

# Professionalism for pharmacists

The "Doctors in society" report from the Royal College of Physicians examines the concept of medical professionalism at the "heart of good medical care". The findings are equally applicable to professionalism in pharmacy, says Joy Wingfield

In October 2004, a working party of the Royal College of Physicians opened a consultation "to define the nature and role of medical professionalism in modern society". Over the next nine months the working party collected written views from over 100 interested parties and took oral evidence from 20 "witnesses" from the ranks of senior health professionals, politicians, academics and health managers, as well as drawing on peer-reviewed literature and commissioning focus groups. The working party reported in December 2005.<sup>1</sup> In this article, readers are invited mentally to substitute "pharmacist" or "pharmacy" for every mention of "doctor" or "medical" and to imagine that the report could very easily be entitled "Pharmacists in society".

The rationale for convening a working party is well expressed in the following quotes from the report's summary:

- "Patients certainly understand the meaning of poor professionalism"
- "An absence of professionalism is harmful to their interests"
- "Medical professionalism lies at the heart of being a good doctor"
- "The values that doctors embrace . . . underpin(s) the trust that the public has in doctors"
- "The practice of medicine is distinguished by the need for judgement in the face of uncertainty [which means] doctors are vulnerable to the charge that their decisions are neither transparent nor accountable"

Moreover, the report suggests that many doctors perceive that the current political and cultural environment of health compromises their professionalism. They experience difficulties in reconciling their professional responsibilities to both patients and to the health system and within shared delivery of care with other health professionals.

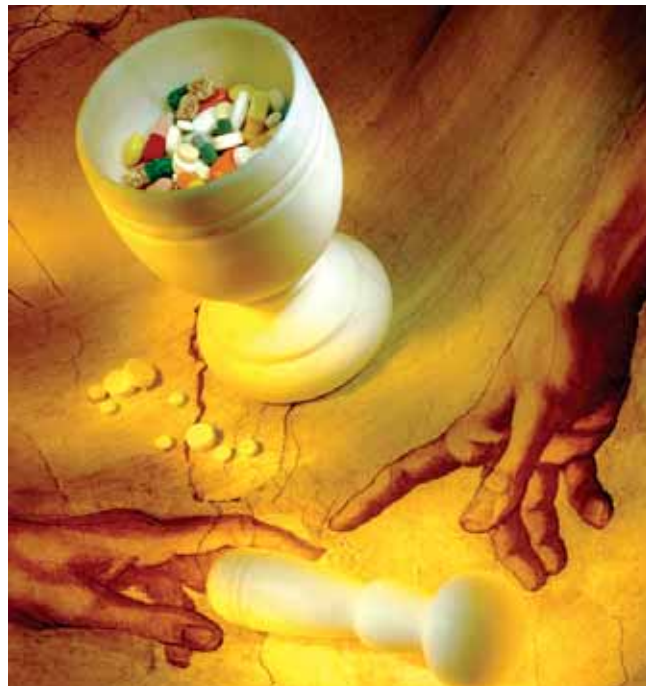
The report identifies pressures on professionalism (see Panel 1) that, taken together, diminish trust in doctors. Increasingly, patients want to be informed and take some responsibility for the decisions made about their medical care. Furthermore, the rise in external regulation has led to highly public displays of medical error and a perception that doctors will not act properly without an enhanced threat of sanction — a concept wholly at odds with the motivation of the vast majority of doctors. Taking into account

work on medical professionalism in the US, Europe and the UK, the report also identifies a battleground between doctors and managers that hinders progress, creates discontent and is not helpful to patients. Working conditions, shift-working and lack of continuity in patient care are also identified as fostering unwelcome attitudes of medicine being "just a job" rather than a vocation.

## Partnership

The report considered responses to four questions (see Panel 2). From the responses, the report concludes that professionalism is still a meaningful concept in today's medical practice. The difficulty arises in defining it. Starting from a modified form of the current definition in the Oxford English Dictionary, the report suggests the following as a modern formulation: "Medical professionalism implies a set of values, behaviours and relationships that underpin the trust the public has in doctors."

It goes on to describe medicine as "a vocation [whose] purpose is realised through a partnership between patient and doctor, one based on mutual respect, individual responsi-



bility and appropriate accountability", and elaborates "in their day-to-day practice, doctors are committed to integrity, compassion, altruism, continuous improvement, excellence and working in partnership with members of the wider healthcare team" — a tall order for any fallible human being.

The report suggests that former notions of professionalism, such as mastery of a discipline, autonomy, privilege and self-regulation, should be discarded and others should be reinterpreted, for example, "appropriate accountability" rather than an unthinking expectation of blame or not expecting "altruism" to imply sacrificing oneself entirely for one's profession. Professionalism should now be understood to imply addi-

## Panel 1: Pressures on medical professionalism

- Greater availability of information to members of the public, especially those with access to a computer
- Greater risk and uncertainty in new medical procedures and technology
- Intense media interest generating a need to react quickly to events with limited opportunity for calm and rational thought
- Expectations of young doctors for a balanced life, with time for leisure and relationships
- Consumer expectations of rapid access to high quality medical care, when and where the patient needs it
- Re-entry of the state into health care regulation and diminished self-regulation following recent health care "scandals"
- Continuing perceptions that doctors are still poor communicators

## Panel 2: Questions posed by the working party

- Do you think that professionalism has any meaning today? Say why you think this is so.
- If you believe that professionalism is a relevant concept, what threats and challenges do you think it faces today? What threats and challenges do you foresee in the next 10 to 15 years?
- What can be done to strengthen those aspects of professionalism that you care about? How would you propose going about this?
- Are there aspects of professionalism that are currently defended but which ought to be abandoned?

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tional qualities, not expressed in traditional definitions, ie: partnership with the patient to secure his or her well-being and dignity; partnerships with colleagues based on mutual respect; and partnership with the health system and health organisations, particularly in recognising the role of managers and the constraints of limited resources.

### Implications

The working party identified six themes to be pursued to develop progress in understanding and applying professionalism across the whole spectrum of medicine. These are leadership, teams, education, appraisal, careers and research.

**Leadership** Professionalism is a valid concept in modern medicine and needs to be championed. Leadership is needed in the individual doctor, in the whole of the front-line clinical team, in the local health organisation and at the national policy level. The report recommends the royal colleges "identify standards required . . . to satisfy the qualities of professionalism in a modern team-based environment".

**Teams** The report states: "The keys to strong clinical teams are recognition, mutual respect and an appreciation of the constant redefinition of boundaries among the team." There is no disagreement from pharmacy on that.

**Education** In considering how professionalism can flourish in the future, the working party concluded that proper attention must be paid to "its place in medical education, systems of appraisal and the evolution of the medical career". "Professional qualities should be sought in applicants to medical school" and "time must be allocated so that these values can be reflected upon and specifically developed through learning a set of personal behaviours in clinical settings".

**Appraisal** Current appraisal techniques in medicine were judged by the working party to be too focused on assessment of performance, "achieving targets" and being linked to a revalidated licence to practise. Rather, appraisal should include "professional values as key components in evaluating a doctor's performance and development".

**Careers** The report asserts: "An effective health system requires a committed and motivated medical workforce. To produce happy patients, we need happy doctors." It then recommends that medical professional bodies examine how best to improve the management of medical careers.

**Research** The working party found that the research base on the effects of medical professionalism was weak. Unanswered questions abound as to what study already exists, how

changing partnerships affect the patient and the team itself, to what extent an emphasis on professionalism produces better health, how professionalism should be taught and assessed, what the impact is of social and cultural diversity among doctors on medical professionalism and how robust the description of professionalism is in this report across different clinical contexts, health systems and cultures.

### Impact for pharmacy

The working party was clear that the audience for its report was, first and foremost, doctors. Nevertheless, the analysis and conclusions are equally applicable to all health care professionals and should be of interest to patients, policy makers and the media. The working party summed up with its "abiding wish . . . to put medical professionalism back onto the political map of health in the UK". Pharmacy and pharmacists should take this opportunity now to understand the meaning of professionalism in their practice and to consider how it should be fostered in the corresponding pharmacy contexts set out above.

### Reference

1. Royal College of Physicians. Doctors in society: medical professionalism in a changing world. Report of a working party. London: RCP; 2005. Available at [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk) (accessed 3 February 2006).

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