



The Royal
Australian &
New Zealand
College of
Psychiatrists



Western Australian Branch

Psychiatrist Leadership Symposium

Report of proceedings

August 2025

RANZCP WA Branch & Section of Leadership and Management

Acknowledgement of Country

We acknowledge and respect Aboriginal peoples as the state's first peoples and nations and recognise them as traditional owners and occupants of land and waters in Western Australia.

We acknowledge that the spiritual, social, cultural and economic practices of Aboriginal peoples come from their traditional lands and waters, that they maintain their cultural and heritage beliefs, languages and laws which are of ongoing importance, and that they have made and continue to make a unique and irreplaceable contribution to the state.

We honour and respect their Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

Acknowledgement of Lived Experience

We recognise people with lived and living experience of a mental health condition, including community members, RANZCP members and RANZCP staff.

We affirm their ongoing contribution to the improvement of mental healthcare for all people.

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation responsible for training and maintaining professional standards of medical specialists in the field of psychiatry in Australia.

Its roles include support and enhancement of clinical practice, advocacy for people affected by mental illness and it plays a key advisory role to governments on mental healthcare.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college, has strong ties with associations in the Asia and Pacific region. The RANZCP has over 8500 members, including more than 740 psychiatrists and those training to qualify as psychiatrists in Western Australia.

The RANZCP Western Australia Branch Committee (RANZCP WA Branch) partners with people with lived experience, including through an active partnership on our Branch Committee.

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Executive summary

On 7 June 2025, the RANZCP WA Branch and the Section of Leadership and Management (SLaM) convened the Psychiatric Leadership Symposium to identify priorities in advocating for the advancement of psychiatrist leadership at all levels across the mental health system.

The Binational SLaM Committee will steward the implementation of the Victorian Psychiatrist Leadership Framework across jurisdictions. Participants at the Symposium discussed what this might look like in the WA mental health system. Small-group, panel discussions and post-event survey prioritised actions for the consideration of the Branch Committee and SLaM.

Recommendations for the Branch - summary

- Support the local implementation of the Leadership Framework.
- Organise an annual SLaM event for Branch members.
- Advocate for the reinstatement of the role of Chief Medical Officer – Mental Health in the WA mental health system, who should be a senior psychiatrist.
- Support the development of peer review groups in leadership and management.
- Lead advocacy on the following system challenges:
 - ❖ Patient flow across the mental health system
 - ❖ Workforce training
 - ❖ Workforce attraction and retention
 - ❖ The whole-of-government approach to addressing the social determinants of mental health
 - ❖ Crisis care
 - ❖ ADHD reform.
- Support both early career and trainee psychiatrists with opportunities for training and mentoring in leadership.
- Widely promote the role of the psychiatrist in the broader community.
- Inform members better about Branch leadership in policy development and engagement with external stakeholders.

Recommendations for SLaM - summary

- Promote and support the implementation of the Framework at all levels of the organisations and to external stakeholders.
- Develop training in the implementation of this framework to assist members in acquiring a deep understanding of its underlying philosophy and practical outcomes.
- Ensure there are training, education and development opportunities in leadership and management for psychiatrists of all levels of experience.
- Train supervisors in workshops on the training program to ensure training is well understood, supported, and trainees have a better experience.
- Develop and organise more mentoring programs for psychiatrists in early career and trainee stages.
- Promote the role of the psychiatrist more broadly to the community.

Part one: developing and implementing a leadership framework

Introduction – Dr Helen McGowan

At a planning workshop in November 2024, the WA Branch identified the elevation of psychiatrist leadership as a key advocacy priority for 2025-2026. The Branch Committee and the Section of Leadership and Management (SLaM) WA subcommittee facilitated this symposium to shape the direction of Branch advocacy on this issue.

The [Victorian Psychiatrist Leadership Development Framework](#) (the Framework), the Victorian Branch initiative developed in response to the Royal Commission into Victoria's Mental Health System, provides a model of leadership development adaptable to other jurisdictions.

The Framework arose out of a need identified by the Victorian Branch to provide training and support aimed at upskilling and retaining mid-level and senior psychiatrists in leadership roles across the public mental health sector. The Framework, developed with the support of the Victorian Government, is now the subject of College-wide discussions to adopt it as the RANZCP framework for leadership development.

SLaM is responsible for taking the stewardship of the Framework to other RANZCP branches through the work of its sub-committees.

The objectives of the Symposium are to:

- Identify new ways to support psychiatrist leadership and innovation
- Identify leadership support structures required to sustain all levels of psychiatrist leadership in a complex mental health system
- Identify practical measures, at Branch and College-wide level, that support and contribute to leadership development across our membership and within the mental health sector.

The workshops in the second half of the Symposium will give us an opportunity to see the Framework through the prism of the local policy and service context and discuss priorities for the Branch.

The need for psychiatrist leadership development - Dr Astha Tomar

The development of the Victorian Psychiatrist Leadership Development Framework is part of the wider and longer discussions with members about the importance of leadership to psychiatrists.

About five or six years ago, the College recognised that people who were awarded the Fellowship and started working in the public health system, left the system at mid-career mark to work in the private sector.

One factor in attrition is the perceived lack of skillset required to take a career beyond that mid-level in the public health system. So, members feel that they do not have enough expertise to step into leadership and management positions and leave to focus on clinical expertise or specialisation in the private sector.

The Victorian Branch developed a business plan and a proposal to the state government highlighting the need to develop and fund the implementation of a framework that supports psychiatric leadership in the public mental health sector.

As a result of Branch advocacy, the Victorian Government agreed to participate in the development and funding of this document, a process which took a couple of years.

The process started by the WA Branch is important because it will inform how the College takes this document elsewhere. This symposium is the start of a process that will inform our discussions in other jurisdictions.

Psychiatrist Leadership: towards a binational framework – Associate Professor Simon Stafrace¹

Part of what we are hoping to achieve today is to think about how the Framework will be applied in WA and elsewhere and stimulate the conversation about what that means for SLAM's stewardship of the Framework.

Why does leadership matter?

It is widely acknowledged that the mental healthcare system operates in a perpetual crisis mode across the country, as has been most recently illustrated by the mass-resignation of psychiatrists from the public sector in NSW.

The system also needs enough people with the skills required to drive change in the face of intractable institutional resistance. Dysfunction in the system is not in itself a motivator to change, and we would argue that leadership creates that motivation, or certainly taps into it.

Our communities are becoming increasingly diverse. Expectations are changing. Economic factors are driving inequity, poverty, unemployment and homelessness among certain demographic groups. Social connections are breaking down, and in pockets of our communities we see rising isolation and loneliness. Climate change is exacerbating this context, not least with the rise in infectious and non-communicable diseases that add to our ever-growing complexity.

A rapid technological change is impacting the way we practice as psychiatrists, and the way in which we acquire information that helps drive decision-making.

What is leadership in our context?

In this context, leadership involves both ideas and actions; ideas without actions are incomplete.

As a way of thinking, leadership opens itself up to diverse perspectives. It leads to a vision. For what is possible, it is characterized by an openness to learning.

As a behaviour, leadership drives change. It is accompanied by courage and a willingness to fail, and it is ultimately needed to transform our mental health system into an asset.

Leadership is not only valued but trusted by the public.

How is leadership recognised?

Leadership is evident at multiple levels: the level of the individual, the team, the health service, and the system itself. As an ethical activity, it is driven by purpose and values. It generates trust and safety, and it allows for dialogue, reflection, and plural perspectives as a collaborative enterprise.

Leadership is open to the inputs of clinicians, peer and support workers, interdisciplinary researchers, health policy specialists, and the community more broadly. As an adaptive exercise, it drives change and is responsive to change.

As an agent of cultural change, leadership changes how system operates through attitudes and behaviours that are rewarded and celebrated.

¹ Presentation slides are on the RANZCP website alongside this report.

Objectives of effective mental health leadership

This is by no means an exhaustive list, but we would argue that the effective mental health leadership has the following objectives:

- It is strategic: articulates purpose and vision for the system.
- It is based on action and implementation: accesses resources and workforce needed to meet expectations of stakeholders.
- It drives culture change: changes in how the system operates.
- It values innovation, learning, and improvement.

Leadership in the era of co-production

What kind of leadership will psychiatrists provide in the era of co-production?

Will it be self-interested and competitive? Will it be supportive and conflicting? Will it be expert-driven and technical? Or will it step up to being strategic and visionary?

For many of us who have had a career in psychiatry, we can recognise elements of each of these steps in our careers and in the leadership styles of the people around us. We can see ourselves moving through some of these stages. I would suggest that a psychiatrist would have to become competent in each of these stages before moving to the next.

The Framework development process

The Branch was responding to opportunities created by the Royal Commission into Mental Health Services in Victoria. We heard loud and clear that we were operating within a traditional and limited medical model. We essentially supported change and the idea of the leadership framework to drive this change.

We wanted to develop the Framework in collaboration with people with lived and living experience of mental ill health and recovery, including carers, families, and supporters.

We wanted to define competency skills and behaviours of leadership and focus on critical areas of skill development that could help shape a journey over a long period of time.

The Framework was intended to support leaders at all levels, from trainees to early career and into senior psychiatrist roles.

The whole process lasted for about 18 months. In the scoping and development phase, working groups were formed, and interviews and small group discussions took place. In the design phase, this feedback was used to draft the framework and competencies we wanted to develop, and educational activities to support them. The final phase was piloting the framework, followed by a soft launch in mid-2024.

The engagement continuum

We engaged with people with lived and living experience, and we co-designed solutions to problems we collectively identified.

We engaged with psychiatrists through surveys, interviews, and feedback on online modules.

We included witness statements given to the Royal Commission and partnered with organisations such as peaks. We worked with Education and CPD in the College to develop the modules for training accompanying the Framework.

The core elements of the Framework

Each of the core elements is supported by up to four competencies:

- Leading self:
 - ❖ Authenticity
 - ❖ Emotional intelligence
 - ❖ Navigate ambiguity
- Co-leadership:
 - ❖ Empathy and compassion
 - ❖ Curiosity and courage
 - ❖ Collaboration
 - ❖ Cultural humility and intersectional inclusion
- Leading ethically
 - ❖ Medical expert
 - ❖ Ethics
 - ❖ Legal compliance
- Leading complex systems
 - ❖ Lead and manage teams
 - ❖ Clinical governance
 - ❖ Strategy and corporate governance
 - ❖ Lead change.

Supporting practices

All leadership and learning activities are supported by the five practices:

- Reflective practice
- Experiential learning
- Ongoing feedback
- Self-care
- Mentoring and peer support.

How is this Framework different?

The Framework has been created by and for psychiatrists, in collaboration with people with lived and living experience of mental ill health, including carers.

We started together from a place of listening and empathizing with people with lived experience, their wants, needs, frustrations and expectations of psychiatrists and leaders.

It was a collaborative effort with a blank canvas.

The team of stakeholders shared goals to develop leadership modules specifically for psychiatrists.

It is really the collaborative approach – which we recommend moving forward – that makes all the difference to the outcomes.

Part Two: recommendations for action

Workshops

Small groups discussed the key questions on the agenda and produced recommendations for action by SLaM and the WA Branch in socialising the Framework across jurisdictions and at the binational level.

The following key recommendations arose out of group discussions:

- The Leadership Framework is supported and should be promoted at all levels of the RANZCP, SLaM and locally by the Branch.
- SLaM and WA Branch should identify ways to implement the Framework and to encourage:
 - ❖ Promotion and reflection on the Framework that focuses on the underlying principles and philosophy.
 - ❖ Development of pathways to support training in leadership and management – including RANZCP programs and those provided by external providers
 - ❖ Identification of practical approaches to implementation
 - ❖ Establishment of peer review groups that focus on building skills in and providing support for leadership and management
 - ❖ Mentoring support for junior psychiatrists
- Training, education and development opportunities in leadership and management for psychiatrists of all levels of experience. This includes the following topics:
 - ❖ Understanding of the differences between leadership and management and offering development in both areas.
 - ❖ Management training, including skills and technical knowledge such as health and safety, and the importance of legal compliance.
 - ❖ Training in business case development, the 'language of the executive' (eg. 'return on investment') and other 'technical' aspects of leadership.
- The Branch should advocate for the reinstatement of the role of Chief Medical Officer - Mental Health in the WA mental health system, who should be a senior psychiatrist.
- Key mental health system challenges which require effective psychiatric leadership are:
 - ❖ ADHD care reform
 - ❖ Workforce training and retention
 - ❖ Mental health crisis care
 - ❖ Building efficiency and integration into mental healthcare
- Establish peer review groups at all levels.
- Mentoring is of importance to junior psychiatrists, including trainees, and more mentoring sessions are required.

- The Branch should showcase its strong leadership, including its collaboration with stakeholders and the good things it is doing. One-page summaries are enough (no one wants more meetings) to show the broader membership.
- Training supervisors would benefit from workshops on the training program to ensure training is well understood, supported, and trainees have a better experience.
- The role of the psychiatrist should be better promoted among stakeholders, including the wider community, so that psychiatric leadership and its role in mental healthcare is valued and well understood.

Panel discussion

Members of the panel led the report-back following the small-group discussions. The speakers reported the following main points arising out of discussions, besides the recommendations, for consideration in further advocacy or action by the Branch and SLAM.

- Vertical transparency and an understanding of leadership accountabilities, flow both ways.
- As Fellows, we should revisit the importance of mentoring and do more for trainees and early career psychiatrists.
- There is a difference between leadership and management, and effective leaders usually require skills in both leadership and the practical elements of management in a complex system.
- Appreciation for emphasis on collaboration with people with lived experience, and we can see how that translates into more ethical collaboration and better outcomes.
- The Branch should extend this leadership advocacy into advocacy for more optimal governance system in the public mental health sector. The role of the CMO – MH is critically important in sector governance.
- For peer review groups, harness the collective and individual experience of local people with substantial leadership acumen.
- Coaching on the skills of ‘soft power’ diplomacy would be useful: how do you disagree with either the government or the executive without coming across as ‘That Terrible Psychiatrist’ who does not understand the wider system issues?
- Do not underestimate the value of a good data collection, so build the evidence base for innovative care models.
- The groups had discussions about ‘toxic leadership’ and how to upward manage these scenarios to ameliorate negative impacts on the organisational culture.
- Promoting the role of the psychiatrist in the broader community is a job for SLAM as well as the College.
- Training on how to implement the Framework in WA would be beneficial and help people operationalise it.
- One good example of leadership training is the initiative at the Office of the Chief Psychiatrist where a registrar spends a day a week being immersed in the work of the office.

- Creating a space where everybody is safe to say that we feel helpless to change the system sometimes even though we are in positions of power as psychiatrists, and hold the space for all these opposing views, and work collaboratively with people while doing so.
- On a related note, the need to collaborate and respond with collegiality while supporting our leaders will assist with avoiding burnout.
- Good leadership training starts with role-modelling, and we need to acknowledge and support the excellent leaders who do step into leadership roles.
- Have early conversations with registrars about what constitutes leadership.
- Understand that every conversation – with governments as well as with junior doctors – is an opportunity to interact meaningfully and remind people about the role of the psychiatrist as a leader.
- Defunding of the mental health subnetworks has sunk the opportunities we used to have in fostering cross-sector conversations about leadership in a multidisciplinary environment and with people with lived experience.

Survey of participants

The post-event survey of participants prioritised the main recommendations for the consideration of the Branch Committee. The survey is not representative (19 out of 50 participants completed the survey) but provides valuable feedback clarifying and prioritising actions discussed at the event.

Summary of responses:

- 18 out of 19 respondents indicated an interest in an annual SLaM event.
- 17 out of 19 respondents said they would be interested in joining a peer review group.
- The following actions for the Branch and the College in supporting excellence in leadership and management were prioritised by importance (the score is a weighted score out of 5):
 - ❖ Advocate for senior executive roles for psychiatrists, such as CMO-MH (5).
 - ❖ Support early career psychiatrists with mentoring and training opportunities in leadership and management (4.47).
 - ❖ Support the establishment of peer review groups in leadership and management (4.47).
 - ❖ Promote and support the implementation of the Framework (4.26).
 - ❖ Support trainees with mentoring and training opportunities in leadership and management (4.21).
- The respondents rated the importance of system challenges in the following order (the score is a weighted score out of 5):
 - ❖ Patient flow across the mental health system (4.68).
 - ❖ Workforce training (4.58).
 - ❖ Workforce attraction and retention (4.53).
 - ❖ Addressing the social determinants of mental health (4.47).
 - ❖ Crisis care (4.32).
 - ❖ ADHD care reform (3.68)

Next steps

The Branch Committee will consider the recommendations of this report, ensure that the relevant recommendations at the binational level are communicated, and develop an advocacy plan to action recommendations at the local level.

Regular progress reports will be published in Branch email bulletins, and documents made accessible via the policy and advocacy section of the Branch website.

Members will be encouraged to participate in leadership peer review groups which will be supported through the local SLAM network.

Attachments

Attachment 1: 7 June 2025, Leadership Symposium agenda and key questions

Attachment 2: List of presenters and panel participants

Attachment 1

WA Section of Leadership and Management (SLaM)

Psychiatric Leadership Symposium

Saturday 7 June 2025, 9am-12.30pm

Agenda

9am-9.15am	Arrival
9.15-9.30	Introduction Dr Helen McGowan, (SLaM WA rep)
9.30-10.15	“Victorian Psychiatrist Leadership Development Framework (VPLDF)” Dr Astha Tomar (President RANZCP) and Dr Simon Starfrace
10.15-10.30	Break
10.30-12.30	Panel and group discussion facilitated by Dr Helen McGowan Panel members: Dr Elizabeth Moore, Dr Sophie Davison, Dr Mat Coleman, Dr Nathan Gibson, Dr Muru Nidyananda
12.30	Lunch

Key questions

- What is the status of psychiatric leadership today? What are some of the challenges? And what are some of the joys?
- How should psychiatric leadership function as a system enabler?
- What constitutes ‘good’ psychiatric leadership?
- How do we best train and support good leaders?
- What specific outcomes would the participants like to see the College achieve, in WA and nationally?
 - ❖ Optimal leadership systems, governance and support, for example:
 - The role of Chief Medical Officer – Mental Health in the mental health system
 - SLaM peer review groups
 - ❖ Key issues to be addressed:
 - ADHD reform
 - Workforce training and retention
- How can SLaM support elevation of psychiatric leadership across the mental health system?
- How could the Leadership Framework assist?

Reference document and training modules: [Victorian Psychiatrist Leadership Framework](#)

Attachment 2

Presenters and panel participants

Dr Astha Tomar is the President of the Royal Australian and New Zealand College of Psychiatrists. She is the Director Clinical Services at Orygen Specialist Program, Royal Melbourne Hospital. With qualifications including MAICD, AFRACMA, FRANZCP, MBBS, Dr Tomar's professional journey spans various countries including India, New Zealand and Australia in leadership roles, clinical appointments with significant contributions to mental health governance and system development. She has a strong commitment to mental health advocacy and stays a passionate supporter of equity, diversity, and inclusion.

Associate Professor Simon Stafrace is Chair of the RANZCP Victorian Branch and former Co-Chair of the bi-national Community Collaboration Committee. He holds appointments as Program Director of Mental & Addiction Health at Alfred Health and Adjunct Clinical Associate Professor at Monash University. He is a non-executive director at Mental Health Victoria, a mental health peak body; and Mental Health First Aid International, a global organization dedicated to teaching mental health (MH) first aid. From 2020-22, Simon was Chief Adviser at the Victorian Department of Health, contributing to the Royal Commission into Victoria's MH System and early implementation of its recommendations.

Dr Elizabeth Moore is the Immediate Past Chair of the College. Elizabeth has special interests in codesign and governance of mental health services as well as the social and cultural determinants of health and wellbeing and their influence through a systems thinking lens. She has worked in both public and private hospital and community settings, holding clinical and administrative positions in psychiatry in South Australia, New South Wales, Victoria, and Western Australia and is the inaugural ACT Coordinator-General of the Office of Mental Health and Wellbeing. Elizabeth has been active in College activities for many years, including as the Chair of the Western Australian Branch Committee, and as a member of the Corporate Governance and Risk Committee, Members Advisory Council, Committee for Continuing Medical Education, and the Committee for Examinations. Elizabeth has also been involved in educational activities through examining and sitting on assessment and examination sub-committees.

Dr Sophie Davison is the Australian Government's Chief Psychiatrist. Sophie has worked for the Western Australian Mental Health Commission where she was the state Chief Medical Officer-Mental Health. In this role, she worked with mental health leaders and stakeholders to provide strategic clinical input to mental health policy, planning, commissioning, and reform. Sophie is committed to improving outcomes for people with mental health issues and has an interest in women's mental health. She values engaging frontline staff and people with Lived Experience in system improvements. Sophie is committed to working towards an integrated system that can provide a holistic approach.

Associate Professor Mat Coleman is the Chair of the RANZCP Section of Rural Psychiatry, and a Chair of the Medical Workforce Advisory Collaboration which provides advice to the Australian Government and state and territory ministers on medical workforce matters.

Mat is a consultant psychiatrist with passion for rural service delivery, a Clinical Director, and a clinical academic as an associate professor of rural and remote mental health practice at the Rural Clinical School, the University of Western Australia. He is a member of the North Metropolitan Health Service Board, and the Rural Health West Board.

Dr Nathan Gibson is the Chief Psychiatrist of Western Australia. The Chief Psychiatrist is an independent statutory officer who has responsibilities, powers and duties prescribed by the Mental Health Act 2014. Central to those duties is the oversight of care for patients within defined mental health services, and the monitoring of standards of psychiatric care in these services throughout the State. Dr Gibson is a general adult psychiatrist whose interests and focus have been on medical leadership, medical education, working towards eliminating seclusion and restraint in mental health settings, and meeting the needs of people with severe and enduring mental illness and their families.

Dr Helen McGowan is a senior psychiatrist with extensive experience in leadership, management, advocacy, teaching, training and collaboration with all stakeholder groups in the mental health sector. Helen's clinical work has focused on Old Age Psychiatry and Perinatal Psychiatry in public and private settings. Her senior roles have included working for 15 years as a Clinical Director and 7 years as Clinical Lead for the WA Mental Health Network.

Helen has served on several committees for the RANZCP including the Community Collaboration Committee, Corporate Governance Review Committee, Binational Faculty of Psychiatry of Old Age and chaired the WA Branch Committee. She currently serves as the WA representative for the Section of Leadership and Management. Helen was a psychiatry representative for the WA AMA and is currently appointed to the national AMA Advisory Committee for Mental Health. Helen is passionate about excellent multidisciplinary mental health care, its value for our community and the critical role that Psychiatrists can take in clinical care as well as leading and supporting reform in the sector.

Dr Muru Nidyananda is the current Chair of the RANZCP WA Branch Committee. He completed his Year 12 education in Western Australia before pursuing medical school at Monash University. Muru subsequently underwent fellowship training in Tasmania. Throughout his career, he has assumed various leadership positions. Notably, he served as the Chief Registrar for Psychiatry, represented Tasmanian trainees on the Bi-national Committee of the College, acted as the registrar representative for the Subcommittee of Advanced Training in Child and Adolescent Psychiatry, and served as a member of the Tasmanian Branch Committee.