Maintaining medical professionalism at the heart of radiology

Professionalism is a complex blend of values, behaviours, ideals and obligations that are hard to define but recognizable when observed. This article reflects on medical professionalism as an entity, reviews the challenges it faces, and considers proactive ways of nurturing the concept of professionalism in radiology.

As highlighted by many authors, 'Professionalism lies at the heart of being a good doctor' (Stern, 2006). While it is easy to agree that professionalism is an essential part of being a doctor, as a concept medical professionalism is hard to define. Given this difficulty in definition, it is harder still to be confident that every doctor practises and promotes the highest level of professionalism in daily practice. Yet, during a period of political, societal and medical upheaval, at a time when doctors are faced with an ever-increasing range of rigidly imposed competencies and targets, it seems more important than ever to review the oft-neglected concept of professionalism and how it fits with daily practice. This article will reflect on medical professionalism as an entity, review the challenges it may be facing and then consider possible proactive ways of nurturing professionalism at all levels in radiology.

The professional status of medicine has remained strong since Hippocrates first ushered clinical medicine into relative respectability in the 4th century BC. The pace of change seems to have accelerated and the past few decades have seen a huge shift in how society interacts with different 'professions', with a wide range of professions being increasingly scrutinized and their values called into question. Law has been subject to professional upheavals, banking and politics have been robustly challenged as respectable professions, and it seems as if many of the 'professional rights' of bankers are likely to be legislated away. Medicine is not immune to these challenges and medicine's professional values are currently under intense scrutiny, both internally and externally.

Definition of medical professionalism

Some have glibly suggested that concept of 'professionalism' is like the concept of 'obscenity' – something hard to define but recognizable when observed (Swick, 2000).

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If professionalism in radiology is to be defended and reinvigorated then it is essential to know what exactly it is that is under discussion. There have been many definitions of professionalism. Rather than discuss the individual merits and failings of a number of different definitions it is perhaps most useful to work with the definition adopted in the Royal College of Radiologist's (2010b) specialty training curriculum, a definition first put forward by the Royal College of Physicians (2005) in *Medical Professionalism in a Changing World*. Owing to the challenges of providing a concise, workable definition the Royal College of Physicians put forward both a short definition and a longer description. They define medical professionalism as:

'… a set of values, behaviours, and relationships that underpins the trust the public has in doctors.'

They go on to offer a description of medical professionalism that sets out these values, behaviours, and relationships in clearer terms:

'Medicine is a vocation in which a doctor's knowledge, clinical skills, and judgement are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between patient and doctor, one based on mutual respect, individual responsibility, and appropriate accountability.

In their day-to-day practice, doctors are committed to:

- **Integrity**
- **Compassion**
- **Altruism**
- **Continuous improvement**
- **Excellence**
- **Working in partnership with members of the wider health-care team.**

These values, which underpin the science and practice of medicine, form the basis for a moral contract between the medical profession and society. Each party has a duty to work to strengthen the system of healthcare on which our collective human dignity depends.'

Thus medical professionalism is a concept made up of a complex blend of values, behaviours, ideals and professional obligations. In common with many finely bal-

anced intangibles professionalism is vulnerable to outside pressure and it is at risk of disintegration if it is subjected to too many pressures without reinforcement from within.

Challenges to professionalism

It is unsurprising that, at this time of change, a concept that encompasses so many components is under threat from many diverse factors. Professionalism in radiology is of particular concern as not only does it face all the threats facing the medical profession as a whole, but it also faces challenges that are very specific to radiology. The potential challenges facing today's professional doctors and radiologists are outlined below.

Challenges to general medical professionalism

Political and structural issues

Health care's close proximity to politics has meant that politically imposed changes are unintentionally putting general medical professionalism under considerable strain. While Andrew Lansley's radical changes have not yet had a chance to impact on the profession, many political changes in the last decade have.

Changes in training structures

In February 2003 the UK's chief medical officers published a document entitled *Modernising Medical Careers*, which proposed radical changes to the UK medical training system (Department of Health, 2003). This was followed by *MMC – The Next Steps* in April 2004 (Department of Health, 2004). In this structure doctors start specialist training following a 2-year foundation programme and training is managed by centralized deaneries.

Many medical professionals feel that this reorganization has led to a weakening of the historical firm structure and an associated weakening of the traditional apprenticeship model of teaching. This has had serious implications for training, and the opportunity to learn outside of a formal curriculum by absorbing examples of good practise from others is less readily available. As informal longer term mentoring relationships are lost these learning opportunities fall by the wayside.

Changes to hours worked

The advent of the European Working Time Directive has heralded great changes in how doctors work, and has had both positive and negative impacts on the medical profession. One of the unavoidable effects of reduced working hours is that junior clinicians are denied the opportunity to follow patients through their entire journey. Instead care becomes fragmented by a series of handover meetings which undoubtedly affects formation of the doctor–patient relationship and reduces the opportunities to experience and absorb the more subtle professional skills. Communication becomes disrupted, patient–doctor partnerships become harder to forge and it is hard for a clinician to hone his or her judgement skills when only a fraction of the decisions are made on his or her shift. The outcomes of such decisions may be obscured in the handover process, and this can have a significant impact on radiology where referrals for complex cross-sectional imaging are made by junior and inexperienced doctors who meet the patient for the first time on a post-take ward round.

Introduction of targets

Monitoring and meeting government imposed targets has become as much a part of current medical practice as actually treating patients. Targets have resulted in reduced waiting times but the additional target pressures have come at a cost. A clinician who has a full list, with penalties if the targets are not reached, may feel pressurized to practice in a time-constrained manner and will almost certainly not be able to spare all the time required to allow a trainee to participate fully, and engage in the full discussion and debate which are so essential in passing on professional skills. Some clinicians may also feel pressured to compromise on aspects of patient care, for example early discharge to reduce inpatient stay.

Professional demotivation

In combination, it is easy to see how these pressures might in extreme cases lead to a less skilled, less motivated workforce where being adequately competent, rather than professionally excellent, is an understandable outcome. In a survey by the Royal College of Physicians in 2006/7, following a series of roadshows, around 85% of doctors felt that the public was losing trust in the profession and 50% of doctors were concerned about the poor prospects for the future of the profession (Royal College of Physicians, 2007). In addition, it has been suggested that up to 12% of medical school graduates have left the NHS within 2 years of graduating (Goldacre et al, 2009). A demoralized workforce does not inspire public trust and one demoralized individual within a group can have a disproportionately negative impact on a team and professional behaviour.

Societal challenges

As well as politically driven pressures, there are also societal pressures. Society has become increasingly consumerist and this consumerism has inevitably extended into health care. The Royal College of Physicians (2005) talks of a professional contract between the medical profession and society; society is becoming more forceful in articulating what it expects from that contract and is thus changing the way doctors work.

Changes in the patient–doctor relationship

We have gone from an era of doctor-orientated to one of patient-centred medicine. Patients now expect a much more collaborative approach from their doctor and the

interaction is now more of a partnership than ever before. This change in patient attitude has been bolstered by an explosion in the information available to patients, as well as advances in medical science and technology, which has increased patient expectations about what is possible. Increasingly doctors are guiding patients through the mass of available information, explaining options and managing expectations rather than being the sole source of information. This requires a different set of professional skills and can leave the doctor feeling that his or her professional training, knowledge and judgement is being given the same weighting by the patient as a generic article found on the internet.

Media focus on health-care scandals

The media is awash with negative media articles and seldom runs the day to day good news stories. The barrage of negative press from cases such as Shipman, Mid Staffordshire NHS Foundation Trust, Bristol and Alder Hey all increase the general perception that there might be something rotten in the state of modern medicine. The naturally counterbalancing good news stories mainly go uncommented on as they are seen to be what is expected, and thus not newsworthy. Such media imbalance undeniably leads to loss in public trust in healthcare professionals and contributes to an erosion of medicine's high professional status. It also erodes the profession's pride in itself, leading to demoralization and potentially demotivation.

The advent of the 'work–life balance'

Individual doctors are also products of the same, increasingly consumerist society. As society's expectations change, concepts such as 'work–life balance' have become the norm, the 100-hour working week an anathema and the idea of vocation an anachronism. Putting patients first needs to fit into a modern framework that requires family-friendly flexible training and flexible career paths which may be incompatible with older ideas of professionalism where the patient comes above all else in a doctor's life.

Challenges to radiology specifically

All these issues apply equally to radiology as to other branches of medicine. However, there are additional pressures on radiologists.

A speciality under threat?

Radiology is a specialist clinical service that works alongside all other branches of medicine and surgery. As such its patients are shared with other clinicians making the relationships possibly more complex and challenging. As a rapidly evolving high technology speciality, it is looked upon by trainees in other specialities as the future of clinical medicine. Although sometimes perceived as a possible threat, the reality is quite the opposite, with the success of radiology making it more vulnerable to threats from other specialities (Krestin, 2009). This is most evident in the continuing turf war between interventional radiologists and vascular surgeons, and in diagnostic radiology where similar challenges are faced regarding cardiac computed tomography.

In the community, the abolition of primary care trusts will encourage GPs to procure services from the cheapest providers. Alternatively, GPs may choose to train themselves in ultrasound or plain film reporting to provide diagnostic imaging in house. These realistic challenges will have significant effects on recruitment and morale within radiology.

Technicians *vs* clinicians

One of the great joys of radiology is that it is a highly technical and rapidly evolving area of medicine and the imaging and diagnostic boundaries are constantly being pushed to higher and higher levels. On one level a radiologist is a technologist, but he or she remains primarily a clinician with the same requirement for judgement, clinical knowledge and intuition. This distinction may need to be re-established both within and outside medicine. Without being fully recognized as a clinician it is hard to maintain a clinician's professional standing. Patients are often unaware that the person performing their ultrasound examination is a fully trained doctor. Similarly referring doctors are not always mindful of the fact that in the same way that a referral to the respiratory physicians requires a detailed and accurate clinical history, a radiology referral does too. The common 'SOB [short of breath]' is not sufficient to formulate a fully informed professional opinion in either referral.

This technologist–clinician tension may become even greater as more and more Modernising Medical Careers generation trainees come through the system with only 2 years clinical experience before starting specialist training. This may prove to be the single most important threat to the professionalism of radiologists in the future, and it will undoubtedly be a professional challenge for the next wave of trainees to maintain an equal footing in clinical discussions with peers from other medical disciplines.

Teleradiology

Another result of the improvements in technology has been the advent of teleradiology. Again, this has the potential to be a force for good but it also throws up several challenges to maintaining professionalism. Teleradiology involves transmitting and sharing data between remote locations either for the purpose of primary interpretation or consultation and clinical review. Such processes involve the sharing of patient-identifiable information within and among organizations and potentially across international boundaries. Thus there are huge implications for patient safety and quality of reporting, patient confidentiality, and regulating who is providing reports and who is responsible for their quality.

The Royal College of Radiologists (2010a) suggests standards that should be met, but these are guidelines rather than obligations. Dilution of the quality of the radiology service provided by unregulated teleradiology would have a profound and negative effect on the professional standing of radiologists.

Multidisciplinary role

The network of professional relationships a radiologist encounters is more complex than in many other branches of clinical practice. While the patient–radiologist relationship may run along more traditional lines in interventional radiology, in diagnostic radiology the patient relationship is often run via the conduit of the treating clinical team. This means that forming a strong professional patient–doctor relationship can be harder as it is done at a greater distance.

Following on from this often collaborative role in patient care, the radiologist is at the heart of many multidisciplinary meetings and inter-professional teams, and this calls for heightened leadership skills, strong communication and the ability to assimilate information. Radiologists are required to educate, advise and challenge other professionals in a way that other branches of medicine may not routinely do. These are complex professional skills which are rarely taught yet must be learnt during training if a radiologist is to be truly professional and effective.

The radiologist–radiographer relationship

The radiologist–radiographer relationship is not one that is easily mirrored in other clinical disciplines. As the political pressure to meet targets has grown, and in the absence of sufficient numbers of trained radiologists, radiographers, and in particular sonographers, have been drafted in to help both perform, and also in some cases interpret, diagnostic tests. This concept of 'skills mix' has perhaps blurred the line between clinician and trained technologist, and in some cases confused clinicians' professional standing. The Royal College of Physicians (2008) response to the findings of the Tooke report has helped place this in context by defining the role of the doctor in relation to other health-care professionals. However, this is still an area of intense debate and one that will continue to place a strain on what exactly it is that defines and demarcates the radiologist as a professional doctor.

Does it matter if professionalism in radiology is eroded in the interest of other efficiencies?

Previous sections have looked at what professionalism is and looked at the current threats it faces. Given the range of obstacles to prioritizing professionalism, do the benefits of re-establishing it as core really merit the effort?

In reality, there is very little hard evidence in the literature that professionalism has any impact on clinical outcomes, so it is important to consider if professionalism is simply an outdated concept that doctors cling to for sentimental reasons. If clinicians are still meeting targets and clinical competency levels does it really matter if professionalism is allowed to drift and is left to the individual to practice according to his or her own standards? Should radiologists worry about promoting and practicing a defined standard of professionalism? For many individuals the intuitive answer is yes. As Donnelly and Strife (2006) stated:

> **'although it is difficult to measure the subjective attributes that constitute excellent professionalism and communication skills, those departments that develop programmes that stress the importance of these skills and create measures that motivate positive departmental behaviour will likely be the most successful.'**

This reiterates the statement from the clinical governing bodies that professionalism does indeed remain at the heart of a good doctor's practice (Royal College of Physicians, 2005). Thus while it is not yet possible to empirically prove that professionalism is beneficial to patient care, we are all familiar with the idea that medicine is art as well as science and the art and judgement side of medicine continues to promote the need for professionalism to remain core.

Opportunities for reinvigorating professionalism

In many respects it might seem like professionalism in radiology has done well to survive the recent onslaughts outlined above and this is a testament to how doctors in general, and radiologists in particular, instinctively recognize the importance of maintaining professionalism at the core of their work. However, as these professional stresses continue to mount, instead of viewing them in a negative and destructive light they can be used as an impetus for change. Radiologists have an opportunity to be active participants in shaping the future of professional clinical practice rather than being passive responders who accept some erosion in professional standards as the inevitable result of change. We live in exciting radiological times and now is the time to promote positive change.

Curriculum redesign

The Royal College of Radiologists (2010b) specialty training curriculum has taken the first step in this. The wholesale redesign of the curriculum incorporates a 'new generic competencies section, which underpins all medical practise and brings together attitudes and behaviours desirable in all radiologists'. In other words, they have incorporated a set of professionalism core competencies, which are clearly defined in terms of expected values, behaviours and relationship guidelines.

In addition to defining desirable professional attributes, they have also taken the next steps necessary for inculcat-

ing professionalism – they have defined ways in which such attributes can be assessed and appraised and also suggested a framework in which acquisition of such attributes can be explored. Placing professionalism back in the centre of the training curriculum in such a prominent way will not only ensure that all new trainees are focussed on gaining and demonstrating professional attributes but it will also have the potential knock-on effect of reinvigorating professionalism in more senior members of the radiology team. It is natural that as one assesses someone else's professional skills, one reconsiders one's own strengths and failings in the arena, and also the best way to pass professional skills on.

Reinvigorating audit and practising evidence-based medicine

The advent of the new training curriculum with its clearly defined behaviours has another advantage. It provides a framework within which to structure research and audit projects based around professionalism. Audit is a well-recognized way of ensuring continuous quality improvement in medical practise, and in ensuring that the recognized benefits of practicing evidence-based medicine continue to flourish. As has already been mentioned, there is a lack of published research and audit data on the effects that promoting professionalism has on patient care and on the overall patient experience. Donnelly and Strife (2006) have hypothesized that this lack of research is most likely a result of the difficulty in defining and measuring professionalism. Since the Royal College of Radiologists (2010b) has now provided both a professional attributes framework and a way of assessing them for the individual, it seems a logical extension to see how similar methods could be used for assessment and audit on a departmental level. Such an evidence-based body of research would be a powerful tool in achieving continuous improvement in radiological care, and could also be extended to other clinical disciplines.

Revalidation, continuing professional development and appraisal

Professional revalidation is a much-debated topic which seems set to become a part of every doctor's professional existence (General Medical Council, 2011). Appraisal and keeping up to date have been accepted as a professional obligation for some years but revalidation has been resisted in many quarters, probably out of an inherent fear of the validity or fairness of the methods of assessment to be used. The current focus on revalidation is a result of the 2007 white paper on professional regulation (Department of Health, 2007) which itself resulted from inquiries into some of the worst exposures of poor medical conduct. Revalidation is intended to be a method by which the public can be sure they are treated by a competent and professional doctor, as defined by the General Medical Council's (2006) *Good Medical Practice* framework. The authors believe that a process that maintains professional standards in all doctors, not just the conscientious majority, and at the same time improves public trust in the profession should be supported. The difficulty is obviously in designing a system that does this successfully. The current working revalidation framework (General Medical Council, 2011) is based on the current version of Good Medical Practice and is divided into four sections:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust.

When compared to the components of the Royal College of Physicians' definition of professionalism outlined above, it is easy to see how well this dovetails with the current focus on professionalism and how each could reinforce the other. The authors feel that this, in combination with the adoption of the new radiology curriculum with its clear guidelines on how professional competencies can be acquired, assessed and appraised, will be helpful both in easing successful revalidation and in providing a structured framework for continued professional development and appraisals.

Embracing clinical governance and risk management

This article has considered professionalism from the perspective of the individual doctor, but it is also worth considering the opportunities this presents for promoting the professionalism of the sector as a whole. Clinical governance is the umbrella through which continuous improvement of services, maintenance of high standards and dealing with poor professional performance is driven.

This article has discussed some of the individual pillars of clinical governance, how they are bolstered by a focus on professionalism and how they combine to improve standards and patient care. The aspect of clinical governance that looks at managing risk and managing poor professional performance is generally less well discussed, perhaps because it is inherently less comfortable to look at areas of professional failing. However, the concept of professionalism gives us a positive tool to use when dealing with these uncomfortable realities. Part of being professional is 'continuous improvement' and part of this is having a robust system for monitoring and learning from mistakes and a professional framework in which to discus and prevent future adverse events. By better defining what is expected and focussing on how it is delivered, a once nebulous concept like medical professionalism can promote the tangible benefits clinical governance strives to deliver.

Conclusions

Professionalism is a concept widely acknowledged to be at the heart of what it means to practice as a doctor, yet many doctors struggle to define it let alone teach or actively acquire it. Recent social and political upheavals

have meant that medical professionalism has come under threat from all angles, often as an unintended consequence of other positive changes. However, this time of change has also brought with it unprecedented opportunities to re-focus on what professionalism means in modern medical and radiological practice and to actively reshape the professional clinical landscape. The first steps in this have been taken in rewriting the new specialist training curriculum and the challenge for radiology is to capitalize on this and lead the way in reinvigorating medical professionalism. **BJHM**

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KEY POINTS

- As defined by the Royal College of Radiologists, professionalism is a set of values, behaviours and relationships that underpins the trust the public has in doctors.
- Having survived the disaster of Modernising Medical Careers, the medical profession is again facing testing times with the proposed reforms of the NHS.
- Constant restructuring, changes to training, constrained hours of working, introduction of targets and current socioeconomic pressures, combine to continually change the professional working landscape of doctors in the NHS.
- Radiology has a unique set of challenges that dictate professionalism within the speciality.
- The new Royal College of Radiologists specialist training curriculum incorporates a set of professionalism core competencies for all trainees to attain.