RCoA
Royal College of Anaesthetists

Health Education England - Future Doctor Call for Evidence

Submission by the Royal College of Anaesthetists

About the Royal College of Anaesthetists

- 16% of all hospital consultants are anaesthetists, making anaesthesia the single largest hospital specialty in the UK[i,ii,iii]
- Anaesthetists play a critical role in the care of two-thirds of all hospital patients[iv] and 99% of patients would recommend their hospital's anaesthesia service to family and friends[v]
- With a combined membership of 22,500 fellows and members, representing the three specialties of anaesthesia, intensive care and pain medicine, the Royal College of Anaesthetists (RCoA) is the third largest Medical Royal College by UK membership.

If you have any questions regarding our submission, please contact, Elena Fabbrani, Policy and Patient Information Manager, at efabbrani@rcoa.ac.uk.

Question 1:

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

With the increased focus on shared decision-making, patients will expect doctors to work in partnership with them to provide treatment options that have their best interests at heart and take into consideration the patient's circumstances. This will be relevant to all but particularly important for the elderly comorbid population.

They will expect doctors to have excellent interpersonal skills and a compassionate attitude towards their patients, and be transparent and honest.

Patients will expect to be able to have time to adequately discuss important decisions and to see their doctors, especially their GP, at times and locations that suit them. This requires staff to be well supported by their employers and healthcare policies.

Younger generations of patients may expect technology to play a greater role in consultations and the way they are delivered, as well in their broader interaction with the health system.

There will also be an expectation for different specialties and professions to have full and easy access to patient data and records to avoid inefficiency and delays in treatment, improve the quality of consultations and experience smoother transitions between care settings.

The above will remain expected as healthcare that is free at the point of delivery, based on need and not wealth.

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?

Within the context of Integrated Care Systems, but also at provider level, the next generation of doctors will expect seamless collaboration between specialties, working in environments where the multidisciplinary team, for example the perioperative care team, will be the norm.

Perioperative care is the integrated multidisciplinary care of patients from the moment surgery is contemplated, through to full recovery. Good perioperative care should improve patient experience of care, including quality of care and satisfaction with care, improve health of populations, including returning to home/work and quality of life, and reduce the per capita cost of health care through improving value.

With the expansion and development of Medical Associate Professions, they will expect to take on more clinical leadership roles both at a local and national level but also within teams. Doctors will have a role in oversight and will need to know how to make best use of the skills of each member of the team.

From their employers, future generations of doctors will expect a more equal workforce and better work life balance and appropriate remuneration.

This will not only mean greater flexibility in working hours, but also the opportunity to take career breaks and drop in and out of training. For this to happen there will be a need for more flexible rota systems and a review of contractual arrangements between employers and employees.

The RCoA, in partnership with the Faculty of Pain Medicine and the Faculty of Intensive Care Medicine, has produced detailed guidance for doctors on returning to work after a period of absence[vi]. The guidance stresses the importance of support from the employer and a customised approach in managing a successful return to work.

Anaesthesia has a reputation for successfully managing and delivering high quality training for those wishing to train less than full time. Over the past decade the number of doctors in this type of flexible training has increased, supported by the Royal Colleges and the Deaneries / LETBs in recognition of the rising number of doctors wishing to work on a less than full time basis for a variety of reasons. LTFT training in anaesthesia has a well-deserved reputation for being family friendly and attracts doctors seeking the opportunities and challenges of training in a busy acute specialty whilst still being able to take responsibility for caring for children or other dependents.

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

See above. While a long and fulfilling career in medicine will remain attractive, future doctors will expect an improved work-life balance with increased training opportunities granted and flexibility in training. For example, they will expect to be afforded more opportunity for career breaks, potentially with more frequency, for example for care-giving and training, without detriment to their careers.

Doctors will not necessarily remain in one organisation and will change jobs more frequently. It is possible that the role of a consultant will become much less attractive in the same way that the role of GP partner has lost out to salaried GPs. There may be an increase in the take up of staff grade, associate specialist and specialty roles.

The next generation of doctors will expect the NHS to make full use of technological, diagnostic and therapeutic aids backed up by a modern IT system, in addition to a financially supported healthcare system and staff and improved funding of training opportunities and continuing professional development.

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	Medium
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	Medium
Different expectations from the Future Doctor on working life and career	High
Delivery of personalised care	Medium
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.

As above, the expectations of patients will have the biggest impact in driving how the role of doctors will change in the future. Increasingly patients will want to be active partners and decision makers in the care they receive, and no longer view it as something 'done to them'.

As patients become more health literate, coupled with the wealth of information available online, their expectations will change to anticipate healthcare providers and doctors to offer the latest treatments, supported by the latest prognostic and diagnostic tools.

At the same time the ageing population will continue to have a significant impact especially if systems are not adapted quickly to deal with this group of patients, who have multiple

comorbidities and will be more complex and time-consuming to care for. This type of care is complex and requires a multidisciplinary and multi-specialty approach, such as the perioperative care model.

Burnout and fatigue are significant challenges in the current workforce[vii,viii]. Tackling these issues is vital to support doctors, including consultants, non-consultant doctors, and those progressing though training. Additionally, assurances there will be no degradation of the professionalism of doctors by additional healthcare roles may improve potential tensions within the evolving multidisciplinary teams in healthcare.

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.

Medical workforce shortages will mean that roles traditionally covered by doctors will need to be carried out by other health professionals, such as Anaesthesia Associates and other Medical Associate Professions. Doctors will retain strategic and quality assurance roles. While they will be executive for some areas of practice, many technical roles will be delegated and it may be that multi-disciplinary team working will make the doctor less of a figure of authority from the patient perspective. And yet, doctors will still retain the main responsibility for the care and safety of patients, for example in decisions around deviating from algorithms used in diagnostics.

In the future there may also be a clearer distinction of roles between doctors who wish to take on more strategic roles (as might be seen to be equivalent to Consultants today) and other doctors who wish to provide service and training but have no other roles with strategic responsibility.

There could be a tension between the patients' expectations to be treated by clinicians and new models of delivering care, as new healthcare roles become more common and the move towards clinicians with more generic skills continues.

At the same time, the doctor-patient relationship will change with patients wishing to have more control of the type, timing and location of any treatment they receive.

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

Please see response to question 1b.

Doctors will more towards being strategists and leaders who will influence the way in which the team delivers care but may have less of an executive role, while retaining responsibility for the safety of patients. The remit of most doctors will be to use their broad knowledge to manage expertise from multiple specialties and professionals.

There will also be a sub-group of doctors who become super-specialists, probably at a national or international level, and have a "guru" role in particular areas, often combined with academic practice in this area. For example, experts in rare metabolic diseases (e.g. malignant hyperthermia).

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?"

More effort will need to be put into training doctors as leaders. This is not to say that all doctors will move into management but they will broadly need to be equipped with the skills to lead a clinical team in the most effective way possible. This is already happening for those who wish to take on leadership roles, however in the future this type of training will need to be offered much earlier within medical school training.

Future doctors will need to be able to assimilate knowledge from many different sources and use it to plan care for their patients. The pace of change in medical knowledge, including advances in genomics and robotics, means that no one can be completely up to date so we need to teach future doctors how to access and critically appraise evidence and expertise from other specialties.

As mentioned above we will need to move from a clinician led model of care to a more collaborative one.

Question 7: When do you think changes to doctors' roles could be a reality? Please select one answer below.

◯ X 10 - 20 years

◯ 20 - 30 years

◯ 30+ years

Please provide your reasons below.

The changes have already started and financial constraints along with workforce shortages will dictate the pace. Medical students finishing their degrees now will be consultants in 10 - 15 years time and they are already being trained to this new model to some extent.

Developments in technology and genomics are also moving fast and will have an impact on the life of doctors entering the professions over the next 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

Integration of care and greater collaboration between health and social care will certainly be critical, as well as a greater focus on prevention and the health of local populations. We also agree that IT systems in the NHS will need to be upgraded to ensure seamless care between systems and care settings, coupled with medical innovations.

In addition, medical schools will need to ensure that their curricula include teaching in the requisite skills outlined above, especially leadership, team management, multidisciplinary working and the academic skills required to access, evaluate, assimilate and act on new information from multiple external sources (medical, technical, data, biological sciences).

The Medical Associate Professions workforce will need to be expanded and properly regulated, and will be critical as future doctors will come to rely more and more on them to deliver care.

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[i] NHS Digital. NHS Hospital & Community Health Service (HCHS) monthly workforce statistics - Provisional Statistics. July 2017.
[ii] Stats Wales. Medical and dental staff by specialty and year. March 2017.
[iii] Information Services Division Scotland. HSHS Medical and Dental Staff by Specialty. December 2016.
[iv] Audit Commission. *Anaesthesia under examination: The efficiency and effectiveness of anaesthesia and pain relief services in England and Wales*, National report, 1998.
[v] EMK Walker, M Bell, TM Cook, MPW Grocott, and SR Moonesinghe for the SNAP-1 investigators. Patient reported outcome of adult perioperative anaesthesia in the United Kingdom: a cross-sectional observational study. British Journal of Anaesthesia 2016
[vi] Returning to work after a period of absence. RCoA, FPM, FICM. 2018
[vii] Wainwright, E. , Looseley, A. , Mouton, R. , O'Connor, M. , Taylor, G. , Cook, T. M. and , (2019), Stress, burnout, depression and work satisfaction among UK anaesthetic trainees: a qualitative analysis of in-depth participant interviews in the Satisfaction and Wellbeing in Anaesthetic Training study. Anaesthesia, 74: 1240-1251. doi:10.1111/anae.14694
[viii] A report on the welfare, morale and experiences of anaesthetists in training: the need to listen. RCoA. 2017