From the President

Alumni: what purpose?

The Oxford English Dictionary defines *alumnus* as 'a male graduate or former student of a school college or university'. By contrast, an *alumna* is 'a female graduate of a school college or university'. The plural of *alumna* is *alumnae* while the masculine plural is *alumni*. To further complicate matters, the online Oxford asserts that the singular *alumnus* nearly always means a male but the plural *alumni* can denote pupils of either sex.

Confused? Perhaps no more so than your executive when considering the role of *alumni* and *alumnae*. Aside from nomenclature, stands a more important issue: what is the role of the Alumni Association?

Currently the association organises speakers and a lunch several times a year and fosters attendance for the Vernon Collins oration. As you will find documented in this newsletter, we have arranged four lunchtime meetings with speakers for 2014. An important part of these meetings is the opportunity for social interaction with colleagues and friends. Does this fulfil our expectations of what we want and expect from Alumni activities? Should there be additional or alternative types of functions? Who should be eligible for joining the Alumni? Fully or part-retired, Australian residents? Alumni living overseas? Spouses? What sort of relationship should there be between the Alumni and the hospital? Do members desire greater interaction and information with regards to the activities of the hospital? Are there hospital provisions (e.g. access to the library) which could be instituted or improved? Should there be closer relationships with the RCH medical staff association?

Another possible role for the Association is a pastoral function to Alumni who may be incapacitated. There is a brief survey in this newsletter which explores this possibility.

Your executive is keen to hear from members who have opinions on some or all these questions.

Andrew Kemp

President
From the Honorary Secretary

When I think of the Alumni Association, I think of a community, one which men and women who have been professionals employed at the Royal Children’s Hospital Melbourne, or who are moving towards retirement from the hospital, join to keep in contact with one old friends and with the hospital. Like other communities, we have some members who are young and energetic and some who are older, frail, even incapacitated. We are a different kind of community from the hospital staff community. All other things being equal, we are a lot less stressed and no longer feel driven by ambition or the weight of clinical responsibility. Being liberated from the administrative hierarchy we are free to be ourselves and to express our individual opinions freely; among the alumni there is no hierarchy. Deadlines are a thing of the past. After retirement, we think less and less about what we did during our professional careers and forge new interests outside medicine, creating new identities for ourselves. Through membership in the Alumni Association, we are able to continue seeing former colleagues as well as friends who are still working.

Considering these things, the Alumni executive wonders if the association is currently providing for the needs of all its members? Could more be done for our colleagues who are no longer able to come to meetings due to illness or incapacity? They need stimulation and social contact more than ever. How could we involve alumni living interstate and overseas? They are numerous and many are now in highly influential positions where they could be fine ambassadors for RCH. I’m sure we’d all like to know when important events occur in the lives of other members but we haven’t set up the communication network that would facilitate that. Your Executive invites members to send in ideas on how we might address some of these issues. To get the ball rolling we have prepared a short questionnaire, which you will find in this newsletter. Please use the headings and write in to us.

Garry Warne

Membership RCH Alumni

The executive has clarified criteria for, and steps to obtaining, membership. At its April meeting the executive unanimously adopted the following statements:

1. Membership of the RCH Alumni is open to anyone who has been employed at RCH in a professional capacity and is not restricted to medical/dental staff.
2. Eligible candidates include those who have left the staff of RCH either through retirement or to take up employment elsewhere, as well as those who are planning to retire and have begun to reduce their employment.
3. Any financial member of the Alumni Association can propose or second a new member.
4. The candidate is then invited by the Secretary to submit an application on the form provided. The Alumni Executive will review each application and is responsible for giving the final approval.
5. Payment of an annual subscription in a timely manner is required for continuation of membership.
Message from the CEO

Dear RCH Alumni,

The move to the new RCH, and its implications for everything we do, has dominated our thinking for much of the past two years but now, as we approach our third anniversary here, it is time to ask ourselves: what next?

In 2013 our current Strategic Plan expired, and we turned to our vision statement to stimulate and guide our thinking as we set objectives for the next five years.

The vision of The Royal Children’s Hospital is to be “a great children’s hospital, leading the way”. But what does this mean, exactly? How do we define ‘great’, and how will we know when we are delivering truly great care? We put these questions to our staff, our patients and families and, through a series of workshops and via our Facebook page, to the broader community. The answers that came back to us were both simple and profound.

Great care, as understood by our staff and community, and as now defined in the new RCH Strategic Plan, has five components: timely access to care, excellent clinical outcomes, a positive experience for all, zero harm, and sustainability – because we must ensure that great care is delivered not only next year, but also in 50 years’ time. This five-pronged definition of ‘great care’ will underpin everything we do over the next five years, and be the measure against which all our outcomes are judged.

While a commitment to ‘great care’ is the formal focus of our 2013-2018 Strategic Plan, it has always informally underpinned everything we do –back across 144 years of innovation, discovery and a determination to bring the best paediatric care to the children and adolescents of Melbourne, Victoria and beyond. The proud heritage of the RCH is not readily apparent in the new building, and as we move towards our 150th anniversary we are looking at ways to ensure we understand and celebrate our past.

With the support of the RCH Foundation we have engaged an external heritage consultancy which will, over the next three months, trawl through the RCH archives, interview key stakeholders including the RCH Alumni, and reach out to the broader community to determine which aspects of our story are most important to us. The consultancy will then advise us on how best to tell those stories here on campus through interactive audio-visual displays, play and games, and more traditional museum installations.

It’s an important project for RCH and the RCH Alumni Association, and as custodians of our very recent past, I hope the RCH Alumni will be a keen participant in the process. Please stay tuned for more details.

Regards,

Chris Kilpatrick
Message from the Chairman of the Medical Staff Association

Last year the RCH MSA and the RCH Alumni committed to building closer ties with the aim of advancing the interests of both organisations. I am delighted to provide an update of news from the RCH Senior Medical Staff for the Alumni Newsletter.

In 2014, we have already marked the retirement of two notable long-standing and highly respected senior medical staff - Keith Waters and Karin Tiedemann. A sold out function at Kooyong Tennis Club allowed past and present staff to pay tribute to Keith and Karin’s outstanding work in Paediatric Oncology at RCH.

I believe many Alumni will be aware that as we moved to the new building in November 2011, private practice activities moved from the Font Entry Building (FEB) to temporary space on Level 2 West. As part of the Stage 2 of the RCH development, the FEB is being redeveloped to again house private practice facilities for RCH staff (including Honorary appointees). From early 2015, the FEB will house a number of private practices, including a wide range of disciplines. We are grateful that the RCH Foundation has taken over the lease of the FEB from Children’s Health Partnership so that they can offer clinical staff attractive lease options with the aim of assisting staff to remain on the campus. The MSA has worked with the RCH Board, RCH Executive and the RCH Foundation to achieve this excellent result that will benefit RCH staff and patients.

Moving to the new physical facilities has been both exciting and challenging. The Senior Medical Staff have generally been extremely positive about many parts of the new building, e.g. the inpatient facilities. One of the biggest challenges for clinical staff has been the move to an Electronic Scanned Medical Record (ESMR). All paper notes are scanned into the patients’ electronic record and can be accessed from any networked computer. While this has relieved staff of the problems of not being able to find the physical record, it is often difficult and time consuming to navigate the ESMR as well as all the other software (including radiology, pathology, patient appointments and transcription) needed for a clinical encounter. The ESMR was always intended as a stopgap measure ahead of a fully integrated Electronic Medical Record (EMR) that will bring together nearly all clinical functions along with a wide range of administrative utilities. As the RCH Chief Medical Information Officer, Prof Mike South has led the selection process of the preferred provider (A US firm, EPIC). This system is likely cost $48 million, with joint funding from the Victorian Government, RCH and the RCH Foundation. RCH CEO, Prof Kilpatrick, has appropriately described this as a Transformational project. Introducing the EMR will certainly present challenges for staff, but also enormous opportunities for us to provide patients with even better care in the future.

I hope this brief letter has been of interest to Alumni. I thank you for the opportunity to contribute to this Newsletter.

Michael Marks
Chair, MSA
michael.marks@rch.org.au
Alumni News flash!

- Alumni will be pleased to hear that **Kevin Collins** and his partner of the past 18 years, Bronwyn Parry-Fielder, were recently married in Hobart. We extend our warmest congratulations to them.
- We are also relieved to know that our colleague **Henry Ekert** has recovered from serious injuries sustained in a bicycle accident in mid-March.

**If you have a news item that you would like us to publish in Alumni News, please email it to either Andrew Kemp ([ask70@icloud.com](mailto:ask70@icloud.com)) or Garry Warne ([garry@warnefamily.net](mailto:garry@warnefamily.net)) or write a letter addressed to the Secretary, RCH Alumni, c/o Executive Offices, Royal Children’s Hospital, 50 Flemington Rd, Parkville 3052.**
RCH Medical Alumni Executive Committee

Prof Andrew Kemp (President): Andrew has had a long association with the Children's Hospital Melbourne. He was a JRMO in 1968 and medical registrar in 1974-1975. From 1990 to 2003 he held positions as director of clinical immunology, director of paediatric physician training and head of the general medical unit team D. His research interests are in aspects of pediatric allergy and immune deficiency. Currently he holds the position of esteemed honorary fellow at the Murdoch Childrens Research Institute. However he is not Melbourne-centric having held positions in clinical allergy and immunology at The Royal Alexandra hospital for Children and Sydney University from 1980 to 1990 and 2003 to 2009.


Prof Garry Warne AM (Honorary Secretary) came to RCH as a Junior Resident in 1974 after 5 years, including 2 years as Assistant Endocrinologist, at the Royal Melbourne Hospital. After two years as a Fellow at the University of Manitoba he rejoined the staff of RCH in 1977 as Assistant Endocrinologist. He was Director of Endocrinology and Diabetes at RCH from 1980-1999 and Director of RCH International from 1998-2012. He was awarded the RCH Gold Medal in 2006.

Dr Peter Loughnan (Honorary Treasurer): Peter came to The Royal Children's Hospital after spending four years at St Vincent's Hospital as resident, medical and pathology registrar. While a JRMO at the Children's he obtained his FRACP in adult medicine. He spent two years as medical registrar, then obtained an NH&MRC Travelling Fellowship and trained in Clinical Pharmacology at McGill University, Canada. Peter returned to RCH as Clinical Pharmacologist, but was lured into Neonatology, sharing the on-call work. He has been with the Neonatal Unit since then, thirty seven years in all, until he retired from clinical work in 2012. He continues to hold a part-time research appointment in the Neonatal Unit. He was awarded the RCH Gold Medal in 2002.

Dr Kevin Collins (member): Resident/registrar at RCH 1970 – 1974. Paediatric neurologist at RCH from mid-1976 until the end of 2012, with appointments in both the Department of Neurology and the (now) Department of Developmental Medicine, as well as at the Queen Victoria Medical Centre (later Monash Medical Centre) and the Mercy Hospital for Women.
RCH Alumni Association Questionnaire

Please complete and return to The Hon. Secretary, RCH Alumni Association, c/o Executive Offices, Royal Children’s Hospital, Parkville 3052

Your name………………………………………………

Email address……………………………………………

1. What are your principal interests?

2. What do you think of the 2014 program of activities for the Alumni?

3. What other topics would you like to see covered in the lunchtime meetings?

4. Would you like to give a talk to the Alumni about one of your special interests?
   a. Yes
   b. No

5. Do you find the Alumni communication between members satisfactory?
   a. Yes
   b. No

6. Re Q5 In either case how could this be improved?

7. Should Alumni provide further support to members who are incapacitated?
   a. Yes
   b. No
8. What form of Alumni support to incapacitated members would be appropriate?

9. Would you be interested in attending an informal dinner for Alumni in the evening at a non-hospital venue?
   a Yes
   b No

Please return to:
The Honorary Secretary,
RCH Alumni Association
c/o Executive Offices
Royal Children's Hospital
Parkville VIC 3052
# RCH Alumni program for 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Luncheon time and place</th>
<th>Lecture time and place</th>
<th>Guest speaker(s)</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Friday 9 May</td>
<td>12-1 Ella Latham Meeting Room</td>
<td>1-2 PM main auditorium</td>
<td>Peter Loughnan</td>
<td>Antarctica</td>
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<tr>
<td>Friday 6 June</td>
<td>12-1 Ella Latham Meeting Room</td>
<td>1-2 PM main auditorium</td>
<td>Dr Linny Kimly, Dr Rob McDougall</td>
<td>Innovative projects by RCH staff</td>
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<td>TBA</td>
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<td>TBA</td>
<td>The Vernon Collins Oration</td>
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<tr>
<td>Monday 29 September</td>
<td>12-1 Ella Latham Meeting Room</td>
<td>1-2 PM Vernon Collins Theatre</td>
<td>Prof Kathy North, Director of MCRI</td>
<td>MCRI - looking to the future</td>
</tr>
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<td>Wednesday 3 December</td>
<td>12-1 Ella Latham Meeting Room</td>
<td>1-2 PM Vernon Collins Theatre</td>
<td>Miss Elizabeth Lewis</td>
<td>Medical indemnity – how things have changed</td>
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