

# Consultant physicians working for patients

Carol Black

**Carol Black**  
MD FRCP, Clinical  
Vice President,  
Royal College of  
Physicians

*Clin Med JRCPL*  
2001;1:348-9

Debate continues on the future of the health service and the changing roles of professionals within it. The Royal College of Physicians must contribute to this debate, restating fundamentals but updating its views on how to maintain high standards of medical care for patients and on the conditions that are necessary for physicians, especially consultants, necessary to deliver that care. In this present state of change, physicians need a clear view of their relationship with patients, of the teams within which they work and of their role within the supporting managerial structure. The importance of teamwork, good communication and working arrangements for the care and safety of patients has been highlighted once more, by the Bristol Royal Infirmary inquiry.

In 1999 the College published *Consultant physicians working for patients*<sup>1</sup>. That report became a handbook detailing a consultant's duty of direct medical care for patients, as well as the numerous other duties which are within a consultant's remit. The report drew attention to the increasing pressure of emergency admissions and the needs of acutely ill patients, alongside the rising demand for care by consultants who are specialty-based. The effects on care were compounded by changes in the training and work patterns of junior medical staff and the reduced numbers of experienced trainee doctors. The report not surprisingly concluded – as had previous reports – that there were too few consultant physicians working with insufficient staff in facilities that too often were unsuitable for the task.

An updated edition of this report is to be published in September 2001, which reiterates these concerns, whilst acknowledging that much work is being done to alleviate the problems for patients. The government too, in the recent ten-year plan to modernise the health service, recognises that there is a severe shortage of medical and nursing staff and that facilities are inadequate, and it accepts the need to correct them.

The chief purpose of this new edition is to inform discussion between physicians, their clinical colleagues, health service managers and the Department of Health on:

- the provision, organisation and delivery of services in internal medicine and its specialties
- factors that determine the level of patient care that can be provided

- factors that determine the safety and quality of patient care
- deficiencies that must be remedied to maintain the safety and quality of care
- the preparation of job plans for consultant physicians.

The document also provides information for patient representatives and advocates.

The report emphasises that physicians do not work alone. The service they give to patients depends upon close collaboration with colleagues in many other specialties and disciplines. But the report is drawn from the perspective of consultant physicians, to whom patients look for the maintenance of standards in their specialist and general medical care.

The new report places the work of consultants within the setting of their duties and responsibilities, and it restates the nature of medical professionalism. Doctors have a duty to keep their knowledge and skills up to date. Consultants must now demonstrate – and not merely assert – the strength of their commitment to continuing professional development by participating in an annual process of appraisal, which will inform the process of revalidation. The responsibilities of the profession for effective self-regulation require doctors to observe the principles of good medical practice and achieve and maintain the standards of competence, care and conduct expected in all aspects of their professional work.

Beside the care of patients, physicians must work to maintain and improve the safety, effectiveness and quality of care. This work encompasses teaching, training, research, clinical governance, continuing professional development, and advice to managers and policy makers. The report outlines the role of the doctors with managerial responsibilities, and draws attention to the contribution of doctors for a wide range of national initiatives, a contribution that is vital to the future of the NHS. In addition, the problems raised by an increasing amount of work with insufficient trained medical staff have stimulated examination of wider roles for non-medical health care workers, the development of new education and training programmes and career paths<sup>2,3</sup>.

The need to bring the benefits of modern medical science and practice to the patients has also generated

new ways of working. Health professionals are increasingly working in teams with mutual respect for the knowledge, skills and judgement that each member brings to the team. Modern medical care is increasingly team-based and this approach highlights the importance of the delivery of care. Medical error most often occurs due to the failure of systems involving several people, rather than of an individual clinician. To ensure that these more elaborate and inclusive ways of working serve patients well, they must operate with clear boundaries of responsibility.

Over the past few years, the increasing trend towards medical specialisation has been paralleled by an increasing number of acutely ill patients, many of whom are elderly, often with complex, multiple problems. The delivery of both high quality specialist and emergency care is challenging and causes unavoidable tensions. It is, however, the view of the College that knowledge of emergency medicine is integral to the training of physicians in all the specialties. To ensure that physicians are competent in acute care, as well as in general internal medicine, there should be unified training in general internal medicine across the medical specialties.

In *A first class service*<sup>4</sup> and subsequent White Papers, the government set out its modernisation plans for the NHS. Most of these documents contain features that impact upon the work and practice of clinicians – none more so than clinical governance, which is a framework through which patient care is to be improved. This is not a new concept for physicians and the College is well prepared to participate in achieving this goal through its Standards Committee, the Clinical Effectiveness and Evaluation Unit, its programme for Continuing Professional Development, and Service Development for Trusts.

Part II of *Consultant physicians working for patients* describes detailed job plans for each of the medical specialties. These job plans state the duties and responsibilities of a consultant within his/her specialty, the activities they generate and the resources and facilities needed to carry them out. The job plan includes a programme which quantifies the work.

To maintain the highest standards of care for patients, clinical teams, Trust and hospital managers must work in partnership, being sensitive to each other's responsibilities and to the tensions that these engender. Whilst they must not compromise the standards of their clinical practice, clinicians also have a duty to support managers in meeting their responsibilities to the organisation they all serve.

The Royal College of Physicians commends this report to all health professionals as a statement of the way physicians work for patients, demonstrating our commitment to restoring trust between patients and their doctors.

## References

- 1 Report of a working party of the Royal College of Physicians. *Consultant physicians working for patients*. London: Royal College of Physicians, 1999.
- 2 Royal College of Physicians. *Skillmix and the hospital doctor*. London: Royal College of Physicians, 2001.
- 3 Lamb A. Skillmix – new staff roles in health care. *Clin Med JRCPL*

2001;1:413–4.

- 4 Department of Health. *A first class service*. London: HMSO, 1998.

**Address for correspondence: Professor Carol Black,  
Clinical Vice President, Royal College of Physicians,  
11 St Andrews Place, Regent's Park, London NW1 4LE**