The medical colleges in Australia: besieged but bearing up

Kerrie A Lawson, Ann T Gregory and Martin B Van Der Weyden

The Presidents of the colleges told us that what does not kill them makes them stronger

The Presidents of the medical colleges in Australia and New Zealand could be excused for feeling besieged. The colleges, as the bodies responsible for training and accrediting medical specialists (and setting and maintaining standards for general practitioners), are being challenged by many factors, including medical advances, the medical workforce shortage and societal changes. The latter include the growing "culture of suspicion", whereby professionals are no longer trusted to regulate themselves, and increasing government oversight. In the past 10 years, the colleges have been scrutinised by the Australian Competition and Consumer Commission, the Australian Health Workforce Officials' Committee, the Australian Medical Council and the Productivity Commission. At the same time, they have to counter longstanding negative perceptions held by some of the public, and even the profession, that they are conservative "closed shops" run by GOBSAT ("good old blokes sitting around tables"), and that they have enormous power and are interested only in maintaining income.

We interviewed the Presidents of the 12 medical colleges to find out about their recent challenges and how they are responding to them. Although the colleges (with the exception of the College of General Practitioners) also have jurisdiction in New Zealand, we focused on Australia.

Solving the workforce shortages

Almost all the Presidents believe there is a shortage of specialists in their field or, at the very least, a maldistribution (eg, urban versus rural–regional). The problem will only worsen with the ageing of both patients and practitioners, increasing workforce feminisation and cultural change, with younger doctors unwilling to work the traditional long hours.

For the Presidents of the College of Physicians (Jill Sewell) and the College of Radiologists (Liz Kenny), providing sufficient workforce is their college's greatest recent challenge. It is "a moral and ethical obligation", said Michael Kidd (President of the College of GPs). However, opinions vary as to how this can best be achieved and who carries the ultimate responsibility — the colleges or government. For the Presidents, there is a natural tension between providing more specialists and maintaining the professional standards that are fundamental to their organisations.

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The most obvious approach is to train more specialists, and several years ago the Australian Medical Workforce Advisory Committee (AMWAC) set targets for increasing the number of trainees in many specialties and subspecialties.

Providing more training positions

For colleges that cannot place all suitable applicants, creating more training positions is a vexed issue, as other stakeholders are involved: these positions are traditionally in public hospitals and financed by the state governments, with the colleges responsible for their accreditation. Not only is adequate funding required, but the colleges demand adequate educational value. The situation is not helped by the move of many doctors from the public to the private sector, particularly in specialties such as pathology and radiology.

Several Presidents talked of working hard and "knocking on every door" to meet or exceed AMWAC targets for positions. President Vincent Caruso says the College of Pathologists has lobbied state and federal governments with limited success. The College has tapped into the private sector to fund a number of training positions either fully or with support from the federal government.

The College of Surgeons, in particular, blames government for a shortage of advanced surgical training positions. "We think it is morally reprehensible that, earlier this year, 130 people were in this transitional position [awaiting advanced training posts]", said the President, Russell Stitz. "We are keen to look at integrating basic and advanced stages. Politically that is difficult because health departments want people at the basic training level to fill their service requirements."

Attracting more trainees

On the other hand, colleges that cannot fill all their training places see the need for their specialty to be made more attractive to junior doctors. "Recruitment is a key issue for colleges of obstetricians and gynaecologists around the world", said President Kenneth Clark. Indemnity must be kept under control and negative lifestyle portrayals avoided to encourage recruitment. The College of Psychiatrists has developed a recruitment package to encourage medical students to consider psychiatry as a career. However, President Julian Freidin does not feel that solving the psychiatric workforce shortage is the College's responsibility alone, as it does not control all the workforce and financial levers. "The College is talking with the government about significant issues that deter students — all training positions are hospital-based, in acute settings that can be highly pressured, and psychiatry is less well paid than other branches of medicine." The youngest specialty, emergency medicine, has also not reached AMWAC targets as quickly as expected, said its President, Andrew Singer, for similar reasons: "the pay structure, with most employed as staff specialists at lower pay than, say,

procedural specialists; and perceptions that the work is difficult and high pressure".

However, some Presidents see the problem arising further upstream, from past government decisions limiting "the pipeline" of medical students. With the recent proliferation of medical schools, numbers will increase, but there will be a long lag before any effect is seen on workforce numbers.

Reducing training time

Most Presidents dismiss the suggestion to reduce training time as being neither practicable nor a solution to workforce shortages. "If you just rush some people through faster, you will help for a couple of years, but you are still on the same conveyor belt", said Sewell.

Training has traditionally been time-based, with a certain number of years required in a registrar position before a barrier examination. Although some colleges are planning to move from a time-based to a competency-based program (see *Training programs*), they do not feel this will allow any substantial reduction in training time because of the amount of material that needs to be covered and the nature of rotations. Many colleges defend the length of their program because of a desire for their fellows to be generalists. For example, according to Michael Cousins (College of Anaesthetists), an anaesthetist in a country hospital must be able to cope with a wide range of patients and situations.

Freidin also pointed out that there is a large service component during training. "Over the 5 years that psychiatrists work as registrars, they spend only a short time training. They are working to keep the state system from falling apart."

Recruiting overseas-trained doctors

The medical workforce pressures mean that Australia relies heavily on overseas-trained doctors. All the colleges have procedures, in conjunction with the Australian Medical Council (AMC), to assess the suitability of these doctors to practise in Australia. Kidd summed up his college's position, which is typical: "Any doctor recruited to work in independent practice anywhere in Australia should be at the level of a Fellow of the College and should either have attained that Fellowship, be judged by the College to have had equivalent training and assessment, or be working under supervision towards meeting the Fellowship standard".

However, the colleges find assessing overseas-trained doctors a challenge. There is "such a difference between qualifications on paper and actual competencies of practice", said Kenny. And the procedures of some colleges have been criticised as overly slow, onerous and even anticompetitive.

A range of other schemes allow overseas-trained doctors to practise in Australia without ever coming into contact with a college, and required standards vary between schemes and also between different states and territories. Cousins elaborated: "In states such as Queensland, it has been possible to employ overseas-trained doctors in career medical officer positions and to allow them to practise de facto as specialists, without going through the college process". The colleges want to see standardisation of procedures and requirements across colleges and jurisdictions.

The federal government has asked the colleges to define rapid assessment pathways, particularly for areas of need, and to identify appropriate overseas qualifications. A continuing concern in this process, according to Cousins, is indemnification against claims of discrimination against particular overseas programs.

Task substitution

Another suggestion that might help relieve medical workforce pressures is to transfer some tasks of doctors to other health professionals. Indeed, the Productivity Commission proposed a multiskilled "generic" health worker in its recent position paper on issues affecting the health workforce.[1]

While Presidents such as Sewell felt there was merit in "skills transfer and better use of the health workforce in a broader way", all stressed the need to maintain quality of care. For example, Allan Rosenberg of the College of Ophthalmologists contended that, "with adequate training, substitution of certain tasks is possible, but only a doctor has a holistic approach to treating the patient as a whole person". For the College of Obstetricians and Gynaecologists, task substitution is probably their greatest recent challenge. Their President, Clark, said the College is not anti-midwife. "It is perfectly reasonable for women to have other care options. What they must have is immediate access to specialist care."

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS (ANZCA)

To serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine

President: Michael Cousins

Professor and Head of Department of Anaesthesia and Pain Management, Royal North Shore Hospital, Sydney, NSW

Medical degree: University of Sydney (1963)

Wants to be remembered for: Founding the Faculty of Pain Medicine; creating taskforces on key issues (eg, perioperative medicine); fostering research (eg, ANZCA Foundation).

Year of inauguration of college: 1992 (previously, a faculty in in the College of Surgeons)

Current number of fellows in Australia: 2900

AUSTRALASIAN COLLEGE OF DERMATOLOGISTS (ACD)

Refulgent in tenebris (They shine resplendent in the dark; ie, They succeed in difficulties)

President: Anne Howard

Head of Dermatology Unit, Western Hospital; and Dermatologist in private practice, Melbourne, VIC

Medical degree: University of Melbourne (1975)

Wants to be remembered for: Making the College attractive for women and younger doctors, and improving its transparency.

Year of inauguration of college: 1966

Current number of fellows in Australia: 300

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE (ACEM)

President: Andrew Singer

Clinical Director of Emergency Medicine, Canberra Hospital, ACT

Medical degree: University of Sydney (1984)

Wants to be remembered for: Strengthening the training program; improving the perception and status of emergency medicine.

Year of inauguration of college: 1983

Current number of fellows in Australia: 700

Some colleges strongly support the development of health care teams headed by doctors. The College for Emergency Medicine sees itself as a leader, having "embraced advanced nursing roles and brought allied health staff into non-traditional areas in the emergency department", said Singer. Similarly, public sector psychiatry is very open to the idea of clinical teams with a psychiatrist as "the leader who has the best ability to integrate the biological, psychological and social", said Freidin. Kidd would like to see dedicated GP nurses in every general practice. Kenny believes in "role evolution", and is evaluating its potential together with the radiographer and medical physicist professional bodies.

In addition, many specialist colleges are willing to share workload with appropriately trained GPs. For example, the College of Dermatologists sees that GPs, including those working in specific skin cancer clinics, fill a need in the detection and management of skin cancers.

Yet, a concern for many is the potential for task substitution to create a two-tier system, whereby some Australians receive a lower level of care than others. For example, the College of Anaesthetists wishes to maintain Australia's pre-eminence for low anaesthetic mortality. "The general public expects not to die undergoing anaesthesia for a routine procedure", said Cousins. Moreover, many Presidents pointed to a shortage of other workforce in their respective fields (eg, nurses and biomedical scientists), limiting the potential for task substitution.

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS (RACGP)

Cum scientia caritas
(With scientific knowledge and tender loving care)

President: Michael Kidd

General Practitioner; Professor and Head of Department of General Practice, University of Sydney, NSW

Medical degree: University of Melbourne (1983)

Wants to be remembered for: Acting with integrity; supporting education and mentoring; and creating leadership and training opportunities.

Year of inauguration of college: 1957

Current number of fellows in Australia: Over 11 000 have FRACGP (over 7500 financial members)

ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS (RACMA)

Let us progress in unity by working together in harmony

President: Philip Montgomery

Area Executive Director — Royal Perth Group, North Metropolitan Area Health Service, Perth, WA

Medical degree: University of Western Australia (1977)

Wants to be remembered for: Leading a team that provided contemporary educational programs; conducting the hospital "orchestra" to deliver a good product; and having a sense of humour.

Year of inauguration of college: 1968

Current number of fellows in Australia: 400

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS (RANZCOG)

Ab umbris ad lumina vitae
(From shadows to the light of life); and Excellence in women's health

President: Kenneth Clark

Obstetrician and Gynaecologist, Palmerston, New Zealand

Medical degree: University of Otago (1981)

Wants to be remembered for: Having vision and honesty; trying to ensure the College has a future and is not emasculated because of complacency and lack of forward thinking.

Year of inauguration of college: 1978

Current number of fellows in Australia: 1300

Responding to government oversight

The Presidents are generally philosophical about currently increasing government regulation, seeing it as "a fact of life that will not go away" (Stitz). Some also described benefits, such as increased interest in funding training posts and in ensuring supervisors have time for training. But there is no doubt that this regulation is a challenge that demands considerable time and resources.

The ACCC review

The review of the colleges by the Australian Competition and Consumer Commission (ACCC) originated in the widening of the *Trade Practices Act 1974* in the mid-1990s to include the medical profession. The ACCC began investigating allegations that the College of Surgeons was in breach of the Act by restricting entry to advanced training. The implication was that the college was a "closed shop", inflating specialist incomes by limiting competition. To avoid legal action, the College applied for authorisation of its conduct, which can be granted if the ACCC is satisfied that the public benefit outweighs any detriment caused by the lessening of competition. In 2003, this authorisation was granted for 4–6 years, subject to the College making reforms to increase transparency, accountability, stakeholder participation and procedural fairness of its processes.

Stitz believes the situation is now largely resolved. "The end result is we have robust processes, and jurisdictional representatives on all our major educational committees. But we are having a bit of trouble with the resources needed to service the ACCC requirements for timely accreditation of hospitals and assessment of overseas-trained surgeons."

The ACCC then turned its attention to the other colleges and began a joint review, with the Australian Health Workforce Officials' Committee (AHWOC), of the extent to which college processes for selection, accreditation and assessment incorporated the general principles of the College of Surgeons' authorisation.

Several other Presidents mentioned going out of their way to make contact with the ACCC and trying to work "within the rules", believing the recommended changes were desirable. Sewell (Physicians) said: "They are wanting us to do certain things slightly differently. Many we have been trying to achieve anyhow, such as working more closely with the [government] jurisdictions about the distribution of the training workforce and our educational processes". Others, such as Freidin (Psychiatrists), feel there is no suggestion their colleges are restraining trade — they have been "caught up in the general review".

The ACCC–AHWOC report on the colleges earlier this year observed that many had implemented, or were intending to establish, approaches similar to ACCC recommendations, but that implementation was in its very early stages and varied between colleges.[2] The colleges were invited to assess their progress individually.

AMC accreditation

In the past 5 years, the colleges have also been scrutinised by the Australian Medical

Council (AMC), which has long accredited medical schools and their curricula. In 1998, the AMC was invited by the federal government to develop processes to accredit the college programs for specialist medical training, continuing professional development and assessment of overseas-trained doctors. The AMC has been reviewing the colleges at the rate of one or two a year since 2001.

The Presidents described the AMC reviews as exhaustive: "It was a major evaluation, with face-to-face meetings and site visits relating to our entire educational and examination program", said Cousins. The College of Physicians underwent the process in 2004; Sewell considered it "a really important opportunity to look at everything we do educationally".

Those still to be reviewed are anticipating the challenge. Anne Howard (College of Dermatologists) commented that the review (scheduled for 2007) is "a good opportunity to work out our curriculum and make sure we have the correct selection, training and assessment processes. But it will be fairly time consuming and expensive, especially for small colleges like ours, because they want a lot of material". Similarly, Philip Montgomery of the College of Medical Administrators (scheduled for 2008) said "the most important challenge for us is making sure that all our processes and the quality of our education program are such that we get full accreditation".

Reinventing themselves

The soul-searching prompted by this intense scrutiny is no doubt a factor in many of the recent changes made by the colleges to their processes, educational programs and governance.

Training programs

A major role of the colleges is to oversee vocational training in what has been traditionally a time-based, master–apprentice system. Several Presidents highlighted changes to the underlying philosophy of their programs. For example, the College of Anaesthetists has "modularised" training and is adapting these modules for distance education.

Both the College of Physicians and the College of Radiologists are moving to competency-based rather than time-based programs. Kenny said the College of Radiologists is putting enormous effort into curriculum development. "With the help of professional educators from the University

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OPHTHALMOLOGISTS (RANZCO)

Ut videant
(That they may see)

President: Allan Rosenberg
Ophthalmologist, Sydney NSW
Medical degree: University of Sydney (1974)
Wants to be remembered for: Being a pair of safe hands, who looked after ophthalmology and also medicine.

Year of inauguration of college: 1965
Current number of fellows in Australia: 700

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA (RCPA)

Medicine is pathology

President: Vincent Caruso
Director of Pathology, Western Diagnostic Pathology, Perth, WA
Medical degree: University of Western Australia (1973)
Wants to be remembered for: Dealing with the professional issues fairly; bringing a commonsense approach to the management of the College; and listening to the Fellows and trainees.

Year of inauguration of college: 1956
Current number of fellows in Australia: 1800

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS (RACP)

Hominum servire saluti
(To serve the health of our people)

President: Jill Sewell
Deputy Director, Centre for Community Child Health, Royal Children's Hospital, Melbourne, VIC
Medical degree: University of Melbourne (1971)
Wants to be remembered for: Passing on wisdom; thinking broadly and including a wide variety of people; looking after patients and colleagues well; sticking at things ("enough ripples can make a wave").

Year of inauguration of college: 1938
Current number of fellows in Australia: 7600

of NSW, we are looking at a project that articulates the skills and competencies we expect of our trainees and graduates. These will be part of the actual training program and will be assessed." She believes that defining required competencies could also have benefits in assessing overseas-trained doctors and task substitution. The College of Physicians intends its planned competency-based program to increase flexibility, as "trainees will be able to demonstrate their competencies at their own rate", said Sewell. (The College has allowed part-time training for many years.)

Not all colleges have complete responsibility for training in their specialty. For the College of GPs, a major crisis was the loss of the contract for vocational training in 2002. GP training is now overseen by a government-owned company and contracted out to regional consortia, which include the College, to be performed to College standards. Another exception is the College of Medical Administrators, which includes, as its basic qualification, a university masters degree in public health or administration. Montgomery explained: "We used to run the program itself and set the curriculum and examinations, but it was a little antiquated. The universities are very good at running these masters programs, and the courses are available".

In fact, the Committee of Deans of Australian Medical Schools has suggested to the Productivity Commission that universities should have a "major role" in vocational training.[3] Overwhelmingly, the Presidents thought this was not practicable. Many questioned where the universities would get the required teachers, as all their fellows are already involved in college programs. Sewell saw benefit in "working together with universities around specific skills and specific courses", but "would not want to see a wholly parallel system of university vocational training which competed with the colleges. We are not that big a pond". She also pointed out that "as clinicians provide an enormous amount of teaching to medical students (often unpaid) as well as to vocational trainees, there is considerable expertise in medical education outside the universities".

Continuing professional development

Traditionally, continuing professional development (CPD) for college fellows is a voluntary program comprising lectures, seminars and conferences. However, a number of

colleges feel more is required, such as making CPD compulsory and introducing audit components. The College of Surgeons is keen for its Fellows to participate in external audits, such as the national breast cancer audit, and is supporting the roll-out of a binational audit of surgical mortality.

The College of Obstetricians and Gynaecologists is the most demanding: "For the last decade we have required adequate compliance with our continuing education program, which includes compulsory practice review. We can — and do from time to time — remove the Fellowship", said Clark.

His college has also led a national project on CPD — the LEAP (Learning, Education and Professionalism) framework. This includes practice review and is being trialled by other colleges under the auspices of the Committee of Presidents of Medical Colleges (CPMC) (see below). "We have now reached a joint belief at CPMC level that this is the way we should be going. We are trying to counter the position that it is an optional extra", Clark continued. Nevertheless, while other Presidents support CPD, most are dubious about the value, or even the possibility under their by-laws, of making Fellowship contingent on revalidation.

Governance

Traditionally, colleges have been run by councils of their members, plus a smaller executive. There are moves to create smaller, more business-oriented governing bodies. In addition, the ACCC is pushing for governing bodies to include representatives of other stakeholders — trainees, the government jurisdictions and the community.

The College of Ophthalmologists moved 2 years ago from an executive council to a board run along the lines of corporate law. Rosenberg believes they are "ahead of the pack". "We were looking at ourselves long before the ACCC review. The aim was to make changes to work within the law and look after our fiduciary interests, while retaining the collegial feel. We have pretty well followed the AHWAC and ACCC recommendations. We try to prevent crises by being proactive."

Many colleges now have trainee representatives on their federal or state councils or other committees. The move to include community representatives has been slower, and those appointed tend to have other desirable expertise. The GPs have just appointed the first layperson to council. "She is bringing a strong background in financial management, strategic planning and corporate governance, as well as the layperson's perspective", said Kidd. The College of Physicians has longstanding relationships with several consumer organisations but has not involved them in council. Sewell believes "they do not want to sit on a lot of committees, as there are not enough of them. They want to be involved when significant policy decisions are being made".

The colleges are also beginning to involve the government jurisdictions, particularly in educational planning (eg, the College of Physicians has an AHWOC representative on its educational strategy implementation board). However, the ACCC–AHWAC report in July 2005 called for more progress in involving the jurisdictions in decisions affecting the workforce.[2]

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS (RANZCP)

Ex veritate salus
(Out of truth [or understanding] comes health [or wellbeing])

President: Julian Freidin

Psychiatrist, Alfred Hospital Homeless Outreach Psychiatric Service, Melbourne, VIC

Medical degree: University of Melbourne (1981)

Wants to be remembered for: Turning the College into something much more functional, useful and externally focused.

Year of inauguration of college: 1963

Current number of fellows in Australia: 2100

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF RADIOLOGISTS (RANZCR)

Lumen afferimus morbis
(We cast light on disease)

President: Liz Kenny

Senior Radiation Oncologist, Royal Brisbane and Women's Hospital; and Medical Director of Cancer Services, Central Zone Queensland, QLD

Medical degree: University of Queensland (1980)

Wants to be remembered for: Making a difference, both to individuals with cancer and to cancer care at the state and national level.

Year of inauguration of college: 1949

Current number of fellows in Australia: 950

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS (RACS)

Fax mentis incendium gloriae
(The torch of the mind is the flame of glory)

President: Russell Stitz

Colorectal Surgeon, Brisbane, QLD

Medical degree: University of Queensland (1966)

Wants to be remembered for: Improving the influence of surgeons in surgical care in the public hospital system; increasing the role of newer surgical subspecialties in the College.

Year of inauguration of college: 1927

Current number of fellows in Australia: 3600

Committee of Presidents of Medical Colleges

In the face of the pressures, some Presidents see a particularly important role for their professional association, the Committee of Presidents of Medical Colleges (CPMC). "The Colleges have tended to be their own little worlds and to act in isolation", explained Clark. "We need to be supporting each other more, and looking after the smaller and weaker colleges. We have been slow to share teaching and staff resources." Some Presidents also believe the CPMC needs to move from being just about information-sharing to being a body in its own right.

The smaller colleges particularly appreciate the CPMC. According to Howard, "The meetings are terrific, with a real feeling of cooperation. We are looking at what sort of training modules we can help each other with". Montgomery said, "The CPMC is a collaborative body, and very good for networking with other colleges, learning from each other and keeping up to date. It is particularly useful in being able to communicate directly with the Department of Health and Ageing and the peak bodies around Australia".

On the other hand, some groups have criticised the CPMC as too timid and too agreeable with government, and some colleges may continue to put their own case.

What of the future?

The Presidents do not expect the pressures on the colleges to abate. However, they do believe that government and public mis-

On being President . . . .

We asked the Presidents whether, with all the demands, they have time for a private life. "Of course", they all replied. Yet most acknowledge that the college workload is immense, especially in the larger colleges, where it could be full-time and may involve at least one day a week travelling. In addition, all still have "a day job", although many have reduced their hours. Essentials seem to be a supportive partner and the ability to get by on very little sleep (one President gets up at 04:00 to spend 3 hours on college work before their regular job). Kidd described it like an athletic event — he makes a conscious effort to attend to exercise and diet, take time out, and achieve balance.

Why have they volunteered for this role? For all, it seems the climax to a long period of service to their college, and a typical response was "wanting to give something back to the profession". The term as president is mostly 2 years, because, as many said, that is as long as a person can stand. After that, according to one, they "will be able to kick up their heels". ◆

perceptions need to be corrected. "There is a belief that the colleges have enormous power and are interested only in income", said Cousins. "We are training, examining, and professional standards organisations. An incredible number of people give vast amounts of time and energy to the colleges. They do it because they believe in the importance of postgraduate education and want to maintain current standards. And they do it for free. It would cost millions to pay for the activities of our college."

Nevertheless, they agree that responsiveness and transparency are needed. "The colleges have to be mindful of what is happening outside themselves and make sure that the community wants and values the specialists they produce", said Freidin. As Caruso said about CPD, they need to demonstrate their integrity to the public. "It has to be not just done, but seen to be done."

Yet, several Presidents warned that increasing government regulation could alienate the people on whom specialist training, and ultimately health care, depend. Stitz explained: "We are comfortable with government processes that ensure that professional people behave appropriately and that define the broad parameters of educational excellence. But once the parameters are defined, we should be allowed to get on and do the work we are trained to do".

From our interviews, it was clear that the current pressures are challenging not only the colleges, but also the Presidents. Their role has a considerable impact on their lives (Box). Yet, just as responding to the challenges may ultimately strengthen the colleges, so to do the Presidents regard their once-in-a-lifetime role as an enriching experience — they spoke of it variously as an honour, a privilege, and a wonderful opportunity to meet inspiring people and to make a major contribution to their profession and health care in Australia, and "the best job in the world".

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