

Health Education England - Future Doctor

Call for Evidence

Introduction & Context of Survey

Background: The NHS Long Term Plan, published in January 2019, set out an ambitious 10-year vision for healthcare in England, with specific commitments to take action on prevention and health inequalities, improve quality of care and health outcomes, harness technology to transform services and get the most out of taxpayers' investment. The Interim NHS People Plan, published in June 2019, sets out a vision for people who work in the NHS to enable them to deliver the NHS Long Term Plan.

The Interim NHS People Plan committed Health Education England (HEE) to work with key stakeholders and partners on a national consultation to establish "what the NHS, patients and the public require from 21st century medical graduates". This work will approach the role of the doctor within the context of the future multidisciplinary team and will expand to consider how the role interacts with the evolving roles of other healthcare professionals.

We are undertaking a Call for Evidence to collect feedback and identify what stakeholders consider will be the role of the doctor in the future, including:

- the expectations of doctors in the future;
- the factors that will impact the role of the doctor in the future;
- what the role of the future doctor will be compared to what it is now; and
- the skills, knowledge and behaviours doctors will need to perform their role in the future.

The feedback we receive will be used to develop a consultation document on the Future Doctor. We will be seeking views from patients and the public through a national consultation, which will be launched in November 2019.

Guidance for Completing the Survey

Scope: For the purposes of this survey, we are asking for feedback on both the role of doctors and the multi-professional team in the future healthcare setting. We are particularly keen to hear views on both undergraduate and postgraduate training environments, with an emphasis on the skills, knowledge and behaviours they will require to meet future patient and service healthcare needs.

Reference to the term 'future' throughout the Call for Evidence questions means in 10 to 30 years' time.

How to provide feedback: There are nine questions in the survey. We would encourage you to provide answers to all, but you can skip questions if you prefer to focus on specific issues. Once you have completed the form, please submit it to us by email at futuredoctor@hee.nhs.uk.

Deadline: The Call for Evidence is open for four weeks from **29th August 2019** to **26th September 2019**. We will not accept any responses once the deadline has passed.

Evidence: You may have specific examples from your current practice or research of how expectations are already changing. If so, we would be grateful if you refer to these in your answers but ask that you do not disclose any confidential or personal information. If we wish to refer, in our national consultation, to specific case-studies included as part of Call for Evidence submissions, we will first contact respondents to request permission to do so.

Consent: You have the right to have your personal data updated or removed. You also have the right to have a copy of the information Health Education England holds about you.

Our processing of all personal data complies with the General Data Protection Regulation principles in line with HEE's data protection registration held with the Information Commissioners Office.

Further details about these rights are outlined in full in Health Education England's Privacy Notice at <https://www.hee.nhs.uk/about/privacy-notice>.

You can change your mind at any time and have your personal data removed from our database. In order to do this, please contact the Policy and Regulation team at futuredoctor@hee.nhs.uk and let us know you wish to have your data removed.

By submitting your responses, you are confirming that you understand your privacy rights; that you have read the 'Introduction & Context of Survey' information; understand that the Call for Evidence will inform HEE's national consultation; and consent to your submission being used for this purpose.

Please note that in order to manage and analyse the feedback we receive through the Call for Evidence, we shall share your response with a trusted third party to collate, organise, store and analyse the feedback provided. The third party will be required to process all personal data in accordance with the General Data Protection Regulation principles.

Form Completion: The text boxes provided for your responses will increase in size to match the content of your contributions (*limit 3000 characters - approx 500 words*).

You can save and then close the document at any time and return to complete it at a later occasion. When you have completed all the sections of the form, you must click on the 'Lock and Submit' button which will then lock all the form, precluding any further alterations or additions, and then will prompt you to save the form.

After this an email should open (depending upon the configuration of your computer) to send the document to futuredoctor@hee.nhs.uk. If the email box does not open on your machine, please instead open a new email to futuredoctor@hee.nhs.uk and attach the saved form.

About You

Are you responding as an individual or on behalf of an organisation?

- Individual
- Organisation

Which of these categories best describes your organisation? Please select one

- Body representing clinical profession
- Body representing patients or the public
- Government / Arm's Length Body
- HEE / Deanery
- Independent Service Provider
- Royal College
- Healthcare School
- NHS Service Provider
- Regulatory body
- Research funding body
- NHS Employer
- Other

Call for Evidence Questions

Question 1:

a) What are the expectations from patients and the public of doctors in the future?

Patients expect compassionate, individualised, informed patient care. They will need ease of access to medical advice in either a face-to-face or alternative format (telephone or electronic). This will need to be patient driven eg noting elderly people may not wish to use technology.

Patients will want doctors who are

- Capable of appropriate action in times of emergency,
- Advocates at times of patient need,
- Work in partnership with patients
- Technically proficient, professional and compassionate decision makers
- Have practical skills to perform procedures and surgery
- Effective leaders of a medical and non-medical team

b) What are the expectations of doctors in the future from people/colleagues within the NHS, such as employers and wider team members for example nurses, pharmacists, healthcare scientists and advanced clinical practitioners?

To use up-to-date, evidenced based clinical practice

To apply the principles of quality improvement and to seek opportunities for innovation to enhance care

To be professional in their approach to patients and colleagues

To lead, supervise and develop a team of medical and non-medical practitioners, recognising the skills, and responsibilities of different team members.

To see the more complex patients

To be able to develop and maintain a growth mindset for new technologies and strategies

To be able to assimilate large quantities of data from diverse sources

To be able to provide care in an environment which promotes safe practice to reduce errors and mistakes.

c) What are the expectations of current doctors and medical students regarding their role in the future?

Doctors and medical students should consider:

That health care policy and the role of new practitioners might influence change in their role.

That they will be decision makers and team leaders responsible for the care given by other practitioners.

That new technologies, methods of imaging, procedures, artificial intelligence (AI) and data analytics will alter the nature and format of clinical advice and care delivery

That a portfolio career is necessary to sustain a long clinical practice. The principle of lifelong learning is embedded.

Nevertheless, currently junior doctors and medical students base their expectations of their future role on the clinicians who model them. These may not always present an attractive picture, nor an accurate future model. Students continue to be trained to a very traditional model of practice, with little allowance of the need to address working within a rapidly expanding knowledge base with e.g. open book exams, nor the rapidly changing nature of the GP or the secondary care clinician, impacted by technology and the need to manage a large number of patients with limited staff through use of the doctor as a manager / leader of others who see patients.

They may not anticipate how artificial intelligence will shift the nature of the doctor-patient consultation,

how information and treatment could be increasingly available to patients without medical input, or be equipped to support preventative care, tailored to the patient genome.

Equally, current models of practice assume an NHS basis, free at the point of need and delivery. Current doctors and students may not appreciate the impact that a change in demographic, economy and treatment options to the funding model that can be delivered. Greater training in management, cost-benefit analysis, budgeting, and shared decision making may be needed. However future doctors must always be an advocate for their patients and their needs.

Question 2: What level of impact do you think the following drivers for change will have on the role of the doctor in the future?

Please indicate whether the impact will be High, Medium or Low for each driver in the table below.

Driver for Change	Impact (High, Medium, Low)		
An ageing population with multiple, complex health needs	High <input checked="" type="radio"/>	Medium <input type="radio"/>	Low <input type="radio"/>
New technology including artificial intelligence, digital health and genomics	High <input checked="" type="radio"/>	Medium <input type="radio"/>	Low <input type="radio"/>
Patient empowerment and change in the patient-doctor relationship	High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>
Increasing focus on health promotion and prevention	High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>
Different expectations from the Future Doctor on working life and career	High <input checked="" type="radio"/>	Medium <input type="radio"/>	Low <input type="radio"/>
Delivery of personalised care	High <input checked="" type="radio"/>	Medium <input type="radio"/>	Low <input type="radio"/>
New and emerging roles	High <input checked="" type="radio"/>	Medium <input type="radio"/>	Low <input type="radio"/>

Question 3: Please tell us the factors you think will have the biggest impact on the role of the doctor in the future, and how?

These could include broad factors in wider society or changes within the healthcare setting. If you have specific examples, please refer to these in your answer.

There will be an increasing demand and 'immediate' access to primary health care - changing patient expectations and demographics.

An aging population and increased workload in all sectors of care will be a constant pressure on the service.

There will be an impact of non-medical professionals (eg physician associates, nurses and allied health professionals) in care delivery and the challenge is to understand how they will fit into current models.

The use of emerging technology (AI, online consultations, Skype consultations and future unknown developments).

There will be issues around patient data (accessibility for professionals balanced against

confidentiality), personalised care and the genome.

Question 4: How will the role of the doctor in the future compare to how it is now?

You may wish to consider relevant factors such as working practices, the patient-doctor relationship or working within evolving multi-professional teams.

Doctors will need to assimilate large quantities of data and work with technology to do so.

Doctors will need to oversee teams of other practitioners who will undertake much of the consultation and treatment currently done by doctors.

7-day working, or at least delivery of care over 7 days for both elective and acute care will be usual.

Doctors will need to be able to find and interrogate information they are not familiar with in formats they do not yet know.

Doctors will need to be technological inventors.

Doctors will need to work in teams and be comfortable with patients being the responsibility of a team of doctors, rather than a named doctor.

Doctors will need to be less dependent on direct patient contact for their personal motivation.

Question 5: What do you think will be the remit of the doctor within the multi-professional team of the future?

To supervise and provide advice on the management of patients to the multi-professional team.

To share care ownership over a 7 day period with others.

To (generally) see more complex patients with multi morbidity etc.

To provide development for the multi professional team (teaching, mentorship, peer support and supervision skills).

To deal with uncertainty. While other members of the team may be able to work to algorithms and work within their area of expertise but it is the doctor who has to deal with uncertainty in areas where there is no or little evidence.

Question 6: What different skills, knowledges and behaviours will doctors need to perform their future role, fulfil expectations from patients, and work successfully as part of a multi-disciplinary team in 30 years' time?"

Doctors will need to be technologically adept and inventive.

Doctors will need to assimilate large quantities of data and communicate risks and options to patients in a new way.

Doctors will need to work in teams and be comfortable with patients being the responsibility of a team of doctors, rather than a named doctor.

Doctors will need to see more complex cases, within those seen by the multi-disciplinary team.

Doctors will need to be able to cope with co-morbidity and able to manage a broad range of common conditions without cross-referral to others.

Doctors will need to be able to change their work with time, to suit an aging mind and body.

Doctors will need an ability to change mindset from that of a doctor leading diagnostic pathways to one of being part of a semi automated system/part of the process.

However, these are factors impacting on the next 10-20 years. 30 years requires too long a vision.

Question 7: When do you think changes to doctors' roles could be a reality? Please select one answer below.

10 - 20 years

20 - 30 years

30+ years

Please provide your reasons below.

We are already here - the 4th Industrial Revolution is already upon us, and the internet has radically reshaped how we work, live and socialise (akin to the impact of Wittenberg and the printing press). The 'doctor-preneur', the agile user of technology to innovate care, the partner in technology-engineering hubs - are all roles some doctors have now, and a subset of students are expressing interest in. A grounding in understanding design, materials and simple technologies are all important skills - and learning and teaching with technology an equal pre-requisite.

The patient demographic is already impacting on how the doctor functions in primary care.

Question 8: What challenges need to be addressed in order for the vision of the future doctor to become a reality, in the timescales you have provided?

For example:

- The use of new technology
- The way that care is delivered
- Increasing focus on health prevention

A clear strategy on when students, foundation trainees, STs, first-fives (GPs in the first 5 years after qualification) learn the skills, knowledge and behaviours needed.

Patient acceptance of their role in seeking and using information and decisions based on probabilities.

Patient acceptance of new healthcare practitioner roles and different ways of contacting and using healthcare services. Patients are already used to seeing specialist nurses and physician associates. However doctors are not always used to not being the primary contact for the patient.

The recognition that in different geographical areas the availability of suitable work force (medical and non-medical) will dictate the pace of change in the way care is delivered. There is a delicate balance between the skills of a generalist who can provide services over a wide area of expertise and a specialist who has a limited area of expertise but to a greater depth but has little expertise outside this area.

How the NHS delivers care - good people work exceptionally hard in processes that are slow, burdensome and years out of date. Central control and politicisation have disabled us further. Buildings, resources and technology are further 'behind' than ever in a financially frozen, uncertain environment.

Technology enabled care needs evidence and research - AI is not without major flaws, and only as useful as the data it receives and initial algorithms, it is programmed with. It presents a real opportunity to innovate, but only if used within an evidence-based practice framework.

Postgraduate (PG) Training - whilst undergraduate education has a role in shaping some of these new basic skills, many Universities are actively grappling with them. However, for mastery and expertise of any skill to be achieved in context, a move away from PG curricula that simply focus on established clinical skills and content is needed. A move to support more flexible, entrepreneurial pathways and opportunities for innovation is essential if we are to move the workforce forward. This needs more flexibility in curricula. Credentialing is not the answer.

Training that develops expertise in the more complex practice will be challenged by the opportunity for doctors to spend time on the simple, as compared with other healthcare providers.

Healthcare employers need to be prepared to allow doctors to have different roles and responsibilities at different stages in their career.

Question 9: Do you have any additional comments or feedback that you would like to provide?

No

Your Details

Name:

Dr Richard Hull

Organisation name:

Royal College of Physicians and Surgeons of Glasgow

Your role within the Organisation

Honorary Secretary

Email:

steven.shanahan@rcpsg.ac.uk

End of Survey

Thank you for taking the time to complete the survey and for sharing your views.

When you are sure that you have completed all the sections of the form, you must click on the 'Lock document and SUBMIT' button which will lock all the form, precluding any further alterations or additions, and then you will be prompted to save the form.

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