LEADERSHIP AND MEDICAL TRIBALISM

The recent Royal College of Physicians (RCP) report examining professionalism, identified leadership as an essential prerequisite for our profession in the new millennium. Leadership was also featured in the latest RACP News (magazine of the Royal Australasian College of Physicians), which highlighted leaders among the College’s Fellows: a state governor, two vice-chancellors of leading universities, 10 deans of medical schools, and the last three chief medical officers of the Australian Government. This is an impressive line-up, but is reaching the pinnacles of the establishment, academia or the bureaucracy synonymous with leadership?

The Concise Oxford Dictionary defines a leader as “n. 1 a. a person or thing that leads b. a person followed by others.” But, as noted by a US academic, there is another dimension: “… leadership must be intimately connected to the process of change. The leader expresses not what the group is but what it might be.”

And yet, doctors are not followers, and are wary of change. New medical bodies appear regularly, as John Green, former chief executive of the Royal Society of Medicine and observer of doctors, opines: “There is no kingdom too small for a doctor to be king of.” Medical tribalism appears to be endemic, and is not without its consequences.

Sir Donald Irvine, past president of the United Kingdom General Medical Council, notes: “Tribalism has a profound impact on the profession — we are a dysfunctional profession at that level right through the system, and it is hurting us.” In fact, Dame Janet Smith, Chairman of the Shipman Inquiry, echoes such sentiments: “Tribalism causes doctors as a group to protect themselves, rather than acting collectively.”

The RCP report strongly recommends a “common forum” that speaks “with a unified voice”. With more than 30 medical tribes making up Australian medicine, is this imperative possible?

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