Educating for the workforce of the future - view from the Colleges

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Wessex Deanery Educators’ Forum

15th January 2010
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Educating for the workforce of the future - view from the President of the RCP

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What I am **not** talking about ...

- MMC / MTAS
- Development of new curricula → PMETB
- Mapping of MRCP to CMT curriculum
- New PACES
- Requirements for entry into HMT
- New curriculum for G(I)M / acute med.
- Assessment methods for trainees
- Running national selection into training
What I am talking about ...

• Changes in the needs and expectations of society in the next 10 - 20 years

• How we start **now** to plan for them
Looking back 40 years - advantages of NHS

• Cost effective cf other countries
• Patient freedom of choice
• Patient/Doctor partnership strong
• Local inequalities compensated for by tertiary care service.
• Colleges responsible for developing training in breadth and depth.
• Clinical research flourished
• Professional morale high
Looking back 40 years - disadvantages of NHS

- Costs not controlled (Doctors often ignored costs)
- Medicine paternalistic
- Often under managed and inefficient
- Rapidly became under funded
- Long waiting lists (disguised rationing)
- Lack of equality throughout country
- Long “training” for doctors (apprenticeship)
- Long hours for junior doctors
Major pressures on NHS as it evolved

• Huge medical and scientific advances. e.g. Antibiotics, intensive care, anaesthetics, keyhole surgery, prophylactic immunisation, transplantation, prolongation of life, etc.

• Specialisation

• Costs capital, equipment, treatments, professional and managerial staff.

• Patient expectations increased

• Management requirements increased

• Government intervention to control costs, etc
The 'crises' of last 10 -20 years

- NHS run as a business
- Management domination
- Cost control the top priority
- Targets on costs and performance
- Medical Admissions ↑↑ → Shiftwork.
- EU directives on doctors hours.
- Doctors training radically restructured and shortened by Government for NHS
- Reorganisation-itis
The successes in the last 10 years

• Better control of costs
• NICE (but not CHI)
• More alignment of treatment with needs
• Better, modern treatments
• Improvement of regional services
• Shorter waiting lists and hospital stays
• More money into NHS
Unforeseen consequences of the ‘new NHS’

• Patient / doctor partnership eroded
• Continuity of patient care diminished
• Multi disciplinary teams. Loss of identifiable doctor in charge for patients.
• Real patient choice compromised (Second opinions difficult).
• Doctors training reduced in breadth and length
• Clinical research much more difficult, especially for NHS doctors, bureaucracy ↑
• Doctors feeling marginalised and demoralised
The current NHS Physician - concerns

- Doctors morale low
- Feelings of deprofessionalisation
- Loss of control over clinical work
Why deprofessionalise doctors?

• See ourselves as:
  - cautious
  - Evidence-based
  - Protectors of patient interests

• Seen by 'modernisers' as:
  - Reactionary
  - proponents of status quo
  - Vested interests
Have we been truly patient-centred?
The Local Environment

EU Directives

Private and Voluntary Healthcare Sector

NHS Reforms

Foundation Trusts

Change in Regulation

NHS Employers

General Medical Council

POMETB, MMC

NHS Confederation

NHS Employers

Monitor

Royal College of Physicians
External Forces Influencing and Changing the Profession

Globalisation
Markets, consumerism

Consumers

Professionalism and Society

Technology

Work/Home balance

Women doctors

Patients
Age-related and degenerative diseases
Lifestyle related diseases

Socio-economic

Unemployment

The wider environment

Royal College of Physicians
Setting higher medical standards
Why there is reason for optimism

• post-MTAS need for clinical engagement
• Support for medical leadership
• Shift from process to outcome, from targets to quality
Importance of defining / redefining the role of the doctor

- John Tooke’s challenge
- Expanding role of other health care workers
- Physician being the sum greater than the constituent parts
- Moving away from tick-box competencies
- Strengthening the scientific underpinning
- Dealing with uncertainty
Doctors alone amongst healthcare professionals must be capable of regularly taking ultimate responsibility for difficult decisions in situations of clinical complexity and uncertainty, drawing on their scientific knowledge and well developed clinical judgement.

MSC, AoMRC, GMC etc 2008
Why did the Royal College of Physicians seek to reassess the basis of ‘professionalism’ in 2005?

• Uncertainty about the role of doctors

• Reshaped attitudes and expectations of both public and doctors

• Questioning of traditional values and behaviours

• An unprecedented interest in medical ‘scandals and disasters’ in the UK:
  - Shipman, Alder Hey, Bristol

• Changing environment:
  - training
  - practice – the work place
  - doctor patient relationships
Doctors in Society

RCP definition of Medical Professionalism:

...signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors.
External influences on next 20 years that will influence our training of doctors

- demography
- science and technology
- economy
- society
demographic influences on next 20 years

• Over-65s set to outnumber under-16s

• Six in 10 over-65s have long-term conditions

• 85-yr old 14x more likely to be admitted to hospital
demographic influences on next 20 years

• Almost one in three households is a person living alone

• Costs of treating obesity may quadruple

• Deaths will rise by 80,000 a year, with an increasing fraction in hospital

• A majority of doctors will be women
technology influences on next 20 years

- Genetic and genomic advances
- Nanotechnology, robotics
- Data storage and exchange
- Tomorrow’s uptake of today’s technology....
economic influences on next 20 years

• £90 bn gap to fill to restore balance
• Likely 10 years ‘austerity’
• Reduction in capital spending
• Pressures to reduce NHS core and increase non-NHS contributions
• Calls to reduce numbers and seniority of doctors
societal influences on next 20 years

• Rising expectations, partnerships, patient involvement

• Thirst for more information, comparators, choice

• Personal budgets

• Widening inequalities
The doctor in 20 years

• More v. less
• Navigator v. technician
• Partner v. ‘paterner’
• Specialist v. generalist
• Consultant v. ‘subconsultant’
• In hospital v. in community
• Teamworker v. teamleader
• Happy v. unhappy
The doctor in 20 years

- More v. less
The doctor in 20 years

• Navigator v. technician
The doctor in 20 years

• Partner v. 'paterner'

THE BEST THING YOU CAN DO IS GIVE UP SMOKING, DRINKING AND FRIED FOOD.

WHAT'S THE SECOND BEST?
The doctor in 20 years

• Specialist v. generalist
The doctor in 20 years

- Consultant v. ‘subconsultant’
The doctor in 20 years

- In hospital v. in community
The doctor in 20 years

Teamworker v. teamleader
The doctor in 20 years

• Happy v. unhappy
The doctor in 20 years

• One patient v. wider public
Where will future doctors need advocacy?
RCP calls for ban on smoking in public places

1962

“The publication of the Report will excite temporary interest and for weeks afterwards we shall have to answer a shower of tiresome Questions about what the Government is not doing…..
Tobacco company CEOs declare, under oath, that nicotine is not addictive

Courtesy of Peter Anderson, Public Health Consultant
Burden of international death and disability - alcohol, the new 'smoking'

- smoking 4.8%
- alcohol 4.0%
Examples of (be)low cost selling?

• ASDA Smartprice vodka £6.54
  - Retailing at 3p less than tax

• Tesco Value whisky £7.73
  - Retailing at 60p after tax
Under the influence
The damaging effect of alcohol marketing on young people

September 2009
Rule: ads cannot suggest that any alcoholic drink... can enhance mood, confidence, popularity, personal qualities, performance or sporting achievements.
The evidence

• “alcohol advertising increases both the uptake of drinking and consumption in young people”

(Science Committee of the EU Commission Alcohol Forum 2009)
Age-standardised alcohol-related death rates by deprivation\* twentieth and sex, England and Wales 1999-2003

* Carstairs deprivation index

Source: ONS 2007
The income gap between the richest and the poorest is growing not shrinking.
Poorer people live shorter lives with 5 more years of disability

England & Wales ONS Life Tables, 1999-2003
Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost.

Male: 77.7y  Female: 85.5y
Male: 70.7y  Female: 78.4y
Life expectancy and disability free life expectancy at birth, persons by neighbourhood income level, England, 1999-2003

Source: ONS
The Black Report

• first robust strategy to address health disparities

• drew attention to actions needed beyond health (e.g., education, housing)

• called for measures and targets to aim at

• ‘buried’ by incoming Conservative Government
The Acheson Report

- published in 1999

- Confirmed findings and recommendations of Douglas Black

- outlined for the first time the NHS role:
  
  - Equity of access to effective health care
  
  - NHS partnership with other agencies
  
  - To provide professional leadership and to stimulate policies beyond the boundaries of the NHS
RCP Social Determinants of Health Partnership Programme

• To increase knowledge and information sharing amongst clinicians and other health professionals about how the social determinants of health operate within the UK health system and beyond it.

• To create a clear understanding of the leadership/advocacy role which clinicians might play in addressing the effects of the social determinants of health both within their own environments and the wider social system.

• To educate the next generation to take up the challenge
The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction.

Rudolf Virchow
Die medizinische Reform
Health is Global
Global Health

• Health issues where the determinants circumvent, undermine or are oblivious to the territorial boundaries of states, often planet-wide

• Beyond the capacity of individual countries to address through institutions.
Critical challenges face the world at the beginning of the 21st century

• The persistence of high but preventable levels of mortality and disability from:
  - malaria, TB, diarrhoea, and pneumonia
  - micronutrient malnutrition and,
  - childbirth, for both mothers and infants
• The still unchecked HIV/AIDS pandemic
• The possibility of an influenza pandemic
• The increasing burden of non-communicable diseases
• The increasing threats around the environment, food and water
A febrile planet?
Health Consequences of Climate Change and its mitigation

- Deaths from heat
- Direct Injury
- Pollution
- Food-related illness
- Altered disease vectors
- Crop Failure
- Water shortages
- Mass Migration
- Resource Wars

Benefits for heart disease, obesity, cancer and mental health from:

- Active transport policies
- Reduction in meat consumption
We must start now to educate the future doctors - But imparting knowledge is not enough.....

Hire and promote on the basis of: (Dee Hock, 2008)

- First integrity;
- second, motivation;
- third, capacity;
- fourth, understanding;
- fifth, knowledge;
- and last and least, experience.
• Without integrity, motivation is dangerous;

• without motivation, capacity is impotent;

• without capacity, understanding is limited;

• without understanding, knowledge is meaningless;

• without knowledge, experience is blind.

Experience is easy to provide and quickly put to good use by people with all the other qualities

Dee Hock, 2008
Educating tomorrow's doctors

• The threats to our profession are real

• But the opportunities to grasp and shape the future of patient care are there to be taken