Professionalism and fitness to practice

Faculty of Medicine seminar

Amanda Howe, HKCFP Visiting Professor in Family Medicine, *Dec 2010*

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Outline

- **Outline the approach of the General Medical Council (GMC) to the development of professionalism in basic medical training**
- **Describe key educational components of this process, including the assessment and disciplinary components, and**
- **Discuss the U.K. situation and challenges**
- **Also discuss your examples and questions!**

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What is professionalism in medicine and why does it matter?

- WHAT? (definition) **Medical professionalism is "a set of values, behaviours, and relationships that underpins the trust the public has in doctors"**

- WHY? (purpose) "**Medicine is a vocation in which a doctor's knowledge, clinical skills, and judgement are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between patient and doctor - one based on mutual respect, individual responsibility, and appropriate accountability".**

Doctors in Society: Medical professionalism in a changing world.
Report of a Working Party of the Royal College of Physicians of London. 2005;London: RCP.

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The General Medical Council and fitness to practise

- **guidance covers the following areas:**
  - **a. The professional behaviour expected**
  - **b. The scope and thresholds of fitness to practise.**
  - **c. The threshold of student fitness to practise.**
  - **d. Making decisions.**
  - **e. The key elements in fitness to practise arrangements**

- See http://www.gmc-uk.org/for details and practical examples

U.K. GMC procedures

- Referral and investigation
- Complaints or self referral
  - misconduct
  - deficient performance
  - a criminal conviction or caution
  - physical or mental ill-health
  - decision by other regulator
- Formal adjudication and sanctions
  - No case
  - Formal panel
  - Warning
  - Suspension
  - Conditions for practice

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Indicators / predictors of poor professional performance

- *Disciplinary action by a medical board strongly associated with prior unprofessional behaviour in medical school (odds ratio, 3.0; 95 percent confidence interval, 1.9 to 4.8*
- *Types of unprofessional behavior most strongly linked with disciplinary action were irresponsibility (odds ratio, 8.5; 95 percent confidence interval, 1.8 to 40.1) and diminished capacity for self-improvement (odds ratio, 3.1; 95 percent confidence interval, 1.2 to 8.2*
- *Culture of practice influences performance – collusion, hidden curriculum, bullying, low clinical standards, poor safety routines*
- *Academic difficulties may also correlate with lapses over time*
- *Periods of stress or ill health can undermine performance (cause and effect relationships unclear?)*
- *Transparent and supportive mechanisms for exploring problems and reporting difficulties may be protective providing these work*

Application of professional standards

- Modelled to needs of medical practice
- Guided by GMC – Duties of a Doctor, Medical Students and Fitness to Practice…
- Summatively assessed / judged
- Ethically based – needs of patients are primary
- Proportionate – no-one gets it right all the time
- Challenge – not about our comfort zone

Domains of professional action

- Clinical care of patients to professional standard
- Commitment and motivation
- Caring and altruism
- Ethical judgement
- Teamwork and interpersonal relationships
- Reliability – attendance, work products
- Compliance – with rules and regulations
- Time management and organisational skills
- Probity and integrity
- Reflexivity and ability to self – analyse

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The principles of judging professionalism

- **explicit expectations of behaviours and a rationale for these**
- **well designed learning activities where practitioners develop a clear understanding of what we mean by professionalism and why it matters in medicine**
- **a culture which relates to doctors as we would expect them to relate to patients**
- **a system which works together and gives clear messages**
- ***a summative assessment barrier supported by the regulatory body*.**

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Examples and questions

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Professionalism and practice

- **CAREER**
  - **Novice – advanced novice - competent – proficient – expert**
- **EXPERTISE**
  - **Unconscious competence / conscious incompetence / conscious competence / unconscious competence**
- **CONTEXT**
  - **Transferable versus non-transferable skills**
  - ***Team*** **competence**

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How do we learn to practise professionally?

Formative / developmental

- Professional declaration
- School rules and regulations
- Didactic teaching e.g. ethics
- Group /teamwork guidance
- Patient contact
- Reports by senior staff
- Self analysis – reflective practice
- Feedback from patients and colleagues

Summative / FTP

- Absenteeism
- Dishonesty e.g. plagiarism
- Errors detected – direct OR via quality audits
- Concerns expressed
- Police reports
- Sickness certification
- Occupational health
- Suspensions ….

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‘Summary of a lifetime’s learning’

- If the ***aim is to develop and retain effective professionals*** who are motivated to care for patients and who prize clinical competence, then we need
  - **Strong formative functions – educational, psychological and societal**
  - **Backed up by light touch forcing / regulatory functions**
  - **Processes of assessment need to be fair and just**
  - ***The health system needs to reward professionalism***

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Why is this difficult? A U.K. perspective on professional attrition

- Societal morals have weakened – more individualistic, less accepting of authority, less altruistic
- Medical education has been WEAK at embedding professionalism in our students
  - Students themselves are not 'known' or cared for
  - We do not teach it well! (educ-psych-soc-legal parameters)
- Health service incentivisation of FM has rewarded disease-based indicators more than proxies of interpersonal holistic care
- Competition between practitioners brings out worst
- Litigation makes people afraid to challenge!

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The consequences

- Strong on regulation and bureaucratic approaches
- Low on self-monitoring and self motivation
- Professions have been bad at bringing up the 'tail'
- So doctors are less trusted
- Government now using competitive market to drive down cost and increase standards
- Professional standards less strong on some sectors than others
- Authority of professional bodies is weakening

And the future?

- Act from first principles – the virtues and duties of a doctor
- Be honest about issues where self interest is primary – terms and conditions
- Teach professionalism right from school up
- Make it a core quality indicator of your service and practice: do not accept low professional standards
- Work together with patients – the public will judge our value as professionals

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