

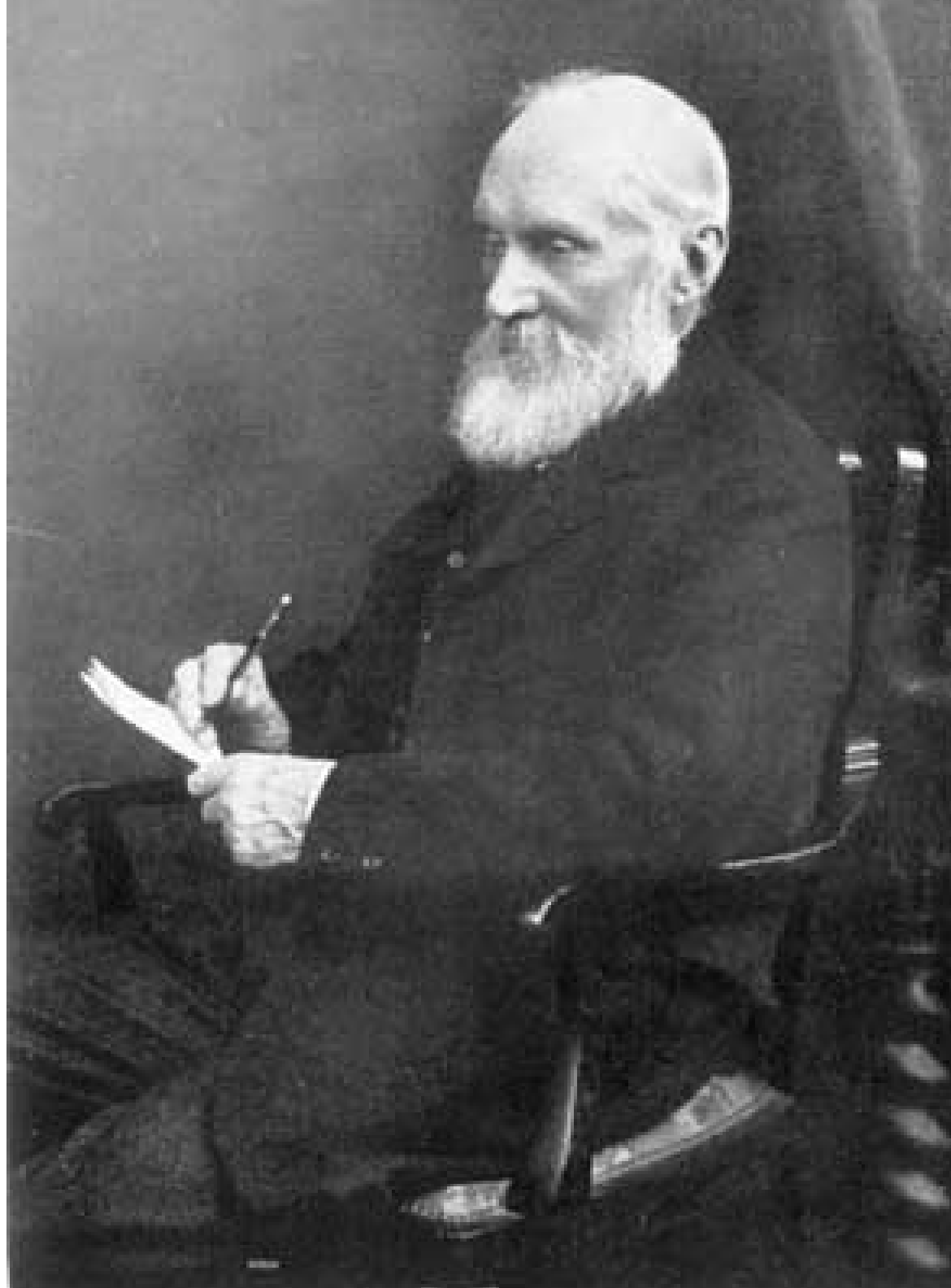
Medical professionals of tomorrow

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Agenda

- Dangers of predicting the future
- What will change our world?
- Pictures of the future of health care
- Competencies of future medical professionals



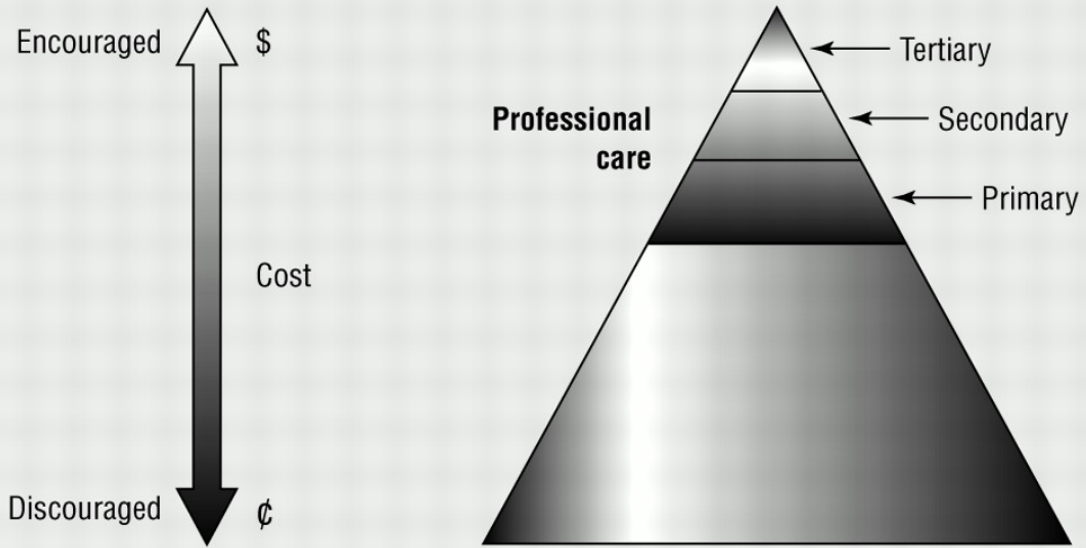
Dangers of predicting the future

- **Predictions of Lord Kelvin, president of the Royal Society, 1890-95**
 - "Radio has no future"
 - "Heavier than air flying machines are impossible"
 - "X rays will prove to be a hoax"
- **What wasn't predicted**
 - Explosion of the internet
 - Berlin wall coming down
 - September 11
- **What was predicted**
 - Paperless office
 - Leisure society
 - Death of the book

Drivers of change: 10 of 30

- Globalisation
- Climate change
- Science: new genetics--much finer diagnosis of disease (diabetes follows fever); not “diagnose and treat” but “detect and prevent”
- Patient expectations
- Aging of populations
- Chronic disease replacing acute disease
- Information technology: decision aids to doctors; information for patients; patients as smart as the doctors
- Need more value for money
- Lack of professional staff/ urgent need for skill mix; rise of physician assistants, health care assistants, community health workers
- Increasing importance of self care

Industrial age medicine



Information age health care



Current and future health care systems

Current	Future
Geared to acute conditions	Geared to long term conditions
Hospital centred	Embedded in communities
Doctor dependent	Team based
Episodic care	Continuous care
Disjointed care	Integrated care
Reactive care	Preventative care
Patient as recipient	Patient as partner
Self care infrequent	Self care encouraged and facilitated
Carers undervalued	Carers supported as partners
Low tech	High tech

Old and new professionalism: Royal College of Physicians

- Doctor makes decisions
- Doctor is autonomous
- Self regulation
- Leadership unimportant
- Concentrate on doctor and patient
- Unconcerned with resources
- Management is for others
- Emphasis on diagnosis and treatment
- Experts are source of knowledge
- Doctors and patients share decisions
- Teamwork is essential
- Shared regulation
- Leadership important
- Systems thinking essential
- Accept role with resources
- Doctors involved in management
- Emphasis on prevention
- Evidence is source of knowledge

Future health care—what skills are needed?

- Safe and effective
- Promoting health and wellbeing
- Integrated and seamless
- Informing and empowering
- Timely and convenient

Safe and effective—currently health care is not as safe as it should be and there is a big gap between evidence and what happens

- Technical competence is essential—but not enough on its own
- Evidence informed care—a strong understanding of evidence and how to assess it
- Systems thinking—recognition that we all work in complex systems and that we need to understand those systems and how to improve them in order to improve the patient experience. Technical skills. Managerial skills. Attitude change
- Interprofessional working and training--"everything we do we do in teams," but too much of health care is based on the different tribes of healthcare—doctors, nurses, managers, PAMS, etc

Promoting health and wellbeing

- What is health? Can you be weeks away from death and still healthy? “Health is the capacity to love and work.” Sigmund Freud
- Strong emphasis for all on promoting health and wellbeing—nurses better
- Some thinking about populations not simply individuals; public health attitudes
- Beyond the medical model--“the end of disease”; more emphasis on social care, mental health, and self care

Integrated and seamless

- Too many hand offs; too much specialisation
- Need for strong teams
- Need for good navigation
- Radical streamlining and simplification of roles: fewer specialists, more high quality generalists
- Need for integrated pathways—specifying roles, responsibilities, and sequence of interventions
- Professionals who combine health and social care

Informing and empowering

- Modern training in communication—not telling but sharing
- And end to the bogus contract
- A start for “real contracts”?

The bogus contract: the patient's view

- Modern medicine can do remarkable things: it can solve many of my problems
- You, the doctor, can see inside me and know what's wrong
- You know everything it's necessary to know
- You can solve my problems, even my social problems
- So we give you high status and a good salary

The bogus contract: the doctor's view

- Modern medicine has limited powers
- Worse, it's dangerous
- We can't begin to solve all problems, especially social ones
- I don't know everything, but I do know how difficult many things are
- The balance between doing good and harm is very fine
- I'd better keep quiet about all this so as not to disappoint my patients and lose my status

The new contract: both patients and doctors know

- Death, sickness, and pain are part of life
- Medicine has limited powers, particularly to solve social problems, and is risky
- Doctors don't know everything: they need decision making and psychological support

“Essential” competencies for the doctors of 2040

Healing ability

Capacity to change

Patient centred

Team work

Communication skills

Comfort with technology

Understanding of evidence

Profound ethical understanding

Understanding of systems

Leadership/followership

Diversity

Enthusiasm for learning

Last words

“The best thing for being sad is to learn something. That is the only thing that never fails. You may grow old and trembling in your anatomies, you may lie awake at night listening to the disorder of your veins, you may miss your only love, you may see the world about you devastated by evil lunatics, or know your honour trampled in the sewers of baser minds. There is only one thing for it then - to learn. Learn why the world wags and what wags it. This is the only thing which the mind can never exhaust, never alienate, never be tortured by, never fear or distrust, and never dream of regretting.”

T H White, “The once and future king”