**Hong Kong College of Community Medicine**

**EK Yeoh Oration – 2015**

Delivered by

Dr Roger Boyd

**Professions, professionals and professionalism**

Before proceeding to deliver the oration, I would like to say how delighted I am to be back in Hong Kong and to express my gratitude to the Hong Kong College of Community Medicine for making me an Honorary Fellow. I feel truly honoured to have this stronger, personal bond with the college, built on long and strong relationships between the Royal Australasian College of Medical Administrators and yourselves, plus our common linkage in the World Federation of Medical Managers. This is of course the work of many, not just me, and in addition to the strong leadership of your president, Dr Fung Hong, and the contribution of many members of the Hong Kong College, I must acknowledge the key roles played by many others on the RACMA side, especially two of those in this room, Prof Gavin Frost and Dr Karen Owen.

It is also a great honour to have been asked to present this oration, delivered at the Fellowship Conferment Ceremony each year in recognition of the leadership and service to the college of Prof EK Yeoh, who I am delighted is here with us.

I should also preface my comments by acknowledging that although I do not pretend to fully understand the circumstances in Hong Kong, my experience with the World Federation of Medical Managers, and dealings with colleagues in a number of different countries, suggests that although our health and political systems may vary, and we each have local cultural impacts on them, the underlying challenges in health and human behaviour are remarkably similar.

Medicine bridges the gap between science and society. Indeed, the application of scientific knowledge to human health is a crucial aspect of clinical practice. Doctors are one important agent through which that scientific understanding is expressed. But medicine is more than the sum of our knowledge about disease. Medicine concerns the experiences, feelings, and interpretations of human beings in often extraordinary moments of fear, anxiety, and doubt. In this extremely vulnerable position, it is medical professionalism that underpins the trust the public has in doctors.

The practice of medicine is distinguished by the need for judgement in the face of uncertainty. Doctors take responsibility for these judgements and their consequences. A doctor’s up-to-date knowledge and skill provide the explicit scientific and often tacit experiential basis for such judgements. But because so much of medicine’s unpredictability calls for wisdom as well as technical ability, doctors are vulnerable to the charge that their decisions are neither transparent nor accountable. In an age where deference is dead and league tables are the norm, doctors must be clearer about what they do, and how and why they do it.

Those comments taken from the Royal College of Physicians’ 2005 report *Doctors in Society – Medical professionalism in a changing world[[1]](#endnote-1)* seemed an appropriate introduction for my talk on Professions, Professionals and Professionalism. Consistent with some of the messages we have heard earlier today, the foreword to that report continues:

Until quite recently the role of doctors in people’s lives, in the community and in national life, and the responsibilities that went with professional standing, were well understood. That is no longer the case. Social and political factors, together with the achievement and promise of medical science, have reshaped attitudes and expectations both of the public and of doctors.

The relationship between doctors and society, the doctor–patient relationship, and the environments in which doctors undertake their training and their practice, have all changed. Events that have undermined public trust in medicine, and a questioning of traditional values and behaviour have also greatly influenced the life and work of doctors. They have challenged characteristics that were once seen as hallmarks of medicine.

Undoubtedly these changes have brought progress, with benefit for patients and for the public good. But there have been insidious consequences too. There is mounting evidence that in different ways these consequences can jeopardise the quality of patient care, and the fulfilment of doctors, whose prime goal is to serve patients well. The trust that patients have in their doctor is critical to their successful care.

What are the key determinants of a profession? Professions Australia[[2]](#endnote-2) uses the definition that:

A profession is a disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others. It is inherent in the definition of a profession that a code of ethics governs the activities of each profession. Such codes require behaviour and practice beyond the personal moral obligations of an individual. They define and demand high standards of behaviour in respect to the services provided to the public and in dealing with professional colleagues. Further, these codes are enforced by the profession and are acknowledged and accepted by the community.

There are of course many professions apart from medicine but it was one of the three “learned professions”, along with divinity and law, recognised in mediaeval and early modern tradition.

Bullock and Trombley[[3]](#endnote-3) have suggested that a profession arises when any trade or occupation transforms itself through:

The development of formal qualifications based upon education, apprenticeship, and examinations, the emergence of regulatory bodies with powers to admit and discipline members, and some degree of [monopoly](https://en.wikipedia.org/wiki/Monopoly) rights.

Presumably alluding to that last point, more than a century ago George Bernard Shaw[[4]](#endnote-4) famously observed that:

All professions are conspiracies against the laity.

A professional is of course a member of a profession. The Canadian Medical Association[[5]](#endnote-5) notes that a **professional** is:

A person who belongs to a group (a profession) which possesses specialised knowledge, skills, and attitudes which have been obtained after a long period of study and which are used to benefit other members of society.

Members must understand how each identifies with their profession and develop confidence in being a member, while recognising and reflecting their professional image, which includes fitting with professional standards and expectations in addition to displaying technical competence and traits such as social skills, integrity, commitment, trustworthiness and a caring, considerate approach.

The Canadian Medical Association goes on to state that:

The term **professionalism** is used to describe those skills, attitudes and behaviors which we have come to expect from individuals during the practice of their profession and includes concepts such as mainte­nance of competence, ethical behavior, integrity, honesty, altruism, service to others, adherence to professional codes, justice, respect for others, self-regulation, etc.

The concepts of professionalism are not new either, as Reid[[6]](#endnote-6) has observed:

Professionalism as set forth in the early Dialogues of Plato holds that the true professional not only possesses the practical skills and knowledge of his or her trade (tekhne in Greek) but is also disciplined in moral excellence (arête).

Australian academic George Beaton[[7]](#endnote-7) has suggested that:

Professionalism is as, perhaps even more, relevant today as it was when the concept first emerged centuries ago. Defined as a combination of knowledge, skills, trustworthiness and altruism found in those who commit themselves to a life of service to others, professionalism now covers many more disciplines than the original professions of law, medicine and divinity. The professions have steadily proliferated as knowledge has expanded, requiring ever-more specialised education and spawning neo-professions. Specialised knowledge gives professionals power over their clients. Balancing the use of this power for individual and public good, while meeting their own needs, obliges professionals to behave ethically. It also attracts government regulation and provides much of the raison d’être for professional associations. The internet, diminution of self-employment and erosion of public trust are combining to threaten many of the benefits of professionalism. True understanding of professionalism suggests that it remains indispensable to humanity and will continue to evolve its role in society.

It is generally expected that professional bodies will develop codes of conduct, setting out the professional values and standards expected of all members of the profession. For example, the Medical Board of Australia has published *Good Medical Practice: A Code of Conduct for Doctors in Australia*[[8]](#endnote-8).

I note that the Medical Council of Hong Kong – which uses a tag line indicating its key aims are “Ensuring Justice, Maintaining Professionalism and Protecting the Public” - provides a *Code of Professional Conduct*[[9]](#endnote-9) for the guidance of registered medical practitioners here. It embodies a commitment to maintaining high standards of proper conduct and good practice to fulfil doctors’ moral duty of care while upholding a robust professional culture to support self-governance, through identifying role-specific obligations and virtues of the medical profession.

The Hong Kong Code also notes that the earliest, and probably most commonly identified code of medical ethics was the Hippocratic Oath, dating back to the fourth century BC. In modern times we have had the World Medical Association’s 1948 Declaration of Geneva and its 2006 International Code of Medical Ethics, which is referenced in both the Australian and the Hong Kong Codes, and in many other countries.

The universality and enduring nature of medical professionalism remains, I think, as true today as when Sir William Osler[[10]](#endnote-10), sometimes referred to as the "Father of Modern Medicine," said in 1903:

The times have changed, conditions of practice altered and are altering rapidly, but the ideals which inspired our earlier physicians are ours today — ideals which are ever old, yet always fresh and new.

But I started with a dissertation on why, with changing expectations and social circumstances, the Royal College of Physicians felt it necessary in 2005 to produce a report with recommendations on better supporting Medical Professionalism in a Changing World.

In Australia, the Australian Health Practitioner Regulation Agency (AHPRA) receives notifications of concerns and complaints, from the public and from other practitioners, about all registered health professionals. Those about medical practitioners are dealt with in conjunction with the Medical Board of Australia and associated state or territory bodies. In 2014, 56% of all complaints and concerns lodged with AHPRA[[11]](#endnote-11) related to medical practitioners, although they are only 16% of all registered health practitioners.

The 5,585 complaints or concerns about doctors notified to AHPRA in 2014 was a 19% increase over the previous year and, if evenly spread, represents almost 1 in 20 registered medical practitioners in Australia having a notification formally lodged against them in that year.

Unfortunately, there are instances where despite the regulatory regimes in place, the public are not being adequately or quickly enough protected. When this occurs it generally leads to public outcry, expressed through the media, and responded to by further regulatory change.

As the Chief Executive of the Australian Professional Standards Authority[[12]](#endnote-12) has stated:

It is sobering to witness how quickly policy pure arguments for flexible, efficient regulation lose momentum in the face of crisis.

In Australia we have had several inquiries into hospital and health system failures in recent decades[[13]](#endnote-13). Common themes include loss of trust in administrators and among clinical colleagues, and loss of trust from patients and the community. Some, like other notorious cases such as Mid Staffordshire[[14]](#endnote-14) in England, have noted that the predominant concern of management was in balancing budgets rather than patient safety.

Is the profession’s performance and conduct declining, or the community’s expectations and literacy increasing, with processes to allow complaints made easier in the belief it will lead to improved care for the public, or all of the above – and perhaps more?

Is one solution a concerted effort to improve professionalism?

Many believe it is!

The American Board of Internal Medicine, the American College of Physicians and the European Federation of Internal Medicine in 2004 jointly published *Medical Professionalism in the New Millennium: A Physician Charter[[15]](#endnote-15)* which in its summary states:

The practice of medicine in the modern era is beset with unprecedented challenges in virtually all cultures and societies. These challenges center on increasing disparities among the legitimate needs of patients, the available resources to meet those needs, the increasing dependence on market forces to transform health care systems, and the temptation for physicians to forsake their traditional commitment to the primacy of patients' interests.

To maintain the fidelity of medicine's social contract during this turbulent time, we believe that physicians must reaffirm their active dedication to the principles of professionalism, which entails not only their personal commitment to the welfare of their patients but also collective efforts to improve the health care system for the welfare of society.

This Charter on Medical Professionalism is intended to encourage such dedication and to promote an action agenda for the profession of medicine that is universal in scope and purpose.

Many Colleges, such as the Royal College of Physicians mentioned previously, and the Royal Australasian College of Physicians – with its Supporting Physicians’ Professionalism and Performance program[[16]](#endnote-16) and its Professional Qualities Curriculum[[17]](#endnote-17) – have introduced modules into their training and continuing professional development programs aimed at enhancing their members’ understanding of professionalism and professional performance.

Similarly, the RACMA curriculum[[18]](#endnote-18) includes a Professional role competency section.

The Medical Board of Australia’s Code of Good Practice expects all doctors to base their practice on stated professional values and to be self-aware and practice self-reflection.

They, and similar regulatory agencies in some other countries, generally deal with matters of poor conduct in a disciplinary framework but with performance and health (or impairment) matters in a supportive framework with conditions set for support and remediation or treatment, plus monitoring, that are designed to protect the public. In some jurisdictions the overarching concept of “fitness to practice” is being applied.

One of the biggest challenges within the medical profession in Australia at the present time is responding to the increasingly apparent culture of discrimination, bullying and sexual harassment by supervisors of their trainees. The Royal Australasian College of Surgeons[[19]](#endnote-19) has just a week or so ago released a report that lifts the lid on an extraordinarily large problem that reflects poorly on the culture of the medical profession, not just in surgery, and is now the subject of intense scrutiny and considerable effort.

Another major challenge for the medical profession being considered at the moment in Australia is the likelihood of revalidation being introduced, given concerns about whether the public can be reasonably assured that medical practitioners maintain and enhance their professional skills and knowledge and remain fit to practise medicine.

The Medical Board of Australia[[20]](#endnote-20) has stated that:

Regulation is about keeping the public safe and managing risk to patients and part of this involves making sure that medical practitioners keep their skills and knowledge up to date.

The Board has in the past week released a commissioned paper and is seeking further expert advice, as well as broader feedback from the profession and the community, about the most practical and effective way to do this, tailored to the Australian healthcare environment.

I am aware that among an audience of very experienced and eminent professionals, I am addressing newly graduated Fellows of the College, as you take a hugely important step in your development within the medical profession – and I wish you well in your future careers.

I am also aware that the Scientific Meeting preceding this ceremony has been addressing the theme “What will the next generation of Community Medicine Specialists look like?”

I expect that College members, whether they be from Public Health Medicine, Occupational and Environmental Medicine or Administrative Medicine, are likely to have special responsibilities as leaders within the medical profession and managers within health care organisations with respect to matters such as:

* Health advocacy and policy advice
* Population medicine and health systems design
* Promoting high standards of care through clinical governance
* Wise use of health resources
* Promoting more effective models of care
* Managing other doctors’ poor performance, conduct or behaviour, and
* Promoting other doctors’ health and wellbeing

In closing, I again turn to the Royal College of Physicians’ paper on *Doctors in Society*, which noted that:

High-quality care depends on both effective health teams and efficient health organisations. Professionalism therefore implies multiple commitments – to the patient, to fellow professionals, and to the institution or system within which healthcare is provided, to the extent that the system supports patients collectively.

I encourage you as professionals, and through your contributions to it, the College broadly, to:

* embrace and promote enhanced professionalism, to
* help individual members be better professionals, which should
* lead to a more effective and trusted profession, which in turn should
* assist in development of a healthier community and a better society,

as that ultimately justifies and repays the trust and the power that societies place in professions, such as medicine.

Thank you!

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