Professionalism and Excellence in Scottish Medicine

- a national initiative

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The Scottish Government
Riaghaltas na h-Alba

Generic Challenges to Professionalism

- highly politicised nature of healthcare
- heavy central control
- highly managed target-driven culture
- societal culture/attitudes
- contractual issues: micromanagement; working time
- manager -physician disconnect
- lack of ownership: learned helplessness
- production-line attitudes to delivery of medical training –mediocrity vs excellence
- Self-defeating anti-professional effect; disengagement

Francis Report & Berwick Review

- Professional behaviours vs scrutiny -Berwick

- *'In the end, culture will trump rules, standards and control strategies every single time, and achieving a vastly safer NHS will depend far more on major cultural change than on a new regulatory regime.'*

- *'In such a culture, measurement is not a threat, it is a resource; ambition is not stressful, it is exciting; defects are seen as opportunities to learn; and curiosity abounds.'*

Professionalism and trust

'Perhaps the culture of accountability that we are relentlessly building for ourselves actually damages trust rather than supporting it. Plants don't flourish when we pull them up too often to check how their roots are growing: political institutional and professional life too may not go well if we constantly uproot them to demonstrate that everything is transparent and trustworthy.'

Dame Onora O'Neil,

BBC Reith Lecture, 2002

Value of Clinical Engagement

- Culture: contribution & striving for excellence
- Medical engagement correlates with:
  - Hospital mortality rates
  - Patient safety
  - Financial performance
  - CQC overall quality score

Spurgeon, Mazelan and Barwell, 2011

- Professional responsibility & satisfaction
- Professionalism in medical education
- GMC Generic Professional Capabilities

Professionalism and Excellence in Scottish Medicine Reports

- 2009 CMO's Advisory Group Report
  - Celebrated successes
  - Highlighted themes for action
- 2014 Professionalism Alliance Progress Report
  - Highlights significant progress
  - Articulates a series of specific 'next steps'
- 2017 Refresh & realign with Realistic Medicine
  - Prioritising work program
  - Aligning with Realistic Medicine

Professionalism and Excellence in Scottish Medicine Report, 2009

- Much is positive
- Promoting better medical leadership at all levels of the service
- More effective team working
- Increasingly evidence based services underpinned by a strong research base
- Doctors as role models for doctors in training and other health professionals
- Doctors as advocates for health services and the health needs of the population.

Professionalism and Excellence in Scottish Medicine 2009-2014

- Call to action
- Scottish Academy of Medical Royal Colleges
- Cross System Implementation Alliance
- Endorsed as Scottish Government Health Policy

Professionalism and Excellence in Scottish Medicine - 2014 Report

- Illustrates further progress
- Articulates a series of specific 'next steps'
- Specific commitments and accountabilities
- Timelines

Professionalism & Excellence in Scottish Medicine: a progress report, 2014: http://www.scotland.gov.uk/Resource/0044/00442965.pdf

Professionalism and Excellence in Scottish Medicine - 2014 Report

- Professionalism & Clinical Engagement
  - Management, leadership and academic development
  - Quality Improvement; promoting collaborative working across professions between management and doctors
  - Rotations, rota design and working patterns
  - Policy development, strategic implementation and medical training

Professionalism and Excellence in Scottish Medicine - 2017 Refresh

- Professionalism & Clinical Engagement
  - Evaluating progress of workplan
  - Restyling and prioritising workplan
  - Refocus commitment and accountability of member organisations
  - Aligning with Realistic Medicine and RRM

Professionalism and Excellence in Scottish Medicine - 2017 Refresh

- Aligning with Realistic Medicine and RRM:

'The Professionalism and Excellence in Medicine Action Plan will be refreshed *aligning and prioritising high impact actions that will support clinicians with Realistic Medicine.'*

P&E and Realistic Medicine

- Valuing clinical leadership and engagement
- Formal leadership development
- Working patterns
- Changing the culture
- Added value to professionalism:
  - Clinical engagement and participation
  - Improved professional esteem
  - Building Quality Improvement capacity
  - Rallying call: if you don't like it, fix it
  - Don't give up
  - Striving for the best

Professionalism and Excellence in Scottish Medicine

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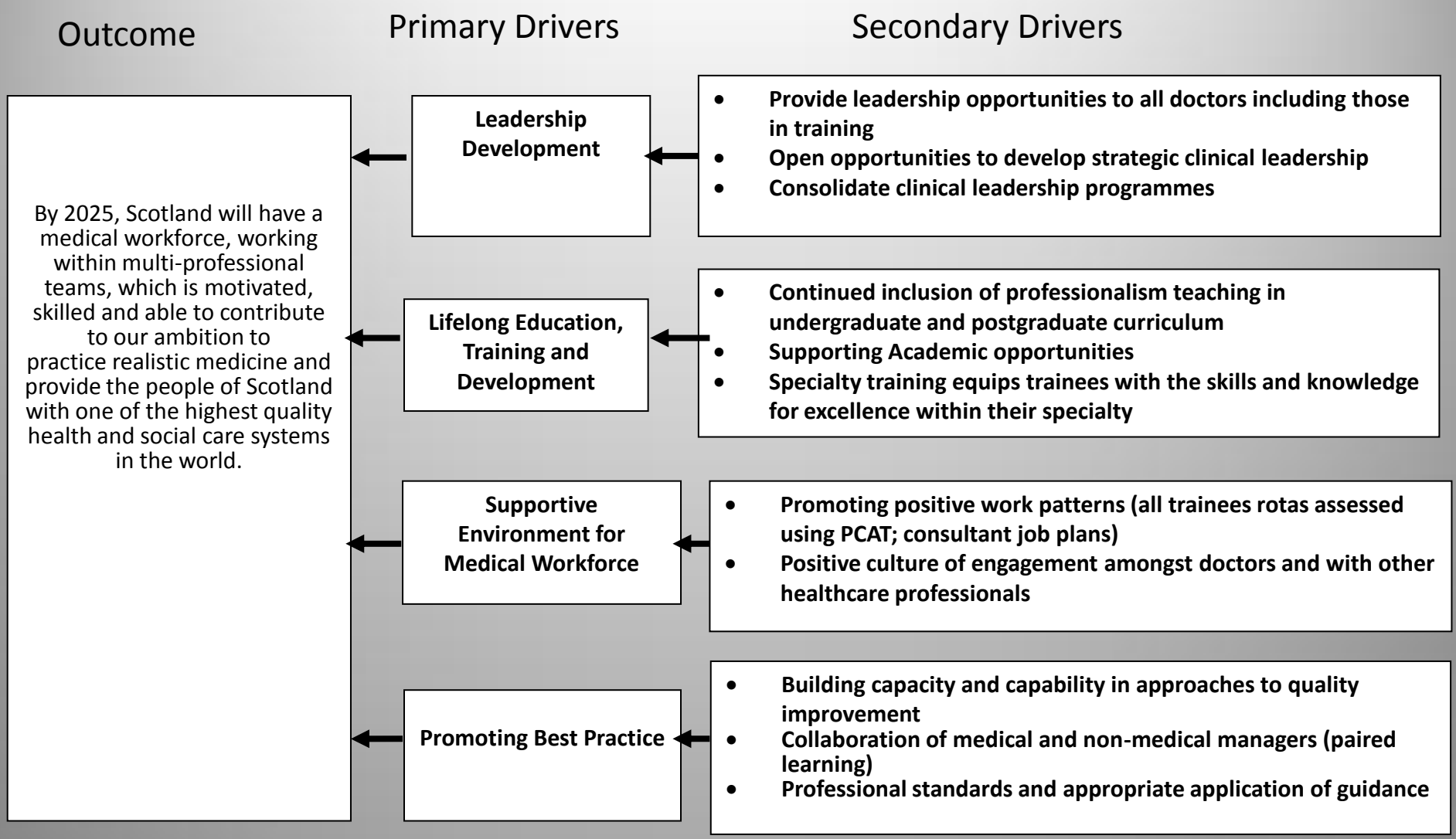
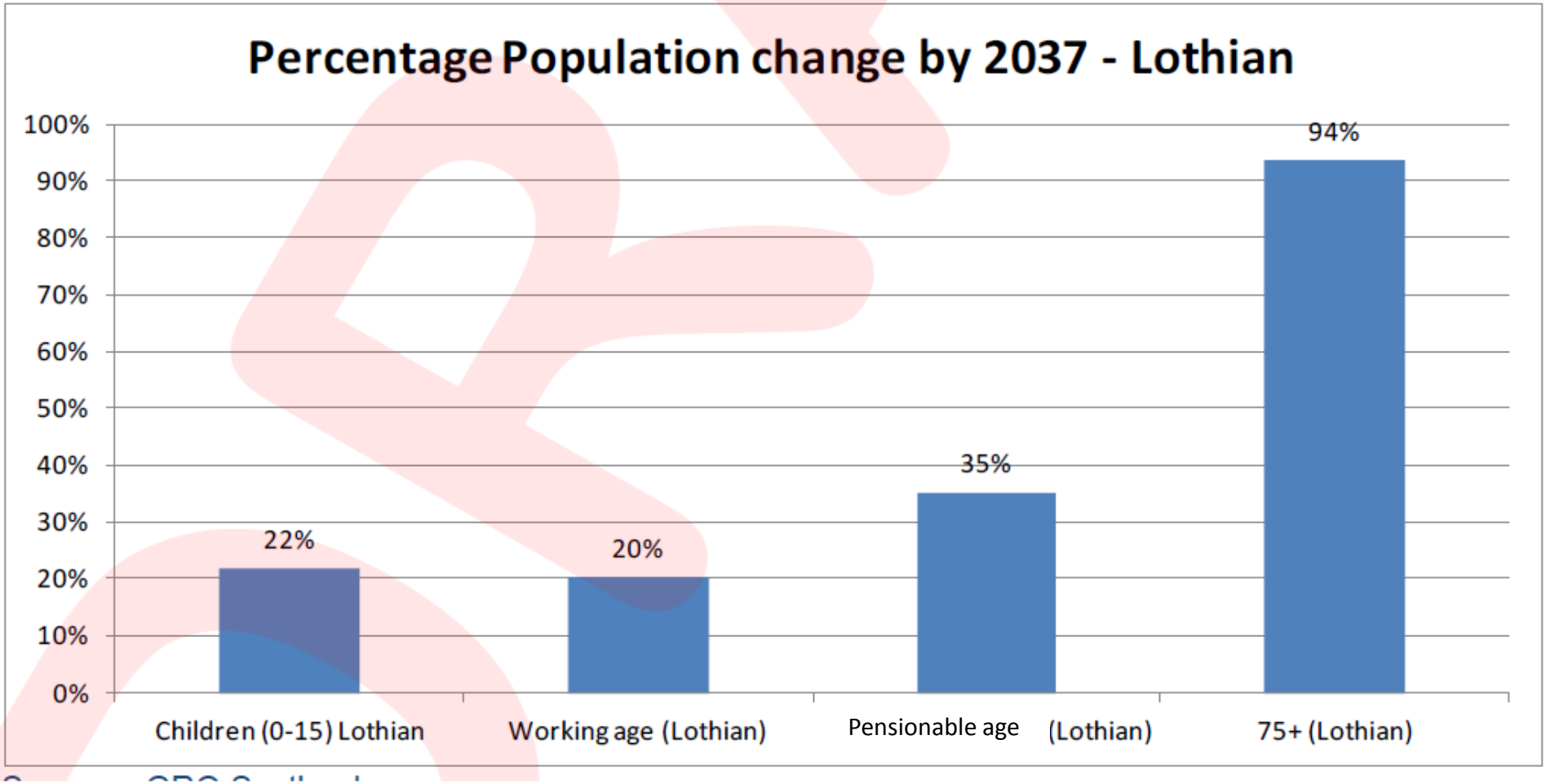
Professionalism and Excellence in Medicine Driver Diagram

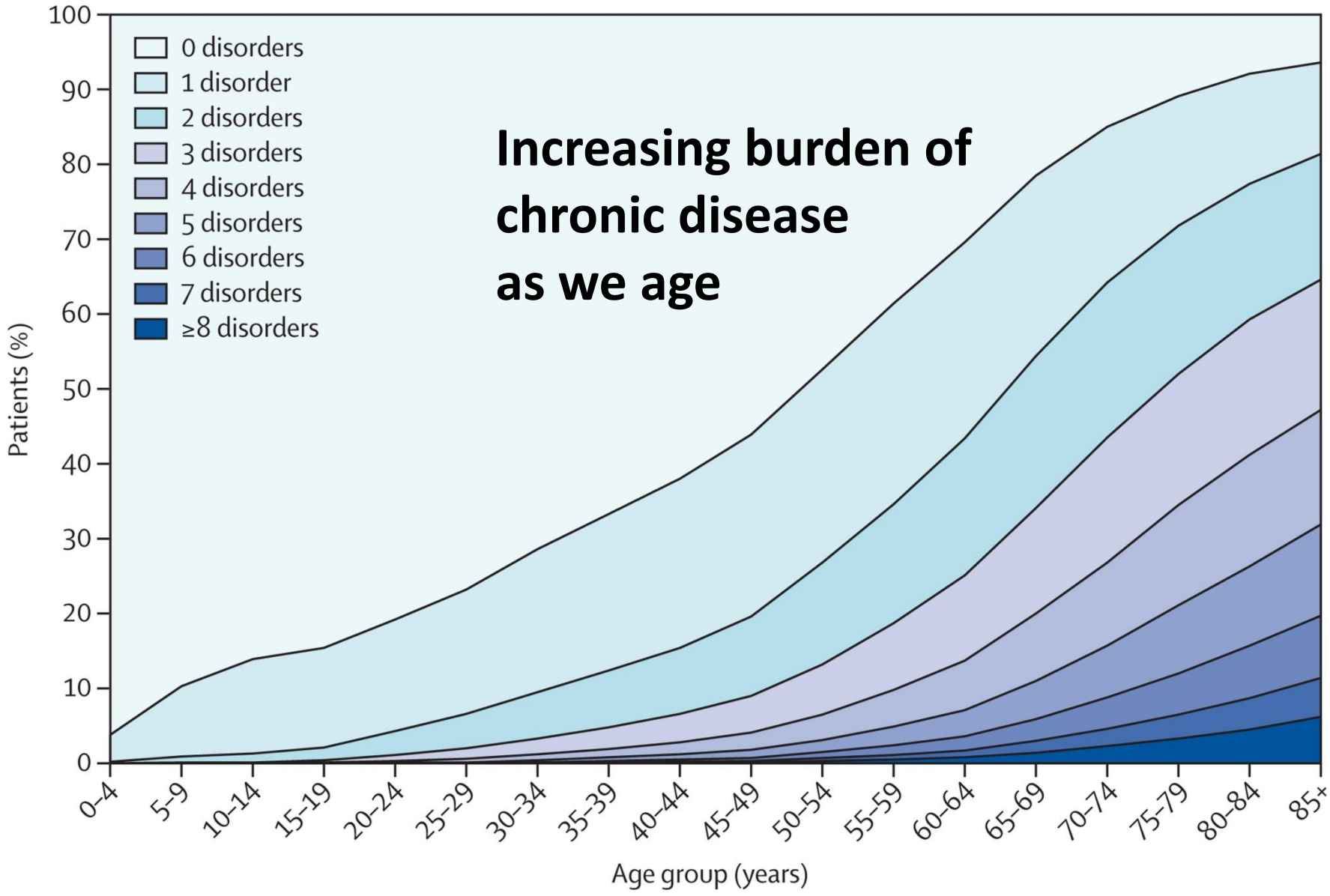


Realistic medicine in the management of advanced kidney disease

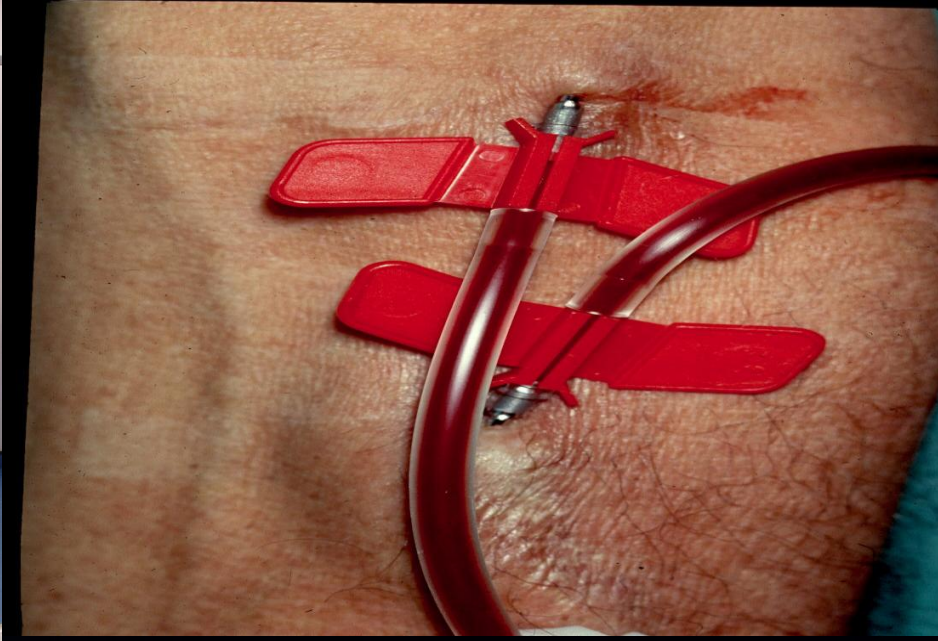
Caroline Whitworth



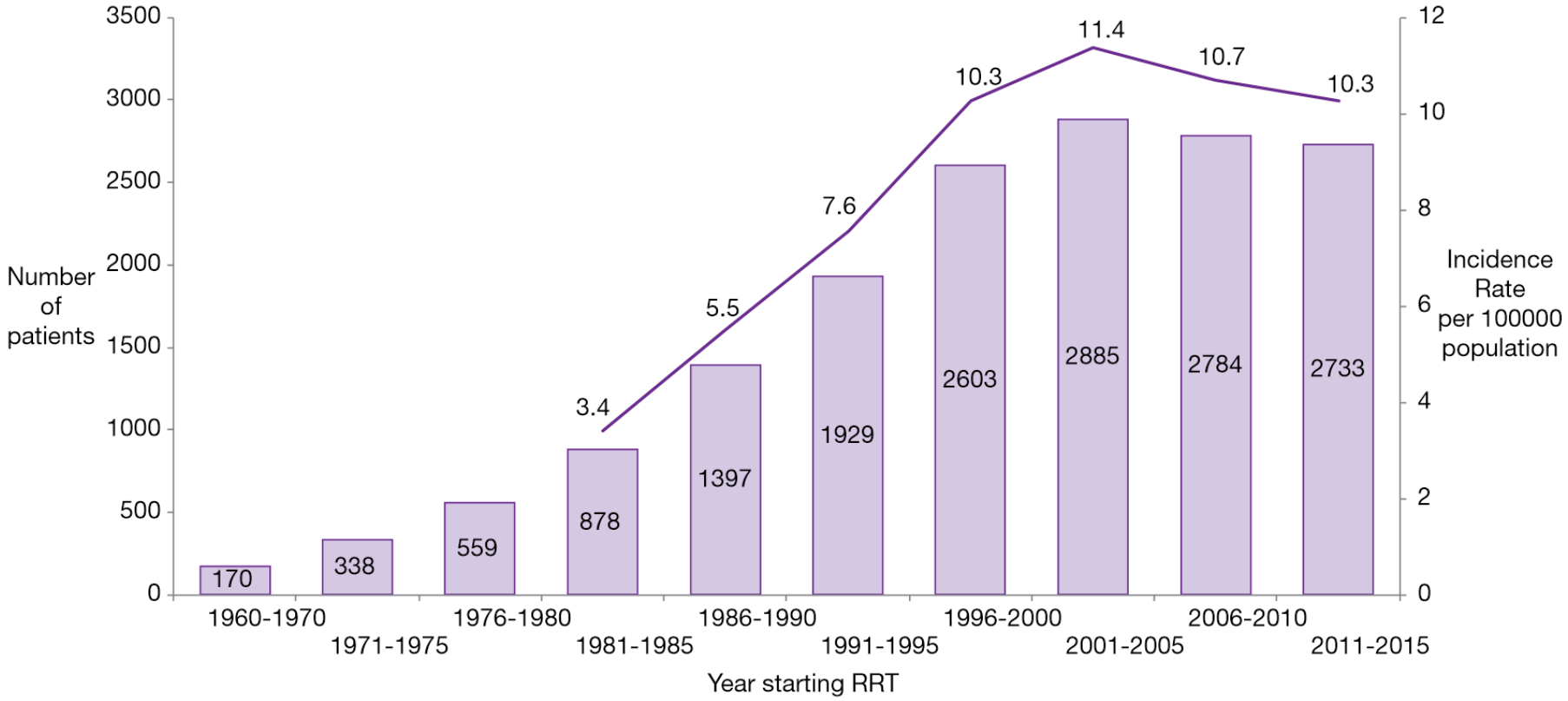
https://www.nrscotland.gov.uk/files/



K Barnett et al, Lancet 380 (9836), 37-43 (2012)

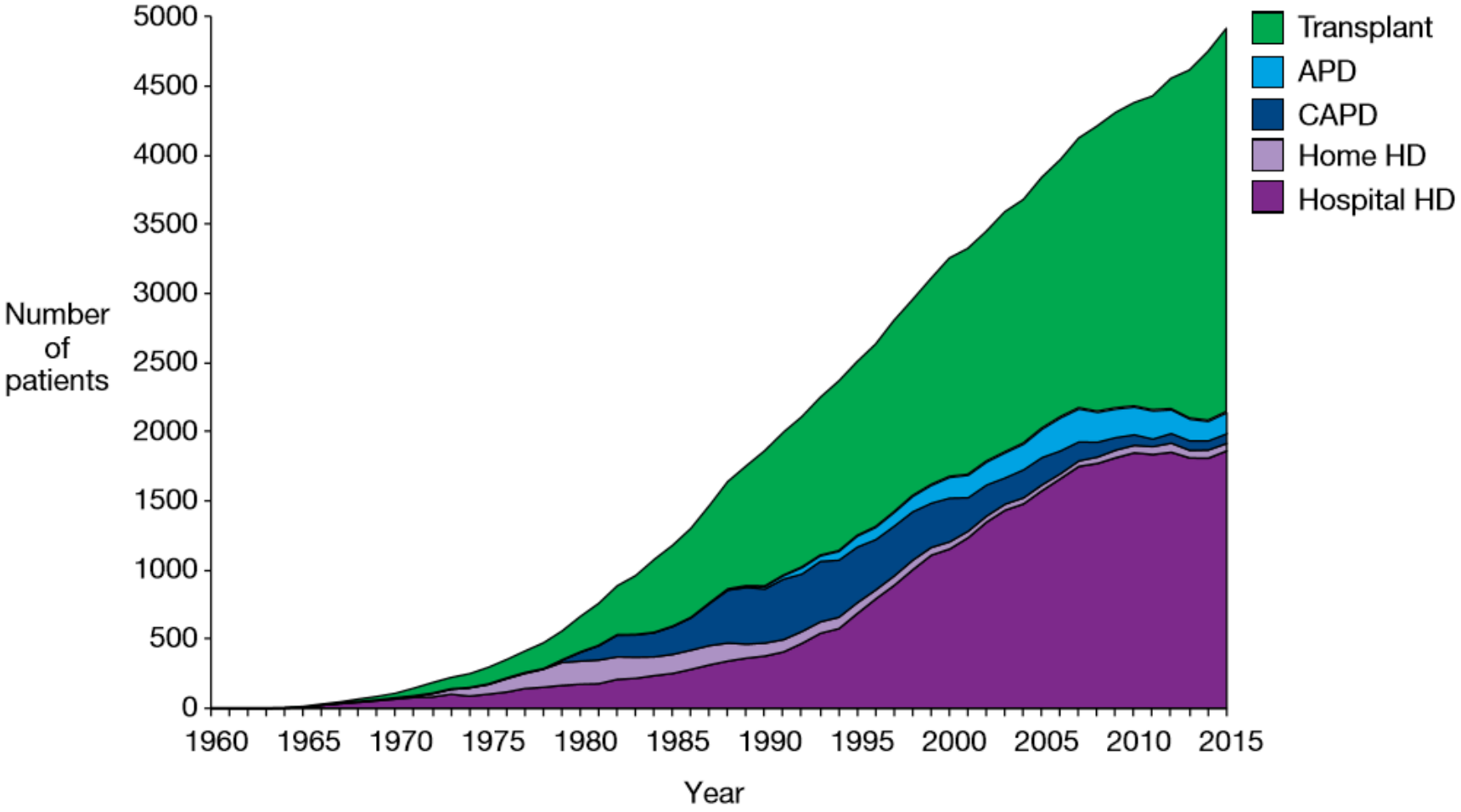


New patients starting RRT 1960-2015



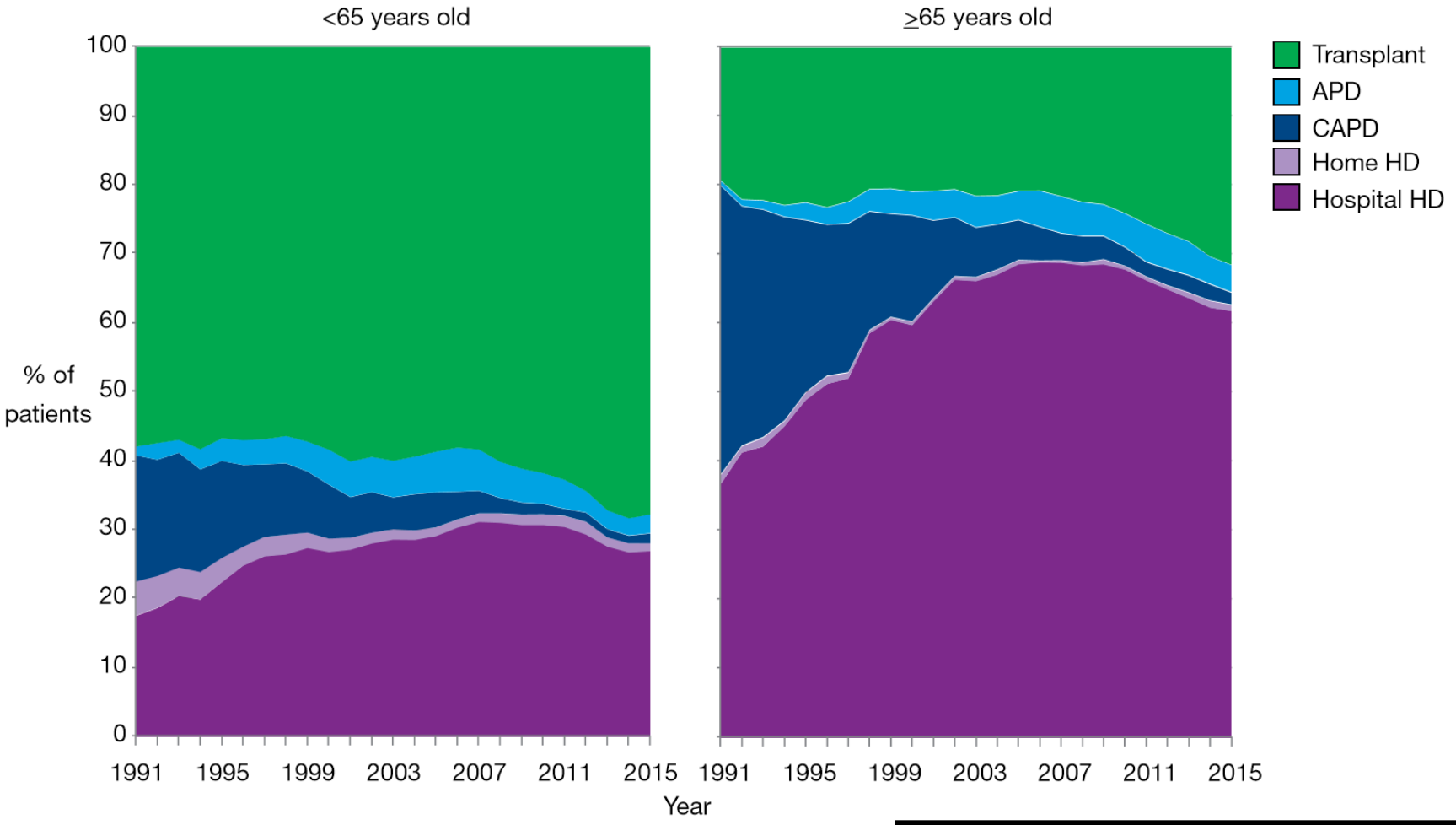
***Scottish Renal Registry* Report 2015**

Prevalent RRT patients 1960-2015



***Scottish Renal Registry* Report 2015**

Prevalent patients by modality & age group on 31 December 1991-2015



***Scottish Renal Registry* Report 2015**

Themes from clinician free text comments where haemodialysis withdrawal was primary cause of death 2008-2014

Scottish Renal Registry Report 2015

Development of a conservative care programme (CCP) in Lothian

2008

BMJ Qual Improv Report 2013

Background

- Challenging our assumptions
- Acknowledging the burden of treatment as well as impact of clinical conditions
- Listening to the patient
- Giving patients permission
- Shared decision-making

- Move from efforts to prolong life in those with ESRD to a focus on quality of life & symptom control

BMJ Qual Improv Report 2013

Design

- Conservative care nurses core to the programme
    - Many years of dialysis experience & necessary skills
    - Work as part of renal multi-disciplinary team
    - Liaise directly with primary care and other services

- Informed patients, shared decision-making for patients & their families - choose RRT or conservative care

- CCP targets treatment of symptoms to promote quality of life

- Patients receive quality care without having to attend hospital

- Bereavement counselling for families & carers

BMJ Qual Improv Report 2013

Nephrol Dial Transplant (2011) 26: 1608–1614
doi: 10.1093/ndt/gfq630
Advance Access publication 22 November 2010

NHS Lothian

Survival of elderly patients with stage 5 CKD: comparison of conservative management and renal replacement therapy

Shahid M. Chandna, Maria Da Silva-Gane, Catherine Marshall, Paul Warwicker, Roger N. Greenwood and Ken Farrington

Renal Unit, Lister Hospital, Stevenage, Hertfordshire SG1 4AB, UK

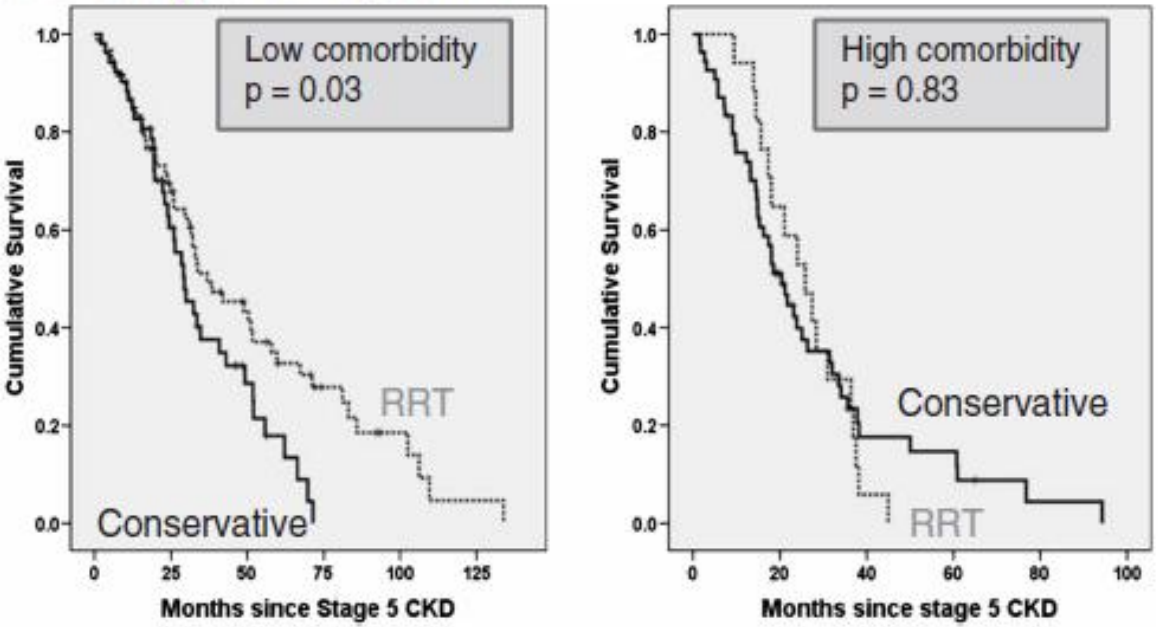


Fig. 2. Comparison of Kaplan–Meier survival curves by modality (RRT vs conservative kidney management) in patients >75 years. The panel on the left depicts the relationships in those with low comorbidity and that on the right in those with high comorbidity.

Typical CCP workload

- 104 patients currently under active conservative care
- 70 years & over
  - 36% eGFR <20mls/min
  - 23% eGFR <10mls/min
- 6 patients currently on RRT considering withdrawal
- 5 new referrals / month

[July 2016]

Outcomes

Qualitative results

Positive feedback from patients, families & carers

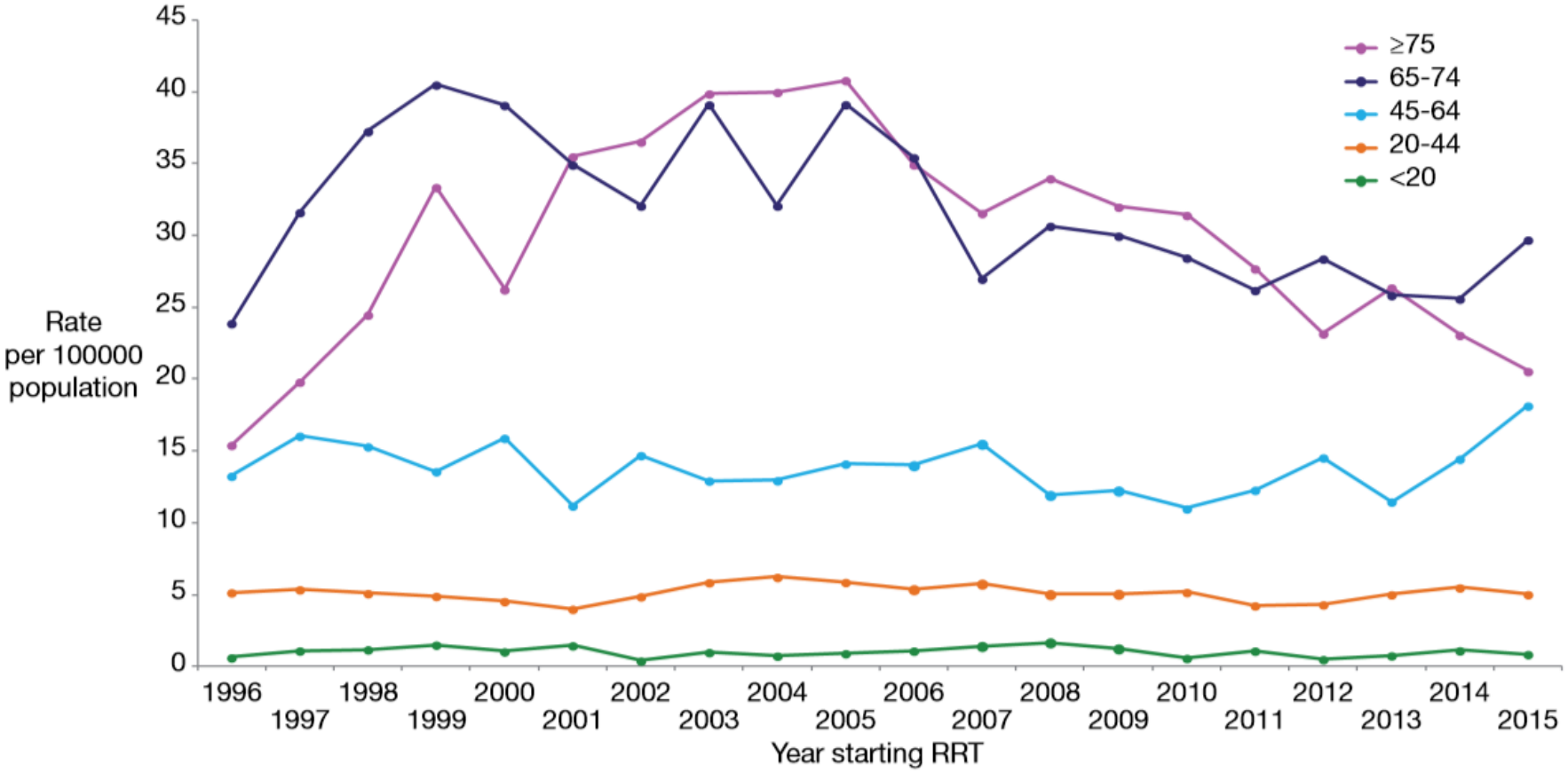
'Professional, dedicated, source of friendship, moral support'

'Good death'

Quantitative results

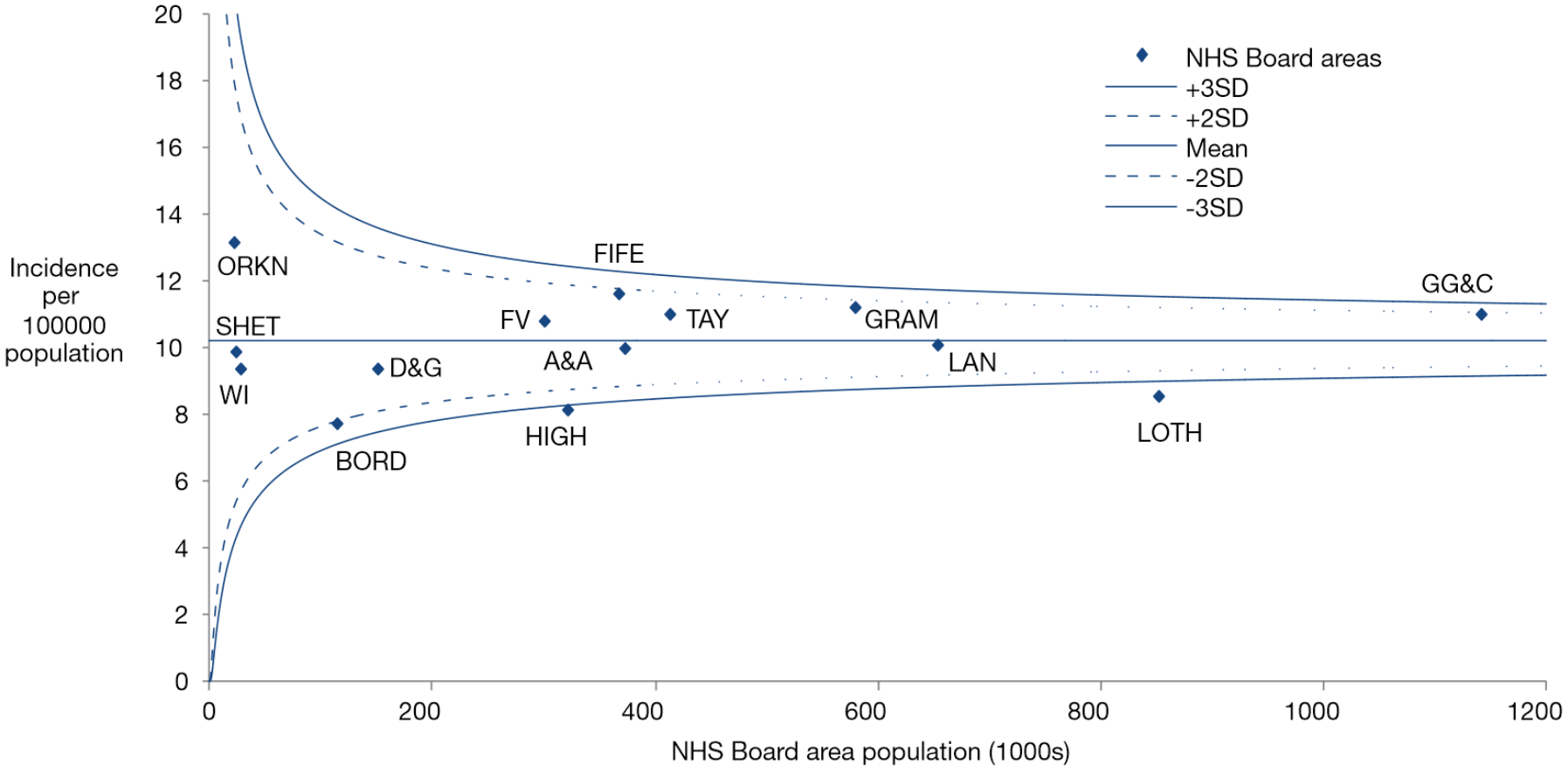
BMJ Qual Improv Report 2013

Age specific incident RRT population 1996-2015 per 100 000 population



***Scottish Renal Registry* Report 2015**

Incidence of new patients starting RRT 2011-2015 by NHS Board area of residence standardised for age, sex and SIMD



SRR Report 2015

Lessons & limitations

- **Engagement**
  - Clinical team engagement
  - Patient engagement
- **Skills and attitudes**
  - Reassurance and support for staff. ‘Top cover’
  - Patient, family, carers – positive/ discrepant / negative attitudes
- **Tools**
  - Evidence-based practice and guidelines?
- **End of life aspect**:
  - Work towards anticipatory care planning for selected dialysis patients
  - Dept meetings - Could we have done better?
- **Dissemination**
  - Presentation and discussion at local and national meetings

‘Conversation’ is critical

- Providing staff with skills, support
  - Address impact of medical models, EBM and guidelines – expectations of professionals?
  - Managing expectations of patient, family, society
  - Managing uncertainty
    - Where there is lack of evidence
    - Challenge of understanding and managing risk
  - Time and space
  - Compassionate care – managing suffering