

**Statement from Professor Dame Sue Bailey, new Chair of the Academy of
Medical Royal Colleges**

I am delighted to take up the post as Chair of the Academy of Medical Royal Colleges following Professor Terence Stephenson's appointment as Chair of the GMC.

By any measure, we are at a critical stage in the development and delivery of healthcare in the UK. Indeed some argue that not since the NHS was first founded in 1948 has the organisation we cherish so much been more fragile. It is not for me to judge whether this is true, but my strong sense is that while parts of the system are without doubt stretched to breaking point there is a new sense of *real politik* in the debate now, that has perhaps been missing in the past. A general recognition, certainly among the clinical community, that if we are to genuinely deliver a health system that can care for all in a manner that's fit for the 21st Century then we must step back from the dogma that says the only answer is to spend more.

While additional resources will certainly be required in many areas, we have a duty to recognise that funds are not unlimited. Nor should they be. For me, the touchstone for the Academy, its activities and policy development as it navigates the push and pull of pre-election politics and beyond will be 'responsibility'. It's a broad narrative that falls in to three areas of activity.

First, we will look for more ways to help doctors behave responsibly with the resources they have. Building on the recent, well-received *Promoting Value, Protecting Resources* Report, which identified substantial savings in the cost of healthcare from relatively simple fixes, I want to progress the *Choosing Wisely* initiative. This work, which has already begun in the US and parts of Europe is, in essence, about facilitating a conversation between doctor and patient about what treatments are most suitable for them. It calls for honesty and openness about remedies that work and remedies that frankly are sometimes irrelevant and occasionally counter-productive, but prescribed just for the sake of it, or to meet patient expectations that 'something is being done'. As doctors we know that sometimes the best treatment is to do nothing. It will take time to embed the philosophy, but the Medical Royal Colleges I know are up for the challenge as are our partner organisations and patient representatives. This will only work if it is multi-faceted, realistically managed and carefully measured, but we must recognise that freeing up resources in one area means they can be more effectively used elsewhere. For me, the Academy is the only organisation in the spectrum of think tanks, lobby groups and employers' organisations that has the impartiality and the credentials to deliver this work.

Second, we must continue to build on the good work the Academy has already started in the public health arena. Again, this is about building the case that we all, as patients, should do what we can to look after our own health. Whether that is

choosing a healthy diet to avoid obesity or taking care of our mental well-being through regular exercise or ensuring our families and loved ones are cared for appropriately – in the end it is about personal responsibility. As doctors we have a duty to act as health ambassadors. We should lead by example. The Academy's report, *Exercise: the miracle cure*, which will be published later this month, shows just how beneficial, and sometimes forgotten, the value regular exercise can have in terms of preventing illness and disease. I know there are many voices on the public health stage, but again, because of its unique constituency, the Academy should be at the front and centre of the debate if we are to use the healthcare resources we have most effectively.

Finally, the Academy itself has a responsibility to doctors, to ensure that they are educated and trained in a way that will equip them with the tools and skills they will need as they progress through their careers – and so the development of the *Shape of Training* proposals will be crucial work for us. We must remember that not only is the way we deliver healthcare changing, the rate of change is becoming ever more rapid. We must ensure that doctors are active participants and initiators of change – especially in the context of service redesign and delivering value – which for me, particularly means ensuring the interface between primary, secondary and community care is effective and makes sense to patients and carer whatever their circumstances. Central too, will be the Medical Royal Colleges continued input to the work on *Duty of Candour*. This is an example of doctors taking responsibility and leading from the front, but where change cannot and should not be forced upon us as it has been in the past. Instead we must be the instigators of change where it can be proven to improve outcomes and safety. Where it does not, we must say so.

I am very clear that whatever organisational differences there are in the health systems in the four countries of the UK, the underlying issues and principles are the same across the UK. The Academy will therefore seek to work on a UK-wide basis to promote improvements in healthcare.

I am then, privileged to have been elected as Chair and will do what I can to continue the good work of my predecessor, Professor Terence Stephenson.

And while I acknowledge that we are certainly at a critical stage in the delivery of healthcare, we are also at one of the most exciting times too.

I am looking forward to have the opportunity to work with so many first class colleagues from the Medical Royal Colleges and elsewhere as we help shape a system that works for everyone.

A handwritten signature in black ink that reads "Sue Bailey". The signature is written in a cursive, flowing style.

Professor Dame Sue Bailey
Chair, Academy of Medical Royal Colleges