Why values, culture and professionalism matter for quality improvement

Sir Donald Irvine, CBE.
Kings Fund, 2013
Culture: a Definition

The total of the inherited ideas, beliefs, values, and knowledge, which constitute the shared basis of social action.
Medical professionalism signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors.

RCP, 2005
Medicine’s Basic Self-image

- I have had the ‘necessary’ training
- I have the basic qualification
- I am licensed
- Now, I am a professional
- From now on, because I am a professional, what I practise & how, to what standard, & how I relate to my patients, is largely up to me, a matter of my choice & conscience - my professional autonomy
- Patients have nothing to do with it!

After Flexner 1910
Factors Promoting Doctor- centred Culture

- **1858** – State adoption of self-regulation for doctors– GMC; introspective professionalism
- **1910** – In US, Flexner’s reform of medical education enhances influence of medical schools on medical culture
- **1940’s onwards** – Rising effectiveness and successes of specialist medicine appreciated and desired by passive patients; “Doctor knows best”
- **1948 –1980** – Government and medical trade unionism entrenches power of doctors in the new NHS in exchange for their rationing care on basis of ‘clinical need'.
- **1983 onwards**- Griffiths introduces culture of managerialism to NHS. Clinical audit fails to improve quality.
- **1858- 2000**- Quality movement in parallel with health care system, not an integral part of it.
Factors Driving Patient-centred Culture

• **1952** – College of GP’s formed as protest against poor practice

• **1980’s** – Rising influence of consumerism: UK ‘patients revolt’ against doctors’ refusal to address competence issues: Picker and Planetree focus on importance of patient experience

• **1995** – GMC’s Good Medical Practice signals culture change

• **1998** – Children’s heart surgery disaster at BRI: public anger: start of patient action groups: SCTS positive response

• **2001** – Transparency: Dr Foster Hospital Guide

• **2005** – Shipman Inquiry ends medicine’s exclusive control of professional self-regulation.

• **2011** – SCTS adopts patient-centred culture of professionalism

• **2013** – Francis Inquiry criticises NHS/ professional culture
What Patients Expect Today

- Recognition of patient autonomy with involvement in decisions about care
- Assurance of consistent quality
- Information on best hospital/practice/team/doctor
- Prompt access
- Early diagnosis, the right treatment, a good outcome
- Empathy, respect, compassion, kindliness, courtesy
- Listening, good communication
- Efficient organisation and delivery of care
- Knowing who is in charge
- Excellent overall experience of care
Impact of the Information Revolution

Patients influence on culture of care is being enhanced by:

- Ability regularly to measure outcomes, compliance with process standards and patient experience
- Use of clinical microsystems
- Direct patient/public access to databases of medicine
- Patients’ direct access to personal electronic records
- Public drive for transparency; government making more comparative information available online
- Patients networking – Facebook, Twitter etc
- Media investigations and exposures using undercover recording, FOI requests etc
Emerging New Culture of Professionalism

- Always puts patients first
- Positive about patients’ autonomy
- Accepts that personal and collective competence and integrity are still fundamental
- Sees commitment to personal and institutional quality as core elements of professionalism
- Tells patients what current optimal practice standards are
- Is obsessive about transparency
- Welcomes regular reviews of performance through revalidation
- Supports doctors’ development; tough on underperformers
- Educates for the new professionalism by personal example
- Accepts that trust must be earned, continuously.
Good medical practice
The Standards: Good Medical Practice

The GMC’s holistic, patient-centred code of practice indicates coming major cultural change in medicine. It:

• Provides clear, where possible accessible, standards closely related to everyday practice
• Embodies patients’ expectations
• Shows doctors what is expected of them
• Tells the public what the profession has promised to deliver
• Gives patients a benchmark against which to judge their own experience of their doctors
• Describes the new professionalism in action
Zero 100
Professionalism in Action

Collective responsibility to patients and colleagues for:

- Achieving optimal standards, the best we can do
- Meticulous attention to data
- Routine analysis of outcomes; constructive action on outliers
- Systematic CPD; SESATS assessment of knowledge
- Regular assessment, feedback and action on patient experience
- Public accountability through the publication of results
Our surgeons

Name: Ben Bridgewater
Medical school: St Mary's Hospital, London
Qualifications: MB BS, PhD, FRCS (CTh)
Date of qualification: 1986
Post graduate training:
- Wythenshawe Hospital, Manchester Royal Infirmary,
- Green Lane Hospital, Auckland, New Zealand

Date of consultant appointment: 1997

Ben Bridgewater trained at St Mary’s Hospital Medical School in Paddington and then in cardiac surgery in Manchester and at Green Lane Hospital Auckland. Since being appointed as a consultant in 1998, he has developed a specialist interest in Mitral valve surgery (along with Tim Hooper). In addition to his operative commitments, Ben is heavily involved with initiatives to collect, publish and improve cardiac surgical outcomes through various roles with the Society for Cardiothoracic Surgery of GB and Ireland, the Royal College of Surgeons, and The National Institute for Clinical Outcomes Research. He is also an Honorary Professor at Manchester Academic Health Science Centre (MAHSC).

> Ben's cardiac surgery activity and results
> National results for cardiac surgery
> How to interpret the graphs

> What our patients think about Ben
> Our approach to measuring Patient Experience
Ben Bridgewater, Specialist register
Cardiothoracic surgery – entry date October 1997
Revalidation date 2014

Patient experience 40 patients 2012/2013

Click here for CPD activity
Click here for MSF data
Click here for annual appraisal summary
Picker Consultation Score

- Does not meet patients' expectations
- Partially meets patients' expectations
- Fully meets patients' expectations

Score: 9.5
Mayo Clinic: Primary Unifying Value

“The needs of the patient come first”
Mayo: Fundamental Characteristics

- Culture: patient-centred professionalism focused on quality of clinical care and patient experience
- Management: professionally led, supportive of conscientious staff, intolerant of poor performance
- Electronic patient record key data source for CQI & QA.
- Reputation: treasured, fiercely protected by board
- Competition welcome, based on quality
- Staff morale high. Fortune 100 Best Companies to Work For.
Regulation, Professionalism and Quality

- Regulation is associated with minimum standards. The associated mindset is compliance – ‘I am doing this because I have been told I have to– no more’.

- Professionalism indicates sustained excellence. It reflects optimal standards, personal responsibility and conscientiousness in the exercise of judgement. The mindset is ‘I am doing this because I think it is the right thing to do for my patients’.

- Regulation and quality assurance go together. Professionalism and aspirational quality improvement linked.

- In health care patients need and want both.

- Leadership critical
Conclusions

1) A new settlement between patients/public and the medical profession is coming.

2) The profession can be positive, in word and deed, about patient-centred care, and all that involves in terms of consistent clinical quality and respect for patients - professionalism. Many doctors today practise this way. If they prevail, the profession will remain the most trusted occupation in society.

3) Alternatively, if the collective profession resists, grudgingly, it will give the impression that self-interest comes before patients’ interests. In this event it can expect loss of public trust and prestige, and more managerialism and external control.

4) There is good evidence that patients would prefer the former

5) Clinical leadership from within the medical profession, or the lack of it, is the key to determining the outcome.