
# Clinical leadership and professional change

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# Clinical leadership

The health professions working in partnership with the public and their representatives to achieve the best of health care possible.

# Clinical leadership

- Clinical leadership requires a partnership with the public
- Partnership requires public trust in the maintenance of professional standards
- Trust cannot be assumed
- Clinical leadership is needed to establish trustworthy professional standards

# Characteristics of a profession

"… the inaccessible nature of the knowledge and the commitment to altruism are the justification for the profession's autonomy to establish and maintain standards of practice and self-regulation to assure quality."

Cruess, Cruess & Johnston Lancet 2000; 356: 156 – 59

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# Change and consequence

- Growth, complexity, availability of knowledge
- Effective treatment:  good and bad outcomes
- Effective management of chronic disease
- Increased health expenditure
- Socioeconomic gain; self determination
- Social equality

# Shifting boundaries: the patient and the professional

- I decide what is in your best interests
- I decide and seek your consent
- You and I discuss the options and come to an agreed plan

# Shifting boundaries: the public and the profession

- Professional group self determination
  - "unbridled medical power and paternalism"
- Self regulation to meet professional standards
- Public and professional regulation to meet agreed standards
- Public/political regulation with loss of professional leadership

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# Damage to trust

- National Womens Hospital and consent for research
- Cases of sexual misconduct
- High profile competence cases
- Congenital heart collection and consent
- Ophthalmologists and the Commerce Commission

# Professional lag and loss of trust

- Informed consent
- Explicit standards
- Self regulation and the maintenance of professional standards
- Public accountability and professional self interest

# Characteristics of a profession

"Supposedly, trust and trusting social relations have demonstratively failed; they masked a 'club' culture in which professional cosiness, producer capture and ( at worst ) corruption flourished."

" … new public culture based on accountability and 'transparency'

Onora O'Neill Clin Med 2004; 4: 269 - 76

# Trust, standards and fitness to practise

- Trust must reside at some level, or with one group in the system
- Professional accountability is dependent on other members of the profession
- Cannot move from stupid trust to stupid accountability
  - Onora O'Neill Clin Med 2004; 4: 269 - 76

# Trust, standards and fitness to practise

"Trust is essential to the practice of medicine"

Code of Professional Practice

Hong Kong Medical Council

# Competence, care and communication, judgment

Core professional values apply not only to the health professional but also to the profession, and its training, representative and governance bodies.

# Professional groupings

- The “Club”
- Profession’s political bodies
  - Professional associations, unions
- Professional standard setters
  - Professional schools
  - Postgraduate Colleges
  - Councils and Boards

# Trust in professional standard setters

- Public involvement in professional bodies

# Trust in professional standard setters (i) public involvement

- Public representation in professional governance
- Public representation in disciplinary, competence and health deliberations
- Explicit professional standards developed after public consultation
- Clear complaints processes for patients

# Trust in professional standard setters

- Public involvement in professional bodies
- Robust processes to insure professional competence

Is identifying the poor or ill practitioner after mistakes sufficient?

Do we all have areas of professional practice which require attention?

Am I my colleague's keeper?

# Fitness to practise

- patient care
- public confidence
- requirement of most regulatory authorities
- peer awareness of practice deficiencies
- evidence of deteriorating performance
  - Ann Int Med 2005; 142: 260-73

# Deteriorating performance

- 32 of 62 decreasing performance
- 13 of 62 deterioration in some aspects
  - knowledge (all),
  - diagnosis and screening (63%),
  - therapy (74%),
  - outcome (57%)
- Possible cohort effect, failure to update

Ann Int Med 2005; 142: 260-73

# Trust in professional standard setters (ii) competence

- Strengthened peer review and audit
- Continuous knowledge assessment
- Regular professional body assessment of performance
- Accountability for colleagues

“The peak of professionalism is somebody who absolutely understands and knows how to relate to people, who shares values with everyone else and is operating in a system where the institution shares all those values ”

Sir Nigel Crisp in Doctors in Society, 2005.

# Clinical leadership

- Clinical leadership is dependent on the public acceptance of professional standards
  - partnership
  - trust in professional competence
- Maintenance of professional competence requires strong clinical leadership