

# Leadership: Australian Perspective

Medical Workforce

# Premises about leadership

- Essentially about change
- Will always be needed (changes in context, population needs, evidence, technology, priorities etc)
- Focus is different from management

# Leadership focus

- More about people than things
- The long term rather than the short term
- Developing relationships rather than tasks
- Values and principles rather than activities
- Mission and purpose and direction rather than methods, techniques and speed.

(Covey 2003)

# Some Australian successes

- Health care: Immunisation
- Medical workforce development
  - Continuing professional development by medical colleges
  - Uptake of distance and web assisted technology
  - Leadership in public health ( PHEC)

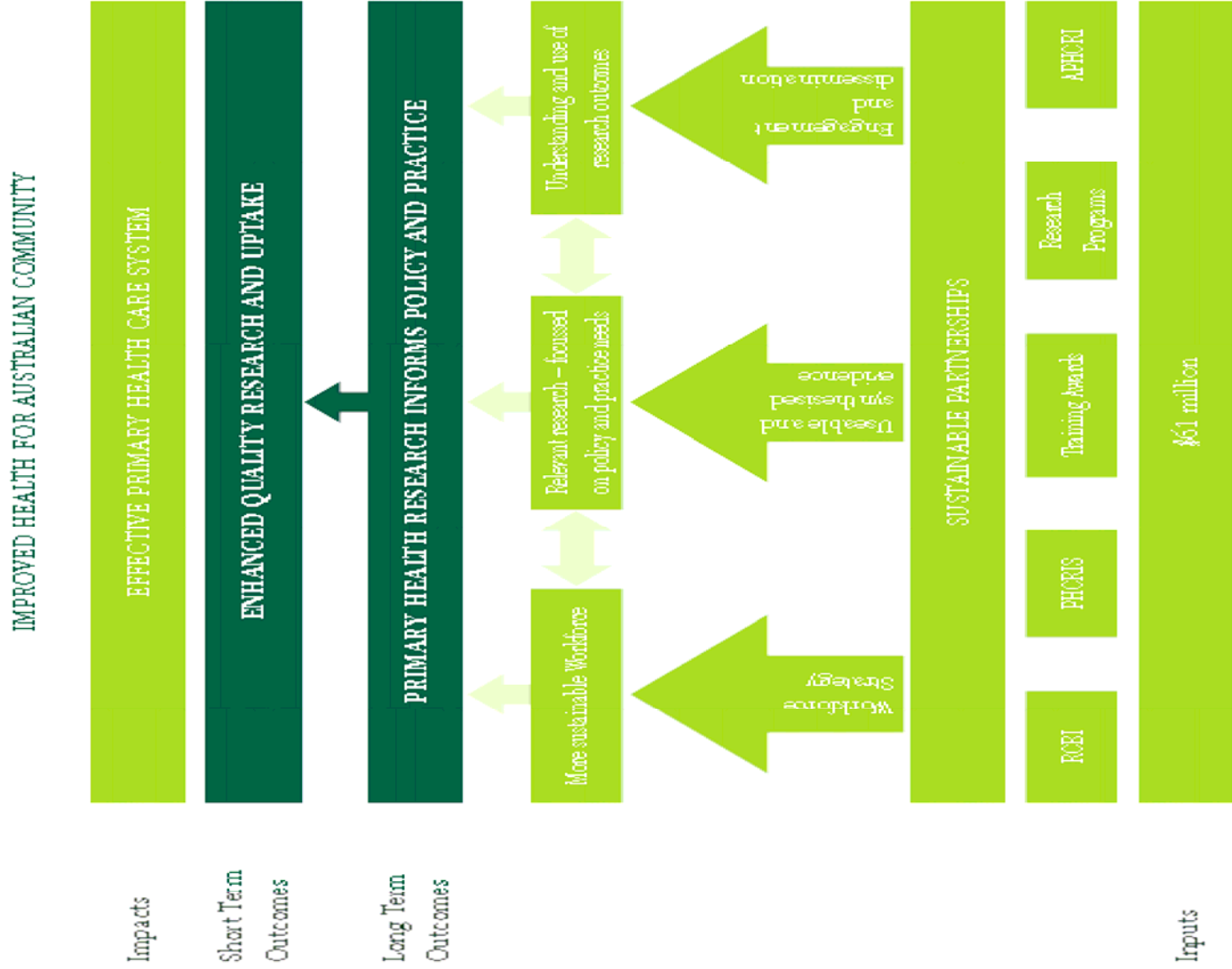
# Leadership role of the medical profession

- Gathering evidence on health care, services, or determinants of health
- Interpreting evidence for varied audiences
- Proposing policy/system options based on evidence, eg. regulation, health action, other policy action.
- Being champions for change
- Developing sustainability

# Successes

- medical education innovation
  - (Aus MED 8)
  - Aboriginal Health
- Quality improvement – Clinical Support Systems program
- Research capacity development (PHC RED)

## 6. A STRATEGIC FRAMEWORK FOR THE PHC RED STRATEGY



# Common features

- Clear purpose & values (Imperatives)
- Champions for initiative
- Built on success (previous local initiatives)
- System involvement (eg. policy, \$, regulation)
- Investment in change
- Time to mature and build sustainability
- Responsive to evolving needs



# Issues/ Impediments

- Continued focus on profession specific and health condition specific issues
- Little sharing of imperatives vertically or horizontally ( client focus, national to service, or across professions)
- No national health strategy
- client focus?

# The future

- Documentation & evaluation of system and practice:
  - To improve system implementation of local successes
  - To understand impact of system and local initiatives (+/-)
  - Identify priorities and what it takes to change

# The Future (2)

- Helping people to manage their own care
- Team/interprofessional approaches to care
- Assessing & incorporating new care modalities into health care system
- Expanded role for community-based care
- Balancing increasing specialisation with need for 'generalists'

# Leadership at system level

- Capacity to conceptualise system implications of local change- for better or worse
- Managing the impacts of global changes: social, political, economic, technological & environmental
- Dealing with health & social inequalities: balancing efficiency with equity
- Developed/developing countries divide

# Leadership is contextual

Responsive to the needs of :

- the social context
- the political environment
- the work environment
- culture and values of organisation
- the role – (often multiple)

# Leaders exert influence

Through

- The goals/objectives and the performance standards they establish
- The values they establish and exhibit
- The business and people concepts they establish
- Their personal expertise, their behaviours and their accomplishments