

Evidence of the effect of increasing professionalization in healthcare. (UK-led)

Red Adair is quoted to have said "If you think it's expensive to hire a professional to do the job, wait until you hire an amateur."

In healthcare as practitioners, administrators, policy advisors or (potential) patients we want to attain the best possible outcomes in the context that is described as an ever increasing level of complexity (which often ignores the continuation of the essential-but-mundane care tasks). The answer has been perceived to be to have an ever increasing level of professionalism of the healthcare workforce to deal with the increasing complexity.

But what makes a professional? One definition is "A person competent or skilled in a particular activity"¹ Typically within healthcare we measure this increase in competency and skills with an increase in academic qualification. For example in the UK Nurse training has become graduate only. In the US entry into Pharmacy, Physical Therapist² and Nurse Practitioners have been raised to doctoral level. But does an increase in academic qualification necessarily increase professionalism?

Furthermore healthcare is delivered by an organisation. As Vince Lombardi³ said "The achievements of an organisation are the results of the combined effort of every individual" This means not everyone can be the star:

- quarterback (US & Canada)
- striker (UK & Europe)
- fly half (Oz & New Zealand)
- clinician (all)

Whilst there will remain the need to have a:

- defensive end (US & Canada)
- holding midfielder (UK & Europe)
- tight head prop (Oz & NZ)
- porter (all)

Is there a risk that with increasing professionalism to reach that "star" status that healthcare organisation are unable to provide the best possible outcomes as a result of individuals now being unable and/or unwilling to provide the activities required, since their training and/or expectations have moved beyond them?

The International Health Workforce Collaborative in Washington DC in October 2016 is holding a session where there will be an international exchange of views and experiences of the increasing professionalism.

In particular evidence is sought of cases of increased level of professionalism covering:

- What were the drivers of increased professionalism? Is it a proxy for standardization to the highest common denominator?

¹ <http://www.oxforddictionaries.com/definition/english/professional>

² Physical Therapists in the US are called Physiotherapists in the UK.

³ Vince Lombardi (1913 –1970) is considered by many to be one of the best and most successful coaches in professional US football history.

- Was this increase in professionalism implemented solely by an increase in academic qualification? What has been the impact on registration?
- What was the monetary cost?
- What evidence exists (or is hoped for) of improved patient outcomes as a result of this increased professionalism?
- What issues had to be addressed, for example:
 - What happens to practicing clinicians who could not reach these new levels
 - How is the balance struck between individuals taking responsibility for their own professional development/increasing level of competence and employer support?
 - What has been the impact on the wider team, specifically supporting roles? Are the newly professionalized workforce “too posh to wash”?
 - Was there a change in supply of these professionals, for example a change in demographic entering the profession, and what problems does this generate?
- Are employers willing to pay for the increased qualification? If not has this introduced an alternative practitioner to the workforce?
- Having made these changes, if you had your time again would you make the same changes?

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