

# The Future Doctor

## Academy response to the HEE call for evidence

### 1. Introduction

The Academy of Medical Royal Colleges (the Academy) is the representative body for medical royal colleges and faculties in the UK. As such we seek to bring together the expertise across Colleges and Faculties to provide advice and information on cross specialty issues relating to quality of healthcare, standards and medical education with the aim of improving healthcare for patients and the health of the public.

As the professional representatives of Britain's 220,000 doctors, the Academy welcomes the opportunity to make a submission to HEE's call for evidence on the role of the future doctor.

The Academy supports the development of a fully trained, collaborative, multi-professional workforce. It is crucial that we address workforce supply by increasing long-term investment in staffing and looking at roles and ways of working. It is also essential that we support workforce wellbeing and improve morale, through the provision of flexible working and valuing staff.

The Academy has not had the opportunity for collective discussion of a response to the Call for Evidence on the Future Doctor.

However the Academy hosted a round table event in 2017 looking at what doctors will need to be doing and therefore how they need to be trained to deliver appropriate care in 2040. The event brought together representatives from HEE, NES, GMC, MSC, COPMED, DHSC, NHS Employers as well as College, trainee and student representatives.

This submission comprises proposals from that event and summarises other Academy policy positions.

HEE is seeking views on the following issues:

### 2. The expectations of doctors in the future

#### Doctors themselves will expect:

- To continue to want to deliver high quality compassionate care to individual patients
- A career that is rewarding and fulfilling but which they can balance with their family lives and other interests
- To be valued and treated well by colleagues and the organisations which employ them and to work in a supportive culture
- Flexibility their career paths and their working patterns
- To be supported to deliver to their full capacity in line with their training by an efficient technology and staff infrastructure



- Training and development to manage their jobs with confidence and assurance
- The opportunity to take time out of service provision to do roles such as improvement, education, leadership and management.

#### The public will expect:

- Expert care from highly skilled and caring professionals
- Doctors to have their interests as an individual patient as the central driver for their activity
- The doctor they see outside the primary care setting to have the expertise to deal with the condition/s they have
- Doctors to listen to their views and to make decisions on a shared basis
- To have equitable and quick access to medical care by doctors

#### The system will expect

- Doctors to operate collaboratively as part of multi-professional teams
- Doctors to consider healthcare on a population as well as individual basis
- Doctors to be flexible in their approach to work from an organisational as well as personal basis. This covers both where doctors work (rural and remote) and when/how they work
- Doctors to accept responsibility as good stewards of resources
- Doctors to act as leaders and managers cross the system as required.

### 3. What are the factors that will impact the role of the doctor in the future?

- We must predict with flexibility. There will be no perfect predictions or solutions and the future is plural
- As always, wider economic issues which will impact on the health of the population and the resources available for health and care will, in turn, impact on the role of the doctor. Different economic scenarios will lead to altered roles for doctors
- Factors that will impact on the role of doctors include

#### *Demographics and epidemiology*

- Increased elderly population
- Increased numbers of patients with long term conditions
- Multiple co-morbidity

#### *New approaches to healthcare*

- Team delivered care
- New roles taking over parts of the doctor's role as appropriate
- Greater focus on primary and community based care
- A move towards great generalism
- More focus on a population health approach
- Utilising generic knowledge and skills



#### *Patient expectations*

- Shared decision making with patients
- Increased patient expectations and knowledge

#### *Technological change*

- More technology and a technology enabled public
- AI – See the Academy report Artificial Intelligence in Healthcare (January 2019)

#### *Organisational factors*

- More care delivered outside hospitals
- System wide working
- Escalating costs of delivering healthcare

#### *Cultural factors*

- Attitudes of future doctors towards work, careers and flexibility

#### 4. What will the role of the future doctor be compared to what it is now?

- The activities of a doctor will still comprise the ability to make diagnoses through clinical assessment and investigations, making clinical decisions and interventions and treatments
- Judgement and high decision making based on unique depth and breadth of knowledge
- However, this should be within an overall purpose of keeping people well and improving their functioning
- The activities of a doctor will encompass a population based approach to medicine as well as individual clinical skills. We are seeking to provide socially responsive medicine
- Doctors will continue to need the ability manage uncertainty, accept and take clinical risk. One purpose of the extensive training of doctors is to give them the skill and knowledge of when to act outside or beyond protocols
- The medical consultation will not depend on knowledge itself – which will be increasingly shared - but how to interpret and apply that knowledge
- Doctors work should be focussed on what they are alone are trained to do. Tasks that other professionals are trained and skilled to do should normally be undertaken by those professionals
- This entails doctors working in teams in new ways with Medical Associate Professionals (MAPs) and other clinical professionals
- Leadership skills will be essential
- Research - ability to continue clinical development through research
- Ability to work in education, training, leadership, QI, wider NHS
- Doctors should have greater awareness and responsibility for good stewardship of resources.

## 5. The skills, knowledge and behaviours doctors will need to perform their role in the future.

- Expert clinical and diagnostic skills will still be essential
- Learning and understanding the basic scientific knowledge and clinical skills necessary to function as a doctor - physiology, pathology, pharmacology, history taking, examination
- However, the strong “Generic Professional Capabilities” will also be essential including leadership, education, research and quality improvement skills
- Understanding the social context of individual patients and medicine – population health
- Talking more about social health, technology in undergraduate education
- Training for new technologies such as implementation of AI and robotics, and awareness of the possibilities afforded by genomic medicine and future developments
- Leadership skills including the management and deployment of resources
- Training for primary/community delivered care
- Team and cross-system working
- More multi-disciplinary training – learning and reflecting as a team
- Broader medical base and take a thematic/generalist approach
- Provide personal satisfaction for doctors
- Mutual respect and collaboration and recognition of professional identities without protectionism

### Delivering this requires

- Seamless undergraduate/postgraduate training
- Medical schools linked to communities
- Clinicians rooted in community – doctors from local areas
- Sense of belonging amongst doctors in a modern medical team
- Blurring the boundaries/breaking down artificial silos in the medical profession and service
- Addressing problems in the system/context in which training is delivered
- Recognise that tertiary care and services depend on specialised doctors and these will continue to be essential.
- Greater flexibility – less rigid training structures
- Attitudes towards different specialties reflecting clinical and patient needs - overcoming silos and specialty tribalism
- Balancing consistency and standards with personalisation
- Having the right people to develop training in different environments.



## 6. Conclusion

There seems to be broad consensus amongst stakeholders that change is required and that needs to include more flexibility to provide the skills for doctors to meet the healthcare needs of the future.

While being cognisant of the issues of affordability and meeting the interest of patients, it is an opportunity for the medical profession to lead this agenda.

We are already moving in the right direction. Rather than starting from scratch we should just be getting on with reforms.

However, in order to succeed it will be essential to create a positive shared narrative for change and engage the doctors of tomorrow.