Introduction and context

Patients and their cardiothoracic surgeons

Sir Donald Irvine
SCTS December 2014
Question: Edith Richmond.
How do I know when I go to a doctor that he has good diagnostic skills to determine what I need in medicine?

Answer: Atul Gwande.
You can’t!
can
Margaret Clow, 02/12/2014
Competence: a key issue for patients

From the 1970s onwards, patient advocates and groups of patients damaged by doctors, became increasingly impatient with the medical profession’s perceived indifference to issues of medical competence and communication.
One result: The rise of patient autonomy

It is the patient who has the illness and who is – or should be – the final arbiter of what is right for them. It is their body, their mind, their illness and their life.

Acknowledging this, patient autonomy requiring evidence of good practice is now replacing the historical model of passive patient trust.
What patients want

• Reputation for optimal practice – ‘care as good as it can be today’
• Easy access
• Early diagnosis, the right treatment, a good outcome
• Empathy, respect, compassion, kindness, courtesy
• Listening, good communication
• Efficient delivery of care
• Consistently high quality
• Knowing who is in charge, who has overall responsibility
• Overall, health professionals they feel they can trust
Optimal practice: obligation or aspiration?

Patients instinctively think in terms of optimal practice – care as good as it can be today – as a professional obligation because that is the standard they understand professional qualifications are supposed to reflect.

In contrast, health professionals tend to see optimal practice as an aspiration, something to aim for without obligation to achieve.

As a result health professionals and the NHS too often settle too easily for suboptimal practice.
The Internet and social networking

Since the mid 1990’s these developments have revolutionized communication and consumer power.

Whilst we can only guess at the scale of social change yet to come, patient autonomy will be enhanced, forcing health professionals to rethink their relationships with, and accountability to, their patients.
The standards:
Good Medical Practice

The GMC’s patient-centred code of practice:

• Provides clear, and where possible, accessible standards closely related to everyday practice

• Embodies patients’ expectations

• Shows doctors what is expected of them

• Tells the public what each doctor has promised to deliver

• Gives patients a benchmark against which to judge their own experience of their doctors
Making the code stick – relicensure

In 2012 licensure ceased to be a once and for all indicator of competence given on qualification.

It is becoming a regularly updated, evidence-based statement of doctors’ fitness to practise in their chosen field, based on Good Medical Practice.

The process for achieving this is revalidation.
Explanation of revalidated licensure

The GMC licence will identify doctors who are currently up to date and fit to practise, and who are therefore competent.

The public can then be sure that licensed doctors have the knowledge, understanding, skills and attitudes to patients and colleagues which comply with the national standards set by the GMC and the medical royal colleges.
The new professionalism

“Anyone who does an intervention to someone else has a professional and moral responsibility to be able to describe what they do and how well they do it. They should be happy to share that with their patients. That is the essence of professionalism.”

Sir Bruce Keogh, 2014
Professionalism in Action

Collective responsibility to patients and colleagues for:

• Achieving optimal standards, the best we can do
• Meticulous attention to data
• Routine analysis of outcomes; constructive action on outliers
• Systematic CPD; SESATS assessment of knowledge
• Regular assessment, feedback and action on patient experience
• Public accountability through the publication of results
Maintaining patients’ trust. Second generation evidence SCTS could offer for revalidation

Outcome (mortality) data
Evidence of up to date knowledge – SESATS
Evidence of clinical acumen – peer appraisal
Evidence of good patient relationships – ICF
Evidence of probity – from employers/colleagues
Rajesh Shah

Medical school: TN Medical College Bombay
Qualifications: MB BS, MS, FRCS (Ed), FRCS (Glas), FETCS, FRCS (C/Th)
Date of qualification: 1986

Post graduate training: Leeds General Infirmary, Bradford Royal Infirmary, Castle Hill Hospital, Hull, Birmingham Heartlands, Edinburgh Royal Infirmary

Date of consultant appointment: 2000

Rajesh trained in Bombay and then moved to England where he underwent post graduate training in cardiothoracic surgery in Birmingham, Edinburgh and Yorkshire. He was appointed as a consultant thoracic surgeon in 2003 and more recently has been the clinical lead for thoracic surgery, over which time the department has significantly expanded the volume of its surgical programme giving the benefits of surgery to more and more patients with lung cancer. He has a specialist interest in surgical treatment of lung cancer, airway interventions and lung transplantation. He is an elected representative and the education secretary for the Society for Cardiotoracic Surgery of GB and Ireland.

> Rajesh’s thoracic surgery activity and results
> How to interpret the graphs
Rajesh Shah: what do his patients think about him?
Rajesh Shah’s Picker Consultation Score – Meeting Patients’ Expectations

Score calibration

The score above is calibrated using Q31 in the patient questionnaire. If you would like to know more about how this score is calculated, please contact Picker Institute Europe for more information.

Confidence intervals

The confidence interval shows the range within which your (overall) score would fall in 95 out of 100 equivalent samples of patients. This shows how reliably your level of communication skill has been estimated.
Patients and transparency

There are three consequences of publishing:

1. Everyone can see the quality of the evidence underpinning assurances of competence, and therefore licensure. That fosters trust.

1. Transparency enhances patients’ ability to make a well-informed choice of doctor.

3. It can protect the doctor from arbitrary suspension
And finally

As a specialty, you are leading on what it means to be a good doctor today. Others need to follow your example.

Current controversies arise from your successes, and are therefore capable of sensible resolution.

Patients will see you as the ultimate professionals.

So be strong and confident - you are the future.