

## Professionalism

My attendance at the recent Ottawa in Africa conference made me question why we South African doctors appear to be so hesitant to prove ourselves to be professionals.

In *A consultation paper on preventing, recognising and dealing with poor clinical performance of doctors in the NHS in England*, published by the UK Department of Health in 1999, they state:

“Over the last decade the demands on doctors have changed substantially, for example with workload pressures, higher public and patient expectations, advances in technology, new responsibilities to meet explicit clinical standards, greater emphasis on training, and a duty to participate in continuing professional development. Doctors have shown a remarkable ability to rise to these challenges, and year after year, the majority deliver a first class service to their patients.”

That doesn't sound too different from our situation here does it? Most of us do provide a good service.

I think that maybe our hesitation is based on the fact that a reactive (punitive) model (as previously in the UK) governs us in South Africa. This system attempts to assure fitness to practise for the majority by dealing with the exceptions. We seem to be constantly in fear of being found to be an exception, instead of proudly knowing that we are part of the majority that do provide quality service. However, until we are prepared to allow our practices to be scrutinised for evidence of being part of that good majority, we will continue to be subject to the fear of being found out to be part of the minority.

As the General Medical Council, state in their 1999 document *Good Medical Practice* - the cornerstone is providing good clinical care - knowing and acknowledging the limits of our competence, keeping up-to-date and auditing what we do in our practices.

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Let us grab wholeheartedly the opportunity provided by the initial stages of our South African Continuing Professional Development system to prove ourselves accountable and responsible professionals who are part of the majority that practise good medicine.

In order to improve our fitness to practise on an ongoing basis through our careers, we need to be developing active and reflective forms of learning regarding our own daily practice activities. In other words, our learning needs to be ongoing and based on the unique needs of the patients in our practices. We need to take time to think about how we can improve our service; what more we could be doing for our patients, their health and their families; how we could manage problems more cost-effectively; how we can better prevent illnesses in our practice populations; etc. Then we need to think about how best each of us could put together our own learning programmes that will be relevant to meeting these needs. After all, what is the point of sitting in the back row of the fourth talk by an “imported” specialist on the latest treatment of hypertension, when we still have patients suffering cerebro-vascular incidents and developing cardiac failure?

As Dale Dauphinee of the Medical Council of Canada said during the Ottawa in Africa conference, “Competency is an issue of professional responsibility”. Let us, as responsible professionals, be proud to show our competency and performance to any that would like to check it. It will only help us to improve the morale and pride within our profession as well as to help patients have even greater trust in us and the quality of service that we are able to deliver.

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