The changing face of medicine
The role of the doctor in the future

Professor Pali Hungin
President BMA

School of Medicine, Pharmacy and Health,
Durham University

Welcome!

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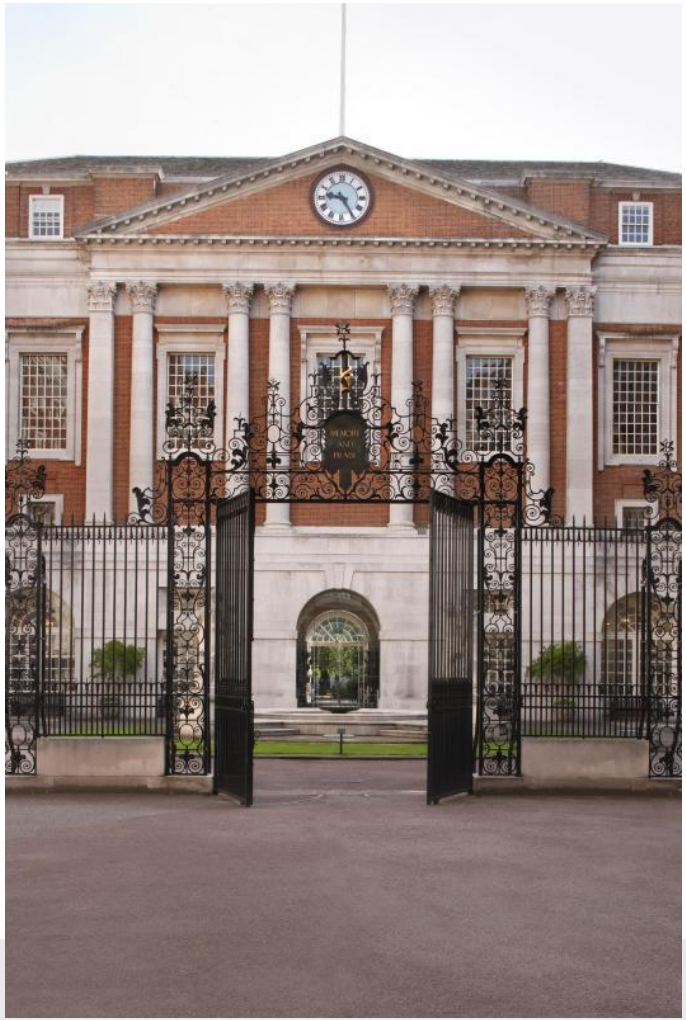
Distinguished contributors from the UK and abroad

- Canada, CPME (Standing Committee of European Doctors), Iceland, Israel, Spain, Sri Lanka. USA
- Lay people: patients and patient representatives
- (Doctors, too, are patients!)
- Leaders from UK Royal Colleges and professional speciality groups
- Academic leaders from undergraduate and postgraduate training

BMA House London



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BMA Presidential Project: work so far

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The changing face of medicine: the role of the doctor in the future

- 4 round-table meetings
- Professional leaders, lay people, patients
- Thematic analysis (available in packs provided)
- Wide ranging factors causing present day problems
- Solutions suggested

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Aims

- To recognise some of the problems challenging doctors and medicine
- To commence a dialogue about where the future lies – where are we headed?
- Are headed for a paradigm shift in medicine and healthcare?

Anticipated outcomes

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The future! What might it look like?
How do we prepare for it?
How do we keep the dialogue going?

A BMA report
Publications in journals
A national or international think tank

Are we headed for a paradigm shift? What's a paradigm?

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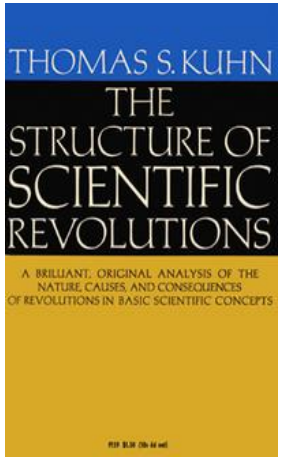

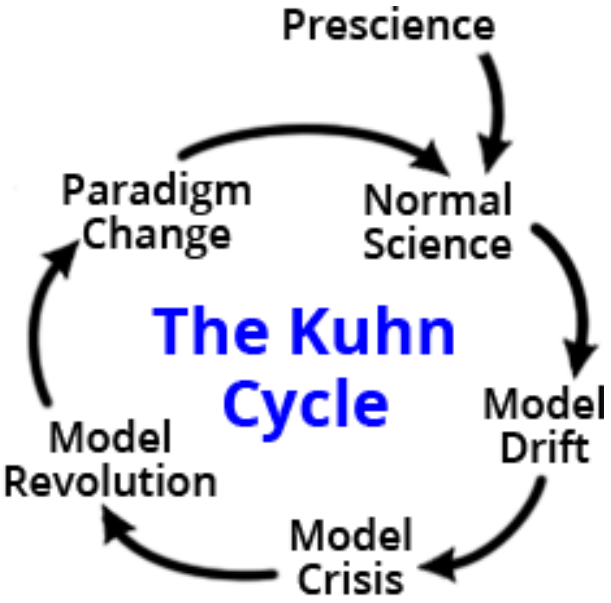

Examples of paradigm shifts

- Clinical: *Helicobacter pylori* and duodenal ulcers
- Social: the impact of the internet on communication and on society

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The present situation: a classical clinical style scenario...

Symptoms

Aetiology

Future thinking...

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The prevailing “symptoms”

- “Burnout”
- Early retirements
- Early drop-outs
- Recruitment and retention problems
- Mental health problems
- Severe difficulties in some specialties, e.g. paediatrics, acute emergency medicine in the UK
- Dropping numbers to medical schools
- Medical parents discouraging children re medicine
- “Presentism”

Shanafelt T, Hasan O, Drybe L et al. Mayo Clin Proc 2015
West C, Dyrbe L, Ewin P et al. Lancet. 2016
Shanafelt T, Boone S, Tan L et al. Arch Intern Med 2012
Meerten M, Bland J, Gross R et al. The Psychiatrist 2011
Davies S, Meerton M, Rost F et al. J Ment Health 2015

The “aetiology”

- Too few doctors, too little time with patients?
- Loss of continuity and personal knowledge of patients
- The corporatisation of health care provision
- The commodification of health
- Professionalism conflicts with employers and funders
- Changed relationship with patients and the public
- Loss of previously held status
- Narrower divide between patients and doctors
- Older patients, multiple problems
- The information revolution and lack of monopoly of knowledge
- Higher expectations from public and patients

The UK situation: the Foundation Programme

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Career Destinations Report 2016

Doctors proceeding directly to specialist training

- 2011 72%
- 2012 67%
- 2013 59%
- 2015 52%
- 2016 50.4%

Those not proceeding

- 13.1% career break
- 0.6% leaving the profession permanently
- 12.7% left the UK
- 21.7%: UK health system elsewhere, including military

UKFP 2016 91% response rate, n=6736

BMJ 2017

The UK situation: General Practice (PCPs)

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Recruitment into GP specialist training: lagging well behind demand

- Early retirements of established GPs
- 40% retiring in next 5 years in SW England
- Increasing workload, increased consultations
- 340m consultations per year in England (population 55m)
- 84% of GPs report working pressures unmanageable
- Decreasing numbers of GPs, England short of 5000 GPs; 5113 retired in last 3 years
- “GPs have a differing approach from their predecessors: in work-life balance, flexibility and variety in the workplace”

The importance of continuity in General Practice

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- “Familiarity breeds better outcomes”
- Seeing one GP is linked with fewer hospital admissions
- Reduced health care costs
- Valued by patients
- Has been the basis of traditional general practice

- Can large practices deliver this?
- Is continuity a losing battle?
- What if not enough GPs? What future for primary care?

BMJ 2017; 356:j558
BMJ 2017; 356:j543
BMJ 2017; 356:j84

Royal College of Physicians Survey 2017

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2101 physician responses

- 82% workforce demoralised
- 84% experience staff shortages in their teams
- Problems: high workload, low morale, threat to patient safety

BMJ 2017;356:j1313

General Medical Council, December 20

Questions

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- Are we out of step with societal changes?
- Out of step with medicine itself: too few generalists or too few specialists or distanced from patients?
- Can we change to our new environment especially if the new world has different values and expectations?

Patients or consumers?

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- The social shift in roles: what is a satisfied consumer?
- Consumers' needs vs wants
- Need for immediacy, urgency, accuracy

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What next: managing and planning for the future

Berwick's Era 3 for Medicine and Health Care

1. The ascendancy of the profession. Paternalism
2. Accountability, scrutiny, measurements, incentives and markets
3. Updated beliefs that reject protectionism of Era 1 and reductionism of Era 2.
4. Era 3: nine guiding principles including, "Hear the voices of the people served"

Berwick D. Jama 20167

What next: management and planning

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1. Building “resilience”: a sticking plaster only?
2. Redistribution of work
3. Redefining and redistributing expertise e.g., nurse specialists, nurse practitioners, physician assistants?
4. Can or should doctors fulfil the traditional role of providing social and interpersonal support?

Continued…

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5. New technologies including diagnostic and therapeutic devices
6. Need for earlier, accurate diagnoses, reduce clinical gambling!
7. Re-train training: move away from the 19th Century
8. The role of AI and complex IT

IBM Watson

Constantly learning supercomputer

Augmented intelligence with natural language abilities

Reads the latest journals

Examines patient records and referral letters

Can dissect patient hereditary and medical history

Can recommend potential diagnoses and treatment

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What about our traditional core values?

Trust competence compassion sympathy empathy vocation care

The irony: are these harming us?
“The doctor is dead, re-invent the doctor!”

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Anxieties about change

“It’s not the progress I mind, it’s the change I don’t like.”

Mark Twain

“The electric light was not the result of trying to develop candles…”

Anon

Theories about change

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First Order Change

✓A variation in the way things are done within a given system, leaving the system relatively unchanged

Second Order Change

✓When the system itself is changed – usually occurs as the result of a strategic change or major crisis, such as a threat against the system

✓Requires a re-conceptualisation of the business being conducted

Watzlawick, Weakland, Fisch. Change: Principles of Problem Formation and Problem Resolution. New York: Norton, 1974

People and expectations are moving on… the new paradigm

"In Western societies today the historical notion of passive trust in doctors is giving way to the concept of active **patient autonomy**… driven… by the burgeoning revolution in IT. With patient autonomy it is the patient who has the illness and so it is the patient who is – or should be – the final arbiter of what is right for them. **It is their body, their mind, their illness and their life**".

Irvine D. In: Medical Professionalism:
Supporting the Development of a Professional Identity.
Eds: Cruess L, Creuess S, Steinert Y.

Anticipated outcomes

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Thank you for being here and contributing