

ASMS Past Presidents – Reflections on the first 25 years

Effective leadership and a highly professional and active membership have been at the heart of ASMS' success over the past 25 years. The ASMS has been well served by its seven Presidents and its National Executive teams, and is in good heart as it embarks on the next quarter century.

“All the past National Presidents have brought impressive qualities. Their personalities have been different but all are underpinned by unquestionable integrity and commitment along with strong values that stand the test of time. It has been an honour to have worked for them,” says Ian Powell, ASMS Executive Director.

We asked ASMS' past Presidents to comment on their time in the role. One former President, John Hawke (1995 – 1997), is deceased but the others provided the following observations.

- **George Downward, 1989 – 1991**
- **Allen Fraser, 1991 – 1995**
- **Peter Roberts, 1997 – 2003**
- **David Galler, April – July 2003**
- **Jeff Brown, 2003 – 2013**
- **Hein Stander, 2013 – Present**

George Downward, 1989 – 1991

What characterised your time as President?

The key challenge faced by the first National Executive and by me as the first President was simply that of ensuring the ASMS gained and maintained the credibility necessary to actually survive as a union representing a professional workforce.

The formative days of the ASMS predated 'launch day' by quite a period of time, with significant ground work required to develop, register and house a union while also keeping the potential membership informed and accepting of the need for change and the progress made. This work, undertaken by relatively few people, was facilitated by the very significant financial and administrative support provided by the NZMA, together with some additional funding provided by the Whole-time Senior Medical Officers Association and the NZ Association of Part-time Hospital Staff, both of which were wound up with formation of the ASMS. Many decisions had to be made along the way, amongst which one of the most important (and successful) was the appointment of Ian Powell as the Executive Director.

Happily the quest for membership was very successful and we were soon faced with the challenge of preparing for our first round of negotiations, no longer through HMOAC and the HSC but as a union, a new experience for all except Ian Powell.



In a sense the rest is history, with the ASMS gaining credibility both as a very effective union as well as a professional voice for the membership and the health system as a whole, albeit the latter in concert with the NZMA and NZRDA.

What do you think has changed?

The health sector has become more complex, and the membership and central office significantly larger, but the original focus and intent expressed in forming the ASMS has been sustained and enhanced through the commitment and efforts of a succession of Presidents and Executive Committee members. One key element of this success has remained constant, namely the fact that the face of the Executive Director hasn't changed, aging aside!

Do you think it's easier or harder to be a specialist working in a public hospital in New Zealand today?

I don't believe that it is any harder or easier to be an SMO or SDO working in a public hospital today, just a bit different, with some of the difference driven by the significant advances in health care, population growth etc, and some by the different expectations of today's world. There have been some very difficult times mostly associated with political whimsy with unfortunate rhetoric and sabre-rattling, but as a sector we are in relatively good shape at present.

Is there a particular ASMS gain or achievement that stands out for you?

Many of the gains achieved over the years have been incremental and although reflected in part in the back pocket, to my mind the most significant achievements of the ASMS have been based on an ongoing and unfailing recognition of the primacy of the needs of the patient. This is reflected both within the CEC and the day-to-day pronouncements of the ASMS.

Allen Fraser, 1991 – 1995

What characterised your time as President?

My four years as President was a time of consolidation and growth in the role of the ASMS.

A couple of things stand out for me. One of them was our efforts to educate members about the importance of superannuation. It wasn't good enough to leave something so important to the employer. We had to make sure we could retire when we wanted to, and that required a personal investment of time and effort. I remember saying in our talks with members around the country that there were many reasons for continuing to work after age 65 but that having to work was one of the worst reasons of all. We really raised the profile of superannuation as an issue, and got it onto the DHBs' radar.

We also had a very important role in the wider professional and political health sphere over that period. We made submissions on issues of real importance and concern, and were very actively involved. It was an interest of mine to ensure we took part in discussions about the



wider health system and that we made sure the voices of hospital doctors were heard. That aspect was a very satisfying part of my time as President.

What do you think has changed?

The employment agreements are more secure, and we're seeing more people now negotiate individual contracts based on the collective agreement. That's a lot more common than it was back in the 1990s. There's also more recognition that a senior doctor should be involved in discussions and decisions about the provision of services. Doctors have good ideas and they should be listened to.

What is it like to be a specialist working in a public hospital in New Zealand today?

Overall I think it's probably harder to be a senior doctor in a hospital today, not because of the patients and their health needs but because of the requirements of the Ministry of Health. The Ministry has all sorts of hoops and jumps and so on, all these reporting requirements and yet it provides very little feedback to the people who supply the information.

In addition, there's a greater anxiety now about the process and impact if something goes wrong and there is a complaint. It can take up to two years to resolve a complaint and that has a big impact on a specialist's life and work.

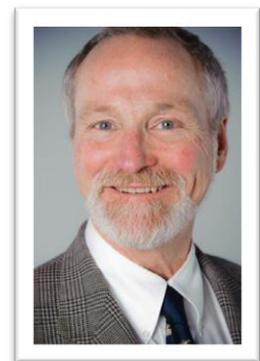
Is there a particular ASMS gain or achievement that stands out for you?

The most significant achievement for me has been the way ASMS has managed to meld a strong industrial union with a professional group, without losing the focus on professionalism. The requirements of patients have never been forgotten in the pursuit of conditions and other things for senior doctors, and that's really important.

Peter Roberts, 1997 – 2003

What characterised your time as President?

We had, to some degree, headed off the privatisation agenda of the early 1990s but the managerialist manifesto/juggernaut steamed along throughout the era, and does still. The advisors to the Ministry of Health still believed they simply needed to let the market decide right up to the change of government in 1999.



Being National President was a delight for me because I was so ably assisted by the wisdom of Vice-President David Jones and the canny insights of National Secretary Brian Craig. The entire Executive Committee was an incredible brains trust, with each member bringing their expertise and experience to our deliberations.

Some of the most interesting items on our agenda over that period were the 'spots of bother' that would be brought to the Executive meetings as these often revealed the fundamental breakdown between the professional and managerial cultures within New Zealand's public hospitals.

Toward the end of my time as National President, our Timaru colleagues came to the realisation that a strike by senior doctors was needed to settle their grievances. I arrived in Timaru for a 9am meeting on the barricades (held in the tea-room). The room was empty

except for an anaesthetist who obviously had no list at that point. After 45 minutes of waiting, several SMOs started to roll in after they had finished their 06.30am – 10am outpatient clinics and quick procedures carried out in the ED. They planned to return in the late afternoon for their next series of outpatient clinics outside of the 'work-hours strike'.

The anaesthetist said to me: "You see Peter, workaholics don't strike over money."

The strike was about the fact that the CEO didn't realise what a national treasure he was abusing. Unfortunately, many managers and even colleagues who take on management roles still don't recognise the value of our professional attitudes.

What do you think has changed?

The level of political interference continues unabated and the district health boards have not been allowed to be representative of their electorate. However, the manipulation of governance from below - managers "managing up" - has increased and there are only rare pockets of expertise that help us get our jobs done without more control modes being superimposed on the already struggling system. The simplistic 6-hour rule and other targets mean that many of us have fallen victim to Robert McNamara's Fallacy (http://en.wikipedia.org/wiki/McNamara_fallacy) - we believe that what we measure is the only value in the system and if we can't measure it, we ignore it. McNamara counted body bags; we count when the 6-hour time bell rings.

In essence, I fear that too little has changed, unless you consider the number of medical and nursing leaders whose vocabulary word for 'patient' has become 'discharge'. The value of the suffering human before us is not their lives, their response to treatment or the stories they can tell, the greatest value in this language is the person's absence!

Do you think it's easier or harder to be a specialist working in a public hospital in New Zealand today?

My son is training to be a doctor at medical school at the moment and I dearly wish that the humane values that have driven us will drive him as well. I have grave fears for the future while our culture continues to be dominated by those who would control and enforce efficiency over those who would cultivate, collaborate and nurture the workers of the next generation. Those of us who took the Hippocratic Oath swore to teach our art before we swore to go into whatever house for the benefit of the sick. In many ways, it is harder to do that today than it was.

Is there a particular ASMS gain or achievement that stands out for you?

Our membership growth says so much about the effectiveness of the organisation. We made an incredible gain in getting reasonable CME funding throughout the sector, and this has been admired and praised throughout the world. This freed us up from depending on hand-outs from drug companies to go to meetings and has given us the opportunity to look further afield for better ways to serve our patients and further our art. Our conjoint ASMS/Minister of Health Professionalism Conference in April 2002 promised so much, and what was said there then still applies today.

David Galler, April – July 2003



What characterised your time as President?

I was a member of the ASMS Executive team for a few years before becoming Vice-President for 2 years and eventually becoming President. I followed Peter Roberts in that role. He had made an enormous contribution to the ASMS so for me, it was a case of building on all that he accomplished. I had a very different style.

I am a networker, someone who likes to bring people together on common ground. There is huge value from an investment in our senior medical staff and listening to what they have to say.

Back then, I remember my sense of disappointment with the lack of collaboration between doctors, DHB managers and the Ministry of Health. The Ministry seemed very removed from the realities of everyday work and my sense then (and now), was that we needed to create a health system that worked better for people; a system that was much more connected to meet the needs of its users. Whether that was a woman with a complicated pregnancy on the West Coast or a parent woken by a feverish child in the early morning in Taihape: walking the users through the system helps define the appropriate level of care they need and provides clarity about the appropriate referral lines. to ensure that level of care actually happens. That requires a much greater degree of collaboration within and between individual providers, institutions and DHBs than currently exists. It's something the sector has been very slow to embrace.

What do you think has changed?

Working as a specialist back then was hard yakka, and of course it still is. I work at Middlemore Hospital as an Intensive Care Specialist and at the time, as well as being ASMS President, I was also in the middle of that devastating Meningococcal B epidemic. We were inundated with work, and acute patient presentations to our Emergency Department were increasing by nine percent a year. In many ways the underlying issues we were dealing with back then still exist today: the broader determinants of poor health and illness; problems attracting and retaining an appropriate skilled workload.

What is more evident now is the changing nature of our work. In the early 2000s we saw lots of acutely unwell people presenting for the first time, but now we're managing more complex cases. We're realising more and more that the real task at hand is to manage or prevent chronic disease, and that's about changing people's attitudes, choices and behaviours, skills that doctors may not currently possess.

What is it like to be a specialist working in a public hospital in New Zealand today?

It is and always has been a position of great privilege. The standards of care are high and our staff highly skilled and successful in what they do. The pressure from Treasury and the Government to contain costs is an ever present and incredibly important challenge. That is a goal that will never be achieved by people like me alone. My challenge to government is to reorganise how they allocate and spend our precious resource to achieve the goals we want. The current simplistic and siloed approach to resource allocation might be the easiest way to spend our money but it does not reflect the complexity and messiness of real life issues we face or the problems we need to solve.

Is there a particular ASMS gain or achievement that stands out for you?

I think ASMS has done spectacularly well in the past 15 years, with the growth in membership and the way it responds to diverse views. We're a broad church, fundamentally an industrial organisation but with a wider role to play. I'd like to see the ASMS' influence grow, as it has the potential to contribute a great deal to the sector's discussions and decision-making.

Jeff Brown, 2003 – 2013

What has characterised your time as President?

A decade of change, while many things remained the same. When I started there was a climate of victimisation, of multiple jeopardy, of being done to, vilified, and in many cases a questioning of why we had chosen a career of striving to provide the highest quality care.



I set out to engage those who would help build a culture of leadership, of positive influence, to regain the helm of the health system. We achieved many advances, and suffered a few retreats and regressions into managerialism, especially as the financial screws tightened.

Despite some reversals and duplicitous dealings, we established sequential MECAs with many gains for our members. We have embedded clinical engagement with JCCs, workshops, revitalised branches, representation on national boards, and several victories for common sense against misguided administrators.

The national office has expanded its remit to service a more than doubling of membership. It has built a brand without losing the core of its reason for being, the welfare of specialists on behalf of the patients they look after.

What do you think has changed?

Clinical leadership is now accepted as necessary for health care to perform at the top of its possibilities. "In Good Hands" still frames conversations about clinical governance.

Non-clinical time is now accepted as necessary for quality improvement and high functioning teams. "Time for Quality" still sets out signed commitment from managers to support specialists in their endeavours.

Specialists looking after each other is now expected, not as protection but as support. Themes at annual conferences increasingly call for compassion and collegiality.

ASMS is seen, like it or not, as a protector of a high quality public health system. Your organisation is prepared to stand up for, lobby, and fight if necessary, to preserve a public health system we can all be proud of. We even had national stopwork meetings and stood at the brink of striking for the cause.

What is it like to be a specialist working in a public hospital in New Zealand today?

Expectations continue to exceed capacity to deliver, and as leaders of most health teams, specialists in public hospitals increasingly struggle with rationing. It is easy to focus on a

specialty and how we all need more of us, it is extremely hard to juggle demands of generality, and balance the books of birthright.

A hospital specialist now needs to consider how they can radically change their horizons and influence, how to provide care while not seeing patients, how to spread their wisdom and wealth of skills through others. The future cannot be addressed by the habits of the past, yet the best of what we have cannot be tipped out in the pursuit of change.

Is there a particular ASMS gain or achievement that stands out for you?

Adopting Toi Mata Hauora as our identity. It encapsulates where we have travelled in the decade I was President. We stand at the peak of health care, representing the many faces of clinical expertise, and preserve the public health system against the storms of opportunistic swings of mood and mandate.

The smallest and least enabled depend on us to look after their interests, fashionable or not, and to hold up the mirror of excellence to those whose object is otherwise.

The other achievement is finding a successor as servant leader to take us to greater heights and drive us towards brave new worlds.

Hein Stander, 2013 – Present

What is characterising your time as President?

We have two main roles as an association. Promoting the right of equal access for all New Zealanders to a high quality health service and as a union we represent our members in respect to their employment agreement. The next round of MECA negotiations is scheduled for 2016. This gives us a unique window of opportunity to concentrate on things other than MECA negotiations.

Part of that would be to convince the public that we have their best interests at heart. They can trust the ASMS to “tell it like it is” and continue our efforts for better health care in New Zealand. I’m very keen for us to build relationships with like-minded organisations and to find common ground on health workforce issues.



What do you think has changed?

Health services have always been under pressure but the nature of that pressure is changing and increasing. There is a worldwide realisation that the current funding trajectory of health is not sustainable. We are facing escalating pressure on our services, exacerbated by the health problems associated with people living longer, diabetes, obesity, chronic disease etc. Expectations of health delivery is increasing. The squeeze is on from all sides. We are heading into the perfect storm if we do not alter our course now. The ASMS and its members are well placed to be a major player to help face the challenges ahead. The benefits of physicians fulfilling a leadership role in health is widely accepted and promoted. However, we have a SMO workforce that is under constant pressure dealing with the stresses of an ever increasing clinical work load. We have limited time to contribute to finding a solution to a sustainable health service.

What is it like to be a specialist working in a public hospital in New Zealand today?

Hospital specialists are expected to work harder, faster and at the same time continue to improve quality and safety. This occurs against the back ground of a relatively shrinking health budget and a workforce that is growing at a rate slower than required. This creates a very challenging situation and I have respect for all of my clinical colleagues, who continue to be committed to delivering the best possible health care to the people in their communities. That is what we have been trained to do and provides us with job satisfaction.

New and better ways of doing things emerge all the time. These are challenges we can face and adapt to, even more so if there are clear benefits to our patients. It is more difficult to put your heart and soul into implementing some of the government's new initiatives and targets, which at times, do not make clinical sense at the front line.

Is there a particular ASMS gain or achievement that stands out for you?

We need to acknowledge and thank the leaders and those who played their part during the last 25 years. They have given us an ASMS that is in fantastic shape. They have established a culture of continued improvement and a belief that we can overcome the challenges the future holds.