

Minutes of the Derby Medical Society, Tuesday 20th November 2018
Derby Medical School Lecture Theatre
'Keeping Medicine Brilliant for 500 Years'

Apologies

Dr Natalie jinks
Dr Tom Fryatt
Dr Tony Henry
Dr Andy Cole
Dr David Rogers

Speaker

Professor Andrew Goddard, President of Royal College of Physicians

Introduction

A warm welcome was extended to all attendees from the President, Miss Hewitt.

She began with an introduction of Professor Goddard who qualified from Cambridge in 1990 where he also gained his MD before embarking on a training programme in Nottingham. He was appointed consultant physician and gastroenterologist in 2001. His main interest is in bowel cancer screening, H. Pylori, IDA and IBD.

He was RCP director of the medical workforce unit at RCP for 5 years before being appointed RCP Registrar in 2014. He has overseen professional and clinical affairs nationally and internationally. His main areas were workforce, healthcare funding and the future of general medicine.

In 2018, he was elected RCP President, the youngest for 400 years and the first from the East Midlands.

His priorities as president are the 3 W's - workforce, wellbeing and worldwide. He continues to work on calls during weekends as well as continuing in clinical research. He strongly believes that medicine is brilliant.

"Keeping medicine brilliant for 500 years"

Professor Andrew Goddard, president RCP

Professor Goddard opened his talk with his recollection of meeting the Queen in Feb 2018 to mark the official 500th birthday of the RCP. He recounted that she was the best functioning 93 year old woman he had met when she was in a social setting but once she had lost her cues, she was like any other 93 year old.

He then moved on to discuss the inception of the RCP. This was done by Henry VIII who gets bad press but he was enthused by Italian universities and their superior healthcare. At the time, London was run by Guilds and self-interest rather than public good which is what Henry VIII aspired to.

Thomas Lineker came from Derbyshire – he was the first president of RCP and he was also the king's physician. He wanted to standardise the medical care when there were lots of quacks. They started to work to a standard and the charter allowed them to send people to prison at that time.

Things have changed over the years. Professor Goddard stated that he would be lying if he said that RCP was good throughout its history. After the first 400 years, its school report would say "could do better".

Over the last 100 years we have done better. Lord Moran was Churchill's physician and wrote about his health issues. He was also known as "corkscrew Charlie" because he could persuade people to do anything and he was a strong advocate for the NHS being set up.

In 1962, RCP produced its landmark "Smoking and Health" paper which caused huge waves. It helped to create policy regarding taxation, graphic pics on packets to raise awareness of a hugely important health matter.

Professor Goddard then showed a slide with a "little" list of what the RCP actually does. This includes exam but they also write the curricula. The RCP is involved in education courses, mentoring schemes and college tutors who support physician trainees. It also sets professional standards and CPD.

Recently a new code of conduct was published about bullying and personality which are issues that need to be addressed.

Some of the more clinically relevant guidelines written by the RCP include a guideline called "Ward rounds in medicine". NEWS was devised by RCP as well as oxygen guidance, standards of care e.g. COPD, cancer etc. all written by RCP but these are not well advertised.

Currently, QI is the current focus with a unit being developed in Liverpool. Cannabis is also a current hot topic for the college. The previous RCP President was asked by the Chief Medical Officer to write interim guidance and this has proved to be a can of worms. The evidence of cannabis is actually very poor unless in some niche clinical scenarios. NNT 24, NNH is 6 for pain / psych problems.

The RCP also focus on Public health whereas the current health secretary is focusing on personal responsibility rather than a public approach.

Problems in the NHS

Professor Goddard then moved onto discussing problems in the NHS which include long hours, low pay, and poor accommodation - an issue in 1977 as it is now.

He then moved on to discuss how Andrew Lansley was the most hated Secretary of State for Health

but has possibly been outdone by Jeremy Hunt. At around the time of Health and Social Care Act, RCP produced a paper in 2012 called "Hospital on the edge". It recognised that hospitals were struggling and the outcome of this was a hospital commission to allow the design of hospital systems for the future. Delivering the future hospital paper went well and got a lot of attention.

Some models that were suggested included integrated services and people assume this is privatisation but Professor Goddard stressed that surely primary care, social care and secondary care work together. As social care is means tested and is provided in an entirely different way to healthcare, it will be difficult to bring everything and everyone together. The NHS employs 1.4million people whereas the social care system has 84,000 employers and 1.5 million employees. There is a huge funding gap between health care and social care which needs to be addressed.

The shape of training

When talking about this, Professor Goddard stated it has been noticed that there has been a change in hospitals inpatients with an older population and increased multi-morbidity. Previously MI, CVA, cancer used to cause people to die but now they survive those episodes and develop another condition.

Previously when people survived to their 80s, they were fit but now people in this age group are actually less fit. Junior doctor training has stayed the same even though the patient needs and demographics have changed dramatically over the last 10-120 years. There need to be more trainees in acute medicine and geriatrics but these are areas with lowest recruitment rates.

Trainees also need to be better at General medicine. The shape of training was designed to do that with a re-write of curriculum because it recognised that it is harder to be a good general physician compared to a specialist. The GMC has resisted increase in length training and wants change in curriculum to reflect the changes that are needed to better treat the population we encounter.

Financial NHS

£20.5bn given to Jeremy Hunt doesn't include public health or workforce costs. It'll be interesting to see the long term plan (due to be released at end of November 2018) in terms of where the money is going to go.

Focus on the physician

Professor Goddard had a slide with a graph which showed success rate of filling consultant posts in the UK. It shows steady number of appointments which has remained the same over the preceding 10 years. Whilst the number of advertised posts is increasing, there is less staff and wider gap in jobs being advertised and people being appointment. Last year, 45% of posts were not appointed compared to 22% 10 years ago. Despite pressures on finances, Trusts still want more consultants. There are not enough trainees. HEE denied this initially but now acknowledge that there are not enough doctors with estimates of a deficit of 2500 doctors.

He then showed his "graph of doom" - emergency admissions increased relentlessly over 14 years with less beds and decreased length of stay. However, the number of Drs hasn't changed to reflect

the pressures on the healthcare system.

We need more Drs but also more bed. RDH is the first hospital nationally which is using a carpark to convert to bed space. The length of stay has decreased hence we not reached crisis point sooner but as we are get increasing age, increased frailty then length of stay is also increasing but this data is no longer available.

With regards to our retiring colleagues, there is 80:20 split of M:F when retiring. 41% women consultants are LTFT. We need 1.5 female / 1 male consultant posts. We are short by 2500 doctors and with increased retirement, the current projection will not meet demand. One thing Professor Goddard hopes to to achieve as RCP president is to double number of medical students.

Other challenge is the Bawa-Garba case because it was a watershed moment in medical workforce. This was because it showed a culture where the NHS is seriously broken. Everyone has had an instance of IT systems not working, staff being off sick, people returning from maternity leave. There is data to show we are making, on average, 7 mistakes per day. If the culture is to get sued, taken to court and being struck off then it is no surprise that morale is low. Fundamentally, the culture needs to change.

In regards to Medical Registrars, the RCP commissioned a report and it showed that the issues they had are as follows:

1. Excessive work load
2. Lack of teamwork
3. Lack of training opportunities
4. Lack of flexibility with training

More Drs ultimately means better training. He referred to the RCP report for further detail for those interested.

Junior Doctor Strike

The strike showed that Jeremy Hunt was poorly advised. Everyone was unhappy especially by trying to impose the contract.

Happiness in medicine

What motivates people and doctors in particular?

Occupational psychology papers are an interesting read, there is lots of research about being happier at work. We can be inspired and motivated by our senior colleagues. Professor Goddard recounted how Professor David Rubenstein was his inspiration because of the passion he showed.

When an RCP survey was put to Drs asking how they would like to be remembered, there was lots of input about positive factors regarding their work and manner but very little about money.

Motivation in medicine

Studies about blood donation show that it is an altruistic act. One study gave some people money as incentive, another group got time off in lieu and the third group were told their money goes to charity. Donation rates in people who were paid went down and those with other outcomes went up. Medicine isn't there for the money as a career.

Another experiment involved drawing pins, a candle and matches. The challenge was to get the candle to be attached the wall and not to drip any wax when it was lighted. This experiment showed tethering bias - seeing a box of pins as a box of pins rather than a box and drawing pins separately. In medicine it is similar in that we have to think laterally. The experiment when done with monetised incentive makes them less efficient at lateral thinking and took longer than the group who were not given incentives. It shows that we need to give time and allow people to think.

In relation to happiness, there are several theories but one is summed up in: autonomy, mastery and relatedness (doing something with other people with a shared purpose). The focus needs to be on all three areas to help happiness at work. The RCP Paper: "Keeping medicine brilliant" has more info.

The 8 determinants of doctor morale are:

- 1) Workload
- 2) Teamwork
- 3) Environment
- 4) IT that works / doctor's mess / car park
- 5) Different personality types
- 6) Career aims
- 7) Home lives
- 8) Safety at work and also professionally when faced with being sued / prosecuted

The NHS cultures needs to change to make people feel valued.

Can we make a difference?

People perceive us depending on our moods. We forget the effect that this can have on other people. "Beware the shadow you cast" - we have to remember this. Go in to work positive and happy – it will be downhill all the way during a busy day so start on a high and staff will also pick on this.

How we behave with each other is important. Happiness also has a bell curve. The outliers are the bubbly, happy people on end and the "mood hoovers" on the other end. We need to shift our happiness and work at this.

Another tip is to know your team better - spend time together but take them out for a meal and go for a coffee to get to know people which is so important in teamwork. We get bogged down so much but time spent getting to know team is time well spent.

Finally, ask yourself what you enjoy the most in your job and do more of it!

In the end you will think that medicine is brilliant. We sometimes have to do things that are boring but worth it in the end!

Choose where you work because colleagues will be important. Two things are needed to succeed: work hard and be kind.

Summary:

Professor Goddard gave an inspirational and informative talk about the history of the RCP but also an insight into his work as Workforce director. He shared lots of information about what affects our daily lives but also gave us some tips.

- 1) There are 8 determinants of doctor morale and these include the dreaded IT system but also include workload, teamwork, career aims and home lives.
- 2) Don't be a mood hoover!
- 3) To succeed, keep two things in mind always: work hard and be kind.

Attendance:

23 Full Members

2 Guest members

3 Junior Doctors

52 Medical Students

Total: 80