

# 15 Professionalism: Overview of the performance areas

Funny word, ‘professionalism’. It sounds very straightforward (we all know what being professional means, don’t we?), but arouses strong feelings and passions because many doctors have their own preferred view of what this means. Perhaps that is the heart of it, because professionalism is as much an ideology or creed that we believe in and sign up to as an expectation from profession, society and ourselves of how skilful and effective we should be in our work. Doctors are given a special position of trust in society and professionalism is in large part our way of justifying that privilege. Actually, it’s more than that because professionalism is an important way of *creating* trust between patients and ourselves and through this, trust between society and the medical profession.

Why do we need trust? Because being appreciated, even admired, is great but its not enough. Without trust, particularly when the diagnosis or the right way forward is uncertain, as it often is in general practice, we can do much less to help our patients.

Of course, doctors work in teams rather than in isolation and professionalism has a similar role in generating and maintaining trust with colleagues both medical and non-medical.

Professionalism used to be (mainly) defined by the profession, but we are living in an age in which relationships between doctors and their society are maturing. Facilitated by a reduction in the ‘power-gap’ between the professions and society along with more open dialogue, the nature of professionalism faces challenges and new expectations from a number of directions, especially:

- Less deference to professionals along with increased public accountability
- Increased power and knowledge amongst patients driven by the availability of technical information, more open public debates and the organisation of patients into special interest and lobby groups.
- Increasing diversity of patients particularly in British multicultural society, leading to diversity of expectations.
- The advance of medical technology, with impacts particularly on rationing and medical ethics

We should remember that doctors are not just members of a profession but are part of society. Several of the factors mentioned above will also influence how the doctors of the future wish to see professionalism develop (that means you, by the way!)



## What we look for when we assess professionalism?

Trust may be the aim, but it is not a skill we can learn given that it is in the eye of the beholder. Instead, we can develop our professionalism by learning to respect the expectations of profession and society and to show respect to people (including ourselves) and to our professional responsibilities.

The latter are defined by the codes of conduct and laws of profession and society.

Respect is partly an attitude but it is also a number of behaviours that show how ‘seriously’ (e.g. diligently or thoughtfully) we approach things.

For assessors, a shorthand way of assessing professionalism is to look at the doctor’s attitudes and behaviour. Do these indicate that the doctor has, and is able to maintain, the respect that it is required?



### Professionalism and RDMp

P is manifest through RDM. It is not separate from it. For assessors, this means that when we assess the last two domains, we should look for evidence of professionalism that comes from the first ten.

Everything in the competence framework seems important but ‘professionalism’ has a special place. It is the commitment that we make to live our lives in such a way that creates and maintains the trust without which we cannot be good doctors. In short, professionalism underpins everything else that we do and when doctors go seriously wrong, problems with professionalism are often of a large part of the reason.

This means something important for doctors in training. As we showed earlier in the book (see page 9), the three areas of relationship, diagnostics and management (RDM) which in shorthand to describe the first 10 domains, are underpinned by professionalism (P), which is made up of the last two domains. In practical terms, when we say that professionalism underpins RDM, we mean that the competencies described in the last two domains are manifest by the way the doctor demonstrates RD and M.

Let us illustrate this by looking at how professionalism (i.e. **respect** for people, including ourselves and for professional and contractual responsibilities) manifests itself in the other ten domains:

### Relationship

This is covered by the competency areas: communicating with patients, practising holistically & working with colleagues and in teams. The underlying theme in these three areas is that of the relationship between doctor and patients/colleagues. To have effective relationships, we show our respect in a number of ways such as:

**Communicating well:** This means having the respect to be *appropriately attentive*, i.e. showing respect by listening, taking an active interest, trying to understand the viewpoints, concerns and expectations of patients and trying to jointly develop management plans. We also show respect by being *responsive* to patient preferences and modifying plans in the light of discussion. This area describes how professionalism/respect involves exploring and taking account of the patient’s values and attitudes, being aware of personal attitudes and taking steps to avoid prejudice. These personal attitudes include being open to the possibility that we might be wrong, for example that we may wrongly class patients as being ‘worried well’ or ‘heartsink’ through bias and vulnerabilities of our own.

**Practising holistically:** showing respect for the patient by being interested enough to explore the impact of the problem on the patient’s life. Beyond this, we show professionalism/respect by being interested in the others who are affected by the problem, particularly family members and carers.

**Working with colleagues and in teams:** professionalism/respect is shown by the way in which we make efforts to establish effective working relationships with people – however different or unfamiliar or difficult the status, personality, style and approach of these people might be. In practical terms we avoid making assumptions about colleagues and make use of their skills appropriately. In addition, by the way in which we seek views, work cooperatively, nurture and reward others in the team. ‘Maintaining an ethical approach’ describes how professionalism/respect for team members also means providing equality of opportunity, respecting the differences between people (i.e. their diversity) and respecting people enough to want to see them flourish by championing their personal development. More on this later.

### Diagnostics

This is covered by the competency areas data gathering, making a diagnosis, clinical management and medical complexity. The underlying theme in these four areas is the process of gathering and interpreting information in order to make justifiable judgements and decisions. Professionalism/respect in this area is shown by:

- Our willingness to involve others (particularly patients) in the decision-making process
- The respect we show to other colleagues involved in patient care though using their skills appropriately and keeping them informed and
- The commitment we show to reach and maintain the decision-making standards of the profession as described in Good Medical Practice

### Management

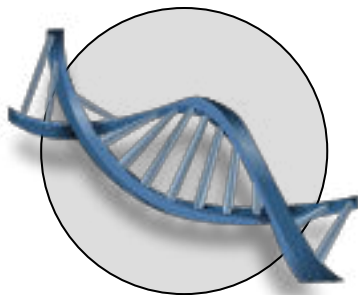
This is covered by the competency areas primary care administration and IMT, community orientation and maintaining performance, learning and teaching. The underlying theme in these three areas is how we deal with the management of the *medical service* that we provide both to individual patients and to the community and with managing our *personal performance*. The main attributes that we require are the abilities to plan, organise, direct and control *people* (including ourselves) and *systems* in order to accomplish a goal. Between them, these are the skills of 'management'.

**Primary care administration and IMT:** showing professionalism/respect for the patient and the practice by appropriately and diligently using the IT and the protocols that are in place to improve patient care.

**Community orientation:** showing professionalism/respect for the community by trying to understand the characteristics of the practice population and then tailoring personal actions and the services provided in order to give people what they need (which may not be the same as what they want!). This is also an example of situations in which we show respect for *ourselves* by backing our judgement when we need to.

**Maintaining performance, learning and teaching:** professionalism/respect for the expectations of the profession and of society is shown by our willingness and capacity to monitor, adapt and improve our own performance. In terms of management, this requires us to have good personal organisational skills so that we can identify and attend to problems and also identify areas of 'weakness' before problems occur in these areas. The latter requires routine monitoring, which in itself depends upon organisation and time management skills.


**Poor professionalism as a red flag:** Professionalism is widely known to correlate with performance. Good professionalism may predict good performance although the research is not yet clear on this point. At the other end of the spectrum, as the GMC will tell you, doctors who are a cause for significant concern often have problems with their professionalism. If we are assessors, we shouldn't just pass off problems with professionalism as being unfortunate or irritating. The fact that a trainee is often late for work, doesn't make log entries as they should or fails to get immunised may, as individual episodes, be ignored. However, a pattern of such behaviour is significant and should be regarded as a red flag because, as we have seen, poor professionalism undermines most of the behaviours that are required of competent doctors. If picked up early, we may prevent the doctor from failing or (worse) from becoming untrainable.



The deeper features are our DNA. Although few in number, they underpin all the behaviours described in the competence framework and are described in terms of knowledge, skills, attitudes and personal qualities. The behaviours being tested in the 'Professionalism' section are shown in the table below, where the categories indicate the degree of weighting.

The behaviours are shown in the left-hand column. We will describe these in greater detail to clarify what they are. As you read them, use the table to cross-reference them to the domains that they underpin. This will increase your understanding and help you to develop the skills you need for each area of performance. The weighting will help you here. For example, 'fitness to practise' requires relatively little 'learning & personal development' but relies heavily upon 'coping with pressure'.

If you are (or your trainee is) having a problem with performance in a domain look at the underlying deeper features for guidance on where the problem might lie and therefore which behaviours need working on.

	Maintaining an ethical approach to practice	Fitness to practise
Professional integrity	High	Medium
Learning & personal development		Low
Coping with pressure		High

### Professional integrity:

- Respecting and defending the contribution & needs of all. This includes respecting our position as doctors and the special responsibility and protocols of behaviour that this creates. It also includes respecting patients and colleagues.
- Being committed to equality of care for all.
- Treating people fairly with equal concern.
- Discriminating fairly, valuing differences between people and encouraging the development of potential in all.
- Understanding our personal biases and taking these into account when making judgements by ensuring that we do not show unfair bias (positive or negative) toward others.
- Being prepared to justify our decisions, defending these or changing these when appropriate.

### Learning & personal development:

- Acknowledging our limitations and identifying what needs to be learned
- Learning both from experience and from targeted study
- Regularly and routinely updating clinical and other job-related skills
- Using the mechanism of personal development to keep up with changes in GP role and skill base

### Coping with pressure:

- Being aware of our strengths/limitations. When problem-solving, working within these limits by compromising, delegating and seeking help appropriately
- Remaining calm and under control by using strategies to deal with pressure and stress
- Not losing sight of the wider needs of the situation

### What can we learn from the deeper features?

The two competency domains in the 'professionalism' cluster are 'maintaining an ethical approach' and 'fitness to practise'. These complement each other in that the first domain concerns the respect that we show towards *people* whereas the second focuses on the respect we show toward *profession and society*.

'Respect' is an odd word. It doesn't mean that we are passive and deferential. It's an active endeavour that shows a deep-seated commitment on our part to do our best to serve people (including ourselves) with humanity and skill and to live up to what is expected of us.

The deeper features shown above describe many of the important active behaviours that help us to treat people fairly and thereby gain their trust.

Interestingly, as the deeper features show us, the ability to remain fit to practise is strongly associated with the ability to cope with pressure. This means that even if we understand the concept of professionalism and have good 'professional integrity', if we lack the ability to deal with the pressure of patient demands, the competition between work and life, the professional expectations of keeping up-to-date and the challenges of changing role and skill base, then we will have difficulty in maintaining our fitness to practise.

Poor ability to cope is therefore an important indicator that fitness to practise will come under threat if it isn't rectified. During the training period, this may affect progress but in independent life, failure to cope with pressure may lead to serious problems such as performance issues and possibly, GMC involvement.