Ben Yuk Fai
Fung, Hong
Hedley, Anthony Johnson
Ho, William Shiu Wei
Jacobalis, Samsi
Jones, Fredrick Gordon
Lai, King-kwon
Lam JP, Ping-yan
Lam Tat Yin, David
Lee, Shiu Hung
Leung, Ting-hung
Leung JP, Pak-yin
Lo, Su Vui
Lo, Chi-yuen Albert
Ma, Hok Cheung
MacCarrick, Geraldine Rose
Mak, Sin-ping
Marikar, Mahd Abdul Kadar
Parker, Ronald
Rees, Neville Clark
Shaw, Rosalie Jean
Sills, Thomas d
Sin, Jaime Tan
So, Pik-han Kathleen
Spence, Derek Wilson
Stokoe, Philip
Tinsley, Helen
Tung, Sau-ying
Yeoh, E K

Queensland

Alcock, Annabelle
Alcorn, David
Ashby, Richard Huish
Atkinson, Kathleen
Ayre, Stephen
Baker, Christine Anne
Barker, Coralee Anne
Bell, Brian Lindsay
Brennan, Colin Kenneth
Brierley, Stephen Alan
Bristow, Peter
Bromwich, Christine Emily
Campbell AM, Charles Bryan
Catchpole, Michael John
Chern, Inglis Wayne
Chick, Pamela Hazel
Cleary, Michael Ian
Coid, Donald
Cooper, Barbara Marion
Copeland, Geoffrey
Costello, Gerard
Daly, Michael
Devanesen, Dayalan Manohar
Dines, Amanda Jane
Doherty AO, Ralph Leonard
Donald AO, Kenneth John
du Preez-Wilkinson, Gabrielle
Edwards AC, Llewellyn Roy
Emmerson, William Brett
Evans, David
Falconer, Anthony David
Farmer, Jillann
Fitzgerald, Gerard
Fitzhardinge, Ruth
Fothergill, John Lewis
Gilhotra, Jagmohan Singh
Ginsberg, Samuel Aaron
Golledge AM, John Gouldhawke
Good, Michael
Graves, Judith Ann
Herriott, Bruce Arthur
Hodge, Jonathon Vere
Holloway, Alison
Houston, James Henry
Hudson, Julie
Jaumees, Kay
Jellett, Leon Barry
Jensen, Graeme Roland
Johnson, Andrew
Jordan, Lizbeth
Kennedy, Christopher
Kitchener, Scott James
Kuehnast, Barbara
Le Bacq, Frank
Le Ray, Lance
Margetts, Craig Charles
Martin, Donald
Mattiussi, Mark
McFarlane, Jean Fergus
Menzies, John
Miller, Peter Mclintock
Mowatt OBE, Keith Stronach
O'Donnell, John James
O'Dwyer, Susan
O'Sullivan, Donna Maree Claire
Pakchung, David Norman
Palmer, George Rupert
Pearn AM, John Hemsley

List of Fellows
November 2009 continued

Pegg AM, Stuart Phillip
Polong, Jose
Porter, Robert
Powell OAM, Owen Watkins
Rowan, Christian Andrew Carr
Scanlan, Brian John
Seidl, Isaac Alexander Gregory
Shaw, Alexis Eric
Shearer, Alexander Boardman
Smart, Timothy Francis
Sparrow, John Leslie
Stable, Robert
Stuart, Duncan John Alex.
Taylor, James Ross
Thomas, David
Thomas, Dale Leonard
Trujillo, Monica
Ulrich, Peter Edward Rodney
Wakefield, John
Waller AM RFD, John Powell
Waters, Mark Francis
Weinstein, Stephen
Wilkinson, David Parry
Wuth, Gregory Kevin
Young, Jeannette Rosita

South Australia

Allan, Barbara May
Barrington, Dianne
Beal AM RFD, Robert William
Czechowicz, Andrew Stanislaus
Dowie, Donald Alexander
Farmer, Christopher John
Frewin AO, Derek
Fuller, Clarence Oliver
Hackett, William Earle Reg.
Hoff RFD, Lothar Clemens
Jelly RFD, Michael Thomas James
Kearney AM, Brendon
Lian-Lloyd, Nes Bie Sian
McCoy AM, William Taylor
Merrett, Susan
Mylius, Raymond Ernest
Rozenbilds, Elizabeth Stuart
Scragg OBE, Roy Frederick Rhodes
Swanson, Bruce Albert
Tideman, Sally
Wagner, Christopher Arthur
Webb, Richenda

Tasmania

McArdle, Helen
McCann, Paul
Paul, Gershu Chandy
Renshaw, Peter John
Ross, Alasdair Diarmid
Sparrow AM, John

Victoria

Ahern, Susannah Fluer
Appleton, William
Bartlett, Jennifer
Batten, Tracey
Bearham (Snr), George
Bessell, Christine Kaye
Blake, Douglas Harold
Bradford, Peter Stewart
Brand AM, Ian Allan George
Breheny, James Ernest
Brennan, Peter John
Campbell, David
Champness, Leonard Torr
Christie, John Chalmers
Cole, Brian Ernest
Collopy AM, Brian
Davis, Alan
Devanesen, Sherene
Duncan, David Ross
Dwyer, Alison
Flower, Clifford James
Flynn, Eleanor
Funder, John Watson
Gallichio, John Louis
Garwood, Mark
Graham, Ian Scott
Gray AO AM, Nigel John
Griffin, James John Joseph
Grogan, Robert Stephen
Gruner, Lee
Hall, Robert Geoffrey
Hamley, Lee
Hanning, Brian
Hillis, David John
Jones, Michael Robert
Kelly, Catherine Barbara
Krupinski, Jerzy
Leslie, Peter Leonard
Loh, Erwin
Lubliner, Mark
Maclean, Alison
Majoor, Jennifer
Malon, Robert Geoffrey
Mason, Elizabeth
Mathews, Colin Lindsay
McCleave, Peter John
McDonald, Wayne Leonard
McNab, Kirsty
Mead, Catherine Louise
Mohr, Malcolm
Naidoo, Humsha
O'Brien, Peter Harold
Oliver, Brian Houston
Perrignon, Andrew Charles
Peyton, Thomas Matthew
Pisasale, Nella Maria
Power, John
Ramsey, Wayne
Ratnayeke, Valentine Joseph
Sachdev, Simrat Pal Kuar
Sandford, Alan
Schofield OBE, Graeme Calderwood
Scown, Paul William
Sdrinis, Susan
Shepherd AM, Stuart John
Stoelwinder, Johannes Uiltje
Street, Bernard
Sumithran, T Lakshmi
Sunderland, Ian Sydney
Trevaks AM, Gad
Trye, Peter
Tse, Vicki
Wake, Arlene Helen
Walsh, Laurence Neville
Walsh, Michael
Warburton, David John
Warton RFD, Robert Bruce
Watson, Sara Elizabeth
Wellington, Clive Vincent
Wellington, Heather Louise
Westwood, Geoffrey
Wooldridge MP, Michael
Yeatman, John Samuel

Western Australia

Bayliss, Colin Terry
Beresford, Bill William
Carruthers, Kenneth John
Dunjey, Malcolm Victor
Ellis, Archie Samuel
Flett, Penelope Ruth
Forgione, Nicholas Salvatore
Frost, Gavin
Fry, David
Galton-Fenzi, Brian Lionel
Gill, Jagjeet Singh
Kelly, Shane
King, Jennifer Margaret
Lawrence, Robyn
Lee, Kwang Beng (Norman)
Lipton, George Lucien
Loh, Poh-Kooi
Mahmood, Farhat
Masters, Geoffrey
McNulty A.O., James Columba
Montgomery, Philip
Mulligan, Jonathon
Murphy, Kevin John
Nickel, Norma Rose
Oldham, David
Platell, Mark Stephen
Quadros, Caetano Francisco D.
Roberts, William Daniel
Robertson, Andrew
Russell-Weisz, David
Salmon, Mark
Smith, Darcy Peter

List of Members November 2009

Australian Capital Territory

Buckingham, John Michael
Dickson, Grahame John
Gatenby AM, Paul Allan
Griffin, Robert Charles
Hallam, Lavinia Ann
Killer AO, Graeme Thomas
Looi, Jeffrey Chee Leong
Lum AM, Gary David
Mays, Lawrence John

New South Wales

Arthurson, Robert Magnus
Baker, Andrew
Brown, Katherine Margaret
Brydon, Michael Paul
Bull, Colin
Cheng, Nga Chong
Chung, Stephen
Dayan, Linda Suzanne
Dennington, Peta Michelle
Evans, Lynleigh
Gatt, Stephen Paul
Goh, Shyan Lii
Hanson, Ralph Malcolm
Harrison, John Anthony
Ho, Maria Theresa
Kossoff, Lana
Kremer OAM, Edward Phillip
Lee, Cheok Soon
Li, Stephen Chiu Ho
Liew, Siew Foong
Lim, Chi Eung
Mackie, James David
Malik, Mushtaq Ahmad
McLean, Anthony Stuart
Milross, Christopher
Naing, Thaw
Oakeshott AM, Robert John
Oldham, James
Olver, Ian
Pai, Nagesh
Rajkumar, Sadanand
Reppas, Napoleon Peter
Smith, Michael Christopher
Speechley, Ronald Alwyn
Stone, Bevan Hopetoun
Way, Raymond Tint
Wells, John Vivian
White AM, Leslie

Northern Territory

Trevillian, Leigh Frances

New Zealand

Bolotovski, Alexander
Keam, Susan Joy
Mackie, Donald Stewart
Rosman, Johan
Shirley, Alan John

Overseas

Giele, Henk Peter
Kukreja, Anil Kumar
McEachen, Stuart Craig
Menon, Suresh Kumar
Thomas, Adrian Powell
Tiernan, Paul Joseph
Yon, Rohaizat Bin

Queensland

Abdi, Ehtesham Askari
Allison, Roger William Gordon
Baqir, Yasir Al-Lawati
Brophy, Conor
Buckland, Stephen Michael
Chapman, Kenneth
Chinnasamy, Dhamodharan
Choo, Kelvin Li-Ming
Costello, Stephen Michael
Dascalu, Jack
Davies, Keith Lochhead
Gabbett, Michael Terrence
Groessler, Adrian John
Joshi, Viney
Kisely, Stephen Randolph
Lewin, Morris Walter
Likely, Michael John
Mansoor, Manadath
McCrossin, Robert Bruce
McGaughran, Julie
Menon, Mahesh
Mottarelly, Ian Wayne
Moyle, Robert John
Norman, Mark
Nydam, Kees
Oliver, Nicholas
Quigley, David Thomas
Reddan, Jill Georgina
Seet, Geoffrey Peng Soon
Stone, Michael
Ueno-Dewhirst, Yusuke
Unwin, Alston Melvyn
Whiley, Michael
Wilson, John Gilmore
Withers, Stephen John
Xabregas, Antonio Avelino

South Australia

Atkinson, Robert Neville
Baggoley, Christopher James
Byrne AM.RFD.ED., Peter Dudley
Colby, Anthony Craig
Edwards OAM, Robert Murray
Lethlean, Margaret Gwenda
McGee, Roderick Imants
Penhall, Robert Keith
Shroff, Behzad Daran
Singla, Amita Arun
Szekely, Suzanne

Tasmania

Flett, Peter John
Hickman, John Arthur
Ho, Vincent
Lamplugh, Ross
Muller, Hans Konrad
Oakley Browne, Mark

Victoria

Adesanya, Adesina
Allen, David Gordon
Arumugam, Arumugam Alagappa
Barton, David Anthony
Bell, Richard
Bohra, Suresh
Brooks, Anne Marie Vickery
Bryan, Sheila
Burrows AO, Graham Dene

Callaly, Thomas
Castle, Robert
Chan, Thomas
Chao, Michael Wan-tien
Chau, Roger
Chopra, Prem Kumar
Clarke, Caroline Frances
Conyers, Robert Anthony James
Cordner, Stephen Moile
Damodaran, Saji Suseela
Davies, Glenn Andrew
Dewan, Patrick Arthur
Dohrmann, Peter Julian
Drummond, Roslyn Merle
Fawcett, Rodney Ian
Fielding, John Mathew
Fitzgerald, Mark Christopher
Francis, Paul Howard
Goh, Eugene
Haughton, Marianne Winifred
Ibrahim, Joseph Elias
Jefford, Michael Henry
Jensen, Frederick Owen
Judson, Rodney Thomas
Kambourakis, Anthony George
Kilpatrick, Christine Julie
Lakra, Vinay
Lakshmana, Raju
Longmore, Peter Graham
Lowthian, Peter John
Lynch, Rodney Michael
McGrath, Katherine
Mudaliar, Selva Nathan
Newton, Richard
Pedagogos, Eugenia
Phelps, Grant
Prince, Henry Miles
Rambaldo, Salvatore
Roberts, John
Robertson, Megan
Rodrigo, Rohith Victor
Rosenfeld, Jeffrey Victor
Rozen, Leon
Schifter, Denis Alex Francis
Shearer, Bill Arthur Joseph
Singh, Ashok Kumar
Smith, Jacqueline Bernadett
Snell, Anthony Peter John
Spencer, John Colin
Steele, Brendan James
Stocky, Andrew Jonathan
Tan, Gim Aik
Van Der Veer, Meindert
Vaughan, Stephen Lawrence
Vijayakumar, Kandasamy
Waxman, Bruce Philip
Weeks, Anthony Maxwell
White, Craig Anthony
Williams, Richard Alexander
Williams, Daryl Lindsay
Wolff, Alan Michael
Wong, Michael Tak Hing
Woodhouse, Paul Damian
Workman, Barbara
Zalcberg, John Raymond

Western Australia

Andrews, Reginald
Barratt, Peter Stewart
Blackham, Ruth
Davidson, Rowan Morton
Graydon, Robert Harold
Joseph, David John
Keller, Anthony John
King, Benedict Pui-Yan
Langford, Stephen Alan
McGrath, Gregory Bruce
McLaughlin, Virgina Anne
Rhodes, Helen Christine
Robins, Anthony
Stokes AM RFD, Bryant Allan Rigbye
Williamson, Geoffrey Donald

List of Candidates November 2009

Australian Capital Territory

Curtis, Nicole Moyneen
Seah, Michael
Smart, Tracy

New South Wales

Ash, Nicole
Beswick, Theresa Ann
Chew, Gerald
Duggan, Anne
Farrow, Glendon Betts
Golding, Michael
Greenberg, Randall Drew
Harris, Anita Michelle
King, Michael Roy David
Lakos, Marc Paul
Mackinnon, Angus
McGirr, Joseph Gregory
Moore, Carmel
Olsen, John Robert
Sharkey, Sarah Edith
Spencer, Clayton
Yeats, Heidi
Zwatrzka, Nelly

Northern Territory

Madas, Eshwar
Satterthwaite, Peter

New Zealand

Hulme, Richard
Humphrey, Andrew Reid
Kerruish, Timothy Benedict William
McPherson, Heather
Morreau, Johan
Rasiah, Rebecca Dilrukshidevi
Rogers, Grant Richard
Sage, David John
Watson, Tom
Welch, Lorraine
Wong, Deanne

Overseas

Murray, Adin Campbell
Ng, Bennie

Queensland

Beck, Christopher
Chong, Hwee Sin
Clift, Andrew Peter Lyndon
Coffey, Gregory
Crawford, Rosalind Marcella
Davis, Stephen Clive
Dulhunty, Joel
Finniear, Karynne Jane
Graham, Julieanne
Hsueh, Wayne
Lee-Archer, Matthew
Mistry, Yogesh
Moss, Gerald Anthony
Naidoo, Mellissa
O'Connor, Alan
O'Neill, Patrick
Parmar, Nilesh
Prado, Luis Manuel
Price, Kirsten
Schedlich, Russell
Vonau, Marianne
Ward, David
Waugh, John

South Australia

Brayley, John Quinton
Jayakaran, Jayanthi
Wong, Anthony Kai

Victoria

Bradfield, Owen
Cendana-Paiva, Maria Elizabeth
Damodaran, Saji Suseela
Dhulia, Anjali
D'Souza, Russell
Fraser, Simon Hugh
Howlett, Glenn Robert
Ip, Albert
James, Amanda
Kaya, Yelda
Keetse, Nakedi
Lim, Kang-Yao
Mah, Alistair
Saxena, Atima
Sharma, Vishnu
Sukabula, Qalo
Taylor, Michael David

Western Australia

Bydder, Sean Anthony
Jana, Sayanta
Jeremijenko, Andrew Martin
Mark, Paul
Williams, Timothy
Wong, Kingsley Shung Lai

2010 Conferences & RACMA Workshops

Australia

16 & 17 February
Two Day RACMA New Candidates' Workshop, Melbourne

18 February
Reflective Writing Workshop, Melbourne

27 February
Censors Workshop, Melbourne

19 - 20 March
The Royal College of Physicians and Surgeons of Canada in collaboration with the Royal Australasian College of Physicians will be holding the *2nd International Forum on CPD Accreditation* in Sydney, Australia. Contact Details: Melissa Frost-Ford: mfrostford@rcpsc.edu

19 - 22 April
Four Day Candidates' Workshop including:
Case Study Presentation & Trial Examination, Sydney

22 - 24 April
Inaugural International Advance Care Planning Conference, Melbourne
http://www.internationalacp2010.com

10 - 11 May
Reflective Writing Workshops, Brisbane

13 - 16 July
ANZAME (The Association for Health Professional Education) James Cook University, Townsville, Queensland
http://www.anzame.unsw.edu.au/conf.htm

14 - 16 July
ACHSE National Congress, Fremantle, WA
http://www.achse.org.au/frameset.html

5 - 6 September
2010 RACMA Annual Scientific Meeting in conjunction with the Hong Kong College of Community Medicine Scientific Meeting, Hong Kong

6 - 8 September
8th Australasian Conference on Safety and Quality in Health Care, Perth, WA
http://www.aaqhc2010.org.au

22 - 24 September
early pointer: AHHA 2010 Congress in Adelaide

25 - 27 October
ACHS National Forum on Safety and Quality in Healthcare – *Society, Regulators and Health Providers: a clash of expectations?*
www.sapmea.asn.au/forumsqhc2010

Overseas

20 - 23 April
15th International Forum on Quality and Safety in Health Care Nice, France. Registration is open
http://internationalforum.bmj.com

16 - 20 May
14th Ottawa Conference: *"Assessment of Competence in Medicine and the Healthcare Professions",* Hyatt Regency, Miami, Florida, USA. . Pre-conference workshops and courses will be on May 16, the main conference will be from May 17 – 19, and post-conference activities and courses will be on May 20.
http://www.ottawaconference.org

16 - 18 June 2010
early pointer: BAMM Annual Conference
'Managing Quality, Leading Innovation', venue tba

21 - 23 July
2010 Annual Scientific Meeting, Association for the Study of Medical Education (ASME), Robinson College, Cambridge, UK
http://www.asme.org.uk/conferences-a-courses/forthcoming-conferences.html

4 - 8 September
International Association for Medical Education in Europe (AMEE), Glasgow, UK

6 - 7 September
2010 RACMA Annual Scientific Meeting in conjunction with the Hong Kong College of Community Medicine Scientific Meeting, Hong Kong

RACMA Governance September 2009

Executive Members of Council

President
Dr David Rankin
MBChB, MPH, MHA, Dip Obstet

Immediate Past President
Prof. Gavin W Frost
MB BS, MPH (Syd) FRACMA, FAFPHM FHKCCM (Hon)

Vice President & Honorary Secretary
Dr Roger Boyd
MB BS (Syd), MBA (Geneva), MHP (NSW), FRACMA, AFCHSE

Honorary Treasurer
Dr Draginja Kasap
MB BS (Qld) MHP (UNSW) FRACMA MPM (UTS)

National Director Continuing Education/Recertification
Dr Bernard Street
MB BS, DGM, FRACMA

Censor-in-Chief
Dr Lee Gruner
MB BS, B Sc, BHA, FRACMA, MBA, GAICD

Council

Dr Richard Ashby
MB BS (Qld), BHA (NSW), FRACGP, FRACMA, FACEM, FIFEM

Dr John Gallichio
MBBS; MBA; FRACMA; AFACHSE

Dr Andrew Johnson
MBBS, MHA, FRACMA

Dr Rod Lambert
BMEDSCI MBBS DINF FRACMA BHA AFCHSE

Dr Robyn Lawrence
MBBS, MBA, FRACMA

Dr Helen McArdle
MB BS, MPH, FAFOM, FRACMA

Dr Andre Nel
MB BCh, MBA, FRACMA

Dr Mark Salmon
MB BS, MHA, FRACMA

Dr Sally Tideman
BA BMBS FRACGP MPH FRACMA

Dr Tamsin Waterhouse
B.MED, MHA, FRACMA, GAICD

Candidate Nominee
Dr Amanda James
MB BS

State Office Bearers

New Zealand Office Bearers
Chair – Dr Andre Nel
Honorary Secretary – Dr Wilson Young
Treasurer – Dr Kevin Morris
Chair, Board of Studies – Dr David Rankin
CEP Coordinator – Dr Bob Boyd
Candidate Nominee –

ACT Office Bearers
Chairman and National Councillor – Dr Rod Lambert
Honorary Secretary – Dr John Donovan
Chair, Board of Studies – Dr Elizabeth Rushbrook
CEP Coordinator – Dr Elizabeth Rushbrook

NSW Office Bearers
Chair – Dr Tamsin Waterhouse
Honorary Secretary – Dr Bronwen Ross
Treasurer – Dr Tony Sara
Chair, Board of Studies – Dr Steevie Chan
CEP Coordinator – Dr Eva Pilowsky
Scientific Program Coordinator – Dr Michael Hills

South Australian Office Bearers
Chair – Dr Sally Tideman
Chair of Board of Studies – Dr Susan Merrett
Treasurer – Dr Bruce Swanson
CEP Coordinator – Dr Richenda Webb
National Conference Liaison – Dr Michael Jelly
Candidate Nominees – Drs Wong & Jayakaran

Western Australia Office Bearers
Chair – Dr Mark Salmon
Honorary Secretary – Dr Philip Montgomery
Treasurer – Dr Terry Bayliss
Chair, Board of Studies – Dr Mark Platell
CEP Coordinator – Dr Robyn Lawrence

Victoria Office Bearers
Chair – Dr Bernie Street
Honorary Secretary – Dr John Gallichio
Treasurer – Dr Peter Trye
Chair, Board of Studies – Dr Wayne Ramsey & Dr Cate Kelly
CEP Coordinator – Dr Alison Dwyer
Candidate Representative – Dr Mark Garwood
Country representative – Dr Peter O'Brien

Tasmania Office Bearers
Chair – Dr Jack Sparrow
Honorary Secretary – Dr Peter Renshaw
Treasurer – Dr Paul McCann
Chair, Board of Studies – Dr Paul McCann
CEP Coordinator – Dr Helen McArdle

Queensland Office Bearers
Chair – Dr Richard Ashby
Honorary Secretary – Dr Judy Graves
Treasurer – Dr Don Martin
Chair, Board of Studies – Dr Gabrielle du Preez Wilkinson
CEP Coordinator – Dr Gabrielle du Preez Wilkinson

Hong Kong Office Bearers
President – Dr Kathleen So
Vice President – Dr Mak Sin Ping
Honorary Secretary – Dr Thomas Chung
Treasurer – Dr Lo Su Vui
Chief Censor – Dr Leung Ting Hung

The Quarterly publication schedule

The timelines for submission of material to *The Quarterly* are as follows for the next 12 months:

Issue	Submit by	Publication
1	19 February 2010	March 2010 (on-line)
2	21 May 2010	June 2010
3	27 August 2010	September 2010 (on-line)
4	19 November 2010	December 2010

If your paper comes in late it may not be published until the next edition. It can take 2-3 weeks after these dates for papers to be edited and a final proof signed off before the journal goes to print.

We also now have a very small team of reviewers for feature papers submitted to The Quarterly. If you are interest in being part of the team please let Dr Andy Robertson or Dr Karen Owen know this. Having feedback from a couple of reviewers offers writers the chance to further edit and develop their papers. We hope that this will add depth and quality to your College journal.

RACMA
The Royal Australasian College of Medical Administrators

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