



The added value of the senior doctor in the multi-professional team

The current nature of the healthcare landscape has illustrated that many of our colleagues, especially those who are at the beginning of their career, feel undervalued in their roles. The view that a senior doctor is a valued and well-respected member of the healthcare team locally, regionally and nationally has similarly been eroded. This is partly due to workforce gaps meaning many senior doctors 'work down', in addition to undertaking many non-medical tasks. All senior doctors have undertaken tasks that could be done (and sometimes done better) by other members of the healthcare team. The development of new roles in medicine is nothing new, but the newest roles seem to have brought to the fore a feeling of a lack of value and a genuine concern that the pivotal and essential role of the senior doctor in healthcare delivery is under threat. One way to counter this misconception is to define and promote the added value of a senior doctor. By senior we mean an independent practitioner such as a GP, a consultant and those practising autonomously as Specialty and Associate Specialist doctors (SAS).

Views were sought from all Presidents and Deans as well as the leads of the three advisory committees – SAS, trainee and patient/lay. The following themes have been collated from the responses received directly as well as discussions with other colleagues over the past few months.

Summary

Senior doctors provide leadership by:

1. Providing complex, high-quality patient care based on critical analysis of the existing evidence base, or in the patient's best interest where the evidence base is uncertain, in collaboration with the patient themselves.
2. Working to support multi-professional teams to deliver the best care for all patients, including through training and developing all members of the team.
3. Actively contributing to and implementing the evidence base for excellent care, and regularly reflecting on the care that their teams deliver in a supportive and positive way, where constructive challenge at all levels is the norm.

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4. Contributing to service development and delivery across pathways, minimising inequity and maximising access, and in the absence of definitive evidence, utilising scarce resources in the most cost effective and efficient manner.
 5. Behaving professionally at all times and in all environments and being a positive role model.

A senior doctor by virtue of the depth and breadth of their training

Provides holistic, person-centred, place-based, evidence-based care co-produced with patients, taking into account patient desires, but also based realistically on what can be achieved and is highly cost- and resource-efficient.

Critically evaluates new scientific evidence and synthesises it together with the current evidence base. Rolling out new evidence-based interventions rapidly and safely within a defined clinical governance framework. Leading reflection and acting on demonstrable patient outcomes.

Delivers care which is as excellent and as safe as possible when the clinical situation goes beyond the established evidence base, guidelines and protocols.

Delivers highly complex, technical care which cannot be delivered by anyone else in the team.

Multi-tasks by for example, supervising trainees, while delivering direct clinical care and being interrupted for managerial decisions about the service.

Manages complexity in patient care, team working and service delivery, providing system leadership by working to deliver the best care for the most patients possible within a healthcare system, in the most efficient and cost-effective way, paying due regard to the good stewardship of scarce resources.

Holds the risk for patient management across all situations, from deciding when to investigate or not, when to intervene or not, especially in those at high risk, and when to discontinue care, including at the end of life.

Develops, changes and manages services to ensure equity of access and care, efficiency and productivity all of which require sufficient ring-fenced SPA time for effective delivery and embedding.

Delivers training, including across professions and curricula, often simultaneously, and leads shaping and delivering training across organisations and sectors.

Shapes the working environment to be inclusive and supportive, of people but also of the training of all members of the healthcare team.

Provides a positive role model for staff and patients, including by behaving professionally at all times and in all environments.

Contributes to the development of the evidence base by taking an active role in research, including the promotion of research participation to patients, assuaging concerns they may have about both clinical safety and data handling.

Supports the team by providing mentorship, especially at career transition points.

Provides leadership for multi-professional teams both in daily clinical practice, but also within uncertain situations, actively managing conflict and leading the team to a consensus.

Takes an active role in leading teams to reflect on their performance, including through audit.

Contributes constructively to the governance framework of the organisation in which they work, but also the wider health and social care system, including conducting and supporting quality improvement activities.