

Developing the Esperanto of quality

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Bolsin's timely editorial (Bolsin 2001) raises two important and quite separate questions: 'what is professionalism?' and 'is rapid cultural change achievable?'

Professionalism is a complex and ill-defined concept and the impending Report of the Public Inquiry into the paediatric cardiac surgery service at the Bristol Royal Infirmary continues to heighten debate on the subject. Bolsin offers examples of operational definitions from the Privy Council (United Kingdom), the state health authorities in New South Wales and Victoria, and the High Court of Australia. He also provides an implicit definition of professionalism that encompasses the collection and use of personal performance data for individual health care providers and organisations (league tables).

This informs the debate because professionalism is traditionally viewed in terms of deviance and usually defined within legalistic frameworks. In other words, we understand and teach concepts related to what constitutes unprofessional behaviour and the courts and disciplinary boards use the term 'professional misconduct'.

An issue of which we should remain cognisant is that in more recent times professionalism has become blurred with the notion of accountability at the level of the individual clinician-patient and at the level of the clinician-health care organisation board level. What is the difference between professionalism and accountability?

Emanuel and Emanuel (1996) describe three dominant models of accountability. Our current approach in healthcare reflects their professional model. In this model, clinicians are 'dedicated to patient wellbeing' and 'licensure, certification and malpractice' are the main forms of control. The other two models, the political and economic models of accountability, describe health care as a 'public good in which the goal of promoting the patient's wellbeing is specified by the political community' and where 'consumer protection policies, standard price and quality information' are provided. This concept is consistent with the provision of health care performance information through league tables and report cards.

These descriptions illustrate some of the differences between professionalism and accountability and show that each model of accountability represents a cultural shift. This cultural change moves us from a traditional 'professionalism' to a more consumer-focused approach involving the public disclosure of performance profiles.

Whether this cultural change is achieved slowly or more rapidly, as Bolsin questions, is a function of the degree of acceptability and the speed at which the structures and processes for the changes are implemented. The guru of change management, Kotter, suggests that speedy implementation is facilitated through the creation of a crisis. This crisis situation produces the desire for people to want the change. The Bristol inquiry is a case in point – would we be talking about professionalism, clinical governance, accountability and individual and organisational level performance data without this highly publicised crisis?

The ANZCA Personal Professional Monitoring Project is an innovative initiative that demonstrates the application of clinical data for improving the performance of individual practitioners on a broader scale. EA Codman (Mallon 2000) advocated the same philosophy and collected outcomes data on his patients over 70 years ago but could not convince others to join him. It is therefore pleasing to see that Bolsin's peers are engaging in the project and allowing for wider adoption of the method.

It might have taken over seven decades for this cultural shift to occur. However, at least we are witnessing a greater tolerance to, and indeed interest in, models of accountability that divert from our traditionally favoured professional models.

In order more rapidly to identify quality improvement and measurement approaches, it is important to clarify our notions of professionalism and accountability. Just as the Eskimos have a thousand words to describe snow, healthcare is developing a vast array of terms to describe quality, professionalism and accountability. However, unlike the Eskimos where there is a common meaning for each of their words, we fear that too little attention has been given to developing a common language.

Until we pay greater attention to what we mean and how we define our terms, quality in health care will remain a field only for zealots. As a data collecting, trend monitoring, culture changing science, we will be out in the cold just as Codman was back in the early part of the 20th Century.

References

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