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Future physician: changing doctors in changing times

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Change is not always an easy or a pleasant process. Nor does it invariably bring about positive outcomes. Some argue that the changes that have confronted the health service in the past 10 to 15 years have not resulted consistently in better service provision for patients, nor have they boosted the morale of a profession that was already at low ebb following the notable medical catastrophes of the 1990s. Whether medical morale remains low is arguable. But what is incontrovertible in the minds of many doctors is the belief that a steady decline in medical influence is one of the reasons why planning and implementation of health service changes have often been poor, and that the decline in influence is a consequence of poor leadership. This needs to be reversed urgently – and we have a golden opportunity to do so.

What then does the future for doctors look like? A vision on which to build the future of healthcare, and the part that doctors will play in it, is set out in *Future physician: changing doctors in changing times* published by the Royal College of Physician (RCP) in May 2010.[1] The report is a natural continuation of RCP work on medical professionalism, and followed a similar process of consultation to that used in *Doctors in society: medical professionalism in a changing world*.[2] As with the earlier report, *Future physician* speaks to all doctors, but particularly to those in the early stages of training and to medical students – cohorts that are both the custodians of tradition and the instigators and moderators of new ways.

Although, as the introduction to the report suggests, it is hard to cast forward 20 years and imagine the precise context within which healthcare will be delivered it is possible 'to identify some likely trends over that period and hazard some conclusions about how the role of the doctor will need to change as a result'.[1] Thus, opening chapters focus on the external forces likely to affect the profession: demography, science and technology, economy and society, and then go on to identify three themes that doctors should consider and act on if they are to seize the initiative.

The first theme is wellbeing – how should the profession respond to a broadening understanding of what is meant by health and its maintenance? A reassessment of what constitutes 'a good life' will inevitably prompt reflection on the doctor's role in assisting patients to maximise their health potential. This is likely to require a shift away from the illness–response model, on which much of healthcare is currently founded, to a partnership approach for long-term health gain. One where doctors, healthcare professionals and others, such as employers, work with individuals and communities in a variety of models and in a diversity of locations. One where the object is not so much to treat acute illness as to collaborate on methods of disease prevention, amelioration and stabilisation – maximising years of good health and assisting individuals and communities to make choices that will benefit their health over a lifetime. In this, doctors will need to cultivate a sharp focus on their role in society, accepting responsibilities beyond the health of individual patients.

Secondly, partnership – the rapid evolution of the doctor–patient relationship will demand new skills and sensitivities. The implication of current trends to personalised services, a greater diversity of service choice, shared decision making, self-management and widening access to information about diseases and their treatments are likely to result in an extension of the medical role, adding interpreter and advisor to diagnostician, communicator and technical expert. How the elements of the extended role will integrate with current education and training regimes is unclear, but it is certain that acquiring and maintaining the necessary skills will be a career-long undertaking, with flexibility at the core of a doctor's ability to respond adequately to what will undoubtedly be a constantly evolving landscape of public need.

Thirdly, leadership as:

> *at this critical juncture in the development of the NHS, facing as it does unprecedented financial pressures, doctors have the chance to step forward and shape decisively the course of events.*[1]

In the last few years, criticism of medical leadership has been widespread – not least in the joint RCP–King's Fund publication *Understanding doctors: harnessing professionalism* where medical leadership was described consistently either as poor or very poor.[3] *Doctors in society* described leadership on four levels (individual, team, regional and national) with a few doctors taking on responsibility at all four levels and most engaging at levels one and two – leadership that they are eminently capable of providing and which society rightly expects of them.[2]

With team working becoming an increasingly important model for service delivery, doctors will act as team members as well as team leaders. However, the report strongly supports the view that when a team includes them, trained doctors should always bear ultimate clinical responsibility, whether or not they lead the team in its routine activities. In this it endorses the Medical Schools Council consensus statement:

> *doctors alone among healthcare professionals must be capable of regularly taking ultimate responsibility for difficult decisions in situations of*

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clinical complexity and uncertainty, drawing on their scientific knowledge and well-developed clinical judgment.[4]

The *Future physician* report anticipates a fundamental need for strong and informed leadership in the coming years and believes that doctors are uniquely placed to provide it, adding that:

the second decade of the 21st century provides a unique opportunity for doctors to lead on the things that matter to them most – high standards of care and service to patients. Doctors will not be able, in all cases, to realise this on their own – but if doctors do not accept the challenge, they do not deserve to lead.

Each theme carries with it a number of 'forecasts' – issues that the working party anticipates will constitute the challenges of the next two decades. The forecasts are followed by 'calls for action'. These are addressed to a number of constituencies – government, NHS employers, colleges and faculties, and the GMC – but the action points are directed principally at doctors, urging them to prepare themselves for the changing times ahead, so that they can continue to meet the needs and expectations of patients and the public for the provision of excellent healthcare. If, as doctors, we fail to seize the opportunity, we will have only ourselves to blame.

References

1 Royal College of Physicians. *Future physician: changing doctors in changing times*. London: RCP, 2010.
2 Royal College of Physicians. *Doctors in society: medical professionalism in a changing world*. London: RCP, 2005.
3 King's Fund. *Understanding doctors: harnessing professionalism.* London: King's Fund, 2008
4 Academy of Medical Royal Colleges, the Association of UK University Hospitals, BMA *et al. The consensus statement on the role of the doctor*. London: AMRC, 2008.

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