

HEE Future Doctor Call for Evidence

Question 1:

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

Patients and the public expect that the doctors of the future will:

- deliver world class diagnoses and treatment in a compassionate manner, as quickly as possible.
- guide the management of the patient and offer medical advice in an honest, caring manner.
- continue to help them solve their most pressing issues, and act as leaders in a healthcare environment.
- always act in the best interests of the patient, including giving due consideration for a patient's personal preferences and wishes. This includes recognising when no further treatment is useful.
- make efficient and effective use of public resources in the context of the NHS.
- drive improvements in healthcare, utilising the evidence base whilst remaining caring, empathic and efficient.

The expectations of patients and the public can often be unrealistic.

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?

Colleagues within the NHS expect a wide range of things from doctors in the future, most of which are already expected now. These expectations include:

- deliver training
- act as mentors and supporters
- offer second opinions and peer review
- be leaders and take overall responsibility
- work in multidisciplinary teams and act as a link between team members
- maintain standards
- keep up to date on new developments and drive new treatments, trials and innovations
- be empathetic, approachable, available and knowledgeable
- use healthcare resources economically, effectively and efficiently in all aspects of their practice
- act as positive role models for colleagues.
- champion team work, and be leaders and ambassadors of a collaborative culture and a shift away from legacy hierarchical ways of working

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

Current doctors and medical students expect to:

- be leaders in the healthcare sphere – although, workforce shortages and time constraints need to be addressed in order for this to be possible.
- embrace change and easily implement innovation, but are aware that NHS approval processes, infrastructure and IT systems are likely to inhibit this.
- continue to be able to be caring and compassionate in their roles.
- have the resources and support necessary for them to provide optimum patient care.

In the context of workforce shortages, a growing and aging population and the increasing complexity of healthcare - all of which will add to doctors' workloads – doctors and medical

students are also concerned about the risk of stress and burnout, and the threat of being 'at fault' for appropriate delegations and errors.

There is expectation that AI and genomics will play an increasing part in supporting the work of doctors in the future – although this also brings a host of concerns. In the case of AI, these concerns include how doctors will use it, interact with it and control it and who will take responsibility for AI decisions and actions. The personalisation of healthcare utilising information from genomics will increase the time required to discuss treatments with patients, adding to healthcare demand. It will be essential that these additional demands are recognised and facilitated.

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
New technology including artificial intelligence, digital health and genomics	High
Patient empowerment and change in the patient-doctor relationship	High
Increasing focus on health promotion and prevention	High
Different expectations from the Future Doctor on working life and career	High
Delivery of personalised care	High
New and emerging roles	High

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.

A significant range of different factors will impact the role of the doctor in the future.

These include:

- A shift in emphasis from treatment to prevention
- Technological developments, including artificial intelligence, genomics and personalised care (both in screening and to determine therapy)
- Advancements in both diagnostics and treatments (and the associated increase in both expense and complexity)
- A growing and aging population and demographic shifts
- Social and behavioural changes and their implications for healthcare, including the growing use of e-cigarettes and shifting attitudes to alcohol and illegal drugs etc
- A shift towards more holistic care, with an emphasis on patient choice and involvement
- Increased demand for social care
- Resource constraints
- The increase in antibiotic resistance
- Health inequalities
- Doctors' access to (or lack of) adequate infrastructure, including modern buildings, equipment, technology and IT systems
- The creation and development of new roles
- Societal expectations of what healthcare can achieve
- Some doctors expect that a different healthcare delivery system will be implemented which denies universal healthcare, and are concerned about the implications of such a change both for their roles and for increasing health inequalities.

- There could be a shift to more 'shared care', enabled by new technologies whereby patients are expected to take greater responsibility for their own health, including an increased emphasis on self-care and acting responsibly.

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 still work in a multidisciplinary team (particularly in areas like cancer care), and will generally act as leaders in these teams.
- They will continue to lead on innovation and progress in healthcare, including research and organisation of services. This should emphasise safety and equal access, best practice, value for money and the interpretation of data to update guidelines and protocols.
- Training may well shift so that the role of doctor incorporates skills such as leadership, business management, data interpretation, budgeting and enhanced communication skills.
- The relationship between doctors and patients is likely to evolve, becoming more open, honest, engaging and accountable.
- There will be a greater emphasis on work-life balance and career flexibility.
- The role of the doctor is likely to become more holistic and patient facing.
- Doctors should expect to undergo re-training periodically as service needs change.
- There will be a greater integration of technology into daily work (ie diagnostic and treatment algorithms).
- Doctors will be increasingly involved in delivery of only the most complex doctor/patient and doctor/doctor interactions.
- The traditional career journey of a doctor is likely to be challenged as portfolio careers become increasingly popular.
- The notion that being a consultant and being a leader are synonymous could change, with the consultant role emphasising clinical expertise, and leadership potentially becoming a career path in its own right for doctors content not to pursue a medical career as a consultant.

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

We expect that teamworking is likely to become even more necessary and embedded. Within the multi-professional team, doctors will continue to act as a pivotal team member and, often, the leader. They will support the training of the team to ensure optimum service delivery, particularly in cases where responsibilities traditionally undertaken by a doctor are delegated to other team members.

There will continue to be some actions, decisions and procedures that can only be carried out by a doctor. This is likely to mean that doctors increasingly absorb risk and complexity which other healthcare professionals may be less well equipped/trained to do. However, in this context, doctors cannot be expected to take full responsibility for the actions and errors of members their multidisciplinary team.

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?"

It will be essential for doctors to have knowledge and skills relating to artificial intelligence and genomics – for example, where it fits with delivery of modern medicine; utility, sensitivity/specificity, how to recognise when it goes wrong and what to do when it does.

Communication - and interpersonal communication skills in particular - will become ever more important. This will include communicating empathetically with patients and discussing the most challenging topics, including end of life, stopping treatment and lack of treatment option; communication of risk. These kinds of communications also require empathy. Bilateral effective communication between referrers and teams will also be essential.

For those in and aspiring to leadership roles, effective leadership skills, business skills and understanding of population medicine will all be necessary.

In addition to doctors' specific area of medical practice, they should also have a broader and deeper understanding of the whole of healthcare.

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.

Change is already underway, and technological advancements mean it is impossible to envisage what healthcare will look like in 30 years time. That being said, medical training and specialisation takes many years, significant changes in curricula are slow to be approved and implemented and the NHS is often slow to uptake innovations. Similarly, cultural change - which is showing signs of starting - is also a slow process. As such, some changes may take significantly longer than 10-20 years.

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**
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- How to move towards prevention rather than treatment (this cannot be achieved by the healthcare sector alone)
 - Gathering sufficient robust evidence for new technologies to be implemented
 - Resource constraints and workforce shortages
 - Demands on social care, particularly due to an aging population with multiple co-morbidities and changing demographics
 - The need for robust and effective governance for implementation of both new technologies and improvements in old technologies
 - Guaranteeing continued access to modern and up-to-date infrastructure – including buildings, rooms and equipment
 - Guaranteeing equitable access to new and affordable drugs, treatments and research
 - Limitations in the existing IT systems and infrastructure, including connectivity and data sharing across the healthcare sector
 - Ensuring buy-in from the NHS and other professions and team members – doctors cannot change in isolation
 - Resisting hype – for example, in relation to artificial intelligence
 - The current lack of a whole systems approach to ensuring 'wellness' and targeting the determinants of poor health – including education, housing, exercise, alcohol and tobacco - is another significant challenge. These issues cannot be addressed by the healthcare sector alone.

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

- Changes in the role of the doctor in the future should be UK wide, not England-specific.
- Doctors must be central to the formulation and implementation of policy
- Don't push the system too hard, too fast.
- Changes must be underpinned by regulation; this must be a whole healthcare system review of regulation (including social care) to give patients confidence and provide consistent regulatory regimes for all healthcare professionals relative to the risk they take and the risk they bear.
- Although models of care delivery will change, there will still need to be sufficient modern estate to support care, including diagnostic equipment.