Corporate professionalism – can we do better?

Clinical Senate of Western Australia

June 2019

Contents

Joint statement

The recent Western Australian (WA) Clinical Senate debate provided the opportunity to highlight the importance of improving corporate professionalism across the clinical sector. Senators debated how the health system can better respond to unprofessional behaviour and promote ethical behaviours in the workplace. A number of recommendations emerged from the day detailing improvements at an individual, health service management and system-wide level.

It was clear during the debate that there were differences of opinion and understanding about what corporate professionalism is, how (and if) it differs from clinical professionalism and any connections to a sense of professional entitlements. The financial consequences of unprofessional behaviours were discussed as well as their impact on colleagues and patients. It was highlighted that just as unprofessional behaviour is not tolerated in the clinical sphere, unprofessional behaviour should not be tolerated in the corporate sphere.

It was recognised that this debate was the first of many steps towards developing a better understanding of corporate professionalism, the consequences of unprofessional corporate behaviour and the changes that will need to be implemented to enable improvement. For this to occur there needed to be stable leadership and a greater culture of accountability in the most senior positions across health.

The recommendations presented in this report seek to assist Health Service Providers (HSPs) to review their current practices around corporate responsibility and provide them with tools and system enhancements to make improvements.

There were a number of reoccurring themes which emerged during the day that weren't directly connected to the topic of corporate professionalism. These included:

- Inequities in entitlements across different types of health practitioners.
- The desire for additional quarantine time for service improvement activities.
- The value of survey instruments such as the AMA's "Hospital Health Check" by the AMA (WA) Doctors in Training Committee, to determine staff wellness.

Whilst these are important issues, they were not central to this debate and might be subject to further investigation and clarification.

Codes of Conduct and discipline policies are important in providing the framework for organisations culture however are only respected within a values-based culture.

This debate raised the concepts of integrity and ethics. We were reminded that an organisation can never be considered ethical; only individuals can behave ethically. We were reminded that "the standard you walk past is the standard you accept" and again we were reminded that "Integrity is not measured by what we achieve, but how we achieve it." All sobering thoughts.

The senators and expert witnesses were thanked for their contributions to an open and honest discussion to challenge personal behaviours and identify system solutions for improvements.

Ms Tanya Basile
Chair
Clinical Senate of WA

Dr Michael Levitt
Chief Medical Officer
Department of Health WA

Recommendations

The recommendations presented below were informed by the presentations from keynote speakers, a plenary debate and workshop themes. In accordance with Senate processes, the recommendations from the debate will be shared with both the System Manager and the Health Service Providers for consideration and implementation.

The recommendations are:

System Response

Department of Health prioritise the development and implementation of a contemporary integrated Information Technology system to incorporate rostering, contracting, entitlements and payroll across all health sites and DOH within 12-24 months.

Development of a structured and accessible education program for Heads of Department and Heads of Service on corporate professionalism which addresses individual accountability, workplace culture, interpersonal relationships and performance management.

Health Service Management

Department of Health to investigate a performance appraisal tool, which incorporates corporate professionalism for all Health Service leaders (Heads of Department and Heads of Service) to utilise.

Department of Health to investigate the development of a measure of corporate professionalism that could be applied across HSPs.

> e.g. Annual leave taken vs. annual leave submitted

Department of Health to provide HSPs with tools to implement a values-based recruitment model which is congruent with corporate values.

Individuals

Department of Health develops and implements a health-wide communication campaign by 2020 to raise awareness on individual responsibilities for corporate professionalism and ethical behaviours which embeds strong corporate values.

To change the financial losses associated with unprofessional behaviour, HSPs to address compliance with the DOH Code of Conduct in respect of:

1. Approvals of O/T call back
2. Annual leave requests and annual leave taken
3. Service attendance against the work plan

Vision

The aim of the debate was to understand why corporate professionalism is a challenge for clinicians and others working in health, and to identify ways for it to be improved.

Reflecting on and exploring personal levels of integrity, and then challenging leadership styles from the perspective of ethical behaviour was the starting point. Improvement might result from how individual practitioners and hospital management teams respond to unprofessional behaviour around them, and from system-wide solutions that promote ethical behaviour across WA Health.

Approach

The executive sponsor for the debate was Dr Michael Levitt, Chief Medical Officer, WA Department of Health.

Keynote addresses set the context for debate and came from experts within and external to WA Health. In addition, a panel of expert witnesses, provided more specific insight, knowledge, experience and examples of what is currently happening and importantly, what can happen/needs to change.

The format of this debate was further enhanced using a series of interactive sessions to test participants' personal level of integrity and apply personal ratings to different examples of unethical behaviours. The second was using a sociodrama exercise where the "Director" set the scene for the characters that played the part of the "Good" panel member, "Bad" panel member and "Worst" panel member. The full group then reflected on the responses and this was repeated across several questions.

The Senators then worked in groups to determine practical strategies for change in the main focus areas of personal, health service and system-wide change. The groups developed recommendations for both the Director General as System Manager and Health Service Boards.

Presentations from the day can be found on the Clinical Senate website:

http://ww2.health.wa.gov.au/Improving-WA-Health/Clinical-Senate-of-Western-Australia

L-R: Dr Michael Gannon, Dr Michael Levitt, Ms Tanya Basile, Mr Adam Carrel and Hon Jim McGinty AM.

Welcome

Ms Ingrid Cumming, a Whadjuk Balardong Nyungar custodian and traditional owner performed the Welcome to Country.

Presenter highlights

Dr Michael Levitt - Corporate professionalism – can we do better?

Dr Levitt defined professionalism as …"Doing the right thing while no one is looking".

He clarified that corporate professionalism is not about clinical decision making or clinical judgement, nor is it about bullying behaviours. Corporate professionalism refers to our responsibility as employees and, for the purposes of this debate, should not be confused with interpersonal issues.

He described the difference between clinical professionalism and corporate professionalism and emphasised that decisions for both clinical and corporate professionalism should be intuitive: "First time, every time".

He reflected on some examples of poor corporate professionalism and the impact that it has on both the health system and on our patients. For example: the late cancellation of clinical commitments; misuse of on-call and call-back charges and the impact of accumulated leave entitlements.

He elaborated further with regard to accumulated leave stating that the outstanding WA Health leave entitlements currently exceed one billion dollars. Dr Levitt questioned whether employees were in fact not taking leave or was it that leave was not being accurately reported.

Dr Levitt outlined that leave entitlements of a senior medical practitioner over the course of their career - excluding sick leave - are estimated to amount to approximately 25-30 percent of contracted hours. For doctors to meet their clinical responsibilities is challenging when so much of their contracted hours are absorbed by various sorts of leave. Therefore, we should question if this arrangement for leave entitlements is sustainable.

He described the consequences of poor corporate professionalism which include:

- Unsubstantiated accumulation of benefits
- Overstatement of entitlements
- Bad example to junior colleagues
- Erosion in standing of profession
- Duplication of clerical work
- Under-utilisation of facilities and staff; and
- Negative impact upon patients.

Dr Levitt questioned whether we were really putting our patients first?

He suggested that almost everyone participates in some form of poor corporate professionalism at some time in their career even though this might only be occasional. He reflected that we would never accept these occasional lapses in professionalism in the course of our *clinical* decision- making. The same standards should apply for corporate professionalism.

Dr Levitt referred to relevant sections of the *WA Health Code of Conduct* (September 2017) to illustrate that, despite an existing policy that is relevant to this matter, breaches still occur.

He reflected that there are multiple contributors to the deficit in corporate professionalism, including personal behaviour of healthcare professionals; the actions of hospital management; awards; and system-wide processes.

In closing, he highlighted that, given the complexity of this problem, not all of the issues can be resolved immediately. However, he suggested that the debate could be an important start to addressing the problem and determining solutions. He reaffirmed that responsibility needs to be accepted and shared as "integrity is everybody's responsibility".

Dr Levitt encouraged Senators to have candid conversations in order help direct solutions.

Presentation 1 - Hon Jim McGinty AM

The Hon Jim McGinty AM, Board Chair, North Metropolitan Health Service, Former Attorney General and WA Minister for Health.

Mr McGinty reflected on his time in government and highlighted two significant legislative changes that had been undertaken to improve accountability and integrity across government. These were the establishment of the Corruption and Crime Commission (CCC) and the whistle blower regulations to support the public disclosure of information. These changes arose out of concerns that the criminal code and the WA Police could not address all breaches to integrity. The Office of the Ombudsman and Freedom of Information legislation also support improved accountability.

Mr McGinty highlighted that collectively these four accountability pillars of government had been created with the intent of ensuring high standards of integrity.

The consequences of unethical or poor behaviour can lead to: waste of public money that can be better spent on other things; erosion of the moral fabric of the organisation; a sense of personal entitlement; and the prospect that poor corporate behaviour is likely to spill over into clinical areas.

He also provided multiple examples of poor corporate behaviour and breaches to integrity that he had to address as Chair of the North Metropolitan Health Service within the past 12 months. These included salary breaches, misuse of entitlements, withholding of information and more overt corruption. He informed Senators that systems have now been put in place to address these types of issues and that staff are encouraged to report issues of concern with their executive so that matters can be dealt with comprehensively.

He also reported that at the executive level, NMHS has placed a premium on integrity when selecting their executive leaders.

Mr McGinty outlined the three actions required to address poor behaviour are to:

1) prevent and deter;
2) detect and expose behaviour when it does occur and
3) punish the offending behaviour.

He suggested that the *DoH Discipline Policy (* the *Policy)* is not fit for purpose and has failed to provide good governance. He noted that the DoH has committed to a revision of the *Policy* that is fair, applies natural justice, is quick to inform, avoids unnecessary technicalities, is open, transparent and flexible, sets outcomes that are proportionate to the misconduct; and, importantly, includes appropriate timeframes for completing the disciplinary process.

He indicated that WA Health employees need to have higher standards of integrity than other corporate organisations due to the access to confidential patient records, clinical responsibilities and access to medications etc. He noted that **despite** this, the penalties for breaches in the public sector are well below those in the private sector. Finally, he stated his view that integrity is fundamental across the health system due to the trust put in us as clinicians.

Presentation 2 - Mr Adam Carrel

Mr Adam Carrel, Partner Ernst & Young Australia

Mr Carrel shared his learnings from working in corporate ethics in the banking and finance sector. He reflected that ethics is not just right versus wrong, but that it is the quality of the argument used to determine if something is right or wrong.

He suggested that in regard to ethical misconduct, the initial response is often that the individual is at fault and the response is punishment or the setting of additional rules. However, he noted, rules don't generally hold well and the best response might be to support the individual to behave with integrity.

He stated that when considering ethics, there is the suggestion that it is the culture of the organisation or institution that lies at the heart of the problem. However, he observed that unethical behaviour is common across all types of organisations despite differences in culture. He also clarified that an organisation can never be ethical, only a decision by an individual can be ethical.

Mr Carrel described that an individual is often confused between their own ethics and that displayed by others at the same institution. He asserted that Codes of Conduct rarely work as a result. He felt that there is a need to enhance the capacity of individuals to act autonomously (rather than constrain them) in order to make improvements to ethical behaviour.

He used the example of aviation engineers and pilots as having a strong sense of moral obligation and that they are effective at calling out poor ethical behaviour. He suggested that a similar approach could be relevant for healthcare professionals. By stimulating a moral sense of duty this will encourage improved ethical behaviour.

Mr Carrel reflected that we are uncomfortable talking about ethics with our peers. However he acknowledged that there is the need for these conversations to be had in order to make significant change.

Presentation 3 - Dr Michael Gannon

Dr Michael Gannon, Head of Department, Obstetrics and Gynaecology, St John of God Subiaco Hospital

Dr Gannon contributed to the debate using his extensive professional experience, including that as former Federal and State President of the Australian Medical Association (AMA) and as a private hospital consultant.

He explained the difference between clinical and corporate professionalism and that both can impact on the patient.

He described how the *AMA Industrial Agreement 2016* (Agreement) can help to facilitate corporate professionalism through entitlements such as the provision of non- clinical time, professional development leave and periods of rest. He indicated that the intention is for the *Agreement* to ensure some improved accountability, fairness and professionalism. He suggested that it is a small minority of clinicians that take advantage of the *Agreement*.

Additionally, he contended, the health system contributes to poor corporate professionalism where there are multiple and ongoing administrative errors, inability for doctors to access their leave, financial key performance indicators taking precedence over staff and patient well-being, a lack of permanency and long term contracts, frequently denied requests for leave and a lack of capability within the system to collate information across multiple sites and services.

He also raised the issue that Heads of Department are not being trusted to evaluate the legitimacy of a recall claims.

He reflected that corporate professionalism is achieved by leadership not by an Award or Agreement and is dependent on improved system-wide management.

He reflected on the result from the *2018 Hospital Health Check (HHC)* and advised that it is important that we consider the results of the HHC and identify solutions.

Dr Gannon felt that there is a long way to go to achieve improved corporate professionalism. He reflected that urgent cultural change is required across medical administration and Health Support Services (HSS). Strategies for change include:

- Ensuring platforms for entering leave are accessible
- Addressing issues of fragmentation caused by the introduction of Health Service Boards
- Providing employment certainty through issuing permanent or long term contracts
- Providing adequate staffing levels so that staff can access their leave entitlements

He reflected on the vision and values of the DoH and questioned if the system actually reflects these values.

He concluded by suggesting that we all must play our part in improving corporate professionalism.

Plenary

The Plenary Session included a panel of six diverse panellists with experience across the health system (See Appendix 1). The panellists were asked direct questions and were supported with discussion by the Senators and experts.

Key themes that emerged during the panel and plenary session include:

To build a culture of corporate professionalism there is a need to establish a values-based vision for the service, to teach acceptable standards of behaviour, to promote the effective use of resources and to audit the outcomes to ensure accountability.

Leaders need to model and display appropriate behaviours in line with the values of an organisation.

Private hospitals seem to have stronger focus on productivity and efficient use of resources (staffing/theatre time/patient impact). There should be no difference for standards of accountability and integrity between the public and private systems.

There are a number of challenges administratively when clinicians work across sites and public and private settings. This requires submission of multiple leave forms and the need for job plans.

It is important to recruit staff with values that align with the organisation's philosophy. This needs to be achieved across all levels of the service and should be facilitated by good Human Resource support.

There are similarities in minimum conditions of employment across health professionals but significant differences in leave entitlements.

Well-functioning teams ensure members are accountable for their behaviours.

It is essential that leadership appointments are made in a timely manner; that teams have time to storm and form; and that issues of integrity breaches when raised are dealt with effectively and efficiently.

There were examples shared where unethical behaviour had been reported upwards but due to instability at the upper leadership levels these were never fully investigated at the time and therefore allowed a culture of tolerance to grow.

It is important for people to have open discussions about corporate professionalism as well as feeling comfortable to acknowledge when they or their colleagues have not got it right.

Corporate and clinical professionalism are not exclusive. Unprofessional behaviour is not tolerated clinically so unprofessional behaviour should also not be tolerated corporately.

There is a need to set standards for acceptable behaviour, which is then linked to the performance appraisal process where people are held accountable for unacceptable behaviour.

There are challenges with the current payroll, human resources and roster systems being dated, administratively burdensome and not being linked with each other or across sites.

Values-based decision-making needs to be taught at the graduate level and then reinforced with further education throughout their career. All staff need to feel safe to speak up without retribution or impact on their career prospects.

We have a corporate responsibility to use public funding appropriately and to put the patient first.

Heads of Department and Heads of Service may not have the appropriate training and support to lead on and address issues related to poor corporate professionalism.

To improve individual ethical behaviour requires a values-based culture.

Education about values-based leadership and corporate professionalism is needed across the system.

Appendices

Appendix 1: Program

Corporate Professionalism – can we do better?
Monday 24 June 2019
Fraser's Function Centre, King's Park
Executive Sponsor: Dr Michael Levitt, Chief Medical Officer, Department of Health

7.45am	Registration	Mr Will Bessen, Facilitator
8.30am	**Opening session**	
8.30am	Welcome to Country	Ms Ingrid Cumming
8.40am	Welcome and senate update	Ms Tanya Basile Chair, Clinical Senate of WA
8.50am	Director General's response to recommendations	Dr Aresh Anwar Chief Executive, CAHS
9.00am	Interactive Session on Mentimeter	Mr Will Bessen
9.20am	Setting the scene for debate	Dr Michael Levitt
9.30am	Presentation 1	Hon Jim McGinty AM
9.50am	Presentation 2	Mr Adam Carrel
10.05am	Presentation 3	Dr Michael Gannon
10.20am	Morning Tea	
10.50am	**Panel & plenary**	Facilitators: Dr Michael Levitt Mr Will Bessen
	Ms Liz MacLeod	Ms Yvonne Prout
	Professor Richard Carey Smith	Dr Paul McGurgan
	Ms Julie Brayshaw	Mr Ben Irish
12:20pm	Experiencing Corporate Professionalism Tensions - 'Good, Bad, Worst' exercises	
Additional Experts	Professor Julie Quinlivan, Mr Warren Harding, Dr Simon Towler, Dr Chris Harper, Dr Warren Edwardes, Ms Jane Nicolson, Dr Donald Coid, Dr Andrew Jamieson, Dr Kavitha Vijayalakshmi, Dr John Anderson, Dr Sumit Sinha-Roy, Ms Karen Callaghan, Ms Angie Spaziani, Mr David Monaghan and Ms Sheralee Tamaliunas	
Invited Guests	Dr Denise Glennon, Mr Michael Hardy, Ms Debbie Karasinski AM and Dr Alex Markwell	
12.40pm	Lunch	
1.20pm	**Working group themes**	
	Personal	**Professional leadership**	**System response**
2.45pm	Afternoon Tea	
3.00pm	Presentation and prioritisation of recommendations	Mr Bevan Bessen/Mr Will Bessen
3.45pm	Closing remarks	Dr Michael Levitt
3:55pm	Summary and close	Dr Tony Mylius
4.00pm	Close	

Appendix 2: Presenters, expert witnesses and invited guests

- Ms Ingrid Cumming, Whadjuk Balardong Nyungar custodian and traditional owner
- Ms Tanya Basile, Chair, Clinical Senate of WA
- Dr Aresh Anwar, Chief Executive, Child and Adolescent Health Service
- Dr Michael Levitt, Chief Medical Officer, Department of Health
- Hon Jim McGinty AM, Chair, North Metropolitan Health Service Board
- Mr Adam Carrel, Partner, Ernst & Young Australia
- Dr Michael Gannon, Head of Department, Obstetrics and Gynaecology, St John of God Subiaco Hospital and Former National and State President AMA

Panel members

- Ms Liz MacLeod, Chief Executive, East Metropolitan Health Service
- Ms Yvonne Prout, Director, HR and IR, South Metropolitan Health Service
- Professor Richard Carey Smith, Specialist Orthopaedic Surgeon, Sir Charles Gairdner Hospital
- Dr Paul McGurgan, Head of Clinical Service, Obstetrics and Gynaecology, Osborne Park Hospital
- Ms Julie Brayshaw, Chair, Occupational Therapy Board of Australia
- Mr Ben Irish, Director of Clinical Services, Joondalup Health Campus

Additional experts and guests

- Professor Julie Quinlivan, Director, Professional Services Review Agency
- Mr Warren Harding, WA Minister for Health's Nominee, Sustainable Health Review
- Dr Simon Towler, Staff Specialist, Intensive Care Unit, Fiona Stanley Hospital
- Dr Chris Harper, Radiation Oncologist, Sir Charles Gairdner Hospital
- Dr Warren Edwardes, Director of Industrial/Legal, Australian Medical Association WA
- Ms Jane Nicolson, Director of Human Resources, North Metropolitan Health Service
- Dr Donald Coid, Executive Director Medical Services, Sir Charles Gairdner Hospital
- Dr Andrew Jamieson, Co-Executive Director of Medical Services, WA Country Health Service
- Dr Kavitha Vijayalakshmi, Executive Director of Medical Services, Child and Adolescent Health Service
- Dr John Anderson, Deputy Director of Clinical Services, Fiona Stanley Hospital
- Dr Sumit Sinha-Roy, Deputy Director of Clinical Services, Royal Perth Bentley Group
- Ms Karen Callaghan, Acting Executive Director, Governance and System Support, Department of Health
- Ms Angie Spaziani, Director, System-wide Integrity Services, Department of Health
- Mr David Monaghan, Manager, Medical Employment Services, Royal Perth Bentley Group
- Ms Sheralee Tamaliunas, Director, Workforce and Employment, Department of Health
- Dr Denise Glennon, Board Member, East Metropolitan Health Service Board
- Ms Debbie Karasinski AM, Chair, Child and Adolescent Health Service Board
- Dr Alex Markwell, Chair, Queensland Clinical Senate