

# TRANSCRIPT OF PODCAST

WORK WITH PURPOSE

EPISODE 11

## PROFESSOR BRENDAN MURPHY

Chief Medical Officer

## CAROLINE EDWARDS

Acting Secretary, Department of Health

Hosted by DAVID PEMBROKE, Founder and CEO, contentgroup  
15 JUNE 2020

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DAVID PEMBROKE: Hello ladies and gentlemen and welcome to Work with Purpose, a podcast about the Australian public service. My name's David Pembroke, thanks for joining me. As we begin today's podcast, I would like to acknowledge the traditional custodians of the land on which we meet today, the Ngunnawal people and pay my respects to their elders past, present and future and acknowledge the ongoing contribution they make to the life of our city and this region.

Today, Studio 19 has come to the Southern suburbs of Canberra, to the Federal Department of Health for the big one. Our interview with the leaders of Team Health. Australia's Chief Medical Officer, Dr Brendan Murphy and his colleague Caroline Edwards.

Three months ago, Dr Brendan Murphy would have walked down any Australia street unrecognised, but now I'm not so sure. Dr Murphy has been the reassuring presence alongside the Prime Minister. The man with the facts and the graphs warmly congratulating citizens when their behaviour deserved it, giving them a clip under the ear when they didn't. At times stern but always fair, Dr Murphy in many ways is now every Australian's favourite uncle. He's served as Australia's Chief Medical Officer since 2016 and he joins me in Studio 19. Dr Murphy, welcome to Work with Purpose.

His partner in crime, at the top of Team Health, is Caroline Edwards. Caroline Edwards the acting secretary of the Department of Health is a shining example of everything that is good about Australian public servants. She joined the APS with a first-class honours degree in law from Monash University and has served in Treasury, Human Services, Prime Minister and Cabinet, and Health. A feature of Caroline's service has been her commitment to indigenous affairs spending 10 years working in the Northern Territory in Aboriginal legal aid as a judicial registrar in the Northern Territory Magistrates Court and in the Federal Court where she mediated and case managed native title as a judge's delegate. She also joins me in Studio 19. Caroline Edwards, welcome to Work with Purpose.

Now we'll get to all things COVID in just a moment, and just fair warning to the audience, there is every chance that this chat will go a little bit longer than normal because I've been told that my two guests are good talkers and I go all right myself, so maybe prepare an extra-large cup of tea, or if you're in the garden prepare to be there a bit longer, or on a walk maybe go a little bit further because I'm sure that this will be a great conversation and we will get to everything health and everything pandemic, but I think we've got to start with the people because I think everyone wants to know the people and that's been the great success of Work with Purpose. So, Dr Murphy if I could start with you, who are you and where do you come from?

BRENDAN MURPHY: Thanks. I started off life as an academic kidney doctor, a renal physician.

DAVID PEMBROKE: But maybe let's go back a little bit further, where were you born?

BRENDAN MURPHY: Born in Melbourne, I grew up in Melbourne. Fairly conservative middle-class upbringing. Went into medicine because it was an expected thing to do and thought I would finish my whole career as a leader of a clinical department in a big research lab. So, I was a Professor of Medicine, I had research labs with rats and discovered some new interesting parts of the human body, wrote papers, had grants and

thought I would finish my career that way. But I was appointed head of a renal unit in Melbourne at the age of about 35 which is about 15 years earlier than most people are and most people stay in those jobs until they retire and the idea of doing the one job for 35 years filled me with a bit of horror so I determined to do something else by 50 and then when I turned 50, I was approached by the Victorian Health Department to be a health service CEO. Having had no management training at all and knowing very little about management and so suddenly I was in charge of an organisation with 8,500 staff and an \$800 million budget and really knew nothing much about management.

I knew a lot about health services and health and so I had a steep learning curve. Spent 11 years as a CEO and learned a lot about management and people and reform and all through that time though I did a lot of health system reform work at Health Workforce Australia and then this job came up in the Commonwealth of Chief Medical Officer and it was a great opportunity to bring back my clinical knowledge and skills but to continue my reform journey. So I came to the department with the idea of only ever being a five-year Chief Medical Officer but not really intending to have a public health crisis at all, but to lead a lot of health system reform, workforce reform, MBS reform and to really bring that clinical background into the department.

DAVID PEMBROKE: Away from your professional career, who are you? What are your interests? Do you garden? Do you walk? Do you...

BRENDAN MURPHY: Well, one of my hobbies is languages. I speak fluent Italian and I've been studying that, haven't been able to do it in the last few years but for most of the last 20 years. I go to Italy a lot when I can. I'm currently learning singing, again I've had to put that on hold. That's on COVID ice. I'm not a very good singer but I like singing Italian opera **arias**. I've got two boys who are both married, and now two granddaughters who I'm completely besotted with. Up until COVID struck, I was still going back to Melbourne on weekends and coming up to Canberra for the week days and I've been in Canberra now, sort of because of COVID, for the last two months mostly but hopeful we'll get a bit more time in Melbourne. I like classical music and I like reading. So that's probably enough.

DAVID PEMBROKE: And on the AFL spectrum, as a Victorian do we align ourselves to a team?

BRENDAN MURPHY: Well it's interesting because I used to support Hawthorn, then I grew out of football. My wife used to be, was Vice Chancellor of Deakin University and she was the number one female ticket holder for Geelong, so I had to, I was dragged along as a handbag as her partner. In fact, a very funny story was I was there when they won all their Grand Finals and she got to get out in the ground with, she was the only woman on the ground, and I and the wives of the Board went down to the rooms to wait for them which was a very, very good. But so I had to adopt Geelong.

DAVID PEMBROKE: Okay, right. All right, Caroline, you, what's your story? Where are you from? And who are you?

CAROLINE EDWARDS: I'm one of those people who are from Canberra. I grew up here in an ordinary, middle-class family and all the benefits that brings, but I guess-

DAVID PEMBROKE: Were your parents public servants?

CAROLINE EDWARDS: Well, no my parents, unusual, my mother was a Spanish woman. She came out here as an adult and so I consider myself a Southern European even though my name's Edwards, and my father was a journalist. The sort of unusual thing about him is he was completely blind from very young and so I grew up in a household, which was completely normal to me but I've since learned was reasonably unusual, and I actually credit that with a lot of the things I've learned. We're a household full of languages and very tactile and close because we didn't do any of those traditional things that sighted fathers do with their kids. We did other things.

DAVID PEMBROKE: Wow, so what was that like growing up with a father with no sight?

CAROLINE EDWARDS: It was great and I consider it as a massive advantage. He didn't drive so we did lots of things together. Mom drove so the gender roles were all mixed up and so on. There was lots of speaking. We used to tape one another, do impromptu speeches as that was sort of one of the games we played. I read to dad all the time, so a lot of my literacy is probably based in that sort of thing and they were very close together and it was just a very talky household.

DAVID PEMBROKE: Yeah, right and what sort of journalism was he involved in?

CAROLINE EDWARDS: He was a radio journalist for obvious reasons but he met my mother actually when he was working as a freelance radio journalist in London, living by himself which you could imagine in the early '60s was a pretty brave thing for a totally blind Australian man to do and a bit of a shock to my mother's family, I have to say, when they paired up.

DAVID PEMBROKE: How did they meet?

CAROLINE EDWARDS: My father's family friend was the ambassador for refugees in Spain at the time, in the post-war sort of period and my mother was his executive officer.

DAVID PEMBROKE: Wow and so your pathway into the public service, was it... You obviously you've got the first-class honours degree and then was it straight into the public service?

CAROLINE EDWARDS: No, I worked in commercial law for a while and I never found it very satisfying to tell the truth. I mean, I do like legal sort of thinking but I don't like the individual nature of legal practise. It was more a problem solver and so more by accident than anything else I fell into a job as a legal officer in the then Office of Indigenous Policy in Prime Minister and Cabinet as a very young woman and came back to Canberra from where I'd been studying and jumped into that.

DAVID PEMBROKE: And that indigenous part of your career, it's obviously something that is, you know, you've committed a lot of your time and effort and energy and the attitude that you've brought to it. How did that happen? Was it just through happenstance or was it something that was motivating you through younger-?

CAROLINE EDWARDS: It was completely happenstance to start with.

DAVID PEMBROKE: Okay.

CAROLINE EDWARDS: But it really grabs you. I mean, working with Aboriginal people is one of the most fantastic, exciting things you can do. I mean the problems facing Aboriginal Australia are huge, we know that, but we don't often talk about the hospitality and the innovation and the genuineness that Aboriginal people all over Australia bring and particularly in those remote communities that I worked with in the Northern Territory. I mean, my admiration for Aboriginal people and how much they have managed in this country is enormous and I do... My poor old indigenous health division here suffers because I always give them too much attention when really...

DAVID PEMBROKE: Excellent, okay, well that's great. See that, to me, it's wonderful to locate the people into the story and I think it's so important that we do locate the people because I'm sure you never thought that you would find yourselves in the positions that you have found yourselves leading what has been such a remarkable effort at the sharp end of the global pandemic, but Dr. Murphy if I might just go to you and perhaps start with where it began, where it started. Where did this thing start to shake and start to get your attention and getting you to think, as the Chief Medical Officer, hang on we've got something on our hands here that we've got to deal with?

BRENDAN MURPHY: It was early January when I was on holiday in Rome.

DAVID PEMBROKE: Oh yeah?

BRENDAN MURPHY: Good place to be then but not now, when we heard of these reports of a Novel Coronavirus in the city of Wuhan in China. But the early reports suggested that it was only being transmitted from animals to humans and we've seen lots of these, what we call, zoonotic viruses in the past. Some of the bird flu's like that so you worry, the worry is that it will develop sustained human-to-human transmission but the early reports suggested it hadn't and it was only 50 cases and they all seemed to have got it from animal exposure. So, we were at that stage, I remember going on ABC Radio saying we're alert but not alarmed. Then I was back in Australia then on about the 19th, 20th of January after a week of sort of radio silence from China, we suddenly got new information that there was human-to-human transmission, there were many more cases than we thought, that healthcare workers had been infected and there was seriously ill people on ventilators and then our alarm bells started because whilst it was still possible at that stage to contain it in Wuhan, once you have sustained human-to-human transmission, the chances of containment are very much less and we really activated all of our processes from that moment on.

DAVID PEMBROKE: And those processes are what? What actually happens?

BRENDAN MURPHY: We have a lot of pre-existing stuff and again, I think a lot of credit needs to be given to systems and process that were set up well before my time so we have our Australia Health Protection system, there's a committee that I chair that consists of all the Chief Health Officers and a range of experts that... You know, because we're a Federation, a public health service delivery is done in the states and territories but the Commonwealth plays this crucial coordinating role. But for years we've funded a group called The Public Health Laboratory Network, so they're labs that do diagnostic tests so one of the first things we did was said to them, "You've got to get a test quickly," and there were no commercial tests so they were one of the first people in the world to culture the virus, they set up the diagnostic tests and we started meeting every day.

This health protection committee used to meet about four times a year. It's probably met every day other than a couple in the last three or four months. We listed this under our Biosecurity Act as a disease of significance so that we had all the powers to put in border measures. We activated our research modellers that we've been funding for years at the University of Melbourne to start looking at this data and we really focused on preventing the risk. Initially the risk was people coming out of Wuhan in China, so we put in early border measures on flights from China, then they stopped and then we... Probably one of the most significant things we did was on the 1st of February and I remember this well, sitting in my house in Melbourne looking at the data and I said to my spouse, "We're going to have to shut the borders to China," and I spoke to the Health Minister and the Prime Minister and I can't talk about process but by that night the borders were closed which was an... And that probably was one of the most significant things that prevented us getting what happened in Italy, the US, the UK where they had a lot of cases coming from China that spread in the community before they really even knew it. So we detected all of the early cases that came out of Wuhan, we had the tests, we had the public health tracing and we isolated them and at no stage have we had large-scale community transmission.

DAVID PEMBROKE: That moment where you came to that decision point, how does that feel when you sort of go, "Okay, I actually have to pull the trigger here"?

BRENDAN MURPHY: Well I think one of the most rewarding things about this whole response is that every government state and federal has said, "Tell us the health advice and we'll take it," and that has been a very strong feature of the Australian response and even the national cabinet, the collectiveness of everyone coming together. So, I felt at all times that my ministers and the Prime Minister were listening and supporting and they were prepared to co-own the decisions, but they were very keen that we had this collective advice from the Health Protection Principal Committee with all the Chief Health Officers so that they knew that they were working on the best available advice. Now, the challenge with responding to something like this virus is that there is no rule book. We had a plan, we had a very good pandemic influenza plan but a pandemic influenza plan is based on the premise that the vaccine will come in three or four months. There is no such plan for this virus so we have at all times been taking the best possible guess as we went forward.

But I do want to emphasise just how much preparation had been done. We had a national medical stockpile, we had the plans, we had the Public Health Laboratory Network, we had the Infection Control Advisory Group and if we hadn't had all those sort of precedent conditions, we would have been in a lot of trouble.

DAVID PEMBROKE: So Caroline, to you in your role, what was your story? Where were you? I know that you had been here, you were across at PM&C, but tell me your story.

CAROLINE EDWARDS: So I was sort of just settling into the new job at PM&C and Glenys rang me, Glenys Beauchamp, and said to me something to the effect of oh we just need you to come back to Health for a few weeks just to settle Brendan in and I said, "Oh, well that sounds really great, I love Health, but I'm going"-

DAVID PEMBROKE: So what date was this? Was this sort of-

CAROLINE EDWARDS: It was the 24th of February that I arrived.

DAVID PEMBROKE: Right, but when did Glenys pick up the phone and...

CAROLINE EDWARDS: About the 19th of February.

DAVID PEMBROKE: Okay, right, so in your other job over at PM&C, were you paying attention to this? Or were you just like the rest of us?

CAROLINE EDWARDS: I mean, I was overseeing Health from the PM&C so I'd been involved with COVID, I'd been to meetings with Brendan and seen what was going on and we were doing a lot of work on COVID already, but when Glenys said it, I said, "Well, if people want me to that sounds great. I am going on holidays on the 25th of March so that's a good end date," I said, and I think I might have said something like, "Oh that's good, Brendan can do the COVID stuff and I'll do everything else." Thinking that there would be anything else and then of course by about the end of the first week in March, I think we had a Health Ministers meeting in early March which we thought was going to be about hospital agreements and other things and of course it was all about COVID. After that, it all just went, everything was COVID and we had to completely reshape the way the department worked in order to respond.

CAROLINE EDWARDS: So Brendan was fully occupied a million hours a day doing the medical advice and working with the Prime Minister and every, but we had to actually implement all the measures that were coming out of it and we had no structure to do that sort of thing so it was all working from scratch to turn all of our existing functions into what we needed to do to roll out the health response.

DAVID PEMBROKE: So take me then through that decision making process. So is it you don't have the structure, how are you thinking about, "Okay, I've got all of this to organise," and not just in the department mind you, because then there are across really the whole of the APS. There are all of those different committees being stood up.

CAROLINE EDWARDS: So the first thing that happened is there was a long weekend, the Canberra Day weekend which we were all looking forward to having a weekend and instead of having a weekend, we spent all three days, all of the executive and a lot of the rest of the department working out the \$2.4 billion package that was announced shortly after that and that was actually fundamental because we started working differently across teams and people were volunteering I'll work up that measure, I'll work up the other and just repurposing. So that set us up. Then when we went to implement it, we did probably three things that were really important as the pandemic...

One was we repurposed just about every single team in the department to do something different to what it had been doing before but we didn't change the structure, we said, "Look, what you're doing in medical benefits division is a bit like pathology so you run the pathology work," "and what you're doing in primary care is a bit like the new GP respiratory clinic," so we repurposed everything within the existing structures.

The second thing we did is we had to one, for the safety of our staff but also to be exemplars, make sure that we did the social distancing and so on that was being recommended absolutely to the... So we moved, there's about 4,000 staff in Health, and we still have about 3,000 every day working remotely including me and Brendan and also all of the executive and that's worked extraordinarily well and in the surveys we're doing now, people have actually really enjoyed the extra flexibility.

DAVID PEMBROKE: So did you have any teething problems with that? Or did your infrastructure held up pretty well?

CAROLINE EDWARDS: We had some teething problems, but the IT division were magnificent. We effectively rolled out a programme of IT that was a two-year plan over two weeks. So I think there was a weekend or two where we had trouble and we had to actually ration who was on the remote but by the end of that two weeks, everybody was working fine.

But the third thing we did, which in some ways was the most challenging, is we had to suspend a lot of the rules and processes that we normally work under. So there's an exemption which I signed off very early after arriving from all of the procurement rules which is for a health emergency and we also did all sorts of exemptions about the way product regulation works and so on because speed meant we just couldn't do the ordinary processes. So that forced us into an environment where we're effectively rules free and we had to revert to what is APS core business. Exercising judgement, taking care, assessing value for money, making sure things were safe and effective and in a way that was a fantastic thing for the team to do so instead of ticking boxes and doing rules, it was like how are you going to make sure we do what we need to do, buy the things we need to buy, support the doctors in what they need to do and look after all of our staff when you don't have a framework in the traditional sense to fall back on?

DAVID PEMBROKE: So principles-based decision making.

CAROLINE EDWARDS: That's right.

DAVID PEMBROKE: Now, is that something that stays post the crisis?

CAROLINE EDWARDS: Well we really determined at Health, we've been talking about this with the executive, to try and maintain all of the things out of this crisis that have been best. The breaking down of all the silos, the having people agile to move between jobs, more flexible workplace so people can work a mixture of home and in the office as needed and trying to make sure that we retain that good decision making and when the rules are reimposed, that we find ways to work to streamline and cut through red tape and keep what we think has served us well.

DAVID PEMBROKE: So, Dr Murphy, when did it stabilise to you? Or has it stabilised? Or when did you feel that you'd moved into an operating model that was repeatable I suppose and balanced that you could think, "Okay, we're going okay here"?

BRENDAN MURPHY: Yeah, I think the time when we thought we could see that we had achieved a steady state of control was probably about a month ago when... Another big step we put in place was quarantining returning travellers. Our pandemic in Australia has very dominated by returning travellers. Mostly Australian citizens and permanent residents, so 60% of our cases have been returning travellers and we put in early,



very early on we put in a quarantine mechanism. We've made border control stop people from now everywhere really coming to Australia and stopped people leaving but we still obviously have to bring our citizens and permanent residents back, and we had a requirement that they quarantined at home but unfortunately 15% of them weren't complying and they were the people who were seeding community transmissions so we put in this. Again, quite-

DAVID PEMBROKE: How did you know that? How did you know that they weren't complying?

BRENDAN MURPHY: Well because the states and territories were checking on them and they were doing spot checks and finding them-

DAVID PEMBROKE: What? Going around knocking on the door and they weren't there?

BRENDAN MURPHY: Yep, absolutely. They weren't there and we'd seen these... So at one stage we were close to 400 new cases a day but a lot of those were returning travellers or quite commonly direct contacts of returned travellers who they'd spread it to. So, basically once we put in that hotel quarantine, we're still getting cases. Most of our cases are still returned travellers, but they're being detected in quarantine and they're safe. So, then we started to see a rapid de-escalation. There was still community transmission, particularly in Sydney and Melbourne, but the scaling up of the contact tracing and public health response workforce in those states was good and they managed to sort of really lock down and control them. So now, we're in a situation where there are only a couple of states with a bit of transmission, many of the states have had no cases for a while but we are permanently exposed by returning travellers and will be for the long-haul and that's why our border measures in some form or another are going to be there.

So for the last month, we've felt, and that's why we've been on a path of very cautious relaxation of the physical distancing measures, but with quite a bit of anxiety that people might go too quickly or not observe the things that they'll have to do permanently until we're rid of this virus.

DAVID PEMBROKE: Now, a feature of the podcast is that we hear from the young future leaders of the public service and I do have a couple of questions here and Dr Murphy, to you first-

BRENDAN MURPHY: Brendan, please.

DAVID PEMBROKE: Sorry, Brendan, Mikayla Geary from Australian Border Force at the Department of Home Affairs, asks you directly, this year your roles have significantly changed from giving behind closed doors advice to government to being in the living rooms of the public almost daily, how do you approach that aspect of your role?

BRENDAN MURPHY: I've found it quite hard. I've found, just again in the last few weeks since I've been able to have some, I'm trying to take Saturdays off, and I go for a walk around Lake Burley Griffin with my wife and I've taken to wearing sunglasses and a cap because people-

DAVID PEMBROKE: A fake moustache.

**BRENDAN MURPHY:** People keep coming up to me almost invariably very positive, you know, you're doing a great job mate but tell us what's happening and I'm quite uncomfortable with that and I was getting my haircut and the little girl who was the daughter of the hairdresser came up and said to me, "How did you get out of the television?" Which was also pretty nice. So it's not a natural place for me. I'm actually quite comfortable doing media. The Prime Minister always makes a joke that he prepares his speech with quite a lot of detail and I go in there without any notes and just talk what comes into my head and it is something that I've always been comfortable with. As a health service CEO I did a lot of media but it's not, I'm not comfortable with being a known public face and you just have to put up with that and I'll presumably fade from the mind of the public fairly quickly.

**DAVID PEMBROKE:** But it's certainly next level though, where you've been. It's the biggest, you know, the national press gallery, everyone there, everyone interested, everyone wanting that news and I've been very impressed by the way that you've been able to put some of them in their place along the way. To say, "Well hang on, let's not go down that path, that's not where we want to go with that." So that takes a bit of confidence that perhaps-

**BRENDAN MURPHY:** I think there was a lot of anxiety. In the early days of the pandemic, there were a lot of anxious people in the community, anxious journalists, anxious academics and we were being peppered with these different points of view. It's interesting now, I remember saying, I was saying to Leigh Sales on 7:30 a few weeks ago when she was saying, you know, why aren't you relaxing measures as quickly as people want? I said, "It was only three weeks ago, or a month ago, that you and your experts were saying we need to shut down," and I think there's a lot of very frightened people. A lot of my medical colleagues had been terrified about what they've seen overseas and so we have had to stick to a middle ground, pragmatic, best evidence and it's been quite hard because there are some very strident views out there and we have to be pragmatic and take the best course. Now I think we've managed to do that so far and hopefully it's been more by good process than good luck.

**DAVID PEMBROKE:** And Caroline to you, a question from one of your own actually, Avinash Vazirani from the Medicines Regulation Division in the Health Products Regulation Group here at Department of Health and Avinash asks, "We all know how serious the COVID-19 pandemic has been and the toll it has taken on Australians and people all around the world, what has impressed you the most about the way the staff in this department have responded to the pandemic?"

**CAROLINE EDWARDS:** Well, I think the department's been absolutely incredible and everybody in it that I've dealt with and really, they've all been completely committed to a single task. It went immediately over that weekend from an ordinary bureaucratic organisation to a 24/7 organisation where everybody did what they had to do. There was no that's my patch, all of that stuff disappeared and people really embraced it. But probably the one thing that I'm most proud of is how in all of this time, through all of this really incredibly stressful time, things like we were doing contract negotiations in the middle of the night to buy ventilators, that sort of thing, we were really fighting for our country as well but I can't think of a harsh word that was exchanged amongst the teams. People were kind with one another and helpful.

- CAROLINE EDWARDS: We had a roster at one stage to try and give people three hours off a week and people were just jumping up and down to say no, so-and-so needs a break and so-and-so needs a break. I had to direct the head of the National Incidence Room to have a day off with her small child one day. So just an incredible effort. I mean, the whole place is feeling a bit weary, but enormously proud and it's really been an enormous privilege to be able to lead such a fantastic team through one of the greatest crises our country's seen.
- DAVID PEMBROKE: Now, there's obviously the role here in the department, but reaching out into the rest of the APS as well. How have you gone about working that out because we had a chat a couple of weeks ago to Elizabeth Kelly who was in charge of the medical stockpile and so industry was saying, "Okay, what can we do?" And so just take us through about how that all started to work. So as you evolved, how did it evolve around you as you were dealing with the health crisis?
- CAROLINE EDWARDS: Well industry was a key part of the work because we manage the medical stockpile, but what they did is went out there and used their contacts in industry to try and find local and overseas suppliers. So that was a fantastic partnership, but it was only one of many. I remember when I first arrived, one of my first tasks was to ring up a whole stack of agencies and say, "Somebody in your agency's not releasing staff," and the heads of the agencies without exception all said, "Oh my goodness, I'll go and fix that straight away." So we began to break down those things and I've had enormous support. I mean, I'm sort of a newbie acting secretary logged into this role on false pretences but I've got to say-
- DAVID PEMBROKE: Agile decision making, that's all right.
- CAROLINE EDWARDS: All of the secretarial colleagues have gone out of their way to be supportive and made sure that all the departments work together and really if you ring up and say you're the Acting Secretary from the Department of Health, all doors suddenly opened and again a very human response. So, the number of texts and messages I've had from secretaries and from people all over the service has been really fantastic and at all levels people really are wanting to help. We've brought in people from all over the place and they came over, worked really hard and became part of the team. So, it's broken down silos within Health absolutely, but also lots of partnership beyond.
- DAVID PEMBROKE: And what about out into the states? Because as Brendan said before, it's the delivery of health is really in the agency of the states. So how did that work with the various state departments?
- CAROLINE EDWARDS: It was similar in a way because we had all these quite rigid structures about how we deal with the states and territories and there's been good relationships. We really have done some good things, but everything is slow and cumbersome and so on and over the initial weeks during March, all that sort of basically fell away until we got to a point where there's an email group for all the state and territory Health CEOs, we all talked very frequently, we get on the phone and we sort of kept forgetting to include the Secretariat because it became irrelevant to have all that stuff and instead just talking to one another and that's one of the other things been talking to the other states and territories about maintaining.

So, a good example is together with one of the Deputy CMOs and the whole team, we set up, and the states and territories, a real time intensive care bed reporting system within two weeks and that's the sort of thing that you'd think would be a five-year trajectory normally in Commonwealth state relations and now we know exactly what intensive care beds there are out there and who's in them.

DAVID PEMBROKE: Yeah, there was that great line from Greg Hunt where he said, you know, things that would normally of taken 10 years have been taking 10 days which I think gave everybody great confidence that there was this collaborative effort from the delivery arm of the crisis. Brendan, to you, is there a moment through all of this, is there a particular moment that you will always remember? Was it closing the borders? Was it something else that when you reflect on that crisis period that you've just been through?

BRENDAN MURPHY: Yeah, I think those border decisions are probably the single most important in a sense in that I probably lead them all, all of the border decisions and lead them with my colleagues in the states and territories, they certainly supported them and that they were done against the conventional mantra. WHO has never supported border closures in a pandemic, our colleagues in the UK and Canada, who we were talking with, really questioned and said, "Why on earth you doing that? It won't help." Our history judges things but I think these were risky decisions and they had huge...

And then the other moment was when we, I was in Parramatta, I'd been to the COAG meeting and that was when the national cabinet was formed and that was the day that HPPC, the principal committee, recommended to government that we needed to introduce major physical distancing measures and over that coming week we closed down not nearly as much as countries like New Zealand, we kept a lot of things going, but we still put a lot of Australians out of work and I remember driving to work four days after that, driving past a Centrelink office, and seeing the queue and realising the enormity of what we'd done. It was the right thing to do and we would have had a terrible consequences if we hadn't done it, but I think what we did was timed appropriately. There were people clamouring for us to go harder for longer and for earlier, I think we got it about right but those... Saying to government you need to shut down the entire restaurant, dining, cinemas, clubs, casinos, all of those sort of things, all the people who work in those places, that really weighed on me very heavily.

DAVID PEMBROKE: And for you Caroline, is there a moment, is there a time, is there an anecdote about this crisis that you...

CAROLINE EDWARDS: Well, I think the one moment, just to put it in context. I mentioned my mother from Spain, so I have a large number of family in Spain and every night when I was getting home late at night would be what's happening with my relatives all stuck in their apartments and worrying about them and hearing what was going on and seeing the footage and with another colleague following the Spanish, what was happening there. So in the context of all of that, it was the day we actually settled the contract to have what I considered to be enough ventilators and that was a day that it wasn't perfect, but it was enough ventilators, I thought, if what I was hearing about in Spain was going to come to Australia, that we would be able to look after people in that way.

DAVID PEMBROKE: So that insight was influencing some of your decision making? Some of your...

CAROLINE EDWARDS: It was certainly keeping it very real as to what was actually could happen if we didn't do what we needed to do and so now luckily all of family, almost all of them have had COVID but nobody was severely ill and even my elderly aunt and uncle are fine, but I was very conscious of what it really meant in a real sense for people so it certainly drove that we need to protect and we should never accept any sort of decision that anybody's expendable. That we shouldn't close businesses because only so many old people would die. Every one of those old people has a name and a family just like my family in Spain and I think that was a real motivator.

DAVID PEMBROKE: And clearly, you know, it would seem that much of the medical side of it or the health crisis is perhaps under control although Brendan says you can't be complacent about things, but still a lot to do in this role and I believe that you were going to be at PM&C because there's sort of a bit of a roundabout. Brendan, you'd been appointed as secretary but then you were Chief Medical Officer and Glenys was still here and then you were over there so there's been a bit of musical chairs with all of this. So, what's the update on this? I read the other day that you are going to be now the...

BRENDAN MURPHY: I'm moving to the Secretary role in mid-July and I'm really delighted that I've been able to get Caroline to stay as an associate Secretary because our partnership has been fantastic in the last few months.

DAVID PEMBROKE: Between you two?

BRENDAN MURPHY: Between the two of us. It's been a really good partnership. We don't second-guess each other, we can divide things up and-

DAVID PEMBROKE: Would she like to work with you?

BRENDAN MURPHY: Fantastic, we have a lot of fun and we sort of know each other's strengths and weaknesses and the things I want to do, the reason I took on the job was because I want to assist the government's health reform objectives. So that's where I've got the connections, the clinical connections, the connections with the state so I want to play a very lead role in the government's reform journey including a lot of stakeholder engagement. The other thing I love doing is staff culture. I really want to work on making the department one of the best places to be. Caroline is the best public servant I've ever worked with and she can-

DAVID PEMBROKE: Oh, there we go.

BRENDAN MURPHY: She knows government, the system, the connections so much better than I will ever know and we're going to sort of share the Secretary role in a way and as we have in the last few months, there will be somewhat differences in the role and the title, but I think it will be an ambiguous structure but I never get caught up on structures when you've got really good relationships. It's all about people and we will make it work.

DAVID PEMBROKE: And Caroline, what's Brendan like to work with?

CAROLINE EDWARDS: Oh well he is a lot of fun.

DAVID PEMBROKE: In his spare time.

CAROLINE EDWARDS: It's really great because actually Brendan's vision of how the medical community works is one that can actually fit with the bureaucratic one so we can actually do things, see reform in a way that's not too fast or too difficult for doctors so he's absolutely fantastic. I think anybody who's worked with me before will laugh when they hear that I'm the one who's into the systems and the processes so we'll have to make sure we do obey the rules but it is really great and I'm very, very happy to be able to... I'm very pleased to hand over the Secretary role to Brendan on the 13th of July, but having been here and having gone through what was effectively a crisis and a trauma for the department as well as for the nation, I really want to stay and make sure we maintain those things we've learned and the relationships here now are just extraordinary and it would be a shame not to continue. So very pleased and pretty humbled to be staying.

DAVID PEMBROKE: Now, I understand for both of you, you mentioned earlier that the 25th of March you had yourself booked to go on a holiday, where were you going and where are you going now? Because I do believe you're going to have a bit of break before you come back in and start again.

CAROLINE EDWARDS: Well, we did have our once-in-a-lifetime trip to India planned so I think my leave and my visa were cancelled at about the same time and well, if Brendan can open the borders to Queensland, we might go and visit my brother but otherwise I think I'll be quite happy to-

DAVID PEMBROKE: Poke around.

CAROLINE EDWARDS: Yeah, and see my family and so on from-

DAVID PEMBROKE: And I believe you'll have a bit of a break as well?

BRENDAN MURPHY: Two week break. Caroline deserves a break more than I. I had a wonderful holiday in Italy as I said beforehand.

DAVID PEMBROKE: When you were over there, were you starting, was it early stages of it at all that it had-

BRENDAN MURPHY: Not really. No, I thought that I'd be going to the Secretary role in the end of January so I didn't think that... In fact, I remember, just as a final note, I remember saying to Minister Hunt when I was saying, "Look, I've been three years in the CMO role, fortunately I haven't had a big public health crisis," and so he blames me for causing it. So I'll have a little holiday. Hopefully, again, Queensland would be nice if my colleagues would open the borders.

DAVID PEMBROKE: Well maybe they'll listen to this podcast and make an exception but listen, on behalf of everyone who listens to the programme, thank you both for your service and for your contribution because I know that it's been enormously difficult, enormously challenging but you've delivered and I know that we're so lucky aren't we?

The fact that the system and the people and the decision making and everything was just about right, as good as it could have been and when we do look overseas, I'm sure to family, when we do see the crisis overseas that we're so lucky that we're here in such great hands. So thank you very much for your services.

BRENDAN MURPHY: Thank you.

CAROLINE EDWARDS: Thanks.

DAVID PEMBROKE: And thanks to you and to our friends and colleagues at IPAA, once again who are partners with us in this venture of Work with Purpose and also to the Australian Public Service Commission for their support in putting the programme together. Work with Purpose is part of the GovComms podcast network and if you would like to check out GovComms, please type that name into your favourite podcast browser and it is sure to come up and if you do happen to come across our social media promotion for this programme, please pass it along and share and if you're feeling particularly generous, perhaps a rating or a review of the programme because that will help us to get discovered.

Now, you will have noticed that we have a second Work with Purpose podcast into the family and it is Work with Purpose: A National Perspective. Gordon de Brouwer, the Chair of national IPAA, who is a much known and admired member, senior member of the Australian public service community has joined the Work with Purpose team and he will be in conversation with leaders of public services from across Australia and around the world. Now, Gordon is very experienced, very accomplished and a great raconteur and his first interview is with Chris Eccles, the head of the very highly regarded Victorian public service in his role as the Secretary of the Department of Premier and Cabinet. Now that is a fantastic interview and it's a really great interview because there's some great insights and understanding as to how the Victorian public service has responded through COVID and how they have organised themselves.

So, I commend that to you and stay tuned because we do have other podcasts heading your way. More about that in the weeks to come. So next week, we move into the world of integrity. Reputation for the Australia public service has never been higher but one of things that it is so critical that the APS look out for how it manages that reputation because it is such an asset. So we'll be joined by three guests, Michael Manthorpe the Commonwealth Ombudsman, Grant Hehir the Auditor General of Australia and Angelene Falk who is the Australian Information and Privacy Commissioner. So I'm really looking forward to having that conversation, to understand how they are looking at integrity and how they maintain that. So, certainly thanks so much to my guests today, to Brendan and to Caroline, a wonderful conversation. Thanks to you the audience for coming back once again, but we'll be back at the same time next week with another edition of Work with Purpose. But for the moment it's bye for now.

SPEAKER 4: Work with Purpose is a production of contentgroup in partnership with the Institute of Public Administration Australia and with the support of the Australian Public Service Commission.