Professionalism and the quality framework

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BACKGROUND
As the visible manifestation of a profession's culture and values, medical professionalism is under increased pressure to play its part in quality improvement.

OBJECTIVE
This article describes the role of professionalism within The Royal Australian College of General Practitioners Quality Framework for Australian General Practice.

DISCUSSION
Efforts to influence or change the culture of medical professionals can be met with resistance, often driven by the professional's own uncertainty regarding the need for change. Quality improvement approaches that focus on professionalism need support at all levels, from setting of care through to national initiatives.

Medical professionalism is discussed increasingly frequently,[1,2] often in conjunction with discussion of systems for quality assurance or quality improvement,[3,4] and also prompted by reflection on the radically changing nature of medical practice in the 21st century.[4–6] Changes in health care funding and organisation, unprecedented access to information about health and illness, and changing societal expectations are exerting pressure on medical professionalism.

Professionalism is the term chosen within The Royal Australian College of General Practitioners Quality Framework for Australian General Practice to identify some important but less tangible influences on quality. It includes values, ethics, leadership and culture. These elements must be considered when analysing ways and means of quality improvement in the complex environment of general practice in Australia.

What is professionalism?

'Professionalism is the outward, visible expression of a profession's culture and what a profession stands for'.[2] It is often poorly defined and subject to considerable variability in interpretation. It can mean, in its broadest sense, the occupation in which a person earns a living. But medical professionalism is far more than this. There are several common elements of medical professionalism:

- mastery and maintenance of a key body of knowledge or competence that is valued by society (this aspect of professionalism is dealt with in detail in the competence domain of the quality framework)
- a moral dimension that includes a commitment to ethical delivery of medical services and to ethical values, with a sense that professional work is pursued for the benefit of others and success measured by more than the amount of financial return. The *Case study* gives an example of a case judged to demonstrate unprofessional behaviour, and
- a collective identity that allows collegial action for good (eg. self regulation to ensure quality, leadership in asserting ethical values in societal discussion) or ill (eg. closing ranks against unwelcome scrutiny or criticism).[1,4,7]

The consequence of these elements is trust by society that is recognised through both law and custom; granting legitimacy, autonomy and authority to members of the medical profession.

The evolution of professionalism

Professional codes have traditionally included the public assertion of ethical values[5] ('profess' is derived from the Latin for 'to speak forth'), but at times have also included rules of etiquette and responsibilities to other members of the profession.[8] This guild aspect was the source of

considerable criticism during the 1960s, 1970s and into the 1980s, and self regulation was challenged as cover for a form of trade monopoly.[5] The response of governments has been to increase demands for external regulation, particularly in the light of spiralling costs of health care. Nor has this response been assuaged more recently by persistent echoes of self protection and introversion in the collective attitudes of doctors reacting to failures of quality (articulated, for example, in the public examination of cardiac surgery at Bristol).[2]

In Australia, medical professionalism has been able to work together with external accountability – both to government and the broader community – through a range of initiatives that include:

- The Australian Medical Association Code of Ethics
- state medical boards that include members of the profession and the community. (*Table 1* shows the vision of the Medical Practitioners Board of Victoria[9])
- teaching of ethics and professional values in medical schools
- involvement of community members in medical student selection
- independent bodies to deal with health care complaints
- engagement with consumer groups across a broad range of health system activities.[10]

The modern evolution of professional ethics and values tends to be explicit and intentional. For example, European and American physicians have produced a charter on medical professionalism that highlights excellence and continuous improvement, integrity and altruism, working in partnership with members of the wider health care team and partnership between patient and doctor based on mutual respect, individual responsibility and accountability.[2]

The professionalism domain

Ethics

The dimensions of quality used in the quality framework are themselves grounded in basic principles of biomedical ethics[8] – avoiding harm (safety), doing good (appropriateness and effectiveness), respect for autonomy (appropriateness and acceptability) and justice (accessibility and efficiency).

Values and leadership in complex systems

In the turbulent and changing health care systems of the 21st century, the general practice environment is faced with pressure to adapt, dealing with issues of ever increasing medical knowledge, the information management revolution, the challenge of new health care providers and teamwork, societal expectations and consumerism, and greater demands for accountability – both fiscal and medical.

Table 1. Medical Practitioners Board of Victoria's vision

The role of the Medical Practitioners Board of Victoria is to ensure that the medical profession provides the best possible medical care for the community of Victoria. To achieve this, the Board:

- ensures that doctors are properly qualified and fit to practise
- promotes good practice and supports the maintenance of the highest professional standards
- promotes excellence in professional conduct
- responds to concerns of individuals about the care provided by their medical practitioners
- works with the community and the medical profession to identify and resolve problem areas

New insights into how organisations survive and thrive in such environments come from complexity sciences,[11] which suggest creative progress can emerge from a few simple rules or minimum specifications. Core values and key characteristics can provide such guidance.

For example, leading family physician (general practitioner) groups in the United States, seeking to guide the future of family medicine, first identified the core values of family medicine as the foundation for a clear identity statement for the discipline: 'Family physicians are committed to fostering health and integrating health care for the whole person by humanising medicine and providing science based high quality care'.[6]

The self awareness arising from broad statements of core values and key characteristics is general rather than detailed – it has broad potential for future development, and allows self reference as the basis for what is known as emergent order – not what some central controllers planned should happen, but new, orderly ways of working that appear to evolve directly from the complexity of the system.

Change and a culture of quality

It is easy to see how professionalism and values promote quality improvement. It is important to explore further to discern what in this domain might hinder quality efforts.

Quality improvement involves change[12] and this can evoke reactions far from the professional ideals outlined earlier. Over a century ago the British economist and historian Walter Bagehot[13] highlighted the problem of new ways of doing things: 'One of the greatest pains to human nature is the pain of a new idea. It makes you think that after all, your favourite notions may be wrong, your firmest beliefs ill founded... Naturally therefore common men hate a new idea, and are disposed more or less to ill treat the original man who brings it'.

Examples of such rejection abound in the history of quality improvement. Dr Ignaz Semmelweis, who recognised the likely cause of puerperal fever and introduced

Case study from the Medical Practitioners Board of Victoria

Ms TF was concerned by an apparent conflict of interest in Dr X's newsletter, which supported and promoted a scheme for financial success. She was annoyed that a medical newsletter could contain such endorsements and questioned whether Dr X was in any way profiting from the scheme. She believed that including such information as 'beneficial to the individual patient's holistic spiritual health' was 'laughable'. She was unhappy that unsolicited mail was directed to her by the doctor using the address from her clinical record. A board hearing found that Dr X's conduct was unprofessional, ie. of a lesser standard than either his peers or the public would reasonably expect and cautioned him not to use his professional position inappropriately.

an effective preventive measure in hand washing, was rejected and vilified by the medical establishment.[14] Closer to our current time, in the 1960s, a large medical trial showing the high risk of the chief treatment for diabetes, tolbutamide, was met with doubt, outrage, and even legal proceedings against the investigators.[15]

A professional culture of perfectionism can lead to shame among morally motivated doctors, who are asked to reflect on shortfalls in performance and outcomes (whatever their cause). Davidoff[15] argues that shame is the 'elephant in the room', rarely discussed but hugely present in quality improvement efforts. Modern quality improvement activities rightly pay attention to this domain, explicitly seeking to create a culture of openness and safety to replace a culture of blame.

The professionalism domain and the setting of care

'Dusty Gardens Family Practice began as a pioneering model for community oriented primary care in an economically impoverished urban area. The practice was created with a focus on the patient in this underserved community. It grew from four to 6 family physicians and two nurse practitioners; there was also staff turnover. Dusty Gardens was often a stepping stone for some clinicians, a chance to work in an 'idealistic place' before going on to other things. However, the leadership has remained stable.

The original practice was located in a dusty and cluttered building. It was difficult to tell who was responsible for what, but a shared sense of purpose gave the practice a family feel. Conflicts were evident but quickly resolved by frank discussions and a shared commitment to the practice mission. Schedules were constantly being disrupted by responding to patient and staff members' diverse needs. In spite of this seeming chaos, Dusty Gardens was an exemplar at delivering preventive services. This was accomplished by several dedicated clinicians and practice systems that involved the active participation of multiple personnel'.

Miller et al[16] present the above case study (with name changed for confidentiality) from their research based on extensive in depth observation of patient visits to a range of family practices in the USA. Using complexity science, they identify multiple influences on quality improvement and highlight the importance of professional values in achieving high quality care.

Conclusion

Professionalism is a key domain in the RACGP Quality Framework for Australian General Practice. There are areas of overlap with the other domains such as ensuring competence, the narrowing knowledge gap between doctor and patient, the emphasis of new professionalism and patient centredness, the value of self care for sustained general practice capacity, and the balance between altruistic values and appropriate remuneration for GPs.

At the practice level, professional values provide motivation for quality improvement and support the openness to change needed to carry it out. At the national level, there is a need for clear leadership to identify and articulate the professional values of the discipline of general practice to guide its evolution in the turbulent health care environment.

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