

Some questions are free text answers and some are multiple choice. This is indicated in brackets after each question.

Question 1:

a) What are the expectations from patients and the public of doctors in the future? [Free text box]

- The RCPCH asked over 300 children and young people over summer 2019: 'what knowledge, skills and attitudes do you want doctors to have when working with children and young people?'. Full analysis is not complete, but general themes are given below in terms of 'skills and attitudes' and 'knowledge':
- Skills and attitudes: kind, approachable, has time to spend with me, uses language we can understand, thinks about me and my parents and our different needs for information/time/understanding what is going on.
- Knowledge: about fun things I do outside of my appointments, about what is in on the radio, technology and the impact on me, things that I wouldn't tell my parents like about LGBT issues, mental health, eating disorders, how to keep me safe and healthy in all situations.
- Overall, children and young people want to build trusting relationships with paediatricians and healthcare practitioners who know about their whole life – not just what needs fixing or hurts. There are more examples of what children and young people want doctors to be aware of here:
<https://www.rcpch.ac.uk/resources/rcpch-progress-what-domains-mean-children-young-people> and a video here:
<https://www.youtube.com/watch?v=jkKSpt4CnhQ&feature=youtu.be>
- In addition to the answers given by CYP, the following are likely to be expectations from patients and the public of doctors in the future.
- Mental health continues to headline the NHS and wider Governmental agenda. Patients and the public may therefore expect doctors of the future to be increasingly cognisant of comorbid and primary mental health issues, and better equipped to deal with these.
- The NHS Long Term Plan announced the creation of the Children and Young People's (CYP) Transformation Board, complementing a commitment to prioritise the health and care needs of children and young people and to seek their views. Patients and the public may therefore expect future doctors to be better equipped to care for their younger patients, be ready to listen to the views of CYP and be prepared to act accordingly.
- The NHS Long Term Plan also announced plans to create apps to support parents, carers and patients in managing their care. Patients and the public should expect to be involved in the creation of these apps, in collaboration with healthcare professionals, and an increased use of apps may change patients' expectations of doctors in the future.
- Also contained within the Long Term Plan was a move towards paediatric care for 0-25 year olds. 11-25 years olds should be able to expect developmentally appropriate healthcare that encompasses physical and mental health, supports health in the home and school and facilitates the transition into adult life.

- The internet has influenced patient expectations of their doctor, as they have access to medical information and apply this to their own health and care preferences.
- Relatedly, patients and the public expect to be involved in decision-making about their health.

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? [Free text box]

- NHS colleagues are likely to expect increased multi-disciplinary working with doctors in a diverse culturally competent environment, in line with the trend towards integrated, person-centred care.
- All healthcare professionals should be able to expect to utilise their skills at the top of their expertise as part of appropriate task delegation within a multi-disciplinary team (MDT).
- The interim NHS People Plan focused in part on changing NHS culture, empowering staff and fostering talented future leaders. Colleagues in the NHS, along with future doctors themselves, may therefore expect a tangible and positive change in NHS culture and relationships with all other staff members. Employers must expect to enact such a culture shift in their organisations.

c) What are the expectations of current doctors and medical students regarding their role in the future? [Free text box]

- Some senior clinicians are expecting to retire earlier than they may have planned due to the pension tax legislation that has seen many issued with unexpected tax bills. This has created a climate of uncertainty among senior healthcare professionals, and a feeling of being betrayed by the NHS.
- Current doctors and medical students are likely to expect flexibility in their roles, giving them the opportunity to create portfolio careers and to determine their work-life balance.
- The trend towards less than full time working (LTFT) is already displayed in workforce data; for example, the RCPCH 2017 census found that trainee and consultant paediatricians are both increasingly opting for LTFT working patterns. The health service must offer more flexible training and careers to meet the needs and aspirations of its workforce, or the rate of workforce attrition and early retirement will increase.
- The RCPCH 2017 census also found that 84% of respondents perceive training posts and gaps to pose a significant risk to their service or to children, young people and their families. The workforce challenges facing the NHS are well-publicised and show no sign of abating; current doctors and medical students are aware of these issues that will affect their future career. They must be supported to flourish within the health service.
- Doctors expect to continue to be valued members of multi-disciplinary teams that are able to use their expertise to the benefit of patients. As such, they expect to maintain their key role in diagnosis and treatment.

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? [Multiple choice of three options: high; medium; low. No free text boxes are provided].

An ageing population with multiple, complex health needs

- Medium

New technology including artificial intelligence, digital health and genomics

- Medium

Patient empowerment and change in the patient-doctor relationship

- Medium

Increasing focus on health promotion and prevention

- Medium

Different expectations from the Future Doctor on working life and career

- Medium

Delivery of personalised care

- Medium

New and emerging roles

- Medium

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. [Free text box]

- This question is difficult to answer; the role of the doctor is and will be determined by complex and interlinking factors that are directly and indirectly related to healthcare. The below list is based on current influences on the role of the doctor and emerging trends.
- The role of the doctor in the future will likely be determined to a greater extent by demand, rather than solutions, unless these are accompanied by significant investment in terms of funding and workforce capacity.
- A large source of demand will be an ageing population, which will place increasing and complex demands on doctors. All medical professionals must be supported to maintain the skills that allow them to care for children and young people or risk neglecting the health of future generations.
- Furthermore, the burden of disease may increase with the prevalence of some physical and mental conditions. Non-communicable disease prevalence is also likely to increase, and communicable disease prevalence may rise with the trend towards vaccine hesitancy. Some conditions will be linked to ageing but others will affect all ages of the population.

- Increasing demand will be exacerbated by the aforementioned trend towards LTFT working and earlier retirement, plus the international reputation of England and the NHS as a less attractive place to work.
- As part of their role, doctors should be supported and equipped with the skills to encourage health and wellbeing in their local population. This should be part of a wider focus on the prevention of ill health across different policies and sectors, which could have a large, positive effect on the role of the doctor. For example, cross-discipline effort to improve the health of wider society may reduce demand on medical services.
- Technological solutions risk being over-emphasised and relied upon to deliver huge benefit. This will not happen unless these solutions are properly invested in, in terms of finance, human resource and time to embed a culture change across the NHS. Future doctors should be experts in the adoption of innovation.
- New ways of working could have a big impact on the role of the doctor, such as multi-disciplinary and agency working that is co-ordinated at the local level and matched to population need. Local systems will require significant support and funding for integrated and patient-centred models of care to have a positive impact on the NHS workforce.

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. [Free text box]

- As previously noted, the role of the doctor is and will be determined by complex and interlinking factors that are directly and indirectly related to healthcare. This makes the role of the doctor difficult to predict with certainty.
- Multi-professional teams may facilitate collaborative working if given appropriate support and resource. Such working should be patient-centred and allow healthcare professionals to focus on their role, minimising the administrative burden and improving the patient-healthcare professional relationship, outcomes and efficiency.
- The RCPCH Facing the Future: Standards for children with ongoing health needs notes the benefit of joined-up, integrated and multidisciplinary care for paediatric patients. One patient said that 'My best experiences have been when being cared for in a joined-up service that involved multidisciplinary teams'.
- These teams should include allied health professionals, such as nurse practitioners and physician associates, who must be supported with training courses and continuing professional development.
- The career structure of the doctor in the future must be much more flexible and allow portfolio careers – or levels of attrition from trainees and doctors of all grades will continue to rise.
- Models of care are likely to continue to evolve, which may change the role of the doctor.
- The medical workforce is ageing, and organisations such as the BMA have called on the NHS to do more to recognise the value of their more experienced staff and work to retain them. Doctors of the future must be supported or they will retire early and exit the health service with their invaluable knowledge and experience.

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

- The function of team members may be increasingly competency-based, with the doctor supervising colleagues but also having more time to practice and focus on cases of interest.
- This would allow doctors to gain experience and maintain their skills as other team members are empowered to carry out day-to-day activities.
- Doctors will likely continue to lead on diagnosis and management, however.
- An emphasis on safety and supervision will be especially important where members of multi-professional teams carry out tasks historically undertaken by doctors.

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? [Free text box]

- As previously noted, the role of the doctor is and will be determined by complex and interlinking factors that are directly and indirectly related to healthcare. This makes the role of the doctor difficult to predict with certainty.
- In 2050, doctors will likely need clinical leadership and management skills, complemented by the ability to think reflectively about their practice and that of their team members.
- Relatedly, they will need to be experts in managing medical uncertainty with tolerance to deal with this, and be equipped with coping and decision making strategies. For example, doctors will need to explain information revealed by genetic testing. This will include findings that have uncertain or unclear implications for patients.
- Doctors will also need to be technologically literate with regular opportunities for professional development. This is crucial if technology is to become part of the solution to the challenges facing the health service.
- Doctors will need skills to prevent ill health and promote good health in their population to the best of their ability, including knowledge and resources. This should link into efforts towards the prevention of ill health in wider society.
- Doctors will need holistic knowledge that allows them to meet the demands of their patients and wider population. For example, all medical students should have exposure to paediatrics and understand the basics of treating children and young people, including how they differ to adults. This is especially important for primary care doctors, whose increased paediatric knowledge would reduce the number of referrals to secondary care and emergency admissions. This would reduce the unsustainable level of demand that is keenly felt among the current paediatric workforce.
- Doctors in 2050 will need behave with an inquiring mind, integrity in their work and utmost respect for their patients. This should not be a departure from doctors' behaviour in the present day.

Question 7: When do you think changes to doctors' roles could be a reality? Please select one answer below. [Multiple choice: 10 – 20 years; 20 – 30 years; 30+ years]

- None selected.

Please provide your reasons below. [Free text box]

- We feel that this question cannot be answered with any degree of certainty. The timescale and nature of changes to doctors' roles will depend on the political, social and economic context of the country and doctors' localities. It will also vary according to specialty and will be determined in part by the work of various bodies, including HEE.

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.

- A timescale was not selected for the reasons outlined above.
- All challenges referred to in the question must be addressed. Some themes are common to all; capacity, investment and culture.
- New technologies, models of care delivery and a focus on health prevention are not possible without increased workforce capacity and a focus on upskilling the current workforce. All will also require significant levels of investment and must be accompanied by a culture shift. This is essential to maximise the chance of their successful and sustainable adoption within the health service.
- In particular, the use of new technology will require a focus on standardising the present IT infrastructure in the NHS to a high quality. This will provide a solid foundation for the introduction of new technology, and a standardised system should be used to collect and share data across the health service for the benefit of patients.