Looking for fresh leadership in health and aged care

A SPECIAL REPORT
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Real improvements needed

Adjunct Professor Judith Dwyer, College of Medicine and Public Health at Flinders University. Former Director of Research in the Department of Health Care Management in the College of Medicine and Public Health, and a former CEO of Southern Health Care Network in Melbourne.

Reorient towards prevention and sustainability

Dr Genevieve Cowie, Convenor of the Research, Education and Advocacy Committee of Doctors for the Environment Australia, a specialist public health physician with a background in public health policy and health protection, including environmental health.

From Twitter

Questions
Foreword

The next Secretary of the Department of Health and Aged Care will be Aboriginal or Torres Strait Islander, brave, evidence-informed, a systems thinker, and committed to equity, values-based healthcare and culturally safe workplaces.

In addition, they will have the intellectual horsepower and aptitude to gain a quick understanding of the complexity of the health and aged care systems, and strong skills in guiding policy development.

This is according to 16 Australian health leaders surveyed by Croakey for a series of articles on the type of expertise and qualities required for the role of Secretary of the Department of Health and Aged Care.

Croakey conducted the survey, recognising the upcoming retirement of Professor Brendan Murphy as an opportunity to reflect and re-imagine the role and its scope, including how to help achieve much-needed structural reform in health and aged care.

Responses suggested the new Secretary faces a big agenda, in delivering on recommendations from the Aged Care Royal Commission, strengthening primary healthcare and the health workforce, implementing reform priorities from the National Agreement on Closing the Gap and committing to reducing emissions in the health sector, as well as promoting health in all policies.

Adjunct Professor Judith Dwyer, College of Medicine and Public Health at Flinders University, said the electorate is looking to the Government for real improvement in this critical portfolio.

“The Government is engaged in the very difficult task of rebuilding capability in the national public service, including in the health and aged care portfolios,” she said. “The new Secretary must be able to make a major contribution to this rebuilding if the Government is to retain its reputation as the better steward for health and aged care.”

Or, as one contributor put it, “the new Secretary will have to be a ‘burger with the lot’: a bold reformer who can forge strong partnerships, manage risk, and protect and develop their staff”.

This report includes responses to the survey, some related Twitter commentary, and the questions that were distributed.

Alison Barrett
Managing Editor
Intellectual horsepower required

Charles Maskell-Knight, a former senior public servant in the Department of Health

I worked in the Department of Health under half a dozen Secretaries – one was outstanding, four were highly competent, and one was terrible.

Qualities for success

First, intellectual horsepower and intellectual curiosity. Health and aged care are incredibly complicated, and if somebody doesn’t know the issues before they start, they need to be able to get across them quickly. And they need to have the antennae to know when to ask the next question, when to delve a little bit further into a new issue, because that may be where the opportunities (or threats) lie.

Second, loyalty: to their staff, to the public service, and to the Minister.

I and most of my colleagues would always go the extra mile for one Secretary, because we knew they had our backs and valued our efforts. But if you know the Secretary is not backing you in disputes with the Minister, the MO, or powerful lobby groups, why bother speaking truth to power? And loyalty to the Minister means frank advice, not sycophancy.

Third, management ability. The department is too large for one person to manage, so a good Secretary needs to pick good subordinates and delegate effectively, not micromanage. They should be the coach, not the star player.

The outstanding Secretary scored 3/3 on this list, the competent ones 2 to 2.5/3, and the terrible one would have struggled to get to 1/3.
Expertise
In terms of expertise, I think previous experience in and knowledge of health and aged care policy is an advantage, but need not be a prerequisite. But a health-naive appointee should make sure they have exceptionally competent deputies, and seek to establish an unofficial group of outside advisers until they are sure they are up to speed on technical issues.

Priorities
The most important priority for the next Secretary should be to re-establish the Department’s policy knowledge and expertise. There are several elements to this.

The first is structural and staffing stability. A new Secretary should stop redesigning the department and regrouping functions and live with the imperfections of the current structure (bearing in mind that a new structure will also be imperfect). They should tell senior staff that they will be in post for a minimum of three years, as this is the time needed to build a good team, really get across the policy issues, and deliver some results.

The second is staff development. When I started in the department it contracted with a university to run in-house health system education. As a result most junior and mid-level staff (APS5 to EL2) had a sound idea of salient health policy and program delivery issues across the portfolio.

When I left, the training budget was cut to the point only one staff member out of a branch of 20 could attend a one-day external seminar once a year, as long as it didn’t involve travel. The department was full of people with no idea about how other parts of the system worked, meaning their work often overlooked important consequences for other parts of the health system. A new Secretary needs to invest in health system training.

Opportunities
From the Government’s perspective, a good appointment will be an opportunity to lift substantially the quality of disinterested advice on the major health and aged care policy challenges it faces.

The risk of a poor appointment is that the Department of Health will continue to be nothing but a project manager for expensive consultants doing the policy work that should be done in-house.

I’m not sure that there will be a selection panel. But if there is, it should ask all candidates from within the APS to provide a copy of the latest staff survey results for the areas they manage. Any deputy secretary who cannot establish a productive working culture within their area of responsibility is unlikely to be able to do so across an entire department.

Indigenous excellence
Spokesperson from the Lowitja Institute

Qualities
To accelerate progress against the National Agreement on Closing the Gap (National Agreement) – particularly the Priority Reforms – it will be critical for the next Secretary to demonstrate a genuine commitment to transforming the way the Commonwealth Government goes about supporting Aboriginal and Torres Strait Islander peoples’ health. In terms of self-determination, working in partnership, and eradicating systemic racism, it’s time to stop tinkering around the edges.
**Expertise**
Experience working in real partnership with Aboriginal and Torres Strait Islander communities and our community-controlled health organisations – not consultation, partnership – is crucial. We need to be the leaders of the policy and research agenda when it comes to our health and wellbeing, and a Secretary who takes the same top-down approach that has existed for decades won’t enable that.

**Priorities**
Initiatives under both the National Agreement and the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 desperately need to be funded. In particular, our Aboriginal and Torres Strait Islander community-controlled healthcare organisations must be able to scale up their services so that mob aren’t waiting as long or travelling as far to access care, especially preventative care.

We also need to see more Aboriginal and Torres Strait Islander-led research and action on the social, cultural and environmental determinants of health as a key priority, including the impact of climate change on the health of our peoples.

**Opportunities**
If the next Secretary moves decisively on the National Agreement’s Priority Reforms and is led by the Aboriginal and Torres Strait Islander experts in those decisions, this could be a pivotal opportunity to change the trajectory on so many of the Closing the Gap socioeconomic targets – life expectancy, healthy birthweights, suicide prevention.

**Risks**
If the next Secretary is inclined towards the business-as-usual approach – a focus on measuring Aboriginal and Torres Strait Islander people and communities for perceived dysfunction, rather than empowering us to lead those transformative changes – it’s a sad certainty that we will continue to see poor progress against the Closing the Gap targets.

**Tips for the interview panel**
It will be important to get an accurate picture of candidates’ commitments to the Closing the Gap framework, including each of the four Priority Reforms and how they see those as being most effectively carried out. Exploring candidates’ intentions for developing strong relationships with Aboriginal and Torres Strait Islander leadership structures, like the National Health Leadership Forum and the Coalition of Peaks, would also be useful.

**Who would you most like to see in that position?**
Appointing an Aboriginal or Torres Strait Islander health professional to the role would be a great opportunity to highlight our communities’ excellence and start to redress the significant lack of First Nations leaders at the top levels of the Australian Public Service.

Currently, Aboriginal and Torres Strait Islander people make up only a handful of the executive agencies’ and statutory authorities’ CEOs, and none of the Department secretaries. Yet we have so many incredibly impressive leaders across public policy fields – perhaps none more so than the health and wellbeing sector.

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**Looking for fresh leadership in health and aged care**
A critical appointment

Professor Linda Slack-Smith, social epidemiologist at the University of Western Australia

**Qualities**
Evidence they are driven by strong values aligned with public health including social justice, equity, integrity. They need to be brave, have insight, vision.

**Expertise**
Ability to bring together wise counsel – to advise them.

Clear understanding of both empirical and contextual evidence (have available and critically examine quantitative and qualitative evidence).

An understanding of why we need detailed openly available high-quality data on health matters.

Ability to work in ways that bring key stakeholders together promoting intercultural and intersectoral approaches.

**Priorities**
Substantially increase focus on prevention in health – this is not just about health anymore (although critically important for health) but about our broader approaches as a nation to matters such as supply chains for food and climate change.

Concurrent investment in delivery and research in quality primary healthcare and public health.

Ensure an outstanding communication strategy with a health literacy focus.

Systems for evaluation and feedback that are more current than doing reviews after the fact that take years.

Promote availability, affordability and adoption of healthy food.

Ensuring everyone has access to basic needs, medical care, dental care.

This is an extremely important appointment for the Government.

Future-focused

Adjunct Professor Kylie Ward, CEO Australian College of Nursing

**Qualities**
Qualities we want to see in our next Secretary of Health and Aged Care include someone committed to social equity, and the delivery of values-based healthcare. To achieve this for all Australians they will need to be a strong, inclusive and effective communicator.

Well regarded as someone committed to ensuring all consumers have access and equity to quality healthcare will require them to have integrity and courage to withstand lobbying from traditional and paternalistic stakeholders.

The Australian College of Nursing has a strong relationship with the Department of Health and the current Secretary, and we would be looking to see that the person appointed has this same respect for the nursing profession, being the largest clinical profession in the country.
The Secretary also needs to be able to engage with stakeholders including NGOs and NFPs to understand the stressors in the system we face each day from both a workforce and the consumer perspective. The co-design of solutions is the best use and value of taxpayers’ dollars.

**Expertise**

The role will require the new Secretary to hit the ground running, so while expertise and qualifications are always important, what is key is actually a deep understanding of the inner workings of the health system and the people it serves.

There are growing sectors of the healthcare consumer population that are underserviced, poorly serviced or have delayed access to healthcare and we need the Secretary to understand this so that they can work with the sector to make sure these Australians do not slip through the cracks. Our white paper on *Optimising Advance Practice Nursing* will give them a strong understanding of the problem.

**Priorities**

ACN would like to see the Secretary work towards collaborative service models where nurses, medical practitioners, pharmacists and allied health professionals work to their full scopes of practice and deliver safe, equitable, accessible health services across Australia.

**Education and research funding on the design and evaluation of innovative practice initiatives** to address the health needs of communities are urgently needed. Nurses make a significant contribution to the management of care and treatment for people living with chronic disease and multimorbidity. The visibility of nurse-led innovations is low; good practice cannot be shared or acknowledged without dissemination of the outcomes.

There has been a well-needed shift in the latest government towards acknowledging the impacts of climate change. ACN advocates for the leadership of the health profession in reducing emissions. It is imperative that the next Secretary understand the importance of committing to emissions reduction in the sector.

**Opportunities**

ACN would like to see a system redesign in community and primary healthcare to ensure a sustainable health care system for all Australians into the future.

Community and primary healthcare applies a social model of health care that addresses the health needs of individuals and communities while considering the social, economic and environmental factors impacting their health.

This person-centred focus is attributed to all areas of nursing practice and provides an essential process of collaboration and partnership that takes place in the successful planning and delivery of care outside of the acute health care setting.

**Risks**

The risk is that if you get it wrong, we will continue to see dedicated people leave healthcare roles and risk healthcare becoming unaffordable and inaccessible. We need reforms that allow all clinicians to work to top of scope, and all consumers to access care in a timely and affordable way, irrespective of postcode.

The new Secretary must understand that there are some Australians who are uniquely disadvantaged and at greater risk of poor health outcomes, including Aboriginal and Torres Strait Islander peoples, those from culturally and linguistically diverse backgrounds, those in the LGBTQIA+ community and those with poor health literacy and limited financial resources.
**Tips for interview panel**

ACN would like to see adequate representation of the stakeholders that make up the Australian healthcare system. This includes a representative of the nursing profession. We need a future-focused Secretary that can consider care beyond 2030 and that requires panel members who are innovative, strategic and committed to population and preventative healthcare.

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**Fresh face needed**

**Spokesperson for the National Health Leadership Forum**

**Qualities**

The NHLF would like a Secretary that is a good listener and someone who is prepared to shape advice to Government based on the information from those with lived experience on issues concerned and from those that work in the area, rather than relying on desktop only research. Additionally, we want a Secretary who is willing to name racism and embark on creating a culturally safe workplace. This would require rolling out cultural safety across the Department, and more broadly utilise cultural safety as a change mechanism within the organisation and as importantly in the way it does its business, i.e. policy design and program development, including accountability within contracts and funding agreements.

**Expertise**

It would be good to have someone that has outside of the APS or state government experience, someone who has worked in some capacity in the health sector would be good. Someone that has an idea of what actually happens on the ground, they don’t need to have been high level at the time but someone with work experience outside of major bureaucracies. No former political advisor, they’d think too much like a politician rather than what actually needs to be done.

**Priorities**

The NHLF would like to see the health plan implementation with the right accountability mechanisms in place to be a priority. We also want to someone in the Secretary role who sees the opportunities of the priority reforms in the National Agreement on Closing the Gap and will be driven by them.

**Opportunities**

To recruit someone with fresh ideas and one that isn’t focused on maintaining the status quo, someone who understands how socioeconomic disadvantage can shape someone’s health, and how experiences of discrimination/racism may influence how someone interacts with the health system. Someone who hasn’t been in Canberra for long and understands how Australians outside of the Melbourne-Canberra-Sydney triangle lives and what barriers to accessing to good health care actually means.

**Risks**

If they recruit from the same pool of current bureaucrats then we will not get the reforms sought from the National Agreement on Closing the Gap. They will keep doing the same thing.

**Tips for the interview panel**

Be prepared to take a risk and not recruit from the same small pool of senior Commonwealth Bureaucrats or from the Triangle, be brave and look for a fresh face.
Bold reformer needed

Anna Robinson, CEO of Access Health and Chair of Community Health First.

**Qualities**

Bold, brave and willing to challenge the status quo. We are at a critical juncture in the health and aged care landscape, and we have a unique opportunity for reform.

**Expertise**

They will need a deep commitment to listening to the lived experiences of people accessing our health and aged care system and ensuring that those experiences drive the reform agenda.

A collaborative approach that works across Departmental and jurisdictional boundaries, including the State and Territory divide. The issues faced within the health and aged care systems cannot be solved without looking at the wider social determinants of these issues.

**Priorities**

Re-imagining our health system to focus on prevention to improve health outcomes and make the system sustainable long into the future. To do this they will need to reform our primary care system, starting with implementing the Medicare Taskforce recommendations. The National Health Reform Agreement will need to be overhauled to move care out of hospitals, into communities and focus on true early intervention, not just hospital diversion and acute care settings.

We also need to ensure that the Aged Care Royal Commission recommendations are fully implemented and are underpinned by effective and sustainable funding.

**Opportunities**

To pick the leader who can unite the Federal and State and Territory governments in a bold reform agenda.

**Tips for the interview panel**

Include community, consumer, and workforce representatives in your panel. Those who have lived experience of the health and aged care system should play a key role in deciding who will lead the systems they are part of.

It’s impossible to name a candidate! We would love to see someone who can bring a different lens to the challenges we face, with direct experiences in the front-line of our health and aged care system, whether as a consumer or worker.
Prioritise innovation and new approaches

Alison Verhoeven, health policy analyst, Director of Croakey Health Media, former Chief Executive of the Australian Healthcare and Hospitals Association

Qualities
Department secretaries are at the interface between policy and politics, and therefore must be highly skilled at guiding policy development, communicating it without fear or favour to their minister and the government of the day, and then leading the implementation of decisions taken by government. The Royal Commission into the Robodebt Scheme highlighted just how important it is for secretaries and their senior executives to provide frank, fulsome and well-informed advice to ministers, notwithstanding the political pressures which may exist. Sensitivity, courage, vision and determination are some of the qualities which might be expected in the next Secretary.

Expertise
I hope the next Secretary has the expertise to negotiate a new approach to the funding and provision of both health and aged care in Australia. The Royal Commission into Aged Care, the COVID pandemic, a struggling primary care sector, and public hospital funding arrangements which are barely adequate demonstrate the urgent need for a changed approach to health and aged care policy. There are many stakeholders seeking to influence policymakers and politicians, and the Secretary will be key to ensuring that policy decisions will not simply be a sop to the loudest voices, but will actually benefit and drive positive change for health and aged care consumers.

Priorities
Rethinking the way primary care is funded and delivered, and renegotiating the public hospital funding arrangements with the states and territories, have to be at the top of the list. Ensuring the recommendations from the Royal Commission into Aged Care are implemented must also be a priority. Understanding and responding to the lessons from the COVID pandemic must be high on the list, as must the development of policy to support the health sector as it responds to climate change.

Opportunities
With any appointment of this nature, there is a choice between steady hands and public sector experience, and fresh new thinking. Given the very significant challenges in the health system, innovative approaches are urgently required. This may be an opportunity for the government to bring in a new type of leader – one who is not beholden to any particular professional group, who appreciates the challenges facing the health system, and who has the strength and courage to do things differently.

Risk
The risk of appointing someone from outside of the health bureaucracy is the potential loss of knowledge, relationships and stability. This needs to be weighed against the risk of appointing someone from within the current bureaucracy who will just bring more of the same to the role.

Tips for the interview panel
Think about the tipping point at which the Australian health and aged care sector currently finds itself. Is the person you are interviewing able to bring new vision to the Department, while meeting the very significant leadership requirements of the role?
Systems thinker with a focus on innovation

Professor Sharon Friel, Professor of Health Equity, Director, Menzies Centre for Health Governance, School of Regulation and Global Governance, Australia National University

Qualities
Compassionate; embeds principles of social equity and effectiveness across the institution; not driven by efficiency arguments; evidence informed; truly inclusive; respectful of different knowledge systems.

Expertise
Systems thinker; able to equally embrace a social and biomedical model of health; understands and believes in intersectoral action; good negotiator across government departments (essential for health equity).

Priorities
Ensure a much greater focus on prevention; take the wider determinants of health and health inequities seriously and reach beyond the department of health; make climate change and health a priority but not just focusing on the health system; embed a wellbeing economy; set up a governance structure that is inclusive, diverse, cross departmental and cross sectoral.

Opportunities
Be a world leader in health promotion and disease prevention; actually reduce disease burden and health inequities.

Tips for the interview panel
Don’t give the job to your mate.

Who would you most like to see in that position?
Not an older white man; a non-medic.

Integrity and transparency to rebuild trust

Dr Martin Low, Rehabilitation Specialist based in Sydney, New South Wales

Qualities
- high moral and ethical standards
- intelligent
- empathetic
- honest
- committed
- a good listener and communicator (at all levels)
- a team player
Looking for fresh leadership in health and aged care

- modest but realistic
- an optimist
- real-life experience as patient, consumer, especially if from a position of disadvantage including non-English speaking background, CALD, First Nations, gender and poverty

**Expertise**
- medical/nursing (but not necessarily exclusive)
- high clinical acumen
- academic achievements eg PhD
- admin experience and expertise
- experience in advocacy and political engagement

**Priorities**
- COVID – emergency, vaccinations, mitigations
- Medicare – bulk-billing rates, Medicare rebates
- Residential Aged Care – staffing (levels and qualifications), funding, accreditation, integration and holistic care (GP, medical specialists, Allied Health, hospitals, oral health)
- Quality and equity of care across regions
- Opportunities
- To improve the health of the nation and win back the trust of the community.

**Risks**
- Ongoing cynicism and mistrust arising from the previous appointments and performances of recent Chief Medical Officers and current Secretary.

**Tips for the interview panel**
- As Health Minister statement points out, must be merit-based.
- Don’t appoint someone for political purposes or reward previous political subservience.
- Need clear evidence of successful applicant’s achievements and real clinical improvements, an applicant who acts with integrity and transparency.
A ‘burger with the lot’

Peter Breadon, Health and Aged Care Program Director, Grattan Institute

**Qualities**

It’s an enormous job and moment full of risk and opportunity, so the new Secretary will have to be a ‘burger with the lot’: a bold reformer who can forge strong partnerships, manage risk, and protect and develop their staff.

The health and aged care systems are close to breaking point because so many structural reforms are long overdue. This Secretary will get an historic opportunity to help achieve those reforms. The Health Minister has signalled that he’s up for challenging changes to primary care funding and workforce.

There is a deal on hospital funding and reform with the states to negotiate. And the Aged Care Royal Commission’s recommendations remain a massive challenge, and a massive opportunity to improve the system.

To help get these reforms over the line, the new Secretary will need to be creative, think big and take risks. It will also be crucial to manage risk well, particularly by making sure the department is monitoring implementation and adapting quickly to inevitable setbacks.

This reform agenda needs partnerships with states and the private sector to succeed. That will require shrewd negotiation, but also the ability to find common ground, develop trust, and be a persuasive champion for change.

Finally, supporting and building up the department will be crucial. A capability review back in 2014 found deficiencies in several areas that will be key to delivering the government’s agenda. It highlighted the need to develop strategic capability, a culture that embraces and manages risk, and purposeful engagement with stakeholders.

That was almost 10 years ago, and there has no doubt been progress, but many of these areas will still need work. And given the huge challenges the department has lived through during the pandemic, and with mountains of important and challenging work ongoing and coming up, protecting staff wellbeing should be a big focus too.

**Priorities and opportunities**

There are a lot of priorities and opportunities, and they span the full continuum of care. Leaders are often advised to only focus on a small number of things. I think the Secretary should try to make progress on all of the things listed below. But if I had to choose three, it would be workforce, primary care reform, and improving hospital productivity, with an eye to system integration when tackling all three.

System enablers – Workforce and digital capabilities underly pretty much everything. On workforce, Australia needs a pipeline that better matches workforce supply with demand, bolder policies to get workforce where they’re needed most, and reform to unlock the skills of people who are not working at the top of their scope of practice. We also have a long way to go in improving clinical information sharing by providers, and in making health information accessible and useful for patients.

Building a high-functioning primary prevention system with the new Centre for Disease Control at its core – Australia is way behind on prevention, and this is key to the nation’s long-term health and wealth, and the sustainability of our health system.
Primary care reform – Realising the Strengthening Medicare Taskforce’s recommendations, and making sure they are transformative, not watered-down.

Improving hospital productivity – Hospital demand and cost keeps growing. Without an effective national strategy to divert demand and improve productivity, access and quality of care will ultimately suffer.

Delivering the Aged Care Royal Commission recommendations – this will be complex to coordinate and deliver, and, like with primary care reform, it will be important to ensure the spirit, not just the letter of reforms are achieved.

Prioritise public health expertise

Jennifer Doggett, Croakey editor, health policy consultant and Fellow at Centre for Policy Development

Qualities and expertise

I think the Secretary needs a range of skills – internally they need to be able to manage a large department with staff spread across the country in multiple offices, plus deal with the fallout of COVID including stress, burnout and trauma. Externally, they need to be able to engage with stakeholders and work collaboratively with the Minister and broader government.

No single individual is going to have all the skills and qualifications needed – but I would make a case for the following:

1. public health expertise – given the impacts of COVID and climate change and the need to increase our focus on preventive health, I think it is important to have someone with experience in public health.

2. health economics – this underpins the work of the health portfolio but expertise in the department is limited. An understanding of health economics is particularly important in the context of Medicare reform and a secretary with expertise in this area could compensate for the lack of knowledge within the department more generally.

3. connections with under-served communities – a key priority in the health portfolio should be to address Australia’s poor record of health equity. Lived experience or a personal or professional connection with groups currently under-served by the health and aged care system (Aboriginal and Torres Strait Islanders, people with disability, people with mental illness, rural and regional communities, low SES communities etc) would help inform the department’s advice to government on this important issue.

Team matters

Professor Andrew Wilson, Co-Director of the Menzies Centre for Health Policy and Economics at the University of Sydney, and Co-Director of the NHMRC Partnership Centre on systems perspectives on prevention of lifestyle-related chronic disease

While ‘Health and Aged Care’ sounds like a relatively defined government portfolio, the way the Australian health system is structured means it is very complex.
The Secretary leads a portfolio that is continuously dealing with immediate issues – for example, in aged care and workforce – in shorter term issues in funding and access to private healthcare, which includes much primary medical care and mental health, and longer-term issues such as funding share with the states and territories and adequate funding of prevention of chronic disease.

The interactions for day-to-day business include those with Services Australia and in the public health space inter-sectoral interactions and coordination with portfolios as diverse as agriculture, trade, transport, and of course finance and treasury.

Many of the issues arise from policies, programs and processes from bygone eras before the digital revolution, and the growth of health corporations. But achieving change is hard with powerful vocal stakeholders and armies of lobbyists.

When I think of the assistant ministers working with Minister Butler, just managing ministerial business is complicated. And then there is the challenge of doing nationally, important in a federation – eight fellow secretaries each with their own political masters.

It is impossible for the Secretary to be across everything all the time. So a key attribute of a Secretary is being able to lead and manage in complexity. They need to be good at identifying their own strengths and ensuring they have a management and leadership team that fill in the gaps including being good problem solvers.

They need a track record of fostering sustainable teams to tackle enduring problems to find and implement longer term solutions. They need experience in working with but effectively negotiating outcomes with external stakeholders.

My preference, although it clearly isn’t common, is that they have experience at senior management level in the health system.

On top of all that, they need to articulate and demonstrate a commitment to improving the Australian healthcare system to achieve better, more equitable patient care, and to proactively improving the health and wellbeing of all Australians.

Not much to ask really!

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**Equity, evidence and primary healthcare**

**Aboriginal Medical Services Alliance Northern Territory (AMSANT)**

**Qualities**

- Commitment to equity and fairness.
- Commitment to an evidence-based approach.
- A person who demonstrates cultural responsiveness and respect to Aboriginal and Torres Strait Islander people.
- A person who can listen to diverse views.

**Expertise**

- Broad health system expertise including deep understanding of centrality of primary healthcare to an effective health system.
• Public health expertise or at least understanding of public health principles and the impact of social and cultural determinants of health on health outcomes.

• System reform expertise.

• An understanding of Aboriginal health.

Priorities

• Improving equity of health outcomes in Australia including through health system reform.

• Addressing key workforce shortages and addressing maldistribution of health professionals.

• Addressing issues with general practice remuneration and reduction in GP registrars entering training particularly in rural and remote areas.

• A commitment to ensuring that Aboriginal community controlled health services (ACCHSs) are supported to play their vital role in closing the health gap including through:

  1. Ensuring a stable, well-trained primary healthcare workforce for Aboriginal community controlled health services

  2. Ensuring funding for ACCHSs is sufficient to meet needs in a time of rapidly rising inflation and growing health needs.

  3. Supporting and advocating within Government for concerted action to address the underlying determinants of health.

Opportunities

• Ongoing commitment to Close the Gap principles including expansion of community controlled health services and appropriate resourcing of the sector commensurate with the high and growing health needs.

• A new approach to primary healthcare reform with a long term view and a commitment to improving outcomes and equity of the system.

• A long-term approach to solving entrenched and worsening health workforce challenges, and addressing severe maldistribution of health professionals that is particularly affecting very remote areas.

Risks

• A narrow focus on budget repair rather than taking a long term view of health challenges.

• Risk aversion to undertaking systemic health reform and addressing maldistribution of health professionals.

Tips for the interview panel?

Inclusion of a key Aboriginal health leader on the panel.
Commitment to prevention and health promotion

Dr Gemma Crawford, National President, and Rebecca Zosel, Executive Officer, at Australian Health Promotion Association

It would be fantastic to see someone with strong expertise and experience in health promotion and illness prevention as the next Secretary of the Department of Health and Aged Care. Health is our biggest asset, and there is no wealth without health.

As Australia and indeed the world moves beyond measuring success and progress by GDP to recognise the pivotal role of the nation’s health and wellbeing, we need someone in this role that understands the range of determinants on health that often sit outside of the health system, and who can drive a renewed focus on promoting health, preventing illness and building a healthy, equitable Australia.

Health promotion’s role has never been so significant.

Real improvements needed

Adjunct Professor Judith Dwyer, College of Medicine and Public Health at Flinders University. Former Director of Research in the Department of Health Care Management in the College of Medicine and Public Health, and a former CEO of Southern Health Care Network in Melbourne.

Qualities
I’d like to see someone who can ensure that there is national stewardship for the health and aged care systems, which has been sorely lacking particularly for aged care, where it seemed as if the Commonwealth thought being an efficient purchaser of particular services was almost all it had to do; as if it didn’t recognise it was in charge of a system that needed to have the right infrastructure, workforce, policies etc as a system, rather than as a set of contractors. COVID gave the lie to that, but what a terrible pathway for change it was.

Expertise
They need to know how governments work, and how the health and aged care systems work. We have the foundations of a good system, but it is creaking under its current load. The new Secretary needs to believe that Australia can do better for its people.

Priorities
Building an approach to care for the ageing that is fit for current needs and priorities.

Re-building the primary care system for all of us, and especially for people who are managing ongoing conditions and need ready access to expert GPs and related services.

Re-building the analytical capabilities of the Department itself, and its expertise base, so that it is possible for good policies to be developed that can feasibly be implemented throughout the systems.

Focusing on public health, not just for the next pandemic, but also so that, for example, the national policy goals in HIV prevention and control can be met; and all Australians have access to safe drinking water.
Opportunities
I think the electorate is looking to the Government for real improvement in this critical portfolio. The priorities outlined above are opportunities to make a tangible contribution to national wellbeing.

Delivering on them will require a strong focus on workforce development and optimal deployment; and on the use of modern techniques, including, for example, telemedicine which has huge potential in timeliness, efficiency and outcomes for patients. These system infrastructure things require national leadership.

Risks
The Government is engaged in the very difficult task of rebuilding capability in the national public service, including in the health and aged care portfolios.

The new Secretary must be able to make a major contribution to this rebuilding if the Government is to retain its reputation as the better steward for health and aged care.

Reorient towards prevention and sustainability

Dr Genevieve Cowie, Convenor of the Research, Education and Advocacy Committee of Doctors for the Environment Australia, a specialist public health physician with a background in public health policy and health protection, including environmental health.

Qualities
A compassionate and ethical systems thinker who understands the broader context of health and healthcare.

The ability to work with and understand a wide variety of people from different backgrounds from across the country.

The ability to take the hard decisions needed to prepare the health system for further shocks, including those caused by our changing climate.

Expertise
Public (including preventative) health together with its evidence-base and a wider understanding of the social, environmental and commercial determinants of health, most of which lie outside the healthcare sector. This will assist in inter-sectoral partnerships and advise to government that will improve the health and wellbeing of all Australians.

A firm understanding of the entire health system is needed, along with a deep appreciation of the health impacts of climate change and the urgent need to prepare the health sector for them.

Training and experience in hospital administration alone will not be enough. The Secretary will need to understand the importance of supporting general practice/primary care services and their pivotal role within the health sector. General practice is under immense strain. It's poorly resourced financially, many GPs are wearing out and there are very few trainees coming through. If patients don't have their problems dealt with at their local GPs, they end up presenting to overworked hospital emergency departments with usually more advanced disease. This will result in more suffering, more cost to the health sector- and it also much more carbon-intensive.

Experience in working in government, its processes and legislated responsibilities would assist the new Secretary in quickly becoming effective in their work.
Priorities
To provide policy direction to rapidly improve the climate resilience of all parts of our healthcare system. Healthcare needs to be able to cope more effectively with increasing extreme weather events and the toll that they take on people and infrastructure, including on healthcare workers and facilities themselves.

To provide policy direction to the Australian healthcare system for a rapid transition to environmental sustainability. This will reduce the harms to people and our planet caused by the high carbon footprint of the healthcare sector which is a hefty seven percent of the nation’s total emissions.

To reorient the health system towards preventing illness and keeping people well – this will promote and enhance the health and wellbeing of all Australians, reducing human suffering along with the need for costly, curative and carbon-intensive healthcare.

Groups who are disproportionately affected by poor health outcomes need to be prioritised, such as those in low socioeconomic groups, Aboriginal and Torres Strait Islanders, older people and those with disabilities. Our changing climate also disproportionately affects such groups, aggravating existing social inequity.

Opportunities
A fresh start and new direction to bring our health system into the 21st century through ambitious policy to build the system’s climate resilience whilst also reducing the harms that the healthcare sector itself is causing to our people and planet.

Risks
Continuing with more of the same will increase the human and economic cost of our healthcare system. Our healthcare system will be unprepared for further public health emergencies, as it attempts to manage the ongoing COVID pandemic along with increasing climate-related disasters.

Tips for the interview panel
Look for broad training and experience in public health, administration and government experience along with a firm understanding of the public health implications of the current climate emergency.

Who would you most like to see in that position?
Prof Brett Sutton, Victoria’s Chief Health Officer
Prof Paul Kelly, Chief Medical Officer of Australia
Prof Michael Kidd, one of Australia’s Deputy Chief Medical Officers.

Note from Croakey: We asked the Department of Health and Aged Care if Professor Brendan Murphy would like to contribute an article to this series, including his reflections and recommendations. The offer was declined.

Looking for fresh leadership in health and aged care | 21
From Twitter

Isobel Roe @isobelro - Apr 13
Dr Brendan Murphy, a household name during the early COVID era when he was Chief Medical Officer, is resigning as Secretary of the Department of Health and Aged Care. #auspol

health.gov.au
Professor Brendan Murphy AC retirement
Today, Professor Brendan Murphy AC has announced his decision to retire from his position...

Martin Hensher @HensherMartin
Interesting...Public service news website The Mandarin, said Murphy’s departure announcement marked the start of the “Albanese government’s pre-Budget clearing of secretarial ranks”!

The Medical Republic @Medicalrep - Apr 13
Murphy announces retirement as @healthgova chief, by @CateSwannelITMR. The search is on for a new Secretary for the Department of Health and Aged Care. medicalrep.com.au/murphy-announc...

Shaun Gath @ShaunCGath - Apr 13
Not surprising news. @Mark_Butler_MP has an huge pile of work to do - esp workforce and general practice ... not to mention the generally dilapidated state of #Medicare. He needs someone who can travel that journey with him. BM is not that person.

canberratimes.com.au
Brendan Murphy to retire as secretary of the Department of Health Australians came to know Professor Murphy throughout the coronavirus pandemic.
Greg Hunt @TheHonGregHunt · Apr 13

My statement on the retirement of Professor Brendan Murphy AC

Professor The Honourable Greg Hunt

Statement on the retirement of Professor Brendan Murphy AC

I want to thank Professor Brendan Murphy for his service as Chief Medical Officer, Secretary of the Department of Health and Aged Care and above all else his exemplary and indispensable leadership during the pandemic.

Brendan was the Chief Medical Officer when the pandemic commenced and Departmental Secretary from mid 2020. His advice was critical in helping the Government to make fundamental decisions such as the early border closure with China which ultimately helped save over 40,000 lives.

Along with the immensely capable and hardworking team that included Glenys Beauchamp, Caroline Edwards, Professor Paul Kelly, Professor Michael Kidd, Dr Nick Coatsworth and Penny Shakespeare among many others, Brendan worked around the clock in helping to protect Australia.

He was not only a brilliant medical adviser and immensely capable Departmental Head, during the pandemic he was a reassuring voice to the nation who helped Australians understand that while there was an unprecedented threat, there was also a clear way through. It was a role few – if any – public servants have been called upon to carry out in peacetime and perhaps no public servant has served with more critical impact, skill, grace and good humour in the last 70 years.

The fact that by May 2022 Australia was one of only two OECD countries with a loss of life of less than 300 per 1m to COVID, a vaccination rate of over 98% for over 18’s and unemployment rate of below 5% is in large measure due to the partnership between the health authorities led by Brendan, the Australian Government, the medical community and the public.

In short without Brendan’s wise counsel, reassuring voice and sheer administrative capacity fewer lives would have been saved. While Brendan played an extraordinary role in reforms to the Medical Research Future Fund, the PBS, delivering record Bulk Billing rates and National plans for Aged Care and Mental Health, his greatest legacy will be in helping to have saved tens of thousands of lives and the reassurance he provided to Australians at their time of greatest need.

I thank him and wish him well.

RACMA @medManagerRACMA · Apr 14

We commend the exemplary #leadership of Honorary Fellow Prof Brendan Murphy after announcing his retirement as Secretary of Dept of Health & Aged Care. His professionalism & medical expertise in pivotal government roles highlights the critical value of Medical Administrators.
Looking for fresh leadership in health and aged care

PHAA thanks Prof Brendan Murphy AC for his leadership, dedication, and support for #PublicHealth through challenging times, first as Chief Medical Officer, and then as Secretary of @healthgovau

Prof Brendan Murphy AC FAHMS has made significant contributions over his career, including as CMO and in guiding Australia’s response to COVID–19. It was a pleasure working with him to provide science advice to Government during the pandemic. We wish him all the best with what...

We thank Professor Brendan Murphy AC, who has announced his retirement as Sec of the Dept of Health, for his service to health in Australia. Prof Murphy provided great support for rural Australians throughout the pandemic.
#ruralhealth #medtwitter
bit.ly/3UPXNsC

The Rural Doctors Association of Australia (RDAA) thanks Professor Brendan Murphy AC, who has announced his retirement from the position of Secretary of the Department of Health and Aged Care, for his service to health in Australia.

RDAA President Dr Megan Bekot said that Prof Murphy provided great support for rural Australians throughout the pandemic as Chief Medical Officer, and in its wake in his role as Secretary of the Department.

“Prof Murphy has always given time and consideration to the issues affecting rural Australians as well as RDAA’s proposed solutions,” Dr Bekot said.

“He was willing to take action to address inequities of access and care throughout the pandemic, and we have greatly appreciated his commitment to ensuring that rural communities are not disadvantaged when it comes to accessing health care.”
Questions

• What are the qualities you want to see in our next Secretary of Health and Aged Care?
• What type of expertise do you want to see in our next Secretary of Health and Aged Care?
• What should be the priorities for the next Secretary?
• What are the opportunities for the Government with this appointment?
• What are the risks for the Government with this appointment?
• Any tips for the interview panel?
• Who would you most like to see in that position? (can name more than one)

Read the first article: It’s a critical time for health leadership. So who should replace Brendan Murphy?

Read the second article: Looking for fresh leadership in health and aged care

Read the third article: New health and aged care chief has a huge task ahead – so what are the priorities?