Professional behaviours and communication principles for working across Primary and Secondary Care interfaces

The Case for Change

It is increasingly recognised that health and care services in the UK need to operate in an integrated manner with clinicians and organisations collaborating to provide seamless high-quality care for patients.

In essence, 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 or poor behaviour.

The 10 Principles for improving professional communications and professional behaviours between healthcare professionals are intended 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 their own pressures and to forget that colleagues in other professions and specialties or other parts of the system are facing internal burdens and challenging circumstances of their own, that are not always apparent.

While there are significant barriers and difficulties associated with establishing direct lines of communication between colleagues, such as accessing a GP practice by telephone or directly contacting secondary care consultants for advice, we believe a lot can be achieved by ensuring that doctors and healthcare teams abide by the same set of principles. From this, it is intended that local conversations will enable new methods for improved communication and behaviours.

The 10 agreed Principles are applicable at the interface between primary and secondary care interface as well as those within primary and secondary care. We want to see the Principles 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.

The Principles below agreed by the UK Academy of Medical Royal Colleges are reproduced from a publication produced by the Royal College of General Practitioners in Northern Ireland (RCGPNI) and endorsed by medical royal colleges in Northern Ireland. They in turn based the publication on principles devised by the Academy of Medical Royal colleges in Wales.

The Academy gratefully acknowledges the work of the RCGPNI and colleges in Northern Ireland and the Wales Academy and welcomes the opportunity to adapt the Principles for use across the UK.
Ten principles to improve effective communication and behaviours to maintain good relationships

1. Lead by example — respect all of your colleagues at all times, not only in front of patients and other colleagues. Be particularly mindful of your attitude and the language that you use in front of medical students and trainees — your behaviour 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 a patient’s treatment or there is an important or unexpected change in their status, it is essential 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 — use appropriate language and avoid raising unreasonable expectations. A lack of clear information can cause issues when they see their next healthcare professional. The Academy has produced guidance on writing letters to patients.

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.