

**Professional  
Development Calendar  
SA 2012**

**Annual dinner and  
conference**

**Thursday 12 and Friday 13  
July 2012  
National Wine Centre**

**ACHSM Webinars 2012**

**See [www.achsm.org.au](http://www.achsm.org.au)  
Enquiries: Sue Thomson  
02 9878 5088**

**National Congress 2012**

**Inspiring Concepts in  
Health Management  
Surfers Paradise  
15-17 August 2012**



## From the President – Kae Martin

It is with pleasure that I am able to report on the activities of our Branch Council and in particular our upcoming annual Dinner and Conference to be held on the 12 and 13 July 2012 that is being supported by SA Health and Baxter Health Care.



The Conference Committee has worked tirelessly to bring together a very relevant program about the challenges that we are all facing as health service managers whether providing clinical front line services or supporting the overall management functions of a health service. We are extremely pleased that our program will be headed by the **Hon John Hill MP**, Minister for Health and Ageing, Minister for Mental Health and Substance Abuse; **Jim Birch AM**, Global Health Leader, Ernst and Young; **Prof Paul Barach**, Clinician and Senior Research Fellow, University of Utrecht (Netherlands); **Prof Stephen Duckett**, Health Policy, Latrobe University and **Shane Solomon**, Chair, Independent Hospital Pricing Authority and Lead Partner Health Care, KPMG.

The program and link to registration is on page 9 of this newsletter. Two key themes will be discussed - the implementation and impact of the national health reform agenda and whether pathways that support consumer options for care in the community are working. Jim Birch will facilitate a panel of experts that will provide the opportunity for an interactive question and answer session from the audience. Prof Paul Barach, an international key note speaker will speak authoritatively about the impact on the quality of care for consumers as a result of the reforms and will also lead the afternoon session on the importance of linking community care pathways across all health sectors.

As members will be aware, we are continuing to ensure that we provide professional development programs that are timely and relevant. It was most unfortunate that recently we had to postpone a professional development session titled 'Integrity in Health'. This session had been developed as a result of the recent issues around 'the cartridge affair' and 'food affair' and other national fraud and corruption events

- that are just the 'tip of the iceberg'. It was anticipated that this session would have provided key information for managers about ensuring risk management and monitoring is in to minimise the potential for similar situations occurring. Every effort is undertaken to ensure our events are kept at a minimal cost and scheduled at a time to support work commitments. We would be very grateful to receive any feedback - via our email [sa@achsm.org.au](mailto:sa@achsm.org.au) -so we can make sure the events are relevant and support your needs.

REMINDER: All professional development fees at tax deductible!

I am pleased to report that South Australia has two members preparing for their Fellow exams under the leadership of Gary Day. We wish them well in these exams that will be held at the National Congress on the 15-17 August 2012. Also we are supporting seven mentees in the 2012 mentoring program as part of continuing development for managers.

I would like to thank Phil Calvert, a long standing member of the Newsletter Committee who has recently retired from this group to take on other commitments, including the birth of his new baby daughter. Congratulations!

As a final reminder, please join us at our General Meeting to be held at the conclusion of our conference on 13 July 2012 and continue the very positive networking that we have developed. I look forward to catching up with many of you at the forthcoming dinner and conference.

**Kae Martin.**

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## 2012 EFM Award for innovation and excellence

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Applications are now being sought for the 2012 EFM Award for innovation and excellence. This award sponsored by Executive Fitness Management (EFM) aims to encourage people to write up and submit projects that demonstrate outcomes of innovation and excellence in health management service delivery. This award aims to highlight the large number of improvement activities being conducted across South Australia and to promote discussion and learning among health service management practitioners.



The award is open to individuals and teams working across all health care sectors in South Australia. People who are not College members are welcome and encouraged to apply. The emphasis in judging applications will be on how effectively the innovation addresses its stated objectives within the context of the criteria.

We had four excellent submissions in 2011 and hope to have many more in 2012.

If you are interested in applying, complete the application form available on the College website at [www.achsm.org.au](http://www.achsm.org.au) and email to [sa@achsm.org.au](mailto:sa@achsm.org.au) by Friday 29 September 2012. Any enquires about the Award can be made by contacting Adrienne Copley, the SA Branch Executive Officer on 08 8379 3070 (leave message) or 0407796122.

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## 2012 David Southern Merit Award

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The Branch Council is disappointed to report that there were no applications received for the 2012 David Southern Merit Award. A meeting will be held with the universities to review the award and application process.

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## Member and SA State Branch Councillor profile – Philip Darbyshire

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**Philip Darbyshire, Director, Philip Darbyshire Consulting, Professor of Nursing, Monash University**

Philip Darbyshire is internationally recognised as a leader in nursing and health care research and practice development. He formed Philip Darbyshire Consulting in 2009, is Professor of Nursing at Monash University, Adjunct Professor at the University of Western Sydney, and Honorary Professor at Swansea University in the UK. He has held visiting professor roles at the University of Sao Paulo in Brazil and the Waikato Institute in New Zealand. Philip was previously Chair of Nursing at the Women's and Children's Hospital as well as Head of its Department of Nursing and Midwifery Research and Practice Development Unit - a partnership with Flinders University and the University of South Australia.

He is passionate about nursing and getting research and evidence-based practice into the hearts, minds and practices of clinicians who can use it to make a real difference. Philip qualified as a registered nurse and holds a Master of Nursing from the University of Glasgow and a PhD from the University of Edinburgh. As a clinician, he worked as a registered nurse and nurse educator. As a researcher, he has published over 80 refereed journal articles, three books and 13 book chapters focusing on clinical and administrative issues in healthcare systems around the world.

### **The early years**

I grew up in Ardrossan on the west coast seaside of Scotland with one brother, Chris, who leads the mental health and learning disability nursing programs at Glasgow Caledonian University and my cousin, Jack, who is newspaper editor in Scotland. I was adopted at birth and raised with my brother and cousin in a 'council house' with three strong women: My mother, my aunt and my 'nana'. We had no father figure. I learned to pour a decent Black Label at an early age. "Getting on" in life and "sticking in" at school/work were articles of faith. Being "clever" and sociable were highly valued.

My mother placed a huge value on education. I attended Ardrossan Academy Primary and failed my '11 Plus' miserably. That was Scotland's appalling system of streaming/selecting the bright kids at age 11 to go to schools that might lead to university and the 'failures' would go to a 'technical school' where they might get a trade or apprenticeship if they were lucky. So I went on to the technical school for a year and, as I like to think with the rose tinted glasses of hindsight, they saw the error of their ways and sent me back to Ardrossan Academy High School the following year. After secondary school I went on to study nursing and after practising as a registered nurse and nurse educator I went on to do the Masters and PhD - because I loved nursing, I loved learning and I loved discovering that there was so much that I didn't yet know.

### **Early career**

I had a glittering early career as a postman after leaving school. Damn, I was good. My first nursing job was as a nursing assistant in a large hospital/institution for people with learning disabilities. (Their official nomenclature at that time was far less respectful). It happened almost completely by accident as I applied for the job and turned up for the interview not knowing what kind of 'hospital' I was going to be working in. Being able to think on your feet does you no harm. I then became a clinical nurse, clinical teacher, nurse tutor, senior lecturer and then came to Adelaide to take up Australia's first Joint Professor of Nursing position in a women's and children's hospital - a collaboration between WCH Adelaide, Flinders and UniSA - so my healthcare management roles have all been related to education and research. My clinical

experiences taught me the centrality of caring to nursing and health care. Without that, I don't know what we have or are here for. It also taught me that there are no such things as 'little things' in people's lives. My early research career taught me that if service and education sectors don't collaborate and play nice we are doomed. It also taught me that there is a culture of 'a job for life' in health service and academia that does nobody any favours. Finally, it taught me that research is engaging, enjoyable, useful and fun, regardless of how hard government and universities try to convince us otherwise.

### **Finding a niche**

I always knew that I wanted to work 'with people' but wasn't sure how or where. After six months working as a 'nursing assistant', I knew that nursing was 'IT' for me. I have never doubted that since. I worked a lot in the children's wards in the 'disability' hospital and loved it. I then decided that I should learn more about nursing children and applied to do Post-registration Sick Children's Nursing in Edinburgh. Interesting times back then in 1979, as the 'training school' had to check with the Nursing Council first to see if I was 'eligible', being a MAN!.. I was, thankfully and I've kept that interest in children's and young people's health and lives to this day.

### **Academia**

I was attracted to academia because I love learning, teaching and thinking. The unifying themes in my research include the need for a critical eye - to not just accept everything we see, hear and read; understanding the 'patient/client/young person/staff perspective, and making academic and scholarly writing engaging and readable –there is so much 'academic' and 'management' writing that is torture to wade through.

I've maintained a foot in both practice and research because I believe it is a vital connection. We lose this vital connection at our peril. Basically, without each other we will go down the gurgler. The world of service provision and clinical care cannot survive without knowledge / intelligence / mindfulness / skill / questioning / research etc. And academia (especially in nursing) is almost an irrelevance without meaningful, intricate and sustained involvement in clinical practice, policy and service provision.

I worry that health service management at times seems like a 'research-free zone' and there is a deep perception and suspicion among many clinicians that this is so. They see far-reaching management decisions made on the basis of what looks like no more than a personal executive whim or politically imposed knee-jerk, while in the clinical and service provision areas, every micro-practice has to be 'evidence-based'.

At the moment I'm very involved in external reviews of organisations and services. I believe this is critical for organisations as it is so easy to become insular, self-satisfied and default to mediocrity, especially in a large bureaucracy. Everyone should read the Francis Report into Mid Staffordshire Hospital in the UK as a case study of almost willful corporate and executive blindness to service deficits and organisational and management failure that some 'fresh eyes' could have detected. One CEO, when asked why he used external consultants rather than 'doing it internally', replied "I don't want to breathe my own carbon monoxide all day". Brilliant!!!

### **The ACHSM experience**

I joined the College about five years ago - because I didn't want to work with and learn from ONLY nurses. I believe the College is the best 'broad church' of health colleagues out there. It has been a great vehicle for meeting with and networking with really smart people who really want to make a positive difference in health care, despite everything going on that could be discouraging.

### **Personal and professional obstacles**

I haven't faced any obstacles that persistence, hard work and being a good person haven't helped me get over. I did have to persist to go onto secondary school and then I had to lobby to become a children's nurse as a man. Other experiences varied between being 'spoiled' and

given a bit of preferential treatment because of the 'novelty' of being a man, while at other times being treated with near contempt as male nurses were only good for 'big baths' and heavy lifting. My advice is to persist because some doors don't open with just a knock; you have to work hard – this is not a revolutionary concept I know; and be the kind of person that you'd like to work with yourself. When I think of my manager and leader 'heroes' they have been absolutely demanding but at heart, decent, good people with integrity. A tragedy in health service management is that some people think that means 'soft' or 'weak'. Just ask about the sustained results that managerial thugs and tyrants with no decency or integrity achieve. No brainer. I also don't believe in wallowing in victimhood. Do your best work with decency and good humour. If you can't win them over, were they worth winning over in the first place?

### **Advice to emerging health service managers**

Get nursing right and you'll get quality, safety, morale, engagement, care and almost everything else right. It's THAT vital. Get nursing wrong and be prepared to talk to that nice QC at the inquiry. Work hard but have fun, relax and have a great life along the way. Nobody wants to be the busiest guy in the cemetery and you can't pour from an empty cup. It's about people, people, people. Processes, systems and strategies don't give great care and change lives, people do. Do people the honour of having high expectations of them. It is the ultimate compliment. Walk it like you talk it and get good honest feedback. As great Scottish poet Robert Burns said, "O, wad some Power the giftie gie us, to see oursels as others see us!".

I see the key competencies of emerging health service managers to be: reflection and self understanding, strong values, integrity and decency (management skills can be taught), thinking with data and information, the ability to inspire and build a community.

### **Succession and legacy**

I hope my enduring contribution to health service management will be to have enthused and inspired others to go out and be brilliant. When I look at some of my former students and PhD students I think I could retire happily. Do I believe succession is a serious issue in health service management? The answer SHOULD be yes, but I wonder!...If succession is simply perpetuating perpetuating? and reproducing what we've had in the past is that such a great idea? My own succession? I don't have a successor. But I like the idea of sowing lots of seeds and sparking the idea in those that I work with that there is the possibility for great things in future healthcare. Sadly, that may not be possible in our government run public system. But there will be a future for nursing and health entrepreneurialism in creating services and systems that at the moment we haven't even conceptualised.

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## **Editorial – Transforming healthcare through engaging leadership**

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Editor note: Our editorial for this edition comes from the ACHSM CEO, Daryl Sadgrove

The latest release of the Kings Fund's latest publication titled 'Leadership and Engagement for Improvement in the NHS – Together we can' explores the role of engaging leadership styles in driving healthcare improvement. The evidence outlined in the paper demonstrates a direct relationship between staff engagement and organisational performance. Although the paper draws primarily on existing knowledge and evidence in this area, I commend the King's Fund for drawing attention to this issue in such a profound way.

For anyone who is passionate about open, transparent and collaborative styles of leadership, this paper is likely to resonate with you. Engaging leadership is not a new concept. It has been previously described by Alimo-Metcalfe (2008) and arguably by others (albeit under different banners). However, I believe this paper by the Kings Fund makes a bold and significant declaration for engaging leadership styles to be embraced. Members of ACHSM would know that ACHSM has been a thought leader in this area for a number of years, including working alongside people such as Professor Beverley Alimo-Metcalfe to champion engaging leadership in

our region. Beverley who has been at the forefront of this movement and who was an author on the King's Fund paper has conducted workshops and presentations for ACHSM over the last few years. Here is a snippet from one of her workshops in 2011.

*The lack of engagement between managers, clinicians and patients is harming people, creating waste and undermining reform measures. We need to move away from an obsession with 'pace-setting' leadership styles characterised by laying down demanding targets, leading from the front, often being reluctant to delegate and resistant to collaborate. That is not to say that 'pace-setting' leadership styles don't work. In fact there have been numerous improvements driven by process targets, for example reduced emergency department wait times. The problem is that 'pace setting' has become the predominant discourse in too many situations, settings and organisations and has led to disengaged workforces, poorer quality care, serious errors and untold waste. We must develop more high performing leaders who have the ability to deploy a range of leadership styles, depending on the situation.*

*Pace setting as a leadership style works best when the system being influenced is relatively stable and has all of the inputs required to achieve the desired outcome. It works when the workforce is engaged, the desired skills and behaviours are present, and the outcome is predictable. The state of our current health system couldn't be further from this. The healthcare system is confronted by a multitude of challenges including unsustainable growth in expenditure, a doubling of demand in two decades, the social and economic effects of an ageing population, and unprecedented workforce shortages. Essentially, the system is anything but stable.*

After sitting through over a hundred health reform meetings and consultations over the last 18 months, the only thing I am sure about is that we don't have all the answers. Although there is an enormous amount of great work being done, some of the big questions still remain unanswered. No one seems to know where we are going to put our ageing people in 20 years time and no one has convinced me they know how we are going to transform models of care quickly enough to keep pace with demand. We still don't have a unanimously supported model for governing and coordinating our disparate sectors and no one knows how we are going to do all of this with a backdrop of unprecedented fiscal constraints.

Based on this what we need are solutions that are cheap, promote innovation, enable us to distribute innovation quickly, encourage engagement (at all levels), create an open and transparent operating environment, promote knowledge building (rather than continuously reinventing the wheel), and are led by leaders who are both courageous and caring. But guess what... other industries have been doing this stuff for years!

A couple of months ago I proposed my first idea that I believe could transform health care in the ways described above and this was to create a social media revolution in health care. In this article I laid down the challenge to all healthcare leaders and organisations to start using social media in 2012. The norm across all industries is for 50 per cent of businesses to have a social media presence, in health care we are pushing 10 per cent. However 70 per cent of Australians now use social media to communicate, although clearly not in regards to their health care.

I was extremely disappointed the other day when my wife and I saw for a registrar for an antenatal appointment at a NSW hospital, and he was not provided internet access on ANY of the computers in the department. He said "We can apply for it, but it's all too hard, there so many forms, and in the end our manager won't support it". So when he needed to look up a drug reaction on MIMS he had to use his personal blackberry. However as there was no 3G in the office he had to leave the room with a well-rehearsed explanation to walk out on to the main road to search for the answer he needed. I wonder how many times he does that each day. While the rest of the world is embracing the power of social communication, this place still had not got its head around the internet yet!

I believe that engaging leadership can transform the way we deliver health care. It complements perfectly our first proposal and also creates the ideal culture for a social media revolution to take place. Both concepts seek to embrace the worldwide revolutions taking place in the way we connect, learn, share, lead and collaborate. These revolutions have led to more extraordinary advancements in the last 20 years than in the last 200 and will continue to define the ways in which we work. I admit that I too am guilty of not having the answers to the big questions after sitting in over a hundred health reform meetings. But if we create an environment conducive to innovation and engagement, I believe they will come.



**Daryl Sadgrove**  
Chief Executive Officer  
30 May 2012

Editor note: Daryl and his wife Tess welcomed their new baby boy Bailey William Piper on Saturday 2 June 2012. Congratulations!

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## Professional Development – Student membership forum

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The College is conducting a series of networking information and marketing forums across Australia to connect postgraduate health management students and emerging health leaders.



The SA Branch held its forum on Monday 31 May 2012 at the Flinders University city campus. Six students from Flinders University and University of South Australia studying health science, policy, management and economics attended to hear a presentation by the SA Branch President (Kae Martin) about the activities of the branch, opportunities open to student members of the

college and how this would help to build a professional network while gaining valuable career advice. Students present were keen to build their networking and suggested getting students together to meet with chief executives and "drain their brain".

We were also pleased to have Mr Colin Coster, the national Executive Director for Membership and Marketing present to meet with the students. He pointed out that there has been a large number of new health administrators in the last 10 years and there is still the opportunity for increased growth in people taking up leadership roles.



*Catherine Brown; Andrew Partington  
and Julia Beardsley*



*Janny Maddern, Rachel Halley, Tiffany Carlin*

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## A not to be missed event - the 2012 annual conference

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**FRIDAY 13 JULY 2012**

### **OLD ROADS, NEW PATHWAYS**

#### **MORNING SESSION 1: FORGING NEW PATHWAYS**

**Facilitator: MR DAVID SWAN, CHIEF EXECUTIVE, SA HEALTH**

**Hon John Hill MP**, Minister for Health and Ageing. Minister for Mental Health and Substance Abuse

**Mr Jim Birch AM**, Global Health Leader, Ernst & Young. Deputy Chair, Independent Hospital Pricing Authority - *'Around the World in 20 minutes'*

**Mr Shane Solomon**, Chair, Independent Hospital Pricing Authority and Lead Partner Healthcare, KPMG

#### **MORNING SESSION 2: ROAD WORKS – PRICE, VOLUME, QUALITY**

**Facilitator MR JIM BIRCH AM, FACHSM (Hon); Global Health Leader, Ernst & Young; Deputy Chair, Independent Hospital Pricing Authority**

**Professor Stephen Duckett**, Professor Health Policy, La Trobe University

##### ***Balancing the Triple Aim Towards Higher Reliability***

**Professor (level II) Paul Barach**, University of Stavanger, Norway; Senior Research Fellow, University of Utrecht in the Netherlands; Senior Executive Advisor, Australasian College of Health Service Management

##### **Q&A Panel:**

- Mr Stephen Walker, Chief Executive Officer, St Andrew's Private Hospital
- Mr Ian Yates AM Chief Executive, COTA Australia
- Ms Margot Mains, Chief Executive Officer, Northern Adelaide Local Health Network
- Dr Chris Bollen, Director BMP Healthcare Consulting
- Professors Duckett and Barach

#### **AFTERNOON SESSION 3: COMMUNITY CARE MODELS – ARE THE PATHWAYS WORKING'**

**Facilitator: KAE MARTIN, President, SA Branch President**

##### **Professor Paul Barach Transitions of Care: The Role and Impact of Clinical Collaboratives**

University of Stavanger, Norway; Senior Research Fellow, University of Utrecht in the Netherlands; Senior Executive Advisor, Australasian College of Health Service Management

Mr James Bartlett, SA Ambulance Service

Mr Chris McGowan, CEO Silver Chain / RDNS

Ms Karen Dixon, Manager Service Initiatives, Country Health SA Local Health Network

Mr Vincent Buckskin –South Australian Aboriginal Transition Care Project Team

Registrations are open via <http://www.cvent.com/d/ncqq8d>

**Arrangements have been made with the Crowne Plaza for conference accommodation at excellent rates. Please advise the Executive Officer if you need assistance with booking accommodation.**

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## 2012 Annual Dinner with Fellows and Mentees

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Why not join us at the annual dinner the evening prior to the conference and hear from a previous guardian of Lords who is now the Chief Executive of the South Australian Cricket Association.

Mr Keith Bradshaw comes to SACA with an extensive background as a national cricket player and impressive cricket management portfolio. He is the first Australian to be appointed as Secretary and Chief Executive of Marylebone Cricket Club (MCC), the owners and operators of Lord's Cricket Ground and only the 14th MCC Secretary since its establishment in 1787. He will discuss the challenges he has been presented with in his new role, the challenges in modernising an SA icon, such as managing relationships between stakeholders, politicians and the community, and the ongoing linkages planned for cricket and football codes in Adelaide.

You can register on line at <http://www.cvent.com/d/ncqg8d> or advise the Executive Officer who will send you a payment form.

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## A personal view

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### **My professional development – whose responsibility is it?**

I have never asked an employer to pay for my professional development! I have had it offered and I have gratefully accepted the offer. I am forever grateful to the CEO who provided me with the opportunity in the mid 1990s to undertake an overseas study tour where I was able to meet and learn from the quality heroes I had only read about. And I am extremely grateful to the managers who provided me with the opportunity to attend that one-day work shop or seminar. However, if I had relied solely on my employer arranging and paying for my ongoing learning and development – how would I have kept up with the rapidly and ever-changing health care environment? How would I have learnt about other health care industries? How would I have actually developed as a person and a better practitioner.

I firmly believe that my ongoing professional development in my industry of health care is my individual responsibility *along with my employer*. It certainly is my employer's responsibility to provide me with mandatory skills and knowledge to ensure I am competent to do particular tasks, such as changes in practice, and ensuring I am competently trained in areas such as fire safety, infection prevention and legislative responsibility, to name a few.

At a forum last year I heard a previous health chief executive discuss the need for our industry to re-embrace the 'desire' for personal professional development and that it is not always the employers responsibility.

One of the barriers I see is that there is a multitude of definitions of 'professional development'. But what we call it is irrelevant. For me it is a continual learning process that has and continues to help me develop knowledge and skills, both personally and professionally. Not just knowledge and skills to do a task but to better understand a particular situation, understand why others behaviour is sometimes what it is; to have a greater level of confidence and be efficient.

I am acutely aware there are a multitude of competing necessities for my hard-earned dollars. But I have always allocated a set amount each year (some years less than others) to my

professional development. And the best thing about PD is - it is tax deductible! My accountant would be stunned if I didn't have a few receipts to claim back each year.

### **Adrienne Copley**

Consultant, Safety and Quality Initiatives in Health

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## **Welcome to new members**

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A warm welcome is extended to the following new members of the College:

**Jennifer Delima**, Addiction Medicine Visiting Medical Officer, Alice Springs Hospital

**Liana Niutta**, Team Leader and Senior Physiotherapist, Southern Cross Care

**Lauri O'Brien**, Deputy Director Redesigning Care, Southern Adelaide Local Health Network

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## **Executive Moves and Appointments (Current at the time of publication)**

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**Ms Linda South** General Manager, The Queen Elizabeth Hospital to the role of General Manager, Corporate, within the newly formed Urban Renewal Authority

**Mr David Davies** as Executive Director of Mental Health and Substance Abuse from 16 July 2012

**Mr Steve Tully** as Health and Community Services Complaints Commissioner for a period of 15 months commencing 30 April 2012

**Dr Andrew McPhee** as Statewide Director, Neonatal Services for South Australia from Monday 5 March 2012

**Ms Kate Swetenham**, Service Director, Southern Adelaide Palliative Services as Chair of the Palliative Care Clinical Network.

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## **Queen's birthday honours**

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Congratulations to the clinicians below who were recognised for their contribution to health care in SA.

### **OFFICER (AO) IN THE GENERAL DIVISION OF THE ORDER OF AUSTRALIA**

**Associate Professor Ross Roger Haslam:** For distinguished service to medicine, particularly as a leader in the specialties of perinatology and neonatology, to professional development, and to medical research and education.

**Emeritus Professor Mary Darvall Barton:** For distinguished service to veterinary science and public health as a researcher and diagnostic microbiologist, and to education through academic and administrative roles at the University of South Australia.

**Dr Richard Miln Smith:** For distinguished service to scientific research in the fields of human nutrition, cardiovascular disease and agriculture, to Indigenous communities in rural and remote areas, and to professional organisations.

### **MEMBER (AM) IN THE GENERAL DIVISION OF THE ORDER OF AUSTRALIA**

**Dr Ratomir (Ral) Antic:** For service to thoracic medicine as a clinician, administrator and mentor, and to people affected by asthma.

**Dr David Caryl Blaikie:** For service to community health in South Australia through public administration roles, to professional dental organisations, and to local government.

**Mrs Elizabeth Priscilla English:** For service to nursing, particularly in the field of stomal therapy clinical practice and education, and through executive roles with national and international associations.

**Dr Alfred James Martin:** For service to paediatric respiratory medicine as a clinician and researcher, to medical education and administration, as an advocate for indigenous health care, and to professional associations.

**Dr James Sunter Muecke:** For service to ophthalmic medicine, to the provision of eye health services and rehabilitation programs for indigenous and south east Asian communities, and to professional organisations.

**Dr Ludomyr John Mykyta:** For service to geriatric medicine through care of the aged, education of students, and leadership roles with professional and advisory organisations.

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## Obituaries

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The College extends condolences to the family and friends of **Dr Isobel Speed** (21 May 2012) who died recently. Dr Speed was a former deputy director haematology at the Adelaide Children's Hospital and who is also remembered for her role in fundraising for sick children through the Variety Club.

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### Membership Enquiries

Please visit [www.achsm.org.au](http://www.achsm.org.au) or email [membership@achsm.org.au](mailto:membership@achsm.org.au) or telephone the National Office on 02 9878 5088 for all College membership enquiries.

### Editorial Committee

Richard Busulwa, Adrienne Copley, Heather Baron (Convenor), Jo-Anne Prins, Marilyn Seidel.

### Feedback

The editorial committee is always keen to have feedback on this publication. Please let us know your thoughts and any new ideas [sa@achsm.org.au](mailto:sa@achsm.org.au).

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**The SA Branch acknowledges the ongoing support of its sponsors:**

#### Principal Sponsor

