Professionalism, Professional Governance and Accountability

By Dr T Thirumoorthy, Executive Director, SMA Centre for Medical Ethics and Professionalism

Medical professionalism has been defined as an ideology encompassing a set of professional duties, competencies, values, virtues, behaviour *(professional conduct)*, outcomes *(performance)* and relationships that aims to achieve the goals of Medicine, and promote trust and confidence in the healthcare system. The trust and confidence of the patients, the public, the profession and all stakeholders in the healthcare system is necessary to give the stability and consistency in the midst of complexity, uncertainty and the dynamic nature of medical practice. The professional ideology based on competence *(excellence)*, ethics and altruism *(service)* gives a framework for effective and harmonious delivery of healthcare. This ideology, which promotes the principle of primacy of patient welfare above physician interests, also promotes respect, empathy and sincerity which are essential ingredients for an effective therapeutic and healing relationship. Medical professionalism provides the foundation of consistency in the midst of complexity, change and uncertainty of today's medical practice.

The modern practice of Medicine has become complex: filled with paradoxes and uncertainties, and coupled with unknowns and unknowables. Medical professionalism and medical practice is being challenged by higher expectations of patients and the public, by commercialisation, by increasing cost and growing disparities, by bureaucratisation and over-regulation, by rapid advances in technology and superspecialisation, leading to fragmentation and incoordination of care to the patients.

To meet the complexities, uncertainties and challenges, professional governance must be both effective and efficient. Professional governance in complex systems cannot be administered by a simple top-down regulator and regulatee system, but involves selecting, educating, assessing, qualifying and credentialling doctors. Professional governance is continued responsibility for setting and maintaining standards for practice, and ensuring that the working environments sustain and promote a culture of professionalism which meets professional standards. Professional governance involves a system of achieving and maintaining competence and performance, together with early detection and remediation of doctors with fitness to practice issues. Professional governance is about safeguarding professional standards and managing a system of professional accountability and disciplining which is competent, effective and fair.

Professional accountability is not about pitting doctors against the very patients they have a duty to care for, nor about pitting battles between regulators and doctors. Instead, it is about promoting trust and confidence of the patients and the public in the medical profession and the healthcare system. Professional misconduct, the abuse of professional privileges and neglect of professional duties, very much akin to medical errors have roots as much in the healthcare system as in the competence, attitude and commitment of individual doctors[1]. Like medical errors, lapses in professional conduct are common, inevitable and some preventable.

Under the amended Medical Registration Act (MRA) 2010, the substantive grounds on which the Singapore Medical Council (SMC) Disciplinary Tribunal may find a medical practitioner liable, include the practitioner having:

(a) to have been convicted in Singapore or elsewhere of any offence involving fraud or dishonesty;

(b) to have been convicted in Singapore or elsewhere of any offence implying a defect in character which makes him unfit for his profession;

(c) to have been guilty of such improper act or conduct which, in the opinion of the Disciplinary Tribunal, brings disrepute to his profession;

(d) to have been guilty of professional misconduct; or

(e) to have failed to provide professional services of the quality which is reasonable to expect of him.

The MRA does not provide any definition nor assistance to give a definition or meaning to the above phrases or on professional misconduct.

In Low Cze Hong v SMC [2008] 3 SLR(R) 612, the Court of Three Judges held that:

"Professional misconduct could be made out in at least two situations: first, where there was an intentional, deliberate departure from standards observed or approved by members of the profession of good repute and competency; second, where there had been such serious negligence that it objectively portrayed an abuse of the privileges which accompanied registration as a medical practitioner."

The definition above does not state whether the standards deviated from are standards of practice or standards of behaviour and conduct. Explicit standards in many areas of medical practice are undefined. Variations in medical practice are often inevitable, depending on the facts and context of the clinical situation. Specifying standards of conduct for every clinical situation in an ethical code would reduce the complexity of the art of clinical practice to a naive checklist[2].

It is clear that abuse of privileges and intentional neglect of duties and responsibilities would construe as professional misconduct. The concept of professional misconduct is undoubtedly wide, complex and hard to define.

To this end, SMA, through its Centre for Medical Ethics and Professionalism (CMEP), in collaboration with the Academy of Medicine, Singapore and the College of Family Physicians Singapore, is organising a seminar covering the topics of: professional misconduct, understanding SMC disciplinary proceedings, and responding effectively to an SMC complaint letter.

This seminar will be held on 5 November 2011 at KK Women's and Children's Hospital, immediately after the SMA Lecture 2011. If you would like to attend, please refer to page 19 or register at http://www.sma.org.sg/smalecture. SMA

References

1. Lucey C, Souba W. The problem with the problem of professionalism. Acad Med 2010; 85:1018-1024.

2. Baker R. Developing standards, criteria and thresholds to assess fitness to practice. BMJ 2006; 332:230-232.