Maintaining Good Medical Practice

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What we'll be covering

Professionalism & challenges to it

MGMP as Quality Assurance

The QA cycle re-defined

The UEMS model, and the GMC's

Towards a new professionalism

Professionalism: re-interpreted

Knowledge	**Jargon and secrecy**
Altruism	**Paternalism**
Commitment	**Questioned**
Autonomy	**Unaccountable**
Ethos	**Exploitation**
Trust earned	**Trust threatened**
"Professionalism"	***"Protectionism"***

The Quality Agenda

International trends: QI

Continuing Medical Education

time-based; knowledge-focused

Continuing Professional Development

skills, attitudes, communication

Accountability mechanisms

legal, admitting rights, payment

International trends: QA

Audit

- **individual, and team-based**

Appraisal

- **peer-review**

Reviews of performance

- **questionnaires**

International trends: QC

Greater practitioner accountability

Multiple forms of accountability

More “intrusive” regulation

“Fitness to practise”

Regular confirmation of this

Definitions (UEMS)

Quality Assurance

"the regular review against defined standards of medical care"

Performance

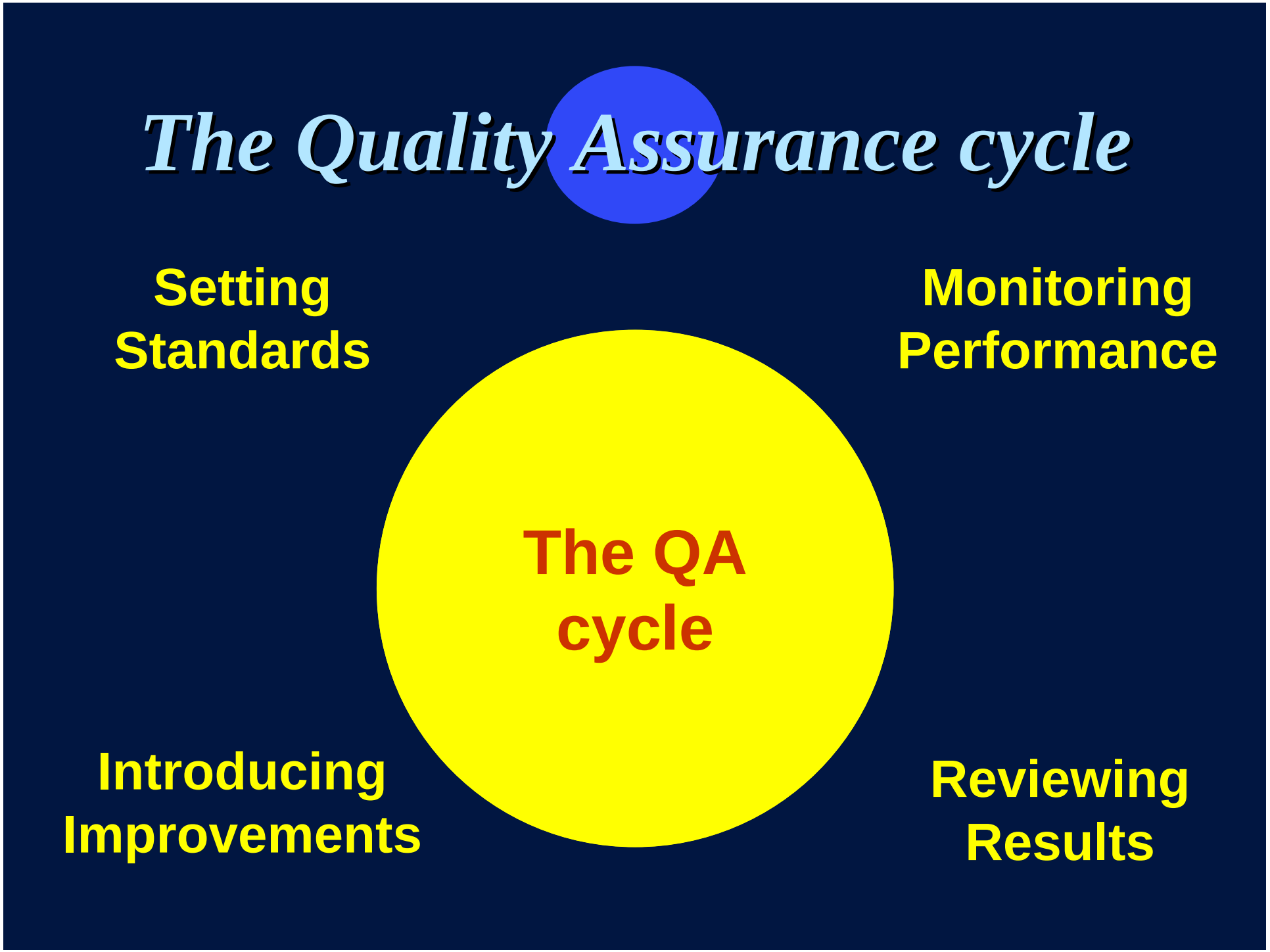
"how a doctor applies, in practice, their knowledge, skills & attitudes"

Performance accountability

“Every doctor, on a regular basis, should be able to demonstrate their continuing fitness to practise”

(GMC)

The Quality Assurance cycle



Setting standards

Should be…

medically-led

evidence-based

derived by consensus

Must be context-sensitive

Monitoring performance

Methods may vary but must…

- **reflect valid outcomes**
- **be sufficiently accurate**
- **have confidence of all groups**

Confidentiality of data is essential

Influences on outcomes

Individual: **case-mix, specialisation**

Collective: **team contribution**

Global: **resources, environment**

These can’t always be corrected for

The UEMS model

Based on the QA cycle

Monitoring all tiers of healthcare

As inclusive as possible

Itself subject to regular review

Developmental interventions

The work environment

External audit by peer review

- **visitation programmes**
- **trained specialist assessors**
- **working to defined standards**
- **producing developmental reports**

The healthcare team

Internal clinical audit

- **emphasis on collective outcomes and on good communication**

Must have external review

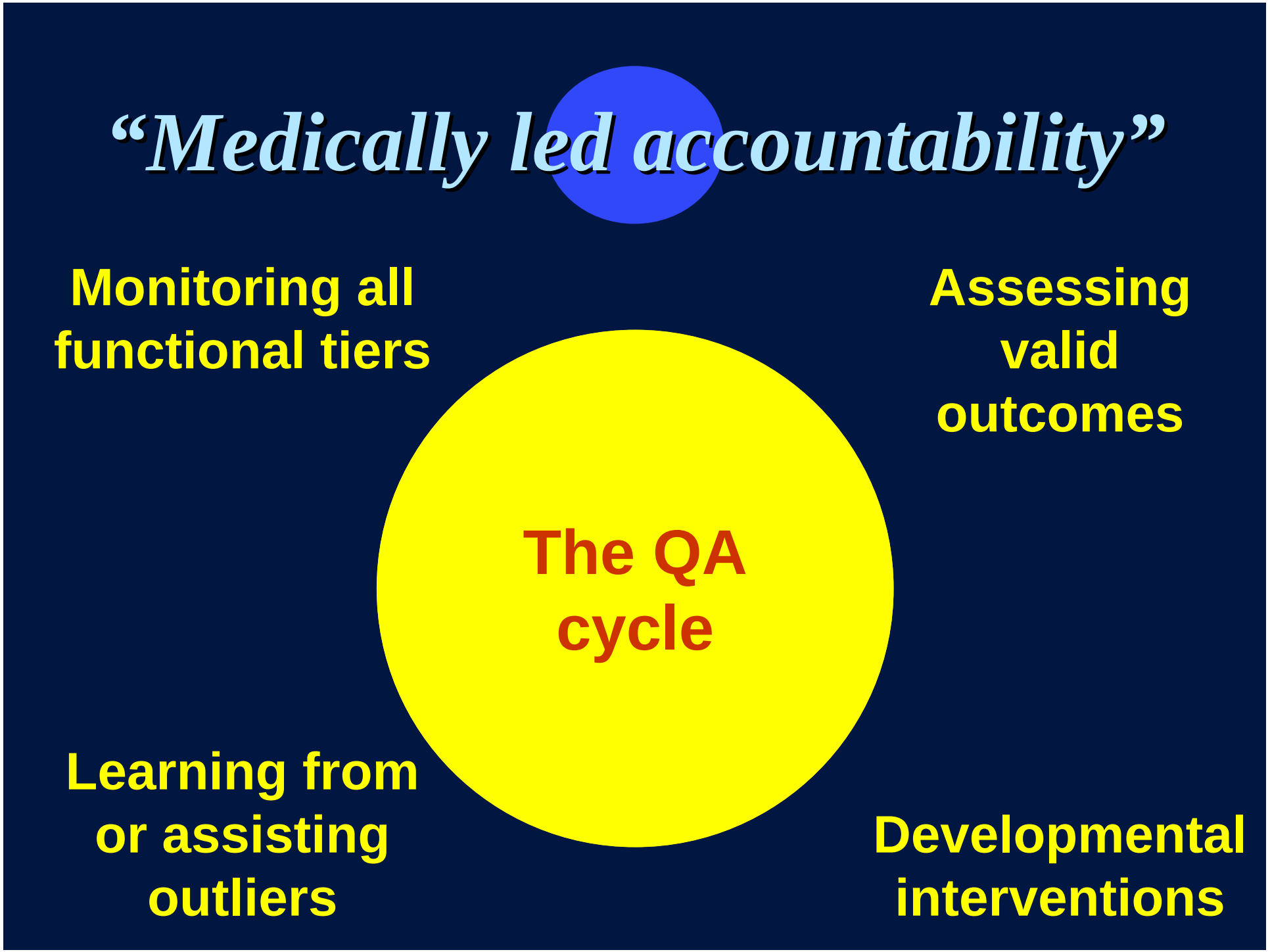
- **external audit by peers**

The individual doctor

Must consider practice context

Methods may vary, must be valid

- **individual audit**
- **appraisal by peer**
- **surveys of patients/colleagues**


"Medically led accountability"
Monitoring all functional tiers
Assessing valid outcomes
The QA cycle
Learning from or assisting outliers
Developmental interventions

Risk management

Confidential incident reporting

“No-blame culture”

It’s better to know of problems, learn from them & stop them repeating

The need for resources

Time People Money

Information Technology

A protected, accountable, budget

“Ultimately the patient pays…”

"Good Medical Practice"

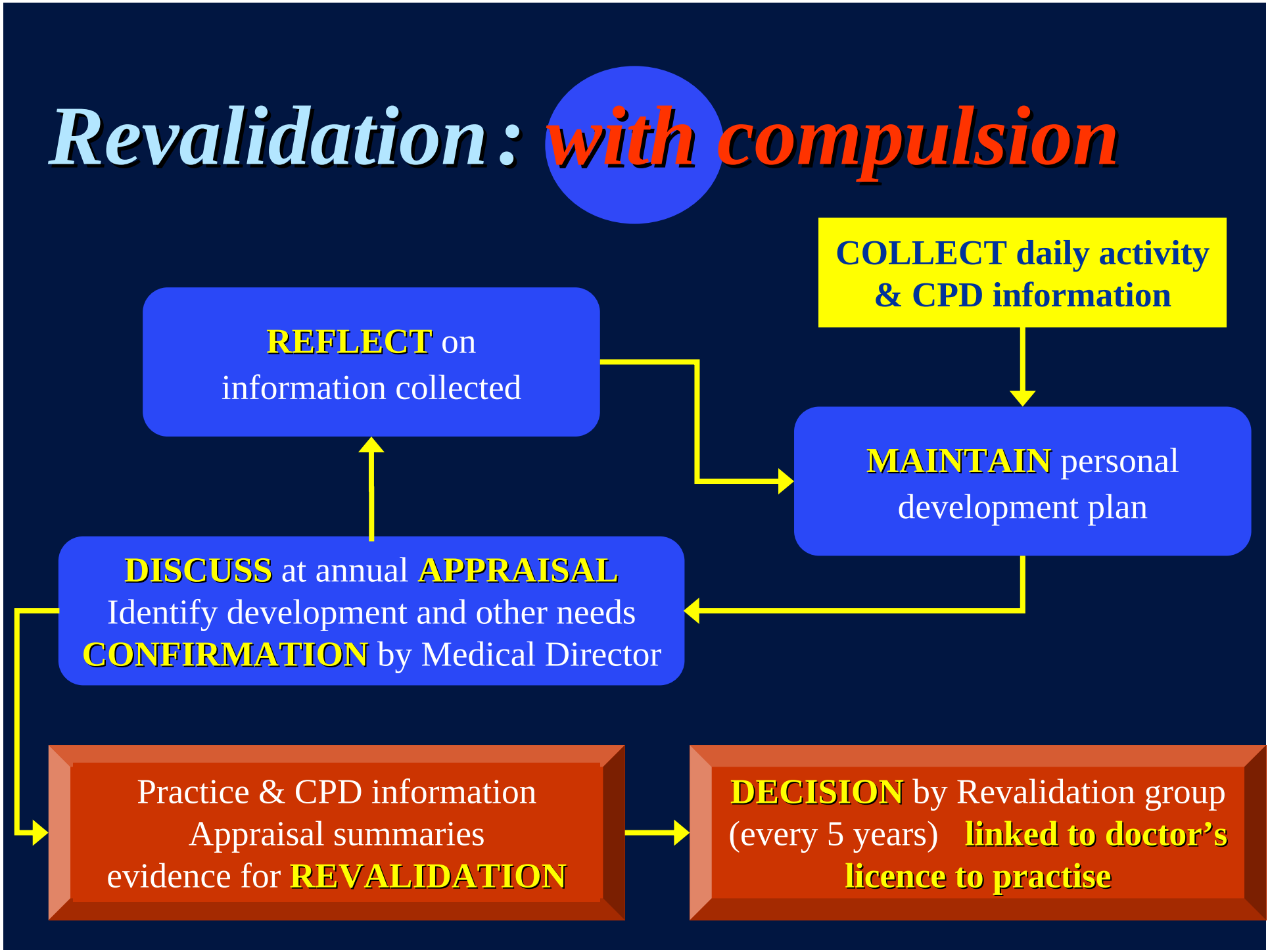
The UK General Medical Council

A positive statement of standards

Seven "fields"

- **good clinical care**
- **maintaining good care**
- **dr-pt relationships**
- **teaching & training**
- **team-working**
- **probity**
- **health**

Revalidation : with compulsion



Compulsory systems

"lack of evidence that demonstrates the additional effectiveness of mandatory systems"

"inappropriate to focus on only one element of a multifactorial system"

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Essential for a new professionalism

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