



RACP

Specialists. Together

Candidate Weekly Updates - Friday 29 March

Election of RACP President Elect

Dr Sharmila CHANDRAN

Reshaping the college

RACP is a large organization;

- 30,000 members across urban, rural, and remote, Australia and New Zealand includes ~10,000 trainees
- 500+ staff
- 200+ committees

The president represents RACP and is chair of the board.

The RACP board is typical of boards and focuses on strategy, finance, risk, and governance. Board experience and credentials are essential. RACP is my 3rd board, and I have extensive training through the Company of Directors.

The college has 200+ committees (expensive to run) and an antiquated IT system. Processes are convoluted, decision-making slow, and needs of members not-met.

The college needs a governance review to reduce committees and streamline processes which will reduce operation costs and allow investment in IT and bring on much needed change.

RACP has finite resources and a duty of care to all members, in an equitable approach.

RACP needs greater focus on its core business; education of fellows/trainees including CPD, assessments/examination, accreditation, and medical advocacy.

I have extensive experience in the core business of the college (please look at my cv) and confident to make the decisions required for change.

Presidency is a full-time, unpaid, leadership position. It requires board and medical-education credentials and experience as well devotion and energy. I have committed years to the college, and I sit on 7 college bodies. I am well informed of the work of the president and in a position in my career that I can commit the time and passion required to reshape our college.

Dr George LAKING

It's worth a look at the RACS, who suffered a [\\$12.9M financial loss](#) in 2022. Now they are voting on [Governance reform](#). An independent review recommended "the College must modernise and strengthen its governance structure by creating a new standalone skills-based Board with strong financial and risk management abilities." They propose a Board including the "president, vice president, three directors who must be Fellows recommended by Council and up to four directors who are not Fellows." Per contemporary best practice, the new Board will elect a chair from its members. Notably, the president and vice president will be excluded from chairing. Alongside its nominations role, the Surgeons' College Council will advise their Board on the profession of surgery, policy, education and Fellowship engagement. Such a structure can optimise board skillset, while minimising the risk of factionalisation. It is the type of change I will seek to drive, as President-Elect in the RACP.

Meanwhile in the wider world, the UN is at last calling for an immediate ceasefire in Gaza. Physicians should think about what they can do to help Gaza's people, who have had most of their homes and essential infrastructure destroyed by the Israeli military, and now face the prospect of famine. It is in our power to be a strong voice for Palestinian Indigenous Health, if we want to. As a College we can also build links to global medical organisations, and offer a pathway into our collective expertise. As Physicians, we should be present in this crisis.

Dr John O'DONNELL

There has been a lot of uncertainty about governance within RACP over the past 6 years. The Board is the highest governance authority within the College. The College has > 30,000 members, >\$100 million in assets and an annual turnover of ~\$80 million. Directors particularly the Board Chair have a major influence on Board functioning, and the College's strategic direction.

As is common for many membership organisations, participation in selecting people for governance roles is low. This is true for the College where generally only ~ 5% of members vote. The election process has significant limitations. For example, how are members who have never met me to know whether I would be an effective director, a person who would honour director fiduciary duties? I cannot personally know the majority of voting members, and they can't know me other than from what I write. A nominations committee could serve the role of vetting the credentials of candidates, but members rejected that in the past.

We must then re-visit the decision not to put to a vote the constitutional change suggested by Effective Governance, the Transformational Governance Structure (TGS), whereby the College Council (or similar body) would serve the role of nomination committee amongst other functions.

At the same time as addressing governance structure there is a lot the post May 2024 Board will need to tackle especially in re-focusing energies on core College objects – training, education, and collegiality.

John O'Donnell FRCP FRCPA GAICD
Candidate for RACP President -elect
25 March 2024

Professor Graeme MAGUIRE

Excellence in Education

Education is our core business and one we must excel at. With expertise in medical education I will champion education as a cornerstone of our College.

Trainee assessment

We should continue with valid and fair high stakes assessments for trainees by maintaining written, clinical and other examinations as progression requirements. Workplace-based assessments have a role to play but their validity and impost on clinical supervisors and workplaces must be considered.

CPD

With CPD Homes a reality we should provide an accredited life-long learning service for our Fellows. This should not just be a place to log learning but rather a platform that supports our Fellows and specialty societies to access, house and maintain CPD resources. This will be a clear demonstration of how our College and specialties societies can work together to support Fellows.

Education beyond our College

Other specialist colleges and health care providers are encroaching on what has traditionally been our scope of practice. Considerations of cost and access are driving Government policy that encourages and permits general practitioners, rural generalists and nurse practitioners to undertake clinical services that were previously the remit of our Fellows.

Our College must ensure healthcare quality and patient safety is maintained by resisting the drive to inappropriately deliver specialist healthcare by practitioners without requisite skills and experience.

We should also be an active participant in developing and delivering training and maintaining CPD for such practitioners where this is safe and in the best interest of patients and our College.
