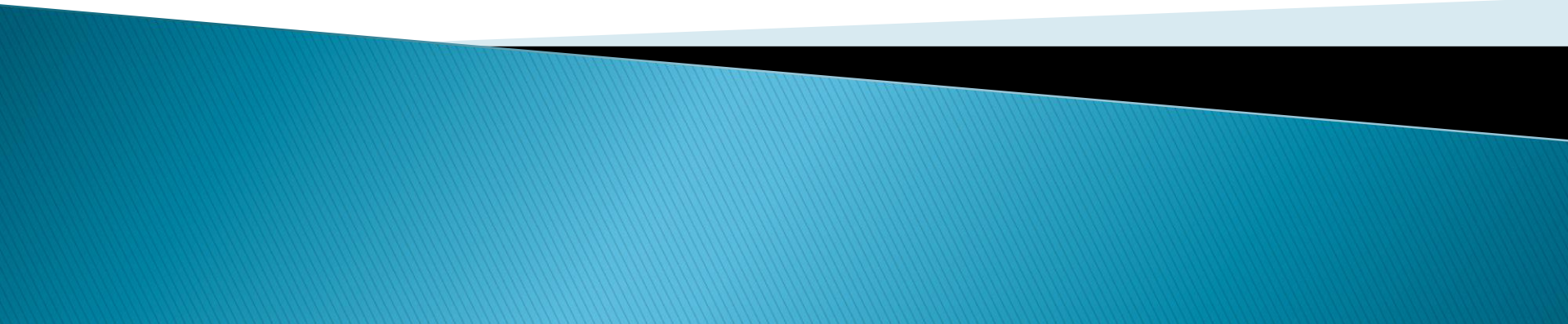


Professionalism in Medicine



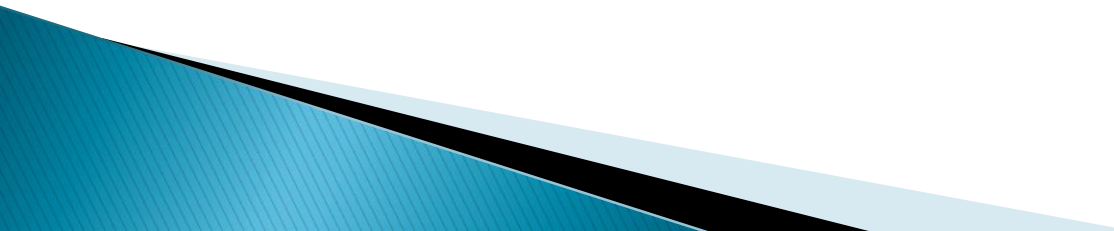
Anthony Breslin

- ▶ Specialist in Communicable Diseases and Environmental Health

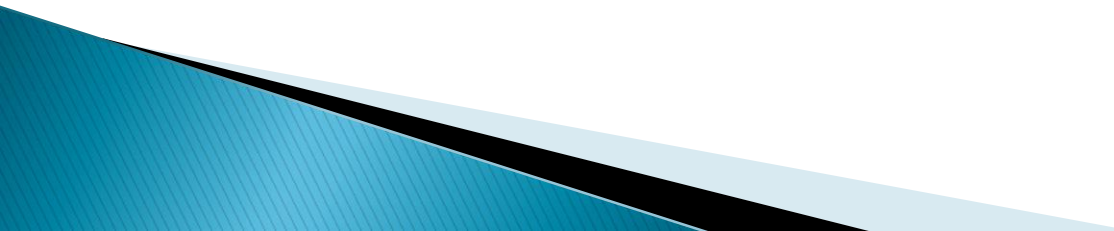
Disclosure Statement / Declaration of Interest

- ▶ Nil to declare

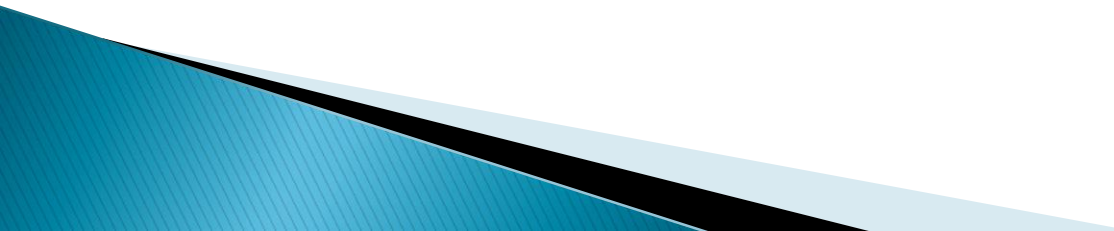
The day job

- ▶ Influenza
 - ▶ E coli
 - ▶ Meningitis
 - ▶ CPE
 - ▶ Water contamination
 - ▶ Chemical incidents
- 

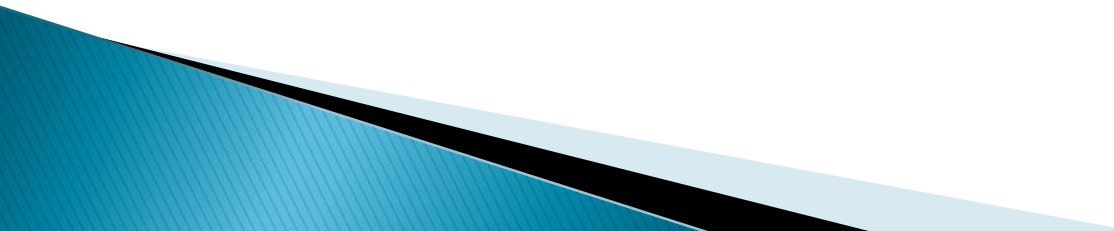
Pandemic influenza

- ▶ 2009 - 2010
 - ▶ A lot of work
 - ▶ No big bang
- 

Medical Council

- ▶ Interested in Why CPD?
 - ▶ Council more than I knew
 - Registration
 - Education
 - CPD
 - Complaints
- 

Professionalism

- ▶ What is it?
 - ▶ An umbrella term to define behaviours that support trustworthy relationships
 - ▶ Trust is key to medical practice
- 



Comhairle na nDochtúirí Leighis
Medical Council

Guide to Professional Conduct and Ethics
for Registered Medical Practitioners

8th Edition 2016

Partnership

Practice

Performance



Professionalism

Partnership

Collaboration

Communication

Advocacy

Caring

Practice

Confidentiality

Management

Self-care

Conflict of interest

Competence

Performance

Reflection

Quality assurance and improvement

Role model

Commitment to lifelong learning

Pillars of Professionalism

Issues covered in the Guide to Professional Conduct and Ethics

Partnership

Dignity of the patient; Equality & diversity; Consent and information for patients; Refusing treatment; advance healthcare plans; Social media; Relationships with patients and between colleagues; delegation, referral and clinical handover; healthcare resources; clinical trials

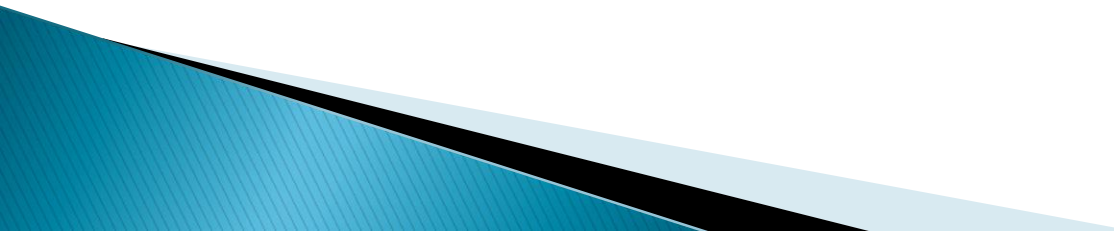
Practice

Protection & welfare of vulnerable people; Confidentiality; Medical records – recording; physical and intimate examinations; continuity of care; retirement/transfer of care; referral; refusing treatment; medical reports; Prescribing; Telemedicine; provision of information and advertising; premises and practice information; nutrition and hydration; end of life care; assisted human reproduction; abortion; Conscientious objection; patients who may harm others; prisoners; restraint; emergencies; registration; employment issues; professional indemnity; health and wellbeing; drug/alcohol abuse; conflicts of interest; treating relatives; medical ionising radiation; leadership & management roles

Performance

Culture of patient safety; raising concerns; maintaining competence; duty of candour; teaching and training/trainees/medical students; student access to patients; language skills

Modern times

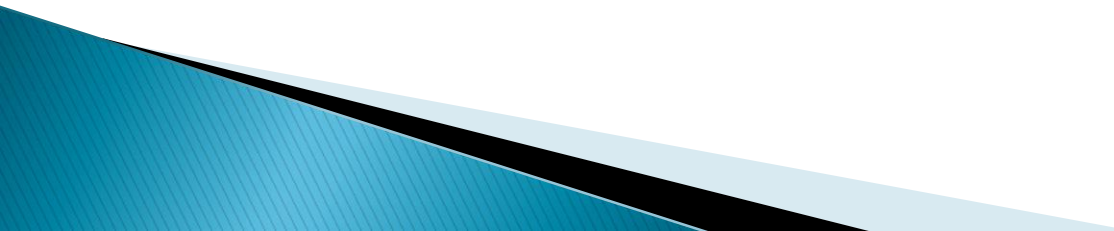
- ▶ Clinical practice occurs in a complex environment with competing demands
 - ▶ Best for the patient
 - ▶ Collaboration with other team members
 - ▶ Public scrutiny
 - ▶ Statutory oversight
- 

- ▶ Social media
 - ▶ The internet knows best
 - ▶ Resources
- 



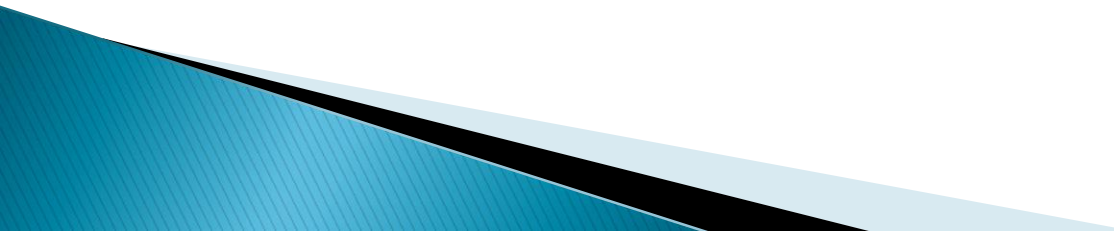
▶ KPIs

Competence

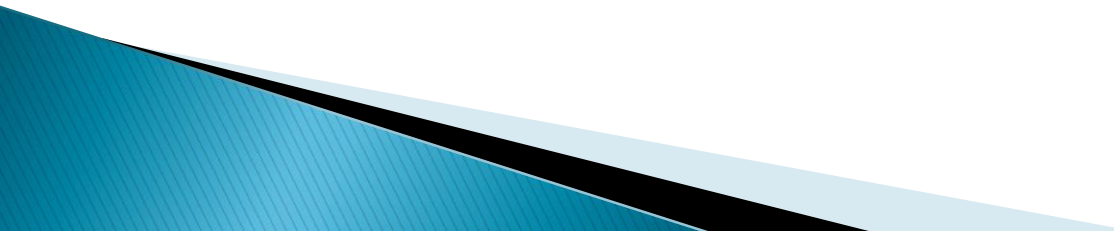
- ▶ Everyone is competent
 - ▶ Knowing when to do something
 - ▶ Knowing also when not to do something
- 

- ▶ Making a decision and taking responsibility for it

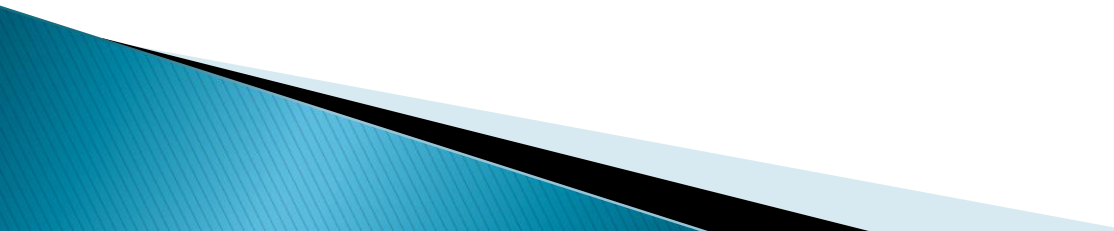
 - ▶ Danger of growing culture of non-decision making: risk avoidance

 - ▶ Second opinions
 - The guidelines say
 - Defensive medicine?
- 

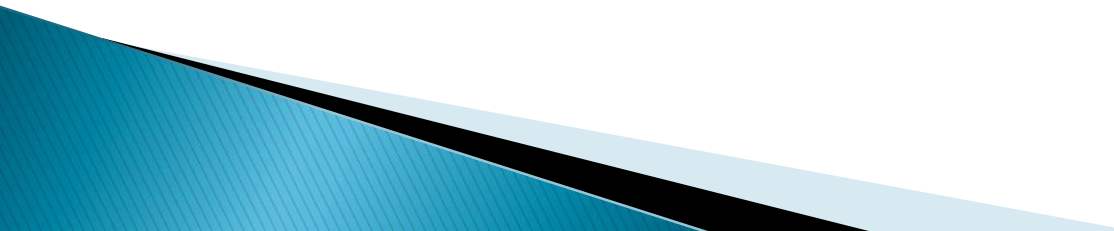
Training

- ▶ Consultant has three tasks in training
 - ▶ A role model
 - ▶ Teaching
 - ▶ Assessment
- 

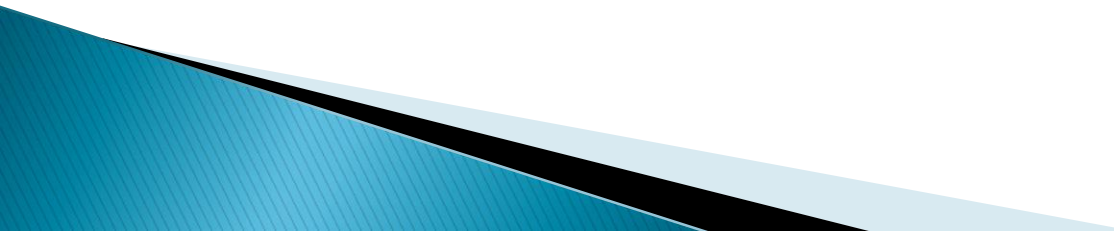
Assessment

- ▶ Trainees logbook and assessments
 - ▶ Duty to be robust in assessment
 - ▶ Address any deficits that are identified
- 

Life long learning

- ▶ CPD has a bad name
 - ▶ Seen as a must do negative tick box exercise
 - ▶ Turn this around
 - ▶ CPD has to serve and support the doctor
 - ▶ It also has to support the medical team
- 

Change

- ▶ We need professionalism if we are to continue to work
 - ▶ We work in a stressful environment
 - ▶ We need to change our approach if we are maintain our professional position
 - ▶ We need to lead the change
- 

Questions?

