The 21st century doctor

Will the 21st century doctor be any different from the 20th century doctor, or different from doctors from centuries past? Do doctors need to be different? Do patients want different? The Royal College of Physicians, alone and with partners, has set out recently to throw light on these questions, concluding rather confusingly that in some circumstances 'yes' doctors do need to change; and in others 'no' – some aspects of being a doctor are immutable and we alter them at our peril.

Changing doctors in changing times

In 2008 a Royal College of Physicians working party set out to examine the context within which health care will be delivered 20 years hence. The results of this work were published in June 2010 (Royal College of Physicians, 2010), and although the report – *Future physician: changing doctors in changing times* – makes no claim for its comprehensiveness, it does set out a range of external forces that will impact on the medical profession unless it anticipates them and prepares accordingly.

Chief among these are:

1. Demography – principally factors relating to an ageing population and how this influences patterns of ill health and treatment options
2. The impact of science and technology on medical education and training – how scientific advance will shape public expectations of disease management, and how technology will facilitate innovative ways for doctors and the public to interact on matters of health
3. Economic circumstances – heightened since the publication of the report
4. Social trends – changing attitudes to health and disease, a broadening understanding of what is meant by health and its maintenance, and the continuing evolution away from medical paternalism into one of equality and partnership.

All these issues are set out in the Royal College of Physicians report, together with 15 'calls for action' that working party members believed were necessary in order to equip doctors for the future ahead so that they can continue to meet the needs and expectations of patients and the public for the provision of excellent health care.

However, in spite of rapid scientific advance and optimism about what medicine will likely offer in the future in terms of bespoke diagnoses and treatment, there will be times when no amount of technology or medical advance will mend a broken spirit or cure the incurable. In these circumstances, in order to help people in the best way possible, doctors will need to draw on personal resources and experience. This should be coupled with a solid grounding in science; one that complements the 'softer' aspects of medicine (compassion, understanding and impartiality) and renders these of sound and practical value when a patient or his/her family is faced with difficult decisions about his/her future care.

As set out in *Future physician: changing doctors in changing times* (Royal College of Physicians, 2010), there will be occasions when the doctor needs to tell the patient that a medical intervention is not in the best interests of his/her overall health, and this can be hard, both for patient and doctor, especially when expectations of what medicine can deliver run high. The role of doctor as 'interpreter' and impartial 'navigator' will therefore become increasingly important as they are drawn into complex debates about regimens and methods of care that will become increasingly personalized and tailored to individual patient needs.

One of the most testing challenges for doctors – and one that is relatively recent in its widespread discussion and its prominence in NHS policy, if not in what is actually taking place on the ground – is the move to engage doctors more in leadership and in the management of health services. Recent work with medical students (Levenson et al, 2010), and with trained doctors, NHS managers, and members of the public (Levenson et al, 2008), concluded that leadership is not just positional and national – it happens on many levels (personal, team, and regional) and all doctors should aspire to lead.

The positive and powerful influence of senior colleagues was an issue often referred to by medical students (Levenson et al, 2010). However, interestingly medical students were confused by the fact that their future careers will not necessarily focus entirely on clinical care. The medical student road show report concluded, therefore, that there needs to be clarity early on in medical education and training that 'management' – in its broadest sense from managing teams, to services, to medical directorships – is an integral part of a doctor's career. For some doctors a more advanced management training will be necessary and this needs to be recognized and appreciated by medical colleagues, suppressing once and for all the notion that those doctors who choose management as a career path are not passing to the 'dark side' and have a legitimate and valuable contribution to make to patient care, that will be enhanced by their clinical background.

Upholding existing values

In the report *Doctors in society: medical professionalism in a changing world* (Royal College of Physicians, 2005a) members of the working party explored the concept of medical professionalism, concluding that the values, behaviours and characteristics that define doctors are enduring ones. They provide the underpinning principles against which doctors should measure their conduct in the work place, extending into most aspects of professional life – leading, managing, team work, education and training, assessment and appraisal, and importantly supporting patients. They are not aspirational; they should be common place and second nature.

Work with medical students (Levenson et al, 2010) has further reinforced the importance of professionalism and its principles, but has pointed to an inconsistency in its definition in schools, and in its teaching and assessment. However, the importance of peer example consistently emerges as the most powerful way of instilling values and influencing professional behaviour in the younger generation. Thus, the importance of 'walking the

talk' cannot be over-emphasized. Given the demise – or at least the potential for fragmentation – of working in 'firms', changes in working patterns, the flexible and part-time working preferences of some doctors (Royal College of Physicians, 2009), the power of medical professionalism as a unifying force is even more important than before. Medical professionalism provides a common set of standards that are easy to relate to, and which have the power to sustain in difficult times.

Conclusions

The doctor of the future will need to be the same as the doctor of the past – only with knobs on. Care and compassion continue to be at the top of the list of public expectations, underpinned by a sound scientific training. 'Competence' is taken for granted – the trust invested in doctors by the public in terms of their scientific effectiveness is huge (Royal College of Physicians, 2005b). The world is changing and this is reflected in the environments in which doctors work, the expectations placed on them by the public, and their relationships with their medical and non-medical colleagues. What is new is the overt way in which doctors are now expected to 'lead', and the opportunities offered to them to manage and shape services, using knowledge gained by their lived experiences as practicing clinicians, and interaction with patients.

As stated in *Future physician: changing doctors in changing times*, medicine as a profession has always had to move with the times, and will continue to need to do so. As far as possible the medical profession needs to anticipate the changes ahead – the potential to adapt to an unknown future should be put at the heart of medical education and training, underpinned by the ability to practise safely and respond to patient needs. In the words of a medical student: 'there's an element of flexibility in that no two patients want the same health care, very few patients want identical care; you have to be flexible in the idea that you provide different care to different people and you have to be flexible because the job may change' (Levenson et al, 2010). **BJHM**

Susan Shepherd
Senior Policy Advisor
Royal College of Physicians
London NW1 4LE

Levenson R, Dewar S, Shepherd S (2008) *Understanding doctors: harnessing professionalism.* The King's Fund, London

Levenson R, Atkinson S, Shepherd S (2010) *The 21st century doctor: understanding the doctors of tomorrow.* The King's Fund, London

Royal College of Physicians (2005a) *Doctors in society: medical professionalism in a changing world.* Report of a working party. Royal College of Physicians, London

Royal College of Physicians (2005b) *Doctors in society: medical professionalism in a changing world.* Technical supplement. Royal College of Physicians, London

Royal College of Physicians (2009) *Women and medicine: the future.* Royal College of Physicians, London

Royal College of Physicians (2010) *Future physician: changing doctors in changing times.* Report of a working party. Royal College of Physicians, London

KEY POINTS

- Medical professional values, behaviours and characteristics are enduring.
- The scientific underpinning of medical education and training must be preserved.
- Modern technology and medical advances cannot cure all ills.
- Doctors should step up to the challenges of leadership – both in the practice of medicine and in civil society.
- All those engaged in health service management – including doctors – require adequate training.
- The potential to adapt to an unknown future should be put at the heart of medical education and training.