A shared agenda: doctors and managers

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Each year since 1997, the College has organised a conference or symposium, by personal invitation, for acute trust medical directors, chairmen and chief executives, but 2005 was the first year when all delegates were invited for the whole day, reflecting the shared concern about the major issues discussed. Strategic health authorities and primary care trusts as well as acute trusts were invited. The opportunity was taken by the President and other College Officers to publicise the important role the College can play in partnership with trusts; a booklet about services provided by the College was given to each delegate.

The conference was attended by 140 delegates, including 29 from primary care trusts, a constituency of increasing importance to the College and its Members as patterns of service delivery change and arrangements for commissioning of specialist services develop under new national and local criteria. The session chairs and speakers were high-profile national leaders and, in spite of the packed programme, answered questions with openness and candour. The delegates were keen to share their experiences as well as their concerns.

Continuity of care and postgraduate medical training

These topics covered familiar issues and objectives, but it was encouraging to hear examples where the stimulus of the changes required by the European Working Time Directive (EWTD) had overcome previous barriers to redesigning services for improved patient care.

Michael Bannon highlighted the complex and changing milieu for postgraduate medical education, including the new consultant contract, intermediate treatment centres, organisational change and mergers, service targets and Modernising Medical Careers. The different gender mix of students entering medicine was also discussed in the context of choice of future workplace and specialty.

According to perception surveys undertaken by different groups, eg the Royal College of Physicians and Deaneries, the changes caused by the EWDT were generally unpopular with those used to the previous system; however, it was recognised that definitive evidence was not yet available. It was therefore encouraging to learn that research monitoring the impact of the EWDT on postgraduate medical training had been commissioned by the Academy of Medical Royal Colleges and the Conference of Postgraduate Medical Deans, funded by the Department of Health.

Issues for service delivery, particularly continuity of care, as well as training had been identified in the surveys and good handover policies were considered essential in trying to ensure continuity of care for patients. Disillusionment with acute medicine was mentioned, along with the desire of many students in medical schools to practise medicine outside the NHS. A participant asked whether the contractual employment of junior doctors should be changed to separate education and training completely from any service responsibilities. In response, Michael Bannon cited 'Liberated Learning', a concept proposed some years ago on how to gain educational benefit from every hour of work.

There was acceptance that the further reduction of hours required by 2009 meant that this would remain a key issue to be addressed throughout the NHS. Some of the arrangements that had been made to meet the 2004 deadline were not sustainable and may need fundamental change, involving a radical redesign of service, rather than minor adjustments.

Clinical research: important to the NHS?

The importance of clinical research to the NHS was recognised, but different and sometimes conflicting pressures had resulted in falling numbers of clinical academics and a fragmented approach, particularly to the more clinically orientated research in the spectrum from basic science through experimental medicine; clinical trials; clinical effectiveness, service delivery to preventive care/public health.

There was support for Charles Pusey's assertion that major research that changes the face of service delivery takes investment, time and infrastructure. The need for partnership between universities and hospital trusts was emphasised as one means of agreeing on which research areas to develop and which to close. A more transparent funding system for R&D was promised by the Department of Health. The need for the implications for patients as essential volunteers in clinical research to be more overtly considered was stressed.

Hospital trusts will naturally place an emphasis on translation of research into practice and the clinical aspects of research activity. Strategic use of R&D

Conference programme

- **EWTD: Continuity of care and postgraduate medical training**
  Professor Roy Pounder, RCP Lead on the European Working Time Directive
- **The Department of Health view**
  Mr David Moss, Programme Director, NHS Pay Reform, Department of Health
- **A Dean's view**
  Dr Michael Bannon, Postgraduate Dean and Director, Oxford PGMDE
- **The College's view**
  Dr Robert Coward, Specialist Registrar Adviser, Royal College of Physicians
- **The Trainees' view**
  Dr Declan Chard, Chair, Trainees Committee, Royal College of Physicians
- **Clinical research: important to the NHS?**
  Professor Sally Davies, Director of Research and Development, Department of Health
- **Where are we now?**
  Professor Charles Pusey, Academic Registrar, Royal College of Physicians
- **The vision, the future**
  Dr Liam O'Toole, Chief Executive, UKCRC
- **Is it possible – the acute Trust point of view**
  Mr Neil McKay CB, Chief Executive, The Leeds Teaching Hospitals NHS Trust
- **What should the PCTs do?**
  Ms Melba Wilson, Chair, Wandsworth Primary Care Trust
- **Clinical research and the patient**
  Lady Elinor Arbuthnott, Member of the RCP Patient and Carer Network
- **Developing care practitioners for the NHS**
  Mr David Moss
- **Their development: an overview**
  Dr Mary Armitage, Clinical Vice-President, Royal College of Physicians
- **A surgical perspective**
  Mrs Linda de Cossart, Consultant Vascular and General Surgeon, Countess of Chester Hospital NHS Foundation Trust
- **A practitioner in action**
  Mrs Lynn Tyrer, Physician Assistant, Rowley Regis and Tipton Primary Care Trust
- **A nursing leader's view**
  Professor Irene Scott, Chief Executive, Nurse Directors Association UK
- **Medical professionalism – is it valuable? Does it need to change? Is it dying?**
  The Baroness Cumberlege CBE DL, Chair, RCP Working Group on Medical Professionalism
- **A view from the top**
  Sir Nigel Crisp, Chief Executive, Department of Health and NHS
- **Medical professionalism – a consumer perspective**
  Dame Deirdre Hutton DBE, Chair, National Consumer Council
- **How do the doctors feel?**
  Professor Ray Tallis, Hope Hospital, Salford
- **Creating effective leadership – who and how?**
  Dr Hugo Mascie-Taylor, Medical Director, Leeds Teaching Hospitals NHS Trust
- **A view from the centre**
  Ms Penny Humphris, Director, NHS Leadership Centre
- **Do the medical schools have a role?**
  Professor Jonathan Cohen, Dean, Brighton and Sussex Medical School
- **Postgraduate medical training: what role?**
  Dr Patrick Cadigan, Director, General Professional Training, Royal College of Physicians; Consultant Cardiologist, Sandwell and West Birmingham Hospitals
- **Creating leadership together**
  Professor Jenny Simpson OBE, Chief Executive, British Association of Medical Managers
- **Patients, carers and the public – are they influencing the professional bodies?**
  Mr Harry Cayton OBE, Director for Patients and the Public, Department of Health
- **The patients' perspective**
  Mr David Pink, Chief Executive, Long-term Medical Conditions Alliance
- **What the media say**
  Ms Celia Hall, Medical Editor, The Daily Telegraph
- **A view from the inside**
  Miss Margaret Goose OBE, Chair, Patient and Carer Involvement Steering Group, Royal College of Physicians

funding, coupled with job planning, ie protected programmed activities, could provide support for a selected few high quality researchers.

Liam O'Toole outlined the approach of the new UK Clinical Research Collaborating Centre, which, under the banner of 'Igniting our Potential', aimed to increase the effectiveness of the overall clinical research spending by the major funders. Hopefully the barriers of unnecessary bureaucracy could also be removed and a more favourable climate developed to encourage clinicians to participate in clinical research.

Developing care practitioners for the NHS

Mary Armitage gave the following working definition of a medical care practitioner: 'not a doctor, but a new healthcare professional working to the medical model, with the attitudes and

skills and knowledge to deliver holistic care and treatment within the medical and or general practice team under defined levels of supervision'. There seemed to be general support for the development of care practitioners, but concern that the individuals might become frustrated and not allowed to develop further. Lynn Tyrer, a physician's assistant trained on the six-year Masters degree level programme and nationally certified in the USA, who currently practised in the West Midlands, did not consider this to be an issue for her or others in this role.

Linda de Cossart, who has led the work for the Royal College of Surgeons, indicated that there had been opposing views amongst surgeons on this development. The curriculum for the surgical care practitioner has now been published and the core competencies agreed; they will operate at a lower level than the medical care practitioner, both in and out of the operating theatre, and will not be expected to diagnose.

Patients seemed unconcerned by the extended range of healthcare staff, as long as they knew in advance who was going to see and treat them, and what qualifications and training the person had received; the job title as such was not critical.

Medical professionalism – is it valuable? Does it need to change? Is it dying?

Sir Nigel Crisp felt that medical professionalism was alive and well, particularly at the individual level, but that previously learnt behaviours were being challenged by changing relationships in five areas:

- with patients, who wished to be more involved in their care
- with multi-professional teams, who demanded respect for their expertise
- with society as a whole, demanding increased and more transparent accountability
- with the body of knowledge and skills, retrieving and using information in a different way
- with practice itself, reflecting on style to adapt as society changes.

Institutions were slower to change than individuals and managers need to offer an appropriate environment for the five relationships. However, doctors need to examine these relationships so that professionalism is also defined by others in the relationship, not only by doctors.

Deidre Hutton referred to work undertaken by the National Consumer Council on how professions relate to service users and colleagues in the context of a changing society. Those working in public services were now expected to be more personal, more responsive and encourage 'voice and choice'. The fact that doctors had come top of the MORI polls about trusted professions for 22 years may have led to continued paternalism. However, changes in patient attitudes were reflected in the differences between a 1974 cartoon in the *BMJ* which urged, 'Be a Patient Patient', and a recent advert for private healthcare with the caption, 'The Patient will see you now Doctor'.

The public had taken quality and safety for granted as they had no way of judging these and therefore the 'softer skills', eg empathy, listening and compassion, had become more important; this was highlighted in a recent report from the Picker Institute analysing a million responses to the NHS Patient Surveys.

Ray Tallis was concerned that as doctors now feel more 'cog like than god like', their relationship with patients and society could become a contract rather than the previous covenant, and therefore they would lose their creativity and initiative.

The need for a renegotiation as to how expert authority could be exercised was suggested. The audience was not surprised when Julia Cumberledge commented that the difficulty of redefining medical professionalism was greatly exercising the College's working party, but a report by the end of the year was still planned.

Creating effective leadership – who and how?

A useful distinction between leadership and management was made: management was defined as doing things right, eg effectively executing formal organisational rules, whereas leadership was doing the right things, eg setting direction, motivating, facilitating, inspiring, and empowering.

Doctors were now being exposed to management issues earlier in their training, including at undergraduate level, and some doctors were undertaking formal management qualifications. The increased need for effective team-working in clinical practice would have an impact and doctors will need to continue to be willing to lead when faced with uncertainty and change. It was fortunate that the changing nature of medical careers and postgraduate medical education offered opportunities to develop and assess leadership competencies. The President posed the question to the audience 'Should a Faculty of Medical Management be established?' but there was no time to debate this.

Patients, carers and the public – are they influencing the professional bodies?

An interesting discussion on whether the media reflects, leads or follows public opinion on health issues was introduced by Celia Hall, who pinpointed the Bristol heart babies story as a turning point, but judged that the high level of publicity occurred because the world of patients was ready for it; public attitudes had changed. News stories will only be successful and continue to feature if there is a context that resonates with the readership. Patients and families do want more information and involvement in decisions about their treatment and care.

The evaluation of the College's initiative on greater patient, carer and public involvement after a year shows overwhelming support. It is considered successful by both the College and the members of the Patient and Carer Network, but it is still too early to demonstrate significant influence; a further evaluation will be conducted next year. Other Medical Royal Colleges with more traditional patient liaison committees are watching with interest the new approach of the RCP in London.

Increased patient, carer and public involvement is here to stay and appropriate engagement will be expected of individual

practitioners, their teams, organisations and professional bodies, as well as a lay influence on political decisions nationally and locally.

Conclusion

The conference gave delegates (and speakers) the opportunity for a better understanding of key issues, and hopefully potential solutions for local problems. The College has a track record of highlighting issues early and stimulating debate on the best ways forward. The acknowledgement that doctors cannot achieve change alone – and nor can managers or government – underlines the importance of the conference for the College in helping to shape the environment in which the Fellows and Members work.