



What Sort of Doctor? What Sort of Patient?

The remarkable challenge of multimorbidity

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Dunedin, July 2017

WORKING PARTY REPORT

What sort of doctor?

Working Party reports from the Board of Censors, Royal College of General Practitioners

Introduction

1. Our working party was set up by Board of Censors in September 1980, with the following remit:

To recommend to Board of Censors a method of assessing the performance of established general practitioners in the setting of their own practices.

2. It is unnecessary to go into the background to this development, apart from noting that a number of separate strands in College thinking came together in the decision, and that it was envisaged that an assessment tool of this nature might have application in a number of fields; among them, continuing education, membership of the College, reaccréditation, and Fellowship by assessment.

3. We have had five full-day meetings. In addition we have visited each other's practices in a semi-formal way to test the practicability and relevance of methods we devised. As a result of these experiences our initial ideas underwent considerable modification, and what follows represents our current thinking. Having discharged our remit we suggest we disband to allow the next stage of research and development to proceed.

The Task

4. Previous attempts to assess the performance of working general practitioners have always foundered on the question of standards. Either these have been rendered in such vague or general terms as to resemble platitudes, or so specific as to be capable of only very limited application.

Our Approach

8. Looking at the wide range of general practitioner responsibilities, we selected four areas which we considered crucial to any assessment of the doctor and the service he or she* provides. These four areas are not entirely without overlap, but we have demonstrated that they are capable of separate evaluation.

★ *a) Professional Values.* How does the doctor see himself in relation to the practice community? What are the values which underpin and determine his role as a professional individual?

★ *b) Accessibility.* How accessible to the local community is the practice and the facilities within it. How available is the doctor himself?

★ *c) Clinical Competence.* Does the doctor display adequate standards in all aspects of clinical care?

★ *d) Ability to Communicate.* Can he get on to the wavelength of his patients, whatever their background? Is he receptive, and does he adequately convey his meaning to the practice staff, and to colleagues within the practice and outside?

9. This choice undoubtedly reflects the working party's own value system, but we feel that no general practitioner should be found wanting in any one of these areas. At the same time, collectively they reflect the multiple dimensions of a general practitioner's life and work.

10. For each of the four areas we drew up an overall

“Evidence is abundant that the public want doctors who are technically competent; give them the best possible clinical outcome; are as safe as possible; are kind, courteous, and respectful; and involve them in decisions about their care.”

*Irvine, D: “Success relies on winning hearts and minds”:
BMJ 2006; 333:965-966*

How to consult...

- Shut up
- Listen
- Care
- Know something

Good Medical Practice – Medical Council of New Zealand

Patients are entitled to good doctors. Good doctors make the care of patients their first concern; they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy and act ethically.

Mahatma Gandhi

“Happiness is when what you think, what you say, and what you do, are in harmony.”

Knowing something...

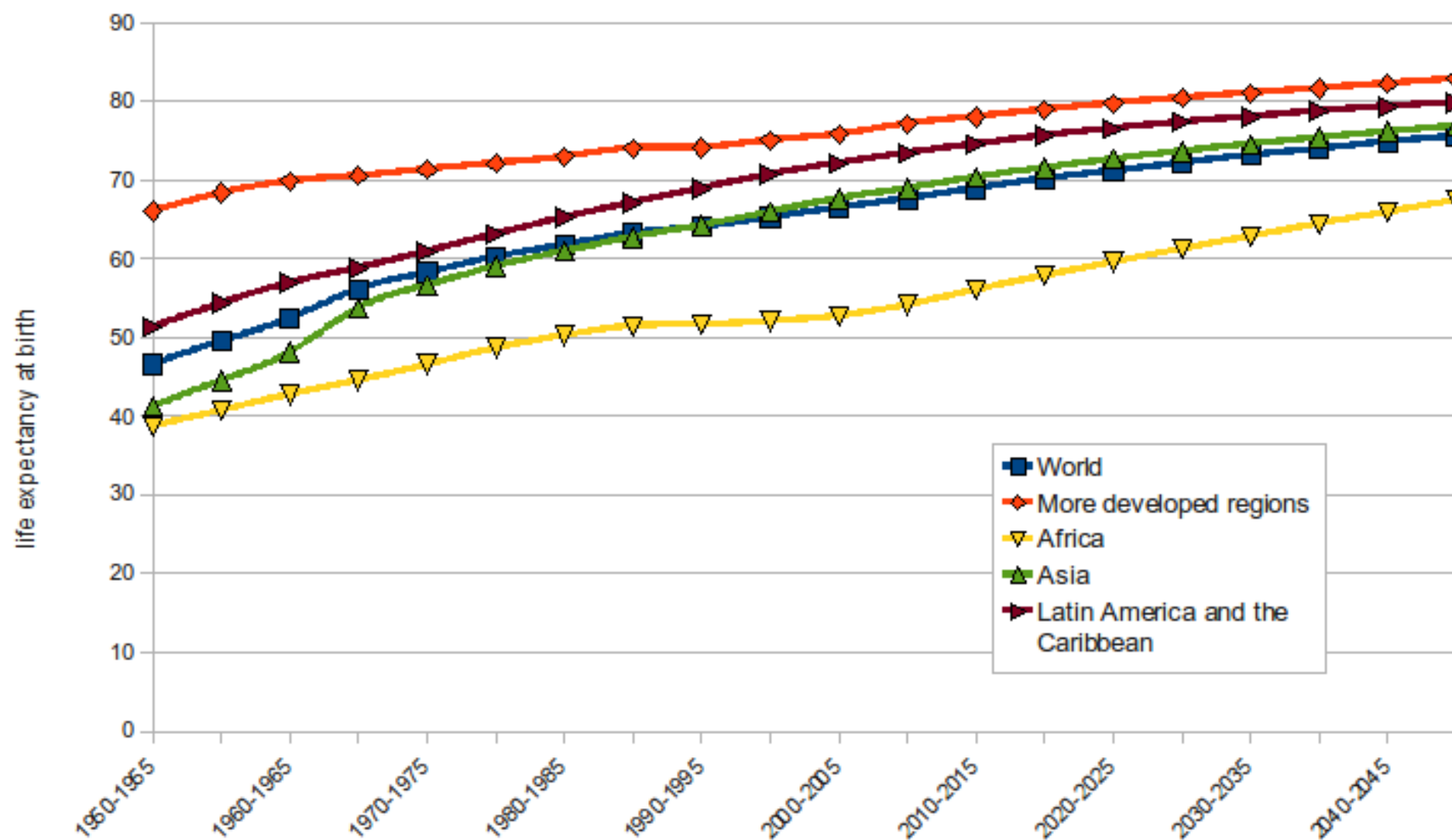


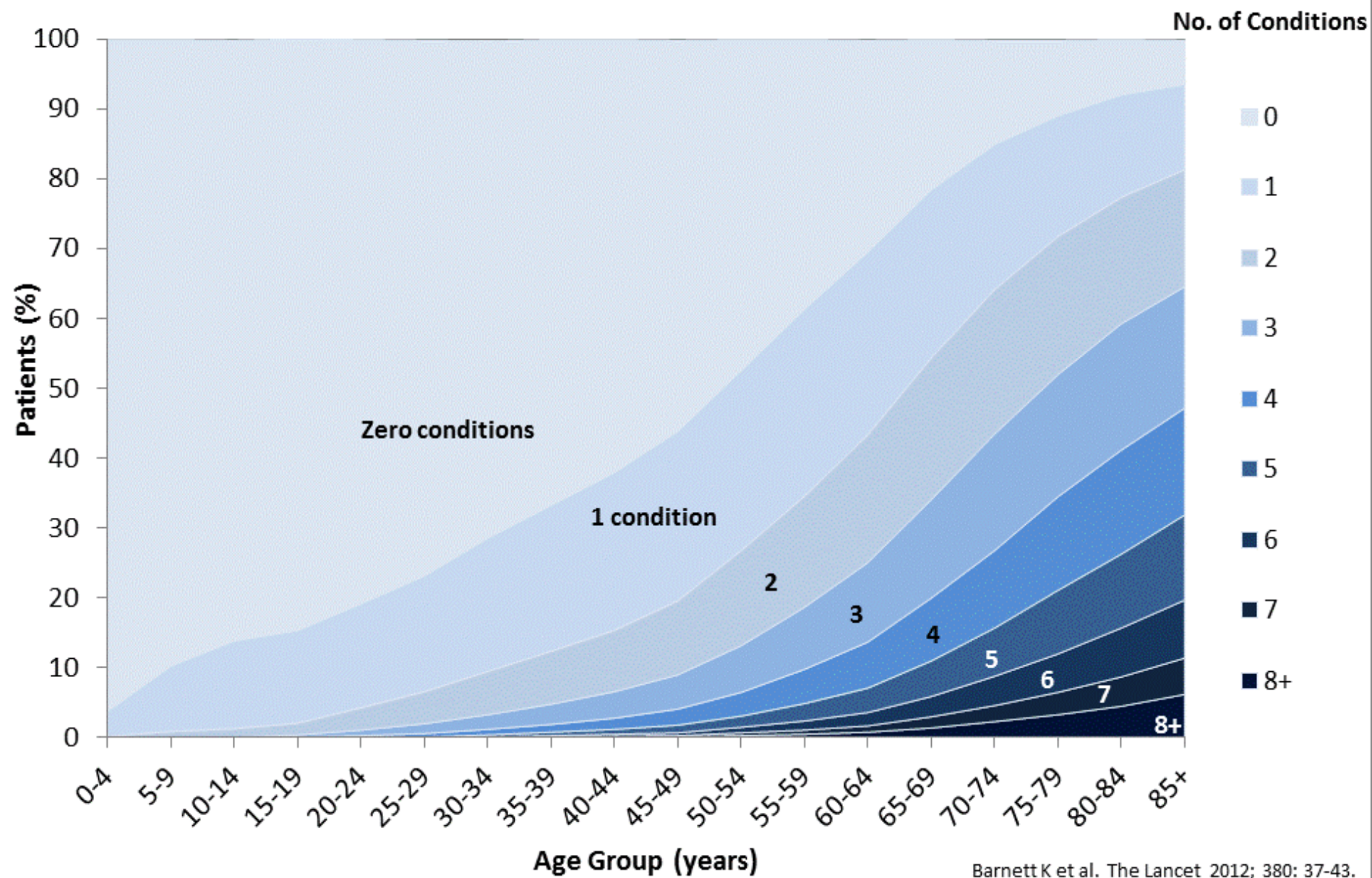
Core principles of NICE's work

- Based on the best available evidence
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process
- Social values and equity considerations

Life Expectancy at Birth by Region, 1950-2050.

Source: UN World Population Prospects, 2008.





The Big Picture

- 1900-50 Infectious diseases

The Big Picture

- 1900-50 Infectious diseases
- 1950-2000 Acute diseases

The Big Picture

- 1900-50 Infectious diseases
- 1950-2000 Acute diseases
- 2000- Long Term Conditions



“The model is radical. Embedded within our recommendations is the need for a resurgence of general medicine”



PATIENTS' PREFERENCES MATTER

Stop the silent misdiagnosis

Al Mulley, Chris Trimble, Glyn Elwyn

TheKingsFund>



Polypharmacy



Problematic polypharmacy

- Multiple medications prescribed inappropriately
- Benefits of medication not realised
- Not evidence-based
- Risk of harm outweighs benefit



- Risk of hazardous interactions
- Unacceptable 'pill burden'
- Lower levels of medicines adherence
- Medicines prescribed to treat side effects of other medicines

Accreditation criteria

Based on AGREE II

- Scope and purpose
- Stakeholder involvement
- Rigour of development
- Clarity and presentation
- Applicability
- Editorial independence



A high-angle, perspective shot of a cobblestone street. Two parallel metal tram tracks run diagonally from the bottom left towards the top right. The cobblestones are irregular and grey, with some moss or dirt filling the gaps. The text "Guidelines. Not tramlines.." is overlaid in the center in a bold, dark grey font.

**Guidelines.
Not tramlines..**

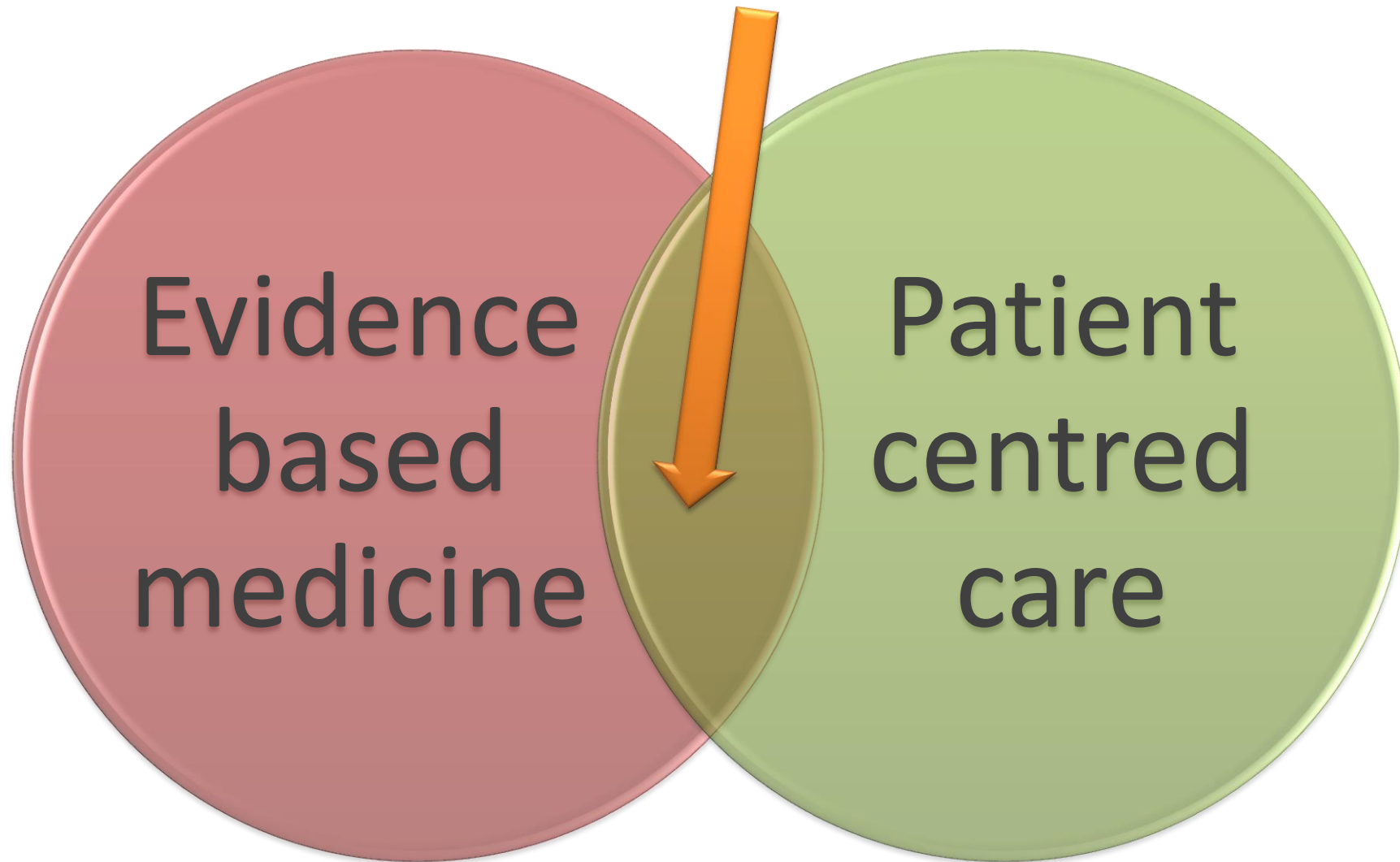
NICE guidance – shared responsibility and individual judgement

Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The application of the recommendations in this guideline is not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

Best practice



- Overmedicalisation
- Overdiagnosis
- Overtreatment

Just a GP?

What Sort of Doctor?

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What Sort of Doctor?

GPs !

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