

# Management for Clinicians

Tuesday 2 & Wednesday 3 June 2015

Langham Hotel

Auckland, New Zealand



**RACMA**

The Royal Australasian College  
of Medical Administrators

**This two day program is aimed at medical practitioners who are involved in or interested in leadership and management in the health care setting.**

Presenters: Dr David Sage, Dr Kevin Morris and Dr Alan Davis

At the end of this workshop participants will be able to:

- Understand the competencies required to fulfill a managerial role
- Understand the broader context in which clinician managers operate
- Develop strategies to manage the transition from clinician to clinician manager
- Develop effective communication skills
- Detail the components of good clinical governance frameworks
- Identify the skills necessary to lead and work effectively with teams

**For all enquiries please contact Sandra da Costa on 03 9824 4699 or [sdacosta@racma.edu.au](mailto:sdacosta@racma.edu.au)**

## Day One Tuesday 2 June 2015

8.00 - 8.30 am	Registrations
8.30 - 9.00 am	Introductions
9.00 - 12.30 pm	Module 1 - Health Systems in Context - Australia & New Zealand
1.30 - 5.00 pm	Module 2 - From Theory to Practice: Clinical Governance
5.00 - 6.00 pm	Social Program - drinks and canapés.

## Day Two Wednesday 3 June 2015

8.00 - 11.30 am	Module 3 - Communication and Team Work - Building Effective Teams
12.30 - 4.00 pm	Module 4 - Making the Transition - From Clinician to Clinician Manager

### Registration Form (Please use block letters)

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organisation \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone (W) \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_

#### Course fees (Includes morning tea, lunch & afternoon tea)

- \$1150 per person Full Registration  
 \$1075 per person Early Bird Registration  
Early Bird registrations must be made prior to 5 May 2015.

#### Notes

- Tax receipt forwarded following the processing of registration.
- Accommodation is available at the venue for. For accommodation bookings call 03 8862 0200. Parking is available at The Best Western.
- Cancellations made before 5 May 2015 are entitled to a full refund. Cancellations between 6 May and 13 May 2015 will incur 50% of the fee. Cancellations after 14 May 2015 will relinquish the full fee or can be transferred to another delegate.

### Payment Options (please tick)

#### Total Amount \$

- Cheque (payable to RACMA)  
Credit Card (fax to RACMA on 03 9824 6806)  
 Visa  Mastercard

Credit card number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Name on card \_\_\_\_\_

Mail or fax completed registration form to:

The Royal Australasian College of Medical Administrators  
10/1 Milton Parade Malvern Victoria 3144

Fax +61 3 9824 6806  
Phone +61 3 9824 4699  
Email [sdacosta@racma.edu.au](mailto:sdacosta@racma.edu.au)

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## PRIVACY NOTICE

Personal information (including sensitive and health information) collected in this form or in connection with this application may be used to assess and process your application to join the Management for Clinicians Workshop to administer or organise the program or event and to send you information about other programs, services and events that may be of interest.

If you do not provide the personal information RACMA requires you to provide, you may not be able to participate in the program or event fully or at all.

The information RACMA collects in connection with this application may be disclosed to your nominated referees, previous employees and/or placements (if this is necessary to assess your suitability to participate in the program or event), to training settings and to individuals and organisations that provide training related services for the program or event, to persons appointed to perform support, mentoring and assessment functions in relation to the program or event and to RACMA's external service providers (including for example IT contractors, event organisers and accommodation and transport providers).

Information about your participation in the program or event may also need to be disclosed to AHPRA or other regulatory bodies for regulatory purposes, to bodies carrying out credentialing or quality assurance activities, to hospitals or other organisations to which you apply for employment or accreditation and otherwise as required or authorised by law.

RACMA conducts activities in Australia, New Zealand and Hong Kong. Personal information collected in Australia in connection with a RACMA program or event that is conducted outside Australia may be disclosed to a recipient in that country. RACMA may be unable to ensure that an overseas recipient does not breach the Australian Privacy Principles in relation to such information.

For further information about privacy at RACMA, including information about how to access or correct your personal information and about how to make a privacy complaint, see RACMA's privacy policy at [http://www.racma.edu.au/index.php?option=com\\_content&view=article&id=9:privacy-policy&catid=1:college-policies&Itemid=132](http://www.racma.edu.au/index.php?option=com_content&view=article&id=9:privacy-policy&catid=1:college-policies&Itemid=132).

## CONSENT AND ACKNOWLEDGMENT

I, .....(insert name), an applicant for acceptance into the Management for Clinicians Workshop ('**Program**') of the Royal Australian College of Medical Administrators ('**RACMA**):

1. consent to RACMA collecting personal information about me from my nominated referees for the purpose of considering this application;
2. consent to RACMA disclosing personal information about me to the types of organisations described above for the purpose of considering my application and administering the program or event (including to a recipient in a country outside Australia, notwithstanding that RACMA may be unable to ensure that the recipient does not breach the Australian Privacy Principles in relation to the information);
3. state that any personal information about another individual (including a nominated referee, employer or emergency contact) that I have provided with this application is provided with that individual's knowledge and consent; and
4. acknowledge that I am not required to provide this consent and may revoke it at any time, but understand that if my consent is not provided or is revoked, I may not be able to participate in the program or event fully or at all.

Signature:

Date: