

Do doctors have a future? Key messages from the medical professionalism roadshows

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Background

In December 2005, the Royal College of Physicians (RCP) published a seminal report on medical professionalism.¹ The report was the product of a multi-professional group, chaired by Baroness Cumberlege. The group worked intensively for just over a year adopting a variety of consultation methods. The purpose of the work was to get to the heart of medical professionalism at a time when RCP Fellows and Members appeared to question the place of the traditional values and characteristics that were once seen as the hallmarks of medicine.

In 2004 the King's Fund published its own report on medical professionalism which emphasised its social and political context, providing case studies by way of illustration of the dilemmas of modern practice.² The RCP report was broader in scope providing a new definition of medical professionalism, a wider description of its key aspects, and identified six themes where the definition of professionalism had further implications:

- leadership
- teams
- education
- appraisal
- careers
- and research.

The close alignment of many aspects of the two reports provided a logical platform for collaboration between the organisations, and the background and impetus for the King's Fund and RCP roadshow series entitled, 'Do doctors have a future?'. The motive behind the events was the desire to continue the debate beyond the confines of the written page, and to take the issues into society where doctors confront and uphold the principles of medical professionalism on a daily basis.

The first roadshow took place in Winchester in May 2006. Although experimental, the methodology adopted at this event proved a success and was applied consistently to the remaining nine in the national series. The findings of the roadshows were combined in a report published in May 2008.³ The report brings together the views of nearly 700 doctors, patients and carers, nursing and allied health professionals, NHS managers, and medical students,

on issues of critical importance to the day-to-day practice of medicine. It contains a description of roadshow methodology – a key feature of which was group discussion and questions to a panel of experts. Sessions were recorded and the transcripts provided a wealth of material on which the roadshow report was based.

Roadshow participants were allocated to groups of eight to 10 people, corresponding in composition as closely as possible to a mix of 40–50% doctors, 10–20% NHS managers, 20% nursing and allied health professionals and 10% lay. Groups were assigned one of five topics for discussion – professional values, leadership, healthcare systems, education and selection, and appraisal, assessment and revalidation. These topics were selected because of their closeness to the six themes identified in the RCP report, and because the organisers perceived them to be those that warranted further discussion – either because of their topicality or because they were the most complex and testing in their interpretation and realisation. It was felt that they were areas where analysis of participant views would throw light on some difficult topics and help establish a credible consensus on issues that are not always straightforward or easy to resolve. For example, what are immutable medical professional values? What role do doctors play in leading the health service? What is the place of medical professionalism in revalidation?

Analysing over 100 hours of transcript for incorporation into the roadshow report proved a fascinating exercise. Report material is divided into five sections. The areas selected for emphasis within each section reflect the weight of opinion of attendees – issues that emerged with the most frequency and consistency – irrespective of group topic allocation. What was remarkable was the similarity of views across the country and the passion with which they were expressed – a facet that is reflected in the many quotations that support the analysis, and that appear throughout the report.

Key points from the roadshow report

Entering the profession

The idea that those most likely to turn out to be effective and respected doctors can be easily identi-

fied is attractive. Although the means and methods for doing this are currently limited, most of those taking part in the roadshows agreed that attempts should be made to instigate this idea, at the time of selection for medical school entry and at various stages of medical education and training. More critical, however, is an ability to identify at an early stage those who are not 'making the grade' – an area that the medical profession has until now been slow to tackle.

Professional qualities go beyond the technical. Students and doctors in training need to be exposed to the very essence of medical professionalism and experience it at first hand – they need to learn what it means, what it looks like, and how it acts – from those who are their teachers, from those they meet and work with on a daily basis, and from the culture of the institutions and organisations in which they work.

Professionalism in practice

Professionalism and the manifestation of professional traits should be as natural for a doctor as breathing. While those attending the roadshows acknowledged that the standards and methods of revalidation were not yet widely described or understood there was an urgent need for doctors and medical institutions to embrace assessment and appraisal, to become a genuine means of improving quality and enhancing patient care, and for building public confidence.

Managing professionally

There is no place to hide for the clinician who states that 'management is not for them'. All clinicians 'manage' and do so on a regular basis; sound patient management is a core feature of effective care. But when this term is extended to include the management of teams, services, and institutions, then the reluctance of doctors to get involved becomes apparent. This is unfortunate as the more frequently used proxy term 'clinical engagement' is now one of the cornerstones of health service improvement.

The medical profession will need to find ways to train and support those doctors who choose a career – in whole or in part – in medical management. Importantly there will need to be cross-professional recognition of and respect for those who chose this path, on a par with those who demonstrate excellence and become leaders of the profession in other ways.

Leading the profession

According to roadshow participants, apart from a few notable exceptions, medical leadership at a national level has been conspicuous by its absence for some time. The situation is not helped by a plethora of medical organisations, institutions, and individuals all claiming a legitimate place in the hierarchy of medical leaders and influencers. But this situation is unsustain-

able. Too much ground has already been lost, and if the most trusted of all our professions is to take its proper place at the heart of the debate about the high-quality patient care and first class services it must regain its influence on the national stage.

Not only is there need to provide clarity to the role of the individual doctor, but there is also need to provide clarity about what leadership of a modern profession looks like, and having established this, the best way to support its development.

Professionalism in partnership

With changing working practices comes uncertainty. There is an urgent need to identify the roles and responsibilities of doctors in a future UK health system that will be characterised by substantial demographic change, technological advance, greater patient choice and engagement in health, all of which will be placed within a health system that will put a premium on quality, outcomes, and experience.

Do doctors have a future?

The overwhelming response to this roadshow straw poll question was 'yes'. But what that future is and what the role of the doctor will be over the next 20 or 30 years is uncertain. Providing clarity to the role of the doctor, and establishing doctors as managers and leaders of services whose primary aim is to serve patients are the next major challenges. Medical professionalism and professional behaviour and characteristics will form a key part in meeting this challenge.

As a logical extension of its work on medical professionalism, and to meet the challenges implicit in roadshow dialogue and the Tooke report,⁴ the RCP launched a working party in May 2008 to provide clarity to the role of the doctor. To do this the College will need to define the future environment in which healthcare will be delivered and, within this complex system, identify the role played by doctors.

References

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- 3 King's Fund. *Understanding doctors: harnessing professionalism*. London: King's Fund, 2008.
- 4 Tooke J. *Aspiring to excellence: findings and final recommendations of the independent inquiry into Modernising Medical Careers*. London: MMC Inquiry, 2008.