Professional Behaviours & Communication Principles for working across Primary and Secondary Care Interfaces in Northern Ireland

Collaboration
Mutual Respect
Professional Courtesy
The successful treatment of our patients depends heavily on our ability to work well together. Good communication should sit at the heart of everything we do – and often many of the issues we face are the result of poor communication.

This document, which has been agreed by medical Royal Colleges in Northern Ireland*, intends to renew a sense of professional respect and assist in overcoming barriers in the future.

The realities of workload pressures, waiting lists, service delays and patient demands means that everyone is working at maximum capacity across the health service. It is easy for clinicians to become absorbed in our own pressures and to forget that colleagues in other specialties or departments are facing internal burdens and challenging circumstances of their own, that are not always apparent.

Anecdotally, we know that good communication is not always apparent and that has spurred the Royal Colleges to take action. Recognising these challenges, Colleges in NI launched the #DearColleague social media campaign in March 2018 to highlight the issues, to show mutual respect for colleagues and to illustrate a collective willingness to communicate better in the future.

The health and social care transformation agenda, which sets out to implement the Delivering Together strategy, provides a fertile environment for improving professional respect and communication. Plans are in place for implementing new multidisciplinary care teams in primary care, elective care reform is underway and services are being reconfigured, each providing an opportunity to embed new principles for better working. Specifically, the HSC Collective Leadership Strategy aims to establish and embed a core set of values and behaviours for all HSC staff.

While there are significant barriers and difficulties associated with establishing direct lines of communication between colleagues, we believe a lot can be achieved by ensuring that doctors and healthcare teams across the region abide by the same set of principles. From this, it is intended that local conversations will enable new methods for improved communication to be trialled and embedded.

This paper sets out 10 agreed principles for improving professional communications and behaviours between healthcare practitioners within Health & Social Care, Northern Ireland. These principles are applicable at the primary/secondary care interface, and also at other interfaces within primary and secondary care. We want to see them embedded within medical education, training and professional conduct.

We all work as part of the one health and social care team - striving for the common goal of achieving the very best outcomes for all patients.

* Please see back page for full list of medical colleges that participated.
Ten principles to improve effective communication and behaviours to maintain good professional relationships

1. **Leading by example**, always be respectful of colleagues in front of patients or other colleagues. Be particularly mindful of your attitudes and the language you use in front of medical students and trainees – your behaviours can have a considerable impact on how they view and value the various professions.

2. Everyone should have active consideration of the workload and pressures facing other colleagues. All clinicians’ workloads will involve issues about which you may not have any understanding or concept.

3. If a doctor is aware of **significant** changes in treatment or there is an **important or unexpected** change in the status of the patient, it is important to update all who need to know quickly. Minor amendments can be communicated through the usual methods.

4. When transferring a patient to the care of another colleague (or seeking an opinion) ensure that all the information that colleague may need is sent to them in a clear and concise format, ideally outlining a specific aim where appropriate.

5. Be mindful of your communication with patients – give them all the information you can, using appropriate language and avoiding raising unreasonable expectations. A lack of clear information can cause issues when they see their next healthcare professional. The Academy of Medical Royal Colleges has recently provided relevant guidance on patient communication.

6. Try not to commit other individuals or teams to any particular action or timescale without checking that it is reasonable and practicable.

7. Try not to hand over work to a colleague in another team if you or a member of your team can do it, unless you are sure that the task can be done more appropriately elsewhere. When handing over care, check that all relevant tests and treatment plans have been instigated, where practicable, and plans are in place to forward additional information, when available.

8. Remember it is the responsibility of the requesting doctor, and/or their clinical team, to review the results of any test requests and take appropriate action.

9. If one colleague is unsure whether another can take responsibility (e.g. for ongoing care, prescribing or monitoring), get in touch directly and confirm the course of action.

10. If contacted by a professional colleague, make every effort to respond to them as quickly as possible or pass them onto another individual who can respond.
RCGP Northern Ireland would like to thank the following Royal Colleges for their support in developing these principles:

- Royal College of Anaesthetists
- Royal College of Emergency Medicine
- Royal College of Obstetricians & Gynaecologists
- Royal College of Ophthalmologists
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Physicians
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Physicians of Edinburgh
- Royal College of Psychiatrists
- Royal College of Radiologists
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England