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## 2022 Federal Pre-Election Statement

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May 2022



## ABOUT RACMA

The Royal Australasian College of Medical Administrators (RACMA) is unique as a provider of medical management and leadership qualifications as it is the only specialist medical educator whose programs are recognised for the granting of Specialist Registration.

Put simply, RACMA offers Medical Leadership Education by Doctors for Doctors who want to influence the health outcomes of many.

It is critical all health care systems and medical professionals across Australasia are supported by the highest standard of qualified medical leaders to enhance the health outcomes of patients, healthcare services, and the communities they serve.

RACMA is the only Specialist Medical College to provide specialist education, leadership, advice, and expertise in Medical Leadership and Management that promotes the delivery of high-quality, safe healthcare for all.

The strength of RACMA is its Members, who strive to lead for change and positive outcomes for all Australians, New Zealanders, and peoples in all parts of the world in which their Members practice; demonstrating their skills in key areas such as system leadership, clinical governance, financial management, workforce management, and professional leadership.

Our membership is spread across Australia, New Zealand and other parts of the world, spanning public, private, military and industry sectors. We have a broad reach and significant influence.

It is RACMA which is taking the lead on setting the standard for excellence in Medical Leadership across Australasia.

A RACMA Fellowship leads to a range of senior positions including:

- Chief Medical Officers;
- Directors of Medical Services;
- Chief Executives of hospitals and senior leadership of universities;
- Heads of divisions of specialty medical services;
- Heads of health authorities;
- Chief Health Officers of government jurisdictions;
- Consultants to governments and private sector health services; and
- Public policy and health program management in information technology and pharmaceuticals.



## INTRODUCTION

As Australia moves on from the crisis of the COVID-19 Pandemic cracks, flaws and pressure in the health system have been highlighted and these need the support and commitment of the Australian Government to solve. Additionally in the last decade, the complexity of the health services environment has been consistently increasing.

It is critical to highlight the community's realisation and understanding of the importance and need for strong and quality health leadership in a crisis. This came to prominence through the Pandemic and as the specialty college responsible for Medical Leadership and Management training, we believe it would be to the detriment of the community's health if the valued input of trained and experienced medical leaders did not continue to be used in key leadership positions for improving health outcomes.

As Specialist Medical Leaders, RACMA Members are the custodians of clinical quality and safety and system governance and integrity. While Australia's health system is one of the world's best, it is crucial we do not become complacent and be satisfied with the status quo.

Specialist Medical Administrators are uniquely placed, in the constantly evolving health systems of modern times, to be leaders and partners in bridging the gaps between delivering quality clinical care and managing the resources available to provide that care.

It is without dispute that skilled medical leadership has a direct impact on quality patient care across the whole community.

RACMA wants to work with the next Australian Government through a genuine commitment to health by:

1. Improving Medical Workforce Planning
2. Improving Workplace Culture
3. Building and Developing Medical Leadership in Remote, Rural and Regional Australia
4. Addressing Climate Change and its flow on affects to healthcare for the community
5. Mandating FRACMAs and AFRACMAs in all healthcare settings

## IMPROVING MEDICAL WORKFORCE PLANNING

The COVID-19 Pandemic, like Spanish flu and previous pandemics, has had major impacts on the Australian and New Zealand communities and their economies. We have, however, learnt important lessons about health service provision and health workforce capabilities which can inform future decision-making.

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

Medical workforce planning is “having the right people with the right skills in the right place at the right time” - a major imperative for clinical safety and appropriately overseen by specialist clinicians who are RACMA Fellows and members.

As advocates for leadership and strategic planning in the interests of safety of our patients and the community, RACMA considers the following principles must be considered to shape any review of the future medical workforce.

### Systems Approach

1. Genuine partnering with consumers and First Nations peoples
2. Adopting a whole of system approach
3. Provision of health services based on skills rather than traditional roles
4. Medical practitioner involvement in clinical governance

### Innovation and Change

5. Opportunity to maintain and sustain innovative changes
6. Continued development of digital health
7. Establishing a true 24/7 health service provision model in acute health

### Support and Education

8. Increasing support for training of medical practitioners in the principles of ethical public health management
9. Reviewing medical education

### Research and Evaluation

10. Utilising the outcomes of Health Service Research

## IMPROVING WORKPLACE CULTURE

Addressing bullying, harassment, discrimination, equality and inclusion is key to improving the culture across healthcare workplaces.

As a College of Specialist Medical Leaders, RACMA takes the issue of doctors' wellbeing very seriously. Staff wellbeing is an absolute essential for patient safety and quality of care. Having psychological safety for all staff is key to building resilient health teams and improving the services we deliver to our communities.

The College ensures Medical Leaders have the required knowledge and skills to support, encourage and sustain a safe working environment for all doctors. RACMA imbues these principles through its various education and training programs.

Despite this, RACMA acknowledges issues in relation to bullying, harassment and discrimination continue across healthcare workplaces, as highlighted in the Medical Board of Australia's 2021 Medical Training Survey. The College opposes discrimination in all its forms and strongly supports the need for diverse representation across healthcare.

Inclusive environments require an intentionality to embrace differences and not merely tolerate them. Everyone works to ensure that perspectives and experiences of others, are invited, welcomed, acknowledged, and respected within inclusive environments.

Leaders need to examine any unconscious, conscious and systemic biases, which may undermine efforts to enhance diversity, inclusion, and equity. This includes the use of everyday verbal, nonverbal, intentional, or non-intentional messages which can devalue the perspectives, experiences, and/or feelings of individuals or groups.

RACMA believes professional standards by which the medical workforce operates need to be established. There is an opportunity to develop a framework and define how the workplace can create a culture of inclusivity, how the demographic of the workforce can become more reflective of the community and how flexible work practices can be facilitated.

Medical Leaders hold crucial roles and influence to instil widespread behaviours of kindness, acceptance, tolerance and support across the healthcare system. The College recognises the responsibility and accountability to behave in a certain way and demonstrate and model the right way forward to take the culture in the right direction sits firmly on the shoulders of all Medical Leaders.

However, to make systemic change to combat bullying and poor workplace behaviour and effectively improve workplace culture, leadership from government is also needed to support the development of tangible programs with high impact solutions to known problems.

It is imperative RACMA Members are involved when developing workplace culture programs and reform moving forward, as RACMA Members have an intimate understanding of health systems and policy to consider how issues of harassment, discrimination, inclusion and diversity will affect delivery of healthcare and medicine into the future.

## BUILDING & DEVELOPING LEADERSHIP IN REMOTE, RURAL & REGIONAL HEALTH SERVICES

RACMA's position is that remote, rural and regional health services require high quality and effective medical leadership and management, provided by those specialty-trained in Medical Administration and addressing the key unique elements of these services. Around 7 million people, about 28% of the Australian population, live in remote, rural and regional areas (ABS 2017e). These Australians face unique challenges due to their geographic location and often have poorer health outcomes than people living in metropolitan areas.

One of the major causes for the imbalance in health outcomes is the maldistribution of the medical workforce. This extends to Medical Administrators and those who apply Medical Leadership and Management skills as part of their clinical work.

It is often assumed incorrectly that a local doctor, locum or medical trainee can act as the sole resource for Medical Administration in a smaller rural health service; or that a single specialist Medical Administrator can cover a range of roles in rural centres.

Effective Medical Leadership and Management skills provided by those specialty-trained in Medical Leadership and management will support the attainment of the following key practice standards for remote, rural and regional health services.

### Practice Standard 1

Remote, rural and regional health care services in both Australia and New Zealand should embody, in addition to excellent quality clinical care, high levels of education, training and research built on the foundation of population health.

### Practice Standard 2

Remote, rural and regional health care services have a close and unique relationship to the communities they serve.

### Practice Standard 3

Remote, rural and regional health care services require Medical Leadership and governance, underpinned by population health, that integrates a holistic approach so that primary health care aligns with all levels of hospital care.

### Practice Standard 4

Remote, rural and regional health care services require a medical workforce that is wherever practicable locally resident and provides genuine continuity of clinical care and cultural safety to patients and population health services to Australian and New Zealand communities.

### Practice Standard 5

Remote, rural and regional health services require a holistic clinical governance model informed by population health involving genuine engagement between managers and clinicians.



## ADDRESSING CLIMATE CHANGE & ITS FLOW ON AFFECTS TO HEALTHCARE FOR THE COMMUNITY

The World Health Organisation (WHO) (2018) states that climate change affects the social and environmental determinants of health, including clean air, safe drinking water, sufficiency of food supplies and security of shelter. The Intergovernmental Panel on Climate Change (IPCC) 2021 notes that human-induced climate change is already affecting many weather and climate extremes in every region across the globe. These changes have effects such as heat related illnesses and death.

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

The RACMA Board and its Members believe we must clearly lead by example in responding to the climate change crisis. We will do this through:

### Role Modelling

RACMA commits to reducing its carbon footprint in all aspects of how we conduct our business; including power usage, recycling, waste reduction, minimising travel and where travel is required using carbon offsetting where possible and moving to business practices that reduce our impact on the climate thereby moving towards a carbon neutral and renewable future.

### System Leadership

Ensuring that all system decisions are made with consideration of the effects on the climate, and therefore the health and future of the people we care for. This includes system and building design, carbon offsetting and work practices that may reduce our impact on our environment, including the reduction of medical waste, and choosing wisely value-based sustainable practices.

### Collaborating

We will collaborate with our colleagues in other Colleges, the Council of Presidents of Medical Colleges (CPMC) and the Council Medical Colleges (CMC) in New Zealand, nursing, other health professions and health system managers to consider how we can work in a way to reduce our impact on the climate. We will also work with clinicians to design and plan future clinical services that will address health issues that are caused by climate change, including respiratory illnesses, allergies, and infectious diseases.

### Advocate

We will advocate for those most at risk who, due to systemic inequalities, will be impacted more by climate change. We will work collaboratively with other health leaders to advocate to government and the community for a health system, practices and research that deliver health services to the community which have minimal impact on the climate. We will advocate that our Members consider the climate impact of everything they do.



## MANDATING FRACMAS & AFRACMAS IN ALL HEALTHCARE SETTINGS

It is without dispute that skilled Medical Leadership has a direct impact on quality patient care. Reviews of systemic failures in clinical governance have often been linked to a failure of strong Medical Leadership. Evidence also shows that a lack of Medical Leadership leads to increased risk and adverse event occurrence.

This is why it is critical that appropriately qualified, experienced and credentialed Medical Specialists are appointed as leaders in our health system throughout Australia. It was through expert leadership that Australia limited the extent of COVID-19 in our communities compared to many other countries.

The Commonwealth and State Governments placed trust in the expertise and experience of many Medical Leaders and adopted their advice provided through the Pandemic.

As a result, there is now an acceptance across politics and our communities of the role of skilled Medical Leaders being able to make risk assessments, quantifying the risks and managing the risks.

There is also a wider appreciation and understanding that a lot of the work behind running the health system is complex and there is a lot of ambiguity, which requires the right training, knowledge and insight to navigate successfully.

Qualified Medical Leaders have, and continue to, demonstrate the crucial role they play in providing salient advice to help governmental decision-making going forward. Hence, it should be maintained that the Chief Health Officer or Director of Medical Services is not just an important role in Pandemics, but also when we are back to operating in our “new normal” healthcare environment.

Specialist Medical Leaders and Administrators should be central to advancing health and well-being because it is going to be that trusted voice that will help carry people on the next journey beyond the Pandemic.

It is this very reason it should be recognised across the whole health system Medical Administration specialty roles should only be filled by specialists - just as hospitals wouldn't dream of appointing a surgeon without the skillset or qualification.

RACMA advocates that the College's training Programs for Fellows (FRACMA) and Associate Fellows (AFRACMA) are an absolute necessity for healthcare services, departments and agencies. RACMA is invested to work with the Australian Government towards adopting a best practice appointment of qualified RACMA Fellows and Associate Fellows to leadership positions in all healthcare settings.





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