FSRH response call for evidence "Future Doctor" by Health Education England (HEE)

26 September 2019

Call for Evidence Questions

Question 1:

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

Our members believe that patients are placing increasing demands on healthcare professionals and rightly expect high standards of care, comprehensive information about treatment options and health conditions as well as more involvement in decisions about their own care.

Patients are also increasingly concerned about equality and diversity. The doctors of tomorrow must undoubtedly be aware of the diversity of patients they will meet throughout their careers. Doctors will be expected to provide holistic, person-centred care that takes into account individual circumstances including sexual orientation, gender and mental health issues and how these inter-relate with wellbeing and ill health.

FSRH's members work in the frontlines delivering Sexual and Reproductive Health (SRH) care, providing care to many women and girls throughout different stages of their lives. It is important to point out that a strong patient-practitioner relationship would be a valuable component in combating the stigma many women feel when accessing reproductive health services. In addition to high quality training, doctors of different backgrounds would benefit from having adequate time to speak sensitively about SRH issues. Findings from a Public Health England (PHE) 2018 survey on women's experiences accessing SRH services found that "stigma surrounding reproductive health was a key concern for women taking part in the survey, with less than half of women seeking help for their symptoms, regardless of severity". Therefore, women need access to stigma-free, personalised care provided by different healthcare professionals, not only SRH practitioners, who should be aware of their basic reproductive health needs.

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

We believe the remit of the doctor within multi-disciplinary teams will need to change substantially compared to the current remit if these teams are to operate successfully within new models of care. The doctors' remit will likely shift towards providing leadership and support on clinical matters rather than basic care themselves, which will be increasingly delivered by non-medical professionals such as nurses, pharmacists and associate medical professionals.

FSRH champions multidisciplinarity, and we are currently extending our qualifications to other healthcare professionals, who will have a more central role in multidisciplinary teams in Primary Care Networks (PCNs). We believe non-medical professionals and associate medical professionals have a strong role to play in providing care in community and primary care settings, freeing up capacity for doctors, especially senior clinicians, to deliver care to patients with complex needs.

We believe that doctors will increasingly become systems-leaders responsible for clinical governance issues, training and support for other healthcare professionals. The SRH Consultant role can be a good example of what the remit of the doctor of the future will be. SRH Consultants are system leaders providing governance and training to a range of professionals (both within and outside the service) delivering SRH care across a given geographic area and different clinical settings. The Community Sexual and Reproductive Health (CSRH) Specialty was designed

specifically to provide leadership to the delivery of the bulk of routine SRH care by nurses, GPs and other professionals, whilst the Consultant can focus on the delivery of complex care. However, solely delivering complex care might place senior clinicians in a highly-pressurised environment, and this will require working arrangements and benefits to boost doctors' morale.

The move towards care delivered by non-medical professionals and associate medical professionals is already happening. According to NHS England, the 2019 GP contract aims to support Primary Care Networks (PCNs) to recruit an additional 20,000 staff to work in primary care teams including clinical pharmacists, physician associates, physiotherapists, community paramedics and social prescribing link workers. Our GP members have highlighted the benefit that has come with the upskilling of nurses to become nurse practitioners and nurse prescribers, welcoming different professionals into the primary healthcare team.

Finally, the doctors' role in providing advice and information for patients will be less central, with non-medical professions and associate medical professionals increasingly able to take on this role. Clinical pharmacists in general practice are a good example of this shift. An evaluation of a NHS clinical pharmacists pilot started in 2015 conducted by the University of Nottingham in 2018 found clinical pharmacists were able to educate patients about medicines and advise on usage, releasing capacity for GPs and alleviating appointment issues. The study concluded these professionals improved patient care in general practice. Unsurprisingly, the NHS Long-Term Plan pledges to expand the number of clinical pharmacists.

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?"

Doctors working in multi-disciplinary teams will need to take a humble approach and develop a thorough understanding of the skills different professionals will bring to multi-disciplinary teams, helping to optimise the team's skill mix to provide the best, most comprehensive care to patients. A shift away from centralising decision-making will also be necessary. Other professions will acquire enhanced prescribing rights, such as Physician Associates once the profession is regulated.

Leadership skills as well as good knowledge on governance and service design will be crucial for doctors to lead multi-disciplinary teams. The SRH Specialty is tuned in with the skills and competencies that doctors will need in the future, and CSRH Trainees undergo training in leadership and management as a mandatory part of their curriculum. We believe all Trainee doctors in the future would benefit from Specialty training that affords them the chance to develop leadership competencies.

Additionally, every doctor in the future should develop optimal communication skills to work effectively within multi-disciplinary teams. Communication skills are also key to improve the doctor-patient relationship, which has already changed dramatically with the rise of digital technologies and increasing patient advocacy. We believe the doctor's authority will continue to be questioned as patients have access to medical information online, and doctors will need a good degree of adaptability.

We believe the doctor of the future will need effective communication skills in SRH too, focused on contraception and pregnancy options, including discussing abortion care. More than half of the population is female with unique reproductive health care needs which have an impact on other areas of care. Hence, it is important that doctors have a basic knowledge of women's SRH and the ability to have conversations about pregnancy intentions and contraception in a sensitive manner that respects choice and shows an understanding of the factors that affect it.

Another important competency, relevant for all healthcare professionals, is the understanding of conscientious objection. Doctors need to be aware that opting out of training or treatment that is legally available and clinically appropriate is a serious decision which has the potential to adversely affect patient care. It is crucial that new graduates understand that practical steps must be devised to ensure that patient care is never negatively impacted by a decision to not provide medical treatment due to personal beliefs.

Finally, FSRH supports the principle of flexibility for the workforce and welcomes the Interim NHS People Plan's focus on promoting flexible careers. FSRH supports the ability of healthcare professionals to move in and out of training as well as their right to train less than full time for diverse reasons beyond parenthood and caring roles and develop portfolio careers. We believe the doctor of the future should be able to move between different roles and settings throughout their careers, building flexible working patterns around the needs of their patients as well as their personal lives.

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:

· Increasing focus on prevention

We believe knowledge in Public Health should be an essential part of the basic toolkit for the next generation of doctors, especially approaches to whole-population care including prevention and health promotion. A strong focus on Public Health is beneficial to reinforce doctors' understanding of the social, economic and environmental determinants of health and how unequally they affect individuals. This is important to promote a shift away from a disease-centred model of care to one that focuses on well-being, prevention and health promotion, contributing to achieving positive health outcomes at the population level.

However, we believe that sustained cuts to the Public Health budget will prove a major challenge for the NHS to fulfil its Long Term Plan commitments and for doctors to be able to embed a preventative approach to their practice. At present, local authorities cannot maintain current levels of service provision due to cuts to the Public Health budget over many consecutive years, which jeopardise the ability of different commissioners to plan beyond the short-term. Despite the commitment, in the one-year Spending Review this year, on a real-terms increase to the Public Health grant, this is far from enough to restore investment to previous levels. The uncertainty remains as the rate of increase is not yet known and a comprehensive Spending Review covering the next years has not happened. Without a reversal of this trend, Public Health services will remain vulnerable, resulting in further inequalities and expensive interventions downstream in the NHS, which will remain stuck in an outdated and costly disease-treatment model of care.

In sum, we are concerned that doctors in the future will not be able to take a preventative approach to health care without this network of Public Health services to support them. There is consensus that an increase in Public Health spending is necessary to support a sustainable health and social care system. A large portion of the medical profession has already recognised that without long-term investment in public health and social care building upon the NHS funding settlement, the NHS risks failing to meet demand.

Education and training

The aspirations of the NHS Long Term Plan necessitate recruiting the right numbers of staff at the right competency levels and enabling them to work cohesively by shaping their training to provide them with the skills necessary to deliver the service. New models of care will require a greater investment in training of the current and future workforce equipping them with the skills and flexibilities required to deliver the service all the while without compromising on patient safety.

However, as is the case with Public Health, uncertainty surrounding training and education budgets remain, and cuts to education and training budgets threaten the sustainability of the workforce. We believe it will be incredibly difficult for doctors to develop the relevant competencies and skills needed in the future without significant investment by central Government in education and training.

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