

What Is A Professional? What Is A Professional Society?

BY FRANCIS A. ACQUAVIVA

Author's Note: Several years ago, when I was the CEO of an association of health care practitioners, I was asked to speak at another association's annual conference. They wanted me to speak about professionalism and professional societies. Because I am not a health care provider, I thought to myself, "You must be crazy to presume to talk about the definition of a professional to a group of people who consider themselves to be professionals." And then I thought, "Well, if they've asked you to talk about this, maybe there isn't a good definition of the word. Or if there's some question about what a professional is, perhaps we can have some useful interplay, or maybe I can offer some challenging ideas." What follows is the text of that speech, with a few alterations to make it more germane to the present audience.

Let us begin by agreeing to work together on the issue of professionalism. I'm going to discuss the characteristics of professionals, and as I do that, I want you to think about our industry in general, and about roof consultants in particular. Think about how YOU fit in this picture. When I talk about professional societies, I want you to think about those of which you are members—not just RCI, but all other professional societies.

Professionals

What is a professional? What are his or her characteristics? What makes someone a professional?

For a definition, we're tempted to retreat to the big Oxford, but quite frankly, the term "professional" is so broadly and carelessly used these days, that it tends to have lost its meaning. It used to be that "the professions" included doctors, lawyers, accountants, and a few other groups. Now, practically everybody is claiming to be a professional, from carpet cleaners to trash collectors to the guys in the mailroom.

Moreover, it used to be that professionals didn't advertise. That part of the definition, as we all know, has gone the way of silver coins and the five-cent Snickers bar.

The social environment has also changed how we look at who we call professionals. In medicine, for instance, patients are becoming more involved in their own care, more educated, and more critical of health care, and the care relationship is becoming less doctor/patient and more provider/consumer. Professional standards review companies and health maintenance organization are having much more to say about health care delivery, and cost containment is key. Within that environment, the role of the non-physician provider, the nurse or the therapist, is increasing, as are the consumer's expectations of that provider. One of those expectations is that he or she will be "a professional."

What, then, is a professional, and by extension, a profession?

To begin with, professionals are made, not born. Graduating from an educational program or passing a licensing or certification exam does not make someone a professional. You don't get to be one overnight. You must BECOME a professional by going through a professionalization process which involves a lot of time meeting a variety of responsibilities.

The traditional measure of a professional begins with the understanding that you get paid for what you do. A professional gets paid; an amateur does not. But of course, we know its more than that.

A professional also works from a *specialized body of knowledge* beyond that of the average person. A professional is an authority. But that description also fits the person who repairs your VCR, or perhaps even your ten-year-old, who can program your VCR or do wondrous things on your computer.

Unlike your child prodigy, a professional generally has a

PROFESSIONALS

- Get paid
- Have a specialized body of knowledge
 - Have specialized education
 - Have a degree of autonomy
 - Adhere to standards
 - Are admitted
 - Practice
- Follow a Code of Ethics
 - Continue to learn
 - Conduct research
 - Share information
 - Specialize
 - Stratify
 - Mentor
- Represent the profession
 - Associate

high level or *specialized level of education*—not just training, but education—which includes the organized theoretical base or underlying principles of the “professional” practice.

What Else?

A professional often has the capacity to do harm to his or her client. In roofing, errors can lead to leaks causing serious damage to property—or even a roof collapse, resulting in loss of life. But your auto mechanic, who fails to properly install your brake shoes, could also cause you serious harm.

So let's say instead that professionals tend to *act with a certain degree of autonomy*. They tend to make decisions on behalf of their clients, or at least in conjunction with them.

That autonomy is supported or permitted by clients and the general public because professionals have to *adhere to standards*, generally standards of three kinds:

First, *Standards of Admission*. Professionals often must graduate from accredited educational programs, and they are nearly always certified, licensed, proficiency tested, peer reviewed or otherwise screened for admission to the club. Moreover, many groups have some kind of regular renewal of their credentials, that process being overseen by some governmental or private agency.

The second category of professional standards is *Standards of Practice*. Professionals adhere to proven treatment or operating procedures first, before making any independent or autonomous judgements. Those standards typically have been tested, verified, promulgated and re-verified over time.

The third standards are *Standards of Ethics*. Professionals develop and adhere to a Code of Ethics. They commit themselves to work for the good of their clients and for the common good. They embrace conscientious behavior, and they commit themselves and each other to the highest quality possible. They regulate themselves, and they don't hesitate to discipline those of their colleagues who fail to adhere to those ethical standards.

Now we're getting somewhere! What else?

Professionals *continue to learn*. They recognize and accept their obligation to provide the best quality service, and they must therefore keep up with the latest information on what works. That means that they read the professional literature, not just periodically, but regularly and often, and a variety of it. Also, they participate in continuing education programs to strengthen the areas where they're weak.

Well now, if professionals have an obligation to keep up with what works, they have a correlated obligation to find out what works—to do research, or to keep track of practice results, and to make that information available to colleagues—to publish it, or present it at meetings.

Professionals, therefore, have the obligation not only to keep up with the body of knowledge, but to add to the profession's body of knowledge.

As they develop their own knowledge, professionals tend to specialize in one area of their practice. Typically this occurs because they are drawn to one area over another, but also because, as they learn, they realize that they can't learn it all; they can't be good at everything.

As professions tend to specialize, they also tend to stratify.

PROFESSIONAL SOCIETIES

EDUCATION

Accreditation/Educational development
Certification
Continuing education/Conference

PRACTICE

Practice standards maintenance
Ethics maintenance
Support research
Publication

REPRESENTATION

Public affairs
Government affairs

OTHER AREAS

Special interest sections
Institutional/demographic research
Marketing

Stratification of practice tends to occur as a profession becomes more mature. It tends to separate itself into different levels, which, for convenience sake, we'll call “professional” and “technical.” Examples include physicians and physician assistants or nurse practitioners, and lawyers and paralegals. Stratification, unfortunately, is often the source of a good deal of heated discussion and sometimes real conflict within a profession.

Next, professionals also *act as mentors* to new members of the club to guide them, explain what is expected, and encourage them to engage in professional behavior.

Another obligation of a professional is to *represent his or her profession* to the various non-professional publics and to members of other professions—to be a spokesperson, so that the understanding and the expectations of consumers and colleagues are accurate.

These, then, are the principal characteristics of professionals.

To do these things, to develop their own capabilities, to share information, to encourage each other, and to develop professional synergy, professionals tend to associate. They form groups to enhance and promote their common interests, and so we have professional associations or societies.

Professional Societies

What is the relationship between a professional and his or her society? What are associations for? What do they do?

The basic purpose of a professional society is to represent the profession, and to support its members with information and services that help them meet their responsibilities as professionals.

One of a society's most important functions is to serve as a forum for determining the future of a profession.

There are a lot of different structures and functions in professional associations. We'll just create one here to demon-

strate the relationship between professionals' needs and society programs.

Our professional society has programs in four categories: Education, Practice, Representation, and Other.

In the area of EDUCATION, there are at least three kinds of programs:

First, Accreditation/educational development. In this program, the association will usually contribute to educational essentials, consult with developing educational programs, help in faculty development, and review educational programs as part of the accreditation process.

Second, Credentialing. Most credentialing programs start as part of a professional society, as has RCI's. After a while, and particularly when directors begin to worry about conflict of interest and anti-trust issues, they usually form a separate, independent credentialing board. Associations often run preparatory courses for members seeking credentials.

Next, Continuing education/conference.

The Association's programs fill an obvious member need to learn as the industry or profession develops. This kind of program is often linked to the renewal of a credential.

Our second major category is PRACTICE.

Maintaining practice standards and a scope of practice is an especially important program area in a young profession, one that is growing rapidly and whose practice is changing. Such standards not only assist the members in their daily work, but they also describe practice for outside groups such as insurance companies, regulators, legislators, etc. Practice standards or a scope of practice are essential for any group considering licensure or governmental regulation.

Ethics maintenance. The existence and enforcement of a Code of Ethics is a real hallmark of a profession. It's what others look to as an indication that you're serious about what you do. The association should take the leadership role in encouraging the development and maintenance of ethics, but members' involvement is essential.

In a research program, the association's role is to identify the research needs of the profession, to encourage research by members, and perhaps support research directly, convene researchers at meetings, and facilitate the exchange of research information, including its publication.

In the publications area, the association's program provides an outlet for members to share information, and it is a resource for them through its newsletters, juried journals, books, monographs, conference proceedings, etc. The program is also an important promotional vehicle for the profession.

The third major area in our association is REPRESENTATION.

There are a variety of publics to which a profession speaks, including the general public, the educational community, colleagues and competitors in the industry, insurance companies, legislators at the state and federal level, and so on. The direction or coordination of this promotional effort is the responsibility of the professional society, often using members and their resources.

The society will also provide resources to the professional

for his or her own promotional efforts at the local level.

Associations tend to split their representation programs into two categories—public affairs and government affairs.

There are often OTHER PROGRAMS in associations that are not quite as basic as the ones we've just looked at.

Because professionals tend to specialize, associations accommodate the fact by establishing special interest sections, or practice specialty groups, which facilitate specialty communication and networking.

Institutional or demographic research programs are formed when a society wants to know more about who its members are in terms of education, age, employment, etc. A program of institutional research is invaluable for following trends in a profession, and for supporting promotional and legislative activities.

Finally, marketing programs are the most recent development in associations, because marketing is the latest need in professions. An association's marketing program will often distribute information to members about the process of running a business, new product lines, promotional techniques, etc. It will also concentrate its energy on those "influencers" or "primary targets" who exert some measure of control over or access to the profession, or who purchase its services.

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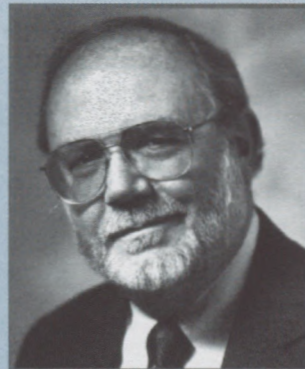
These are the typical but not all-inclusive characteristics of professionals and professional societies. I hope that as you read these, you were thinking about how roof consultants and RCI fit this picture.

In my experience, nobody fits perfectly.

Let me conclude by saying that in addition to the specific characteristics of a professional person, professionalism is also a state of mind, a state of being. It represents a commitment to an ideal and a commitment to your colleagues. And that commitment is best articulated, exemplified and fulfilled through your professional society.

Finally, I will leave you with a brief admonition that my Italian grandfather shared with me when I was a boy. He said to me, simply, "Act as you would be, and you will become."

About The Author



Francis A. Acquaviva

Prior to coming to RCI in 1997 to serve as its Executive Director, **Francis A. Acquaviva** was Executive Director of the American Registry of Diagnostic Medical Sonographers (ARDMS), and before that, Associate Executive Director for Member Services of the American Occupational Therapy Association (AOTA). In the mid 90s, he launched "Adaptations Inc.," a consulting firm which adapted residential environments for the elderly.