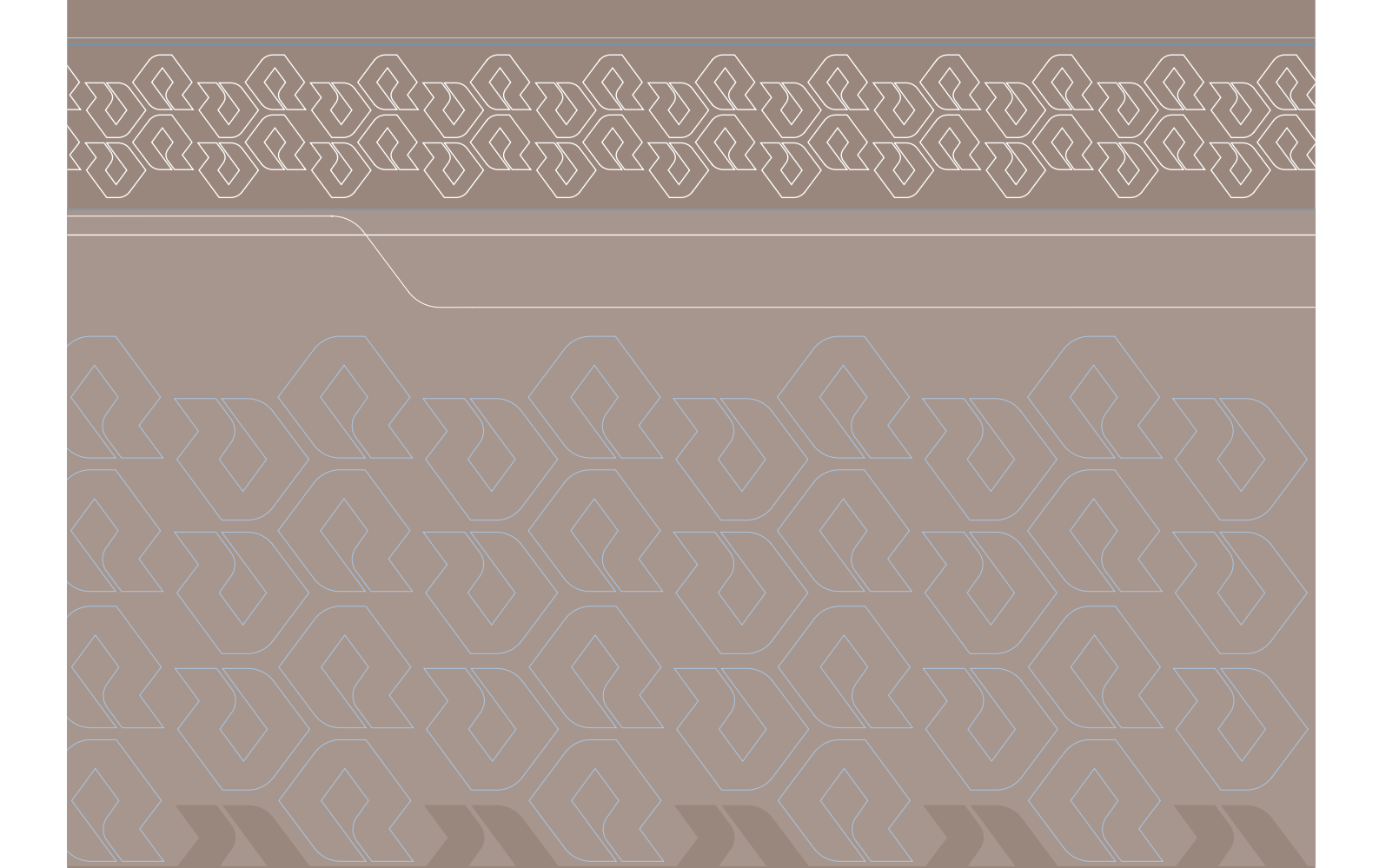




Developing the clinical leadership role in clinical governance

A guide for clinicians and health services

A supplementary paper to the VQC document 'Better Quality,
Better Health Care – A Safety and Quality Framework
for Victorian Health Services'



Published by the Metropolitan Health and Aged Care Services Division
Victorian Government Department of Human Services, Melbourne Victoria

April 2005

This booklet is also available in PDF format and may be downloaded
from the VQC website at <http://www.health.vic.gov.au/qualitycouncil/>

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Printed by Ego Print, 31-37 Howleys Road, Notting Hill, Victoria 3168

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Summary

Summary

Clinical leadership describes both a set of tasks required to lead improvements in the safety and quality of health care, and the attributes required to successfully carry this out. Visible and active clinical leaders can create a safety and quality program that achieves positive and sustainable improvements for patients, and that fulfils the legal and ethical clinical governance obligations of health services. Clinician input into safety and quality improvement is critical for predicting the 'bedside impact' of changes, and for promulgating new ideas within and across clinical and professional boundaries. It is also vital for sustainability of change, as clinicians are often part of the health service over a longer period than managers, with medical consultants, in particular, able to take a long term view.

Clinicians who lead safety and quality initiatives have been described as having a broader view of the health care world than their colleagues, because they understand their health service, the bigger picture of health care and the local and international safety and quality context. They model desired behaviour through their involvement in safety and quality activities, and encourage others to be involved through effective communication, demonstrating outcomes and acknowledging achievements. They update their own skills in safety and quality improvement and encourage others to do the same.

Clinical managers, in particular, play a salient role in the improvement of clinical practice, clinical decision-making, day-to-day care processes and how the patient is treated at the bedside. They understand that this is where decisions are made that determine whether care is safe and high quality. Clinical processes that are changed without clinician engagement are often inappropriate and unsustainable. The way in which clinicians understand, accept and enact their clinical governance responsibilities, and further delegate and operationalise them within their departments and clinical areas, is key to the effectiveness of a clinical governance program.

At a strategic level, clinical leadership activities will include:

- participating in setting the safety and quality agenda, and taking responsibility for leading the implementation of that agenda
- taking a substantial role in determining priorities for allocation of resources to support best practice patient care
- acting as champions for clinical and systems improvement
- attaching organisational and professional status to involvement in safety and quality activities
- taking the lead in prioritising, designing and implementing improved processes of care
- ensuring training and organisational support are available to encourage clinical involvement in improvement activities.

Enabling and motivating clinicians to take on this role requires organisational support and collaboration between senior managers and clinicians, to tailor the leadership role to best fit with organisational clinical roles. This will include clear role delineation, training, the creation of incentives and removal of disincentives, and these are discussed in more detail throughout the paper.

The context for clinical leadership in clinical governance

This paper expands on key issues relating to clinician leadership as outlined in the VQC safety and quality framework “Better Quality, Better Healthcare”.¹ The VQC Framework nominates Leadership and Governance as one of four organisational elements necessary for ensuring high quality health services, along with Consumer Involvement, Competence and Education and Information Management. The purpose of this paper is to equip healthcare organisations, and clinical leaders themselves, to develop the leadership role to better meet the demands of clinical governance.

The paper covers:

- The context for clinical leadership in clinical governance
- What is clinical leadership?
- Supporting clinical leadership
- Leading clinical teams
- Equipping clinicians to lead.

Appendix A provides a checklist of clinical leadership elements for self-assessment. Appendix B describes the dimensions of high performing clinical units and a set of questions that clinical leaders can ask to focus clinical units on safety and quality.

Clinician leadership is a broad topic area that is neither clearly nor consistently defined in the literature. There is widespread agreement, however, that clinical leaders are critical to effective clinical governance, which is defined by the Australian Council on Healthcare Standards (ACHS) as: “the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care”.² In practice, this involves:

- Building a culture of trust and honesty where adverse events are discussed openly and responded to appropriately
- Fostering organisational commitment to continuous improvement and review at all levels of the organisation through clear role delineation and accountability
- Establishing rigorous systems to identify, monitor and respond to problems in patient care and to ensure care is safe, timely and appropriate
- Evaluating and responding to key aspects of clinical performance – ensuring that the right things are done in the right way at the right time for the right person, by the right person.³

Clinical governance requires that health service governing bodies assume the same ultimate responsibility for the oversight of the safety and quality of clinical care as they do for financial and business outcomes. This requires mechanisms such as: system checks and balances in place to monitor and manage risks; regular reporting on key areas of priority; delineation of and support for staff accountability; and data used to paint an accurate picture of issues and problems in health care and how they are being addressed. These objectives cannot be achieved in a practical and sustainable way without the leadership and input of clinicians, and it could be argued that past attempts to do so have contributed to quality programs sometimes being seen as ineffective and administratively based.⁴

For the purposes of this paper, VQC has defined “clinicians” as medical, nursing, allied health and paramedical staff – in effect, anyone with a clinical patient care role.

The governing body of a health service is reliant on leaders and managers to develop and implement relevant policies and processes to fulfil these responsibilities. Implementing clinical governance is likely to require a shift in focus at clinical management level, as traditional quality programs have generally not provided the same impetus to invest in these roles as does the legal obligation on governing bodies to assure the safety and quality of their health services. A key tenet of this change is a more structured and visible delegation and enacting of accountability for improvement at all levels of health care organisations.

Clinical managers, in particular, play a critical role in the improvement of clinical practice, through to their input into clinical decision-making, day-to-day care processes and how the patient is treated at the bedside.⁵ Plans and policies to improve safety, effectiveness, appropriateness, acceptability, access and efficiency are unable to be fully implemented without clinical leaders and managers being enabled to design systems, change their practices and redirect their staff activities accordingly.^{6,7}

What is clinical leadership?

Clinical leadership describes both a set of tasks to lead improvements in the safety and quality of health care, and the attributes required to successfully carry them out. It has been described as 'attempting to harness the energies of clinicians and reformers in the quest for improvements in performance that benefit patients'⁵ but there is no, one, agreed definition in the literature, with most research and commentary describing it as a set of tasks.

At a strategic level, these include:

- participating in setting the safety and quality agenda, and taking responsibility for implementing that agenda
- taking a substantial role in determining priorities for allocation of resources to support best practice
- acting as champions for improvement
- attaching professional and organisational status to safety and quality activities
- taking the lead in prioritising, designing and implementing improved processes of care
- ensuring training and organisational support are available to support involvement in clinical governance activities.^{8,10,13,14}

Clinicians can lead in many ways, both formal and informal, as part of their organisational position and through their collegiate relationships.⁸ Consistent themes emerge from the quality improvement literature regarding predictors of staff involvement in safety and quality activities: the extent of support from their direct line manager; the belief that the organisation will experience outcomes of value from the activities; and access to training in the tools of change and improvement.⁹ Clinician leadership is required to create and promote these motivators. Clinical leaders understand both their health service and the bigger picture of health care and the local and international safety and quality context. They model desired behaviour through their involvement in safety and quality activities and encourage others to be involved through effective communication, demonstrating outcomes and acknowledging achievements. They update their own skills in safety and quality improvement and encourage others to do the same. They understand that clinical decision-making, and the systems that underpin it, are the ultimate determinants of the quality and safety of clinical care.

Clinicians are well positioned to lead safety and quality improvement, and, at a practical level, this translates into a range of activities, including:

- equipping themselves with the knowledge and skills to initiate and drive appropriate safety and quality activities at a professional and team level
- translating high level organisational strategy into operational improvement activities
- leading the development, implementation and evaluation of quality and safety plans, systems and activities
- openly communicating and reporting safety and quality problems and adverse events and participating in developing solutions
- adhering to policies and procedures for preventing, reporting and disclosing adverse events
- ensuring that care and services are delivered according to best available evidence, health service protocols and policies
- ensuring safety and quality risks are proactively identified and managed through effective systems, delegation of accountabilities and properly trained and credentialed staff
- developing a partnership approach with patients and their carers in individual episodes of care as well as the prevention, treatment and discussion of adverse events
- leading a team approach to patient care, quality improvement and problem solving, and ensuring that this adds to participants' organisational and professional status
- fostering a culture which does not blame, but rather seeks to solve problems and learn from them and supporting staff in this process
- empowering and holding accountable staff at all levels to be appropriately involved in monitoring and improving care and services
- recognising the importance of effective team communication in patient care, and supporting staff training and development in this area
- improving systems to support and spread best practice individual patient care
- modelling a professional, evidence-based approach to care delivery.^{10,11,12,13}

It is unlikely that all clinician leaders will undertake all of these activities. Health care organisations should assist clinicians who wish to take on a leadership role to identify their strengths and interests and build on these to develop an appropriate leadership role. This approach spreads the leadership load and encourages a team approach to safety and quality improvement, with different leaders contributing their specific expertise.

Supporting and motivating clinical leadership

Clinicians will be most open to leading improvement activities when they feel supported in this role by executive managers, are clear about and agree with the improvement goals and their responsibilities for achieving them, are trained in the skills they need to fulfil their role and trusted and resourced to fulfil those responsibilities. Resourcing includes tangible assistance such as administration time and backfilling staff, and removing corresponding disincentives. Clear delineation of clinicians' responsibilities for improving safety and quality as part of position descriptions and performance reviews lays a foundation for leadership, particularly when clinicians are required to make a reciprocal commitment to fulfil those responsibilities.¹⁴

Clinicians also find motivation in examples of successful clinician-led improvement activities that demonstrate tangible outcomes for patients and staff, the opportunity to add to their skills base, association with respected practitioners, valid measurement of their work, professional recognition and advancement and involvement in improvement activities that support their professional values.^{4,15}

Organisations that actively develop clinical leaders in clinical governance demonstrate CEO and executive support through:

- a vision of what leadership and safety and quality means within a particular organisation, including corresponding roles and responsibilities, and communication of that vision
- the provision of incentives to take on a safety, quality and leadership role
- specific training to equip leaders
- changes to organisational governance and structure to embed and support safety and quality leadership
- provision of evidence and data to enable clinician understanding of what they do, how they compare with their colleagues and how their practice patterns relate to the best available evidence and different outcomes
- facilitating a mix of clinician leaders who both champion projects to galvanise enthusiasm and involvement and clinicians who make things happen by providing leadership through action
- sponsorship of collaboration between managers and practicing clinicians to effect change.^{16,17,18}

Involvement in planning

Clinicians are more likely to engage in clinical governance activities if involved in the design and planning phase. Early participation in planning and decision-making motivates ongoing involvement in all change processes. This can help detect and resolve real and perceived differences in definitions, values and perceptions around the purpose of the proposed program and clarify the benefits of the new way of doing things.^{17,19} The value that clinical managers, in particular, place on clinical governance will significantly impact its implementation. Goals that are not seen to be progressing the work and values of clinicians are unlikely to be pursued in a positive and constructive way.

High-level organisational support will be required to assist clinicians to manage the ambiguity that naturally arises when planning for change. The principles underpinning clinical governance programs have inbuilt tensions that require careful balance between sometimes conflicting demands, for example, celebrating success while tolerating and learning from mistakes. Health care professionals, in particular, may struggle with these apparent contradictions. Values such as 'tolerance of mistakes', 'openness' and 'trust' have not traditionally been incorporated into the professional training and hierarchies that dominate health care, and the relationship between a 'just' culture and personal accountability is one that the health care community is still coming to terms with.²⁷

The core professional values of clinicians across professions with respect to patient care are unlikely to differ significantly, but may be perceived as separate due to disparate preconceptions, labels and language, thus creating misunderstanding and division. In the quality-related literature, a commonly expressed belief is that most people who work in health care are intrinsically motivated to do a good job, with 'the desire to help people by offering a high standard of service in a timely and courteous manner' the main motivation of clinicians.⁵ Health care professionals of all backgrounds share this strong commitment to high standards of patient care, and are correspondingly de-motivated by working with processes and systems they do not control and which do not address these values.^{5,20}

Medical clinicians, in particular, are trained to value their relationship with each individual patient as part of their professional autonomy, which remains a key characteristic of health care.²⁴ This may seemingly make it difficult for doctors to engage in improvement activities which address complex systems and teamwork, and specific training will be required to

maximize their involvement and build on their concern for the individual patient. Engaging in a collaborative approach to planning the goals and rollout of the clinical governance program affords clinicians at all levels the opportunity to explore these issues, develop a common understanding of why and how clinical governance should be implemented, and to clarify role expectations. This lays the foundation for ongoing commitment and involvement at all levels. Maintenance of this commitment will depend on the action that follows the planning.

A central obligation for CEOs and executives in clinical governance is to delegate authority and create opportunities for clinician managers to redesign the work of their departments to achieve safer, higher quality care. Such empowerment ideally includes designating clinical leaders to work with managers to determine and design these activities, engage staff, seek and receive information and feedback where necessary and conduct regular evaluation of progress. Empowerment can be confused with involvement, but requires more than giving people the opportunity to make suggestions, provide input and carry out actions. Empowerment means that employees exercise real decision making in redesigning and improving care, including prioritizing changes, staff training and budget allocation. The development of clear and agreed boundaries and priorities, communication processes and physical resources is required to support empowerment of clinical leaders and managers.^{21,22,23}

Leading clinical teams

Safe and high quality care requires all staff to be coordinated, clear about their individual and team roles and focused on common goals. Clinicians cannot lead in isolation. They require followers, often in the form of clinical teams, to effect improvement in clinical practice. Clinical teams come together in both the delivery and improvement of care. Clinical leaders can maximise the effectiveness of these teams, but will require specific skills to achieve this. Developing and honing these skills requires both organisational support and clinician awareness, and a willingness to develop in this area.^{5,15}

Effective teams require leadership to establish clear goals, agreed ways of communicating and working, recognition of individual skills and strengths with corresponding task assignment, ongoing evaluation of progress and achievements and identification of training needs. Teams that involve consumer input may require specific training to ensure an effective clinical-non clinical working relationship is built. Clinical teams will need to work in partnership with senior and executive staff to address organisational barriers and to ensure appropriate integration of change into policy.

Lessons learned from research into clinical teams include:

- support for the team at an executive level is essential to establish organisational partnerships conducive to effecting improvements
- successful leadership ensures that all team members contribute their expertise
- the team should spend time and effort on developing explicit and agreed goals and ways of communicating and working, and this may require individual and team training and development
- teams require information and feedback at regular intervals to evaluate progress and make adjustments to their approach
- 'just-in-time' improvement skills training should be provided to equip team members to carry out the tasks assigned to them, as they are required to carry them out.^{8,15,18}

Equipping clinicians to lead

Traditional clinician education does not equip clinicians to lead safety and quality programs, particularly in improvement teams, as professional autonomy is traditionally a strong value amongst those who work in health care.²⁴ Resistance to participation in improvement activities and teams may also stem from fear of not having adequate skills and knowledge, although this may not always be the stated reason. Training can overcome this aspect of resistance, and developing a critical mass of staff with these skills may increase the likelihood that the clinical governance program will be mainstreamed. The literature nominates a range of learning and development needs for clinicians moving into leadership and management roles in health services, depending on the type of leadership role assumed, with the first four of the following list having been consistently identified as areas where there is the greatest level of unmet need:

- Implementing and managing organisational change
- Leadership practice in the health care environment, including awareness of different cultures, perceptions and mental models
- Team building and processes
- Effective communication skills – in professional teams and with patients
- Understanding relevant (to safety and quality) health care policy development and implementation (including clinical governance)
- Working across professional and organisational boundaries
- Working with consumers to improve care
- Using evidence and information to improve
- Practice and process improvement tools and systems redesign
- Facilitation and communication skills and conflict management
- Financial and budgeting skills
- Problem solving
- Planning and prioritising
- Project and task management
- The nature of error and human factors.^{8,10,11,14, 24}

Approaches to clinician education

The use of adult learning practice is critical to the success of any training in a health care environment and curriculum development should be underpinned by these principles²⁵:

- Adult learning should be active not passive
- The adult learner must relate to the training
- The training must meet an immediate need of the learner
- The adult learner should be involved with setting learning goals
- The training should involve staff in applying their new expertise.

Clinicians learn in different ways, and are likely to have limited opportunity to avail themselves of formal training sessions. Therefore a number of different media and approaches, to maximise access and suitability, are recommended, including:

- Access to ongoing mentorship
- Sharing knowledge through communities of practice
- Use of short courses/workshops
- Case studies to read and discuss which are directly applicable to practice
- Experiential learning opportunities
- Applying empirical research
- Information and examples presented by respected peers
- Literature from peer reviewed journals.^{8,10,11}

Tailoring a training program to the environment in which it will be delivered is also advocated in the literature as critical to effective learning. The allocation of resources to provide internal and external training must be matched, where possible, with resources to backfill staff, or attendance may be both limited and reluctant. Provision of time and resources for training is a key element of senior management commitment to, and leadership of, a quality improvement program.²⁶

Conclusion

Clinical leadership is essential to clinical governance and requires highly visible clinicians enacting espoused values and plans. The key practices associated with good clinical governance such as creating a 'just' culture, delegating and supporting accountability for improvement to individuals and teams, monitoring and improvement of care and services at all levels of the organisation, and identifying and addressing areas of key risk, cannot be realised without clinicians leading the involvement and support of their peers and colleagues. This will not happen by chance, but requires a planned partnership approach between clinical and non-clinical managers, facilitated by high level backing from CEOs and executives, supported by organisational structures, resources and training. An investment in effort and time will be required. Transforming care for patients and staff is not possible without clinicians leading clinicians.





Appendix A

Self assessment checklist of clinical
leadership elements in clinical governance

Appendix A

Appendix A

Self assessment checklist of clinical leadership elements in clinical governance

Clinical leaders throughout the organisation:	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element
actively support and assist the Board in their clinical governance role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure clinician and staff buy-in to help develop and implement safety and quality initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
focus strongly on reducing preventable errors by improving systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure safety and quality risks are proactively identified and managed through effective systems, delegation of accountabilities and properly trained and credentialed staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure changes and improvements are sustained beyond the short-term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
assign sufficient personnel and resources to support the organisation's safety and quality initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
establish a non-punitive environment, apportioning blame only in exceptional and appropriate circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure staff, consumers and other stakeholders are informed about and actively involved in the organisation's safety and quality issues and initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
encourage and reward safety and quality improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure the organisational values and structures support staff to openly report and address errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
support the implementation of an improvement plan and methodology relevant to the organisational structure and culture, based on best available evidence, innovation and systems improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
openly, willingly and regularly report relevant safety and quality issues and improvements to stakeholders, including action taken to address problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
respond to and share lessons learned with the wider health care community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Appendix B

Developing the clinical unit's role in safety and quality

Appendix B

Appendix B

Developing the clinical unit's role in safety and quality

Clinical leaders have the opportunity to greatly influence both the overall performance of clinical units, and the way in which they address safety and quality.²⁸

Eight dimensions of high performing clinical microsystems

- Constancy of purpose
- Investment in improvement
- Alignment of role and training for efficiency and staff satisfaction
- Interdependence of the care team to meet patient needs
- Integration of information and technology into work flows
- Ongoing measurement of outcomes
- Supportiveness of the larger organisation
- Connection to the community to enhance care delivery and extend influence

Questions clinical leaders should ask about patient safety at the clinical unit level

- What information do we have about errors and harm?
- What is the patient safety plan?
- How will the plan be implemented at the organisational and clinical unit level?
- What type of infrastructure is required?
- What is the best way to communicate the plan?
- How can we foster reporting about patient harm?
- How will we empower staff to make suggestions for improving safety?
- How can we build linkages to key stakeholders?
- What stories can we tell that relate the importance of patient safety?
- How will we recognise and celebrate progress?
- What are the unintended consequences of new actions, rules and guidelines?



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