

Editorial

Medical Professionalism in the 21st Century

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In the UK in recent years there has been a gradual erosion of the public's trust in the medical profession. An increasingly informed community is asking for accountability, transparency and sound professional standards. Such increased awareness has partly come about as a result of certain well publicized acts of medical negligence and criminal behaviour. The Harold Shipman incident is a prime example, but others such as the organ retention scandals at Bristol and Alder Hey (Liverpool) collectively served to undermine the high regard for doctors held by the public. In the aftermath of such events there has been a spate of enquiries and reports analyzing the working practice of the British medical establishment with special emphasis on medical regulation and the effectiveness of the GMC (General Medical Council). In the 5th report of the Shipman enquiry, Dame Janet Smith was critical of the culture and functions of the GMC, concluding that it was more likely to protect the interests of the doctor than of the patient¹.

The latest government commissioned publication on the subject of medical professionalism and regulation is a report by the Chief Medical Officer, Sir Liam Donaldson. In this report entitled, "Good Doctors, safer patients", Sir Liam posits 44 recommendations which aim to strengthen the system to guarantee and improve the performance of doctors and to protect the safety of patients².

For the reasons outlined above the behaviour and conduct of doctors in the UK has come increasingly under the spotlight. The concept of medical professionalism has come to the fore, and there have been measures to refine the concept in response to the challenges of modern medicine and expectations of the public.

So, what is medical professionalism? The Royal College of Physicians Working Party on Medical Professionalism was set up in 2004 with the aim of defining the nature and role of medical professionalism in modern society. It states that *medical professionalism signifies a set of values, behaviours and relationships that underpins the trust the public has in doctors*³. It can be thought of as embodying a code of practice and conduct that will ensure a strong bond of trust between doctor and patient, and which will help bring the public and medical profession closer together.

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Within the fabric of medical professionalism the public has certain expectations of doctors which may be summarized as: 1. The doctor should be dedicated to serving the interests of the patient (the principle of primacy of patient welfare); 2. Patients wish to make up their own minds about their options for the management of their illness. To effectively enable this patients expect their doctors to be honest with them and empower them to make informed decisions about their treatment (the principle of patients' autonomy); 3. The medical profession must promote justice in the health-care system, including the fair distribution of health-care resources (the principle of social justice); 4. Good communication is essential in the medical consultation; 5. Patronising or arrogant behaviour is unacceptable; 6. The profession should show its determination to confront poor practice and end the secrecy that surrounds it; and 7. Doctors should be prepared to accept more accountability – individually and collectively.

The values and behaviours that doctors should be committed to can be summarized as follows: 1. Integrity; 2. Compassion; 3. Altruism; 4. Continuous improvement; 5. Excellence; and 6. Working in partnership with members of the wider healthcare team.

These are of course self-evident and logical values that would be inculcated into the daily practice of most medical students and doctors. Attaining levels of excellence in medical practice and continuing to improve oneself should be major commitments of every doctor. Central to this is the concept of continuing medical education (CME) or continuing professional development (CPD) - regularly updating with the latest information, trends, practices in medicine, especially in one's own particular field, with a view to maintaining high levels of professional competence. This process can be a personal one in which the doctor relies on himself to regularly update by reading journals, attending postgraduate lectures/seminars, and practical workshops etc. It can also be a more organized process whereby the doctor achieves this in conjunction with an officially recognized medical body/institute (e.g. a Royal College). The medical body would constantly keep in touch with the doctor and award him CPD points for accomplishing a variety of objectives, e.g. publishing papers, presenting papers at conferences, attending clinical workshops, lecturing, conducting research, examining, completing peer review for journals, taking part in audit etc. The doctor is encouraged by the medical body to accumulate a certain number of CPD points in a given period (e.g. 1 or 5 year cycle) and offered incentives. Ultimately it is in the doctor's best interests to maintain an active CPD log with the medical body as it is likely to assist him/her with revalidation.

Doctors are more likely to maintain good practice when they work in teams which are expected to have certain characteristics: 1. Put patients first; 2. Show leadership; 3. Be collectively committed to sustaining and improving quality; 4. Encourage learning through personal and team development; 5. Care for each other; 6. Foster a no-blame culture; 7. Be committed to the principles of internal and external review; and 8. Be open about their performance.

Commitment to internal and external review implies willful acceptance of medical regulation and revalidation. Medical regulation refers to the process through which all

registered doctors must be able to demonstrate regularly to the governing medical body that they remain fit to practice in their chosen fields. In this process they are assessed against certain parameters of acceptable good practice and competence, e.g. knowledge levels, CPD points tally, clinical performance as indicated by patient care outcomes and satisfaction, diagnostic skills and diagnostic accuracy etc.

The process involves: a) Internal (local) review of a doctor's performance by an impartial colleague(s)/committee who will conduct the assessment as described above; b) External peer review of the internal assessment to ensure fairness; c) Submission of evidence of the doctor's fitness to practice to the governing medical body. Where there are concerns about a doctor's performance the following would be activated: d) Local remediation. The doctor might be advised to go through a period of intensive retraining and education; e) Depending on the effectiveness of d) above, the governing body will make a decision about the doctor's registration. That is, if the period of local remediation is considered to have been effective the doctor's registration will be renewed. If not, the doctor's registration will be cancelled. Steps a) and b) are collectively known as *appraisal*. The series of steps a) – e) are collectively known as *revalidation*, and this provides a framework for medical regulation.

In his July 2006 report, the Chief Medical Officer made a number of recommendations for changes to the existing system of medical regulation in the UK². Probably most importantly he recommended that control of medical regulation not be solely in the hands of the GMC, but shared with "GMC affiliates". These doctors are in active practice who have high standing and credibility with, and the support of doctors, managers and patients. The prestige and importance of such positions as GMC affiliates should be reflected in reward schemes for doctors. The affiliates will work in partnership with a trained patient or lay-person. In this way, although the GMC will still be the main controlling body for medical regulation, its powers and decision-making role in this context will be diluted.

In the coming months it will be interesting to read the responses of the various medical organizations to the CMO's report, and then to see which direction medical regulation finally goes in.

With so much attention these days on medical professionalism and medical regulation, it is no wonder that British doctors are feeling increasingly under siege. However, it must be stressed that the majority of practicing doctors (in the UK and worldwide) consistently uphold excellent standards of healthcare. The purpose of renewed interest in medical professionalism is to ensure that the highest possible standards of healthcare are maintained across the field, and that a strong trust is preserved between doctors and the public.

REFERENCES

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