



## Tough at the top

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## Tough at the top

Only about 4% of the fellows of the Royal Australasian College of Surgeons are women. Yet in what has been described as a “world first for a woman” the college has elected **Anne Kolbe** as its president. Has she finally smashed through the glass ceiling in surgery?

She is dogged, forthright, warm, and inclusive, loves a good laugh over a card or board game, and is an organised, clear thinker who is proud to put her family ahead of her many professional roles.

That is how colleagues, friends, and family describe Anne Kolbe, who last year became president of the Royal Australasian College of Surgeons at a particularly difficult time in its history.

Not only is there an increasing shortage of surgeons and a struggle with the government over medical indemnity, but the Australian Competition and Consumer Commission wants reforms of the college's training and selection processes.

So the decision to elect someone who does not fit the traditional “boys' club” mould is an interesting one.

Kolbe, 52, is a paediatric surgeon and health services manager from Auckland, New Zealand. She went to Auckland with her physician husband, John Kolbe, in 1977 on a working holiday soon after they graduated from the University of Queensland. She still considers herself Australian and holds an Australian passport, though she “very desperately wanted the All Blacks to win the World Cup.”

Kolbe, whose election is described by the college as a “world first for a woman,” is not a feminist, does not support affirmative action, and would hate her appointment to be seen as a token gesture.

“I feel very much that I am the president because I am the best person to do the job at this time, according to my councillors,” she says.

She does, however, have a sneaking suspicion that women must work harder and do better to rise to the top in male dominated fields such as surgery. She lists as one of her own weak-

nesses a “girlie” tendency towards perfectionism: “I invest more energy in things than I ought.”

Women, she says, are not good at observing the “80-20 rule”—that 80% effort is generally enough and that the extra 20% brings diminishing returns.



Anne Kolbe's presidency comes at a “pivotal and critical time”

She describes herself as a “doer.” It is a useful trait at a time of many challenges for the college, such as the increasing shortage of surgeons, particularly in rural and regional areas. The Australian Competition and Consumer Commission wants greater transparency in the college's decision making process

in the accreditation of hospitals and training posts, its assessment of doctors who trained overseas, and its selection, examination, and training.

Kolbe was also plunged into complex negotiations over Australia's medical indemnity crisis and the recruitment of doctors trained overseas, and she oversaw a restructuring of the college's management.

Other issues on Kolbe's agenda include debate over the role of “skills laboratories” in surgical training, a curriculum review for the nine surgical disciplines, and broader questions about the role of colleges generally in specialist training.

Since her election Kolbe has sought to engage and negotiate with the many players involved in the surgical workforce.

this process the better the outcome should be.

The Australian government's chief medical officer, Professor John Horvath, says Kolbe's presidency comes at a “pivotal and critical time” for the college.

Kolbe has proved herself to be consultative and a skilled strategic planner, says Dr Jill Sewell, a Melbourne paediatrician who was recently elected president of the Royal Australasian College of Physicians.

Kolbe acknowledges perceptions that surgery remains a men's club. She says she experienced blatant discrimination only once during her surgical training—when she was told that women should not do medicine, let alone surgery—but endured many years of working with someone who bullied colleagues.

“Most of the people who taught me surgery—to whom I owe a huge debt—were more interested in working with trainees who were competent, hard working, and wanted to learn; they couldn't care what your gender was or the colour of your skin.”

However, she adds: “I am conscious of the fact that there are some women and men who have been treated badly, and I don't want to minimise that by saying it has been all right for me.”

Kolbe wants to ensure greater diversity in the surgical workforce but is not sure the goal should be 50% women surgeons.

“We have been a little bit white, Anglo Saxon, protestant male,” she says. “We need more diversity, and people should be willing to work in the country.”

After being elected the college's censor in chief five years ago she gave up public practice but told college colleagues that her family would always come first, before her professional commitments. Kolbe's pleasure in her two teenage children is evident, as is her delight in being involved with their hockey teams and school tuck shop.

Meanwhile, Kolbe's experiences with the college have helped broaden her career horizons, and she plans to pursue a career in health management after her presidency.

“I like a challenge, and think I can make a difference,” she says. □

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“The college represents one piece in a complex puzzle. We train surgeons, we do not employ them, so therefore if the government or the community wants more surgeons then the central issue is funding: having the appropriate places in which to train. And the more we negotiate with other bodies through