We should all have a vested interest in understanding and maintaining medical professionalism. After all, it underpins our reputation! Medical professionalism has been succinctly defined by the General Medical Council UK as ‘A set of values, behaviours, and relationships that underpins the trust the public has in doctors’.

I have been able to look at this more closely in the context of assessing Overseas Trained Physicians (OTPs). Australia recruits a significant proportion of doctors who are trained overseas. If an overseas specialist is found to be substantially comparable to Australian standards, they are granted Fellowship and specialist recognition in Australia (following the peer review requirements specified by the College).

Trying to introduce objectivity to the peer review process of Overseas Trained Physicians has been challenging and may be fraught with emotional conflict on the part of both reviewer and reviewee. Some of the criticisms of the existing peer review process are that the peer review reports are rarely negative and the notion that ‘any doctor is better than no doctor’ could allow for standards and stringency of assessment to slip. There is a valid argument that clinical incompetence is easier to address than cultural incompetence, communication or difficulties with self-evaluation.

Peer review reporting is currently subjective. In the domains of Medical Knowledge, Record-keeping, Communication, Personal Qualities and Continuing Education, the reviewers have to make a judgement call on whether the OTP is performing above or below the standard. This is where most of us could come unstuck! So how do we increase objectivity?

The RACP’s SPPP Guide (Supporting Physicians’ Professionalism and Performance) has been invaluable in describing the domains of professionalism and suggesting the additional tools that can be used to demonstrate professionalism. I am currently piloting the SPPP self-appraisal scorecard, which I developed based on my experiences of the challenges of measuring the non-technical skills of doctors. As has already occurred in Canada and the UK, I propose that we need to take a mandatory approach towards demonstrating our professionalism and neatly package all the tools mentioned in the SPPP Guide into an ‘Appraisal Portfolio’.

In my opinion, the way forward in terms of medical professionalism is being committed to constantly measure, learn and improve ourselves. I believe we need to build a culture within our organisations where giving and receiving constructive feedback is encouraged, along with self-appraisal and openness, in the interest of patient safety. This could best be achieved alongside development of leadership competence in doctors, an area that is rightly gaining increasing attention. We must all jointly strive to maintain the reputation of ourselves and our profession.

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Suggested reading


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