Leadership from the floor up

Dara Gantly looks at the Minister for Health’s latest plans to bring dynamic leadership into the management of the health service

I don’t think any reader would argue with the view that we have an excellent collection of individuals as ‘leaders’, who are experts in their field, honing the various strategies. But are we bridging the theory/practice gap at a sufficient pace? Such a leadership training programme makes complete sense, and will ensure that we can no longer complain that health management doesn’t get the training required. All health services throughout the world are coming to recognize the importance of recognizing the key staff in fundamental concepts of continual quality improvement in order to get more for less, and this initiative should go some way toward that.

And contrary to what Minister Reilly said at a special briefing on the SDU in January, it is not completely accurate to say that no jurisdiction in the Western World is improving quality against the backdrop of significantly reduced budgets. Ireland may be hurting more than most, but money is tight for all governments at the moment, and no health minister worth their salt should be neglecting quality drives in the face of the current global economic challenge. But I digress.

Leadership on quality initiatives is indeed vital, but what form that leadership takes could prove equally critical. Could we end up with a cohort of managers with the tools and techniques for change management, but without the staff engagement to back them up? Translating this knowledge into real and meaningful change on the ground isn’t easy, but the chances of success can only be improved if all frontline staff believe these are the experts.

Perhaps the culture of our healthcare system needs to change first to give frontline staff the autonomy to change what needs to be changed.

As well as a clinical ‘lead’ system, do we not need a clinical ‘follow’ system too? If we employ a ‘see one, do one, teach one’ approach, we could have a whole army of problem solvers in the health service. And certainly we’ve enough problems to solve. Lead on.

Dear Editor,

Mr Mohammed A Al-Muharraqi has once again had an attack of garrulous self-righteousness (IMT, 02.03.2012), which needs to be interpreted in the context that he is an employee of the two institutions that have come in for the most severe censure in Bahrain.

The first is the Military Defence Force (where he is a consultant Maxillo Facial Surgeon) which was specifically indicted by the Bahrain Independent Commission of Inquiry (BICI), and the second is BICSC Bahrain (where he is a Senior Lecturer), which has not only been accused of complicity with the Bahrain regime by the editor of the British Medical Journal but has failed rather miserably to justify its actions in Bahrain to its own government’s Joint Committee on Foreign Affairs, as has been reported succinctly in the same edition by your columnist Dr Ruairi Hanley (IMT, 03.02.2012).

I am writing to invite readers of Irish Medical Times to participate in a national survey of GPs. I am a GP myself from Dublin 14, and, as part of a Masters in Healthcare Informatics in UCD, I am investigating GPs’ attitudes to data sharing.

I have drawn up a short questionnaire that should take no more than 10 minutes to complete. There are three specific aspects on which I would like to get GPs’ input.

1. National summary care records;
2. Patient access to primary care records; and
3. Patient-held personal health records.

I have already emailed just under 1,000 GPs and am sending out a postal questionnaire to another hundred, but if any IMT reader has not received either email or letter and would like to take part in the brief survey, they can do so at: https://www.surveymonkey.com/s/gigdatasharing

If readers have any questions about the survey, they can email me at the address below.

Dr Niko Curtis, MBCHB MRCGP, Clonskeagh Family Practice, 36 Gledswood Drive, Clonskeagh, Dublin 14. nikki.curtis@ucdconnect.ie

Sandra Leavy adds her voice to the same debate.

Bahrain: One simple question: will the King of Bahrain implement the recommendations of the BICI?

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Bahrain

Will King implement BICI report?

Continued from page 19

The commissioners went on to recom-
mand that sentences should be dropped, or at least reviewed, for those charged with offences involving political expres-
sion, or victims of torture, ill-treatment or prolonged incommunicado detention, and that victims of human rights abuse should be compensated and com-
penated. This recommendation has not been enacted – the farcical trials of doc-
tors continues; one observer had this to say at the most recent trials the other week: “I
must confess to breaking courtroom pro-
ocol by cracking up at the caption alleging
‘misuse of hospital mattresses’” (See http://
tooly.com/GCaCL5).

So in the light of these damning indict-
ments by the BICI, rather than worrying
about what employees of RCSI-Bahrain or
the officers of RCSI Dublin may say in their
attempts to justify indefensible actions, I
have just one question to direct to the King
of Bahrain: can his Highness assure the
world that those doctors and other citizens
of Bahrain who have been sentenced by a
dysfunctional judicial system (according to
both international and Bahrain legal stand-
ards as adjudged by the BICI) will be par-
doned and compensated?

If this is not done the BICI (which the King
commissioned) will be seen as a fatuous
exercise contrived to appease international
criticism of a corrupt government.

Eoin O’Brien,
DSc, MD, FRCP (Lond), FRCP (Edin),
Professor of Molecular Pharmacology,
Conway Institute,
University College Dublin.

First malaria vaccine clinical trial underway

Pictured at the RCSI
Education and Research
Centre, Beaumont
Hospital, Dublin, from
left-right: Prof Samuel
McConkey, Principal
Investigator of the first
Irish malaria vaccine
trial and Head of the
Department of
International Health
and Tropical Medicine, RCSI;
Ann Collins, Research
Nurse, RCSI; Liz Fogarty,
Research Nurse, RCSI;
Kerrie Henningan,
Research Assistant, RCSI; and
Dr Eoghan de Barra,
Research Fellow, RCSI

web threads

“This article is highly inaccurate. Stem cells are not yet used in
the direct clinical treatment of ‘many diseases’. We stand at
nine including leukaemia, lymphoma, some rare blood diseases
and very particular conditions pertaining to the eye and skin. It
is mistakenly inferred that all stem cells are more or less the
same and only differ slightly in potency. This is incorrect.
There are wide discrepancies not only in the ability to isolate
and expand certain stem cell types over others, but also
completely different potentials both in terms of developmental
biology and clinical usage.

This article also seems to assume the clinical utility of cord
cord blood storage for many conditions, which is certainly not the
case. In most cases, traditional bone marrow transplants will
offer significantly higher chances of a positive clinical outcome
due to the considerably higher number of haematopoietic and
mesenchymal stem cells.”

Dr Stephen Sullivan, Chief Scientific Officer, Irish
Stem Cell Foundation, comments on our recent
medico-legal article ‘Stem-cell preservation: biological
insurance or money racket?’

“The article is indeed interesting. But regarding the comment
by Dr Sullivan, to set the record correct for Irish readers – to
date there are in fact over 70 validated diseases treatable by
umbilical cord blood around the world and more than 35
additional new clinical treatments using cord blood. Although
the first treatments were in the area of serious blood
disorders, this was quickly followed by the use in immune
system disease. Groups like my own have also developed
clinical trials using umbilical cord, placental and related tissues
for non-blood diseases, including for children with cerebral
apalsy, facial bone malformations and we have used cord blood
to create many different tissues including liver, pancreas and
brain-related tissues.

What Dr Sullivan is also sadly ill-informed about is that
umbilical cord blood has not only better results as an
alternative to bone marrow transplants, in fact in most cases,
the long-term side effects are also lower, with a higher overall
outcome.

Dr Sullivan is also behind in his knowledge of clinical
expansion of umbilical cord blood units. Successful clinical
treatments using expanded cord blood have been taking
place for years. Cord blood also has the advantage that it is
extremely rich in the required stem cells for bone marrow
replacement and can be used with more than one unit, to give
the necessary short-term support the patient needs.”

Prof Colin McCrackin of the Cell Therapy Research
Institute, Lyon, responds to Dr Sullivan’s comments on
stem-cell therapy.

Letters to the editor must include the writer’s name, address
and contact number.

Anonymous letters will generally NOT be published.

Email your Letters to: editor@imt.ie

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to surgically examine the Irish health service.

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