

**Minutes of the Derby Medical Society Wednesday 6th December 2017.
Derby Medical School Lecture Theatre**

Apologies

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Dr Wendy Scott

Speaker

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“Interesting Times”

Doctors are not trained to influence national clinical decisions. At the current time we get “done to” rather than making changes ourselves.

As healthcare workers we live in interesting times.

Challenges

Doctors often focus on the patient.
We often make poor leaders.
Change is difficult.

“If you always do what you've always done, you will always get what you've always got” Albert Einstein.

The ageing population with multiple morbidities mean that the current healthcare system is not fit for purpose.

In some hospitals the demands has resulted in a drop in standards of care (Francis report into Mid-Staffs is an example).

We are regulated by multiple bodies (CQC, Healthwatch, GMC, NHS, NHS Improvement, NHS Health Education England, Professional Standards Authority) which stifles innovation.

Brexit has resulted in overseas doctors feeling unwanted in the UK

Why does the NHS remain underfunded, under-doctored and overstretched?

The RCP has written to the Prime Minister on the state of the NHS and it took 2 months for a junior secretary to reply.

Workforce challenges are evident nationally with rota gaps in every Trust. This is more of a problem the further away a Trust is from London.

44% of advertised consultant physician posts are unfilled due to lack of suitable applicants.

The 2016 Junior Doctor Contract dispute started with Jeremy Hunt stating that problems would be eased if more doctors work weekends. 67% of physicians work weekends. Instead the new contract targeted junior doctors who already work weekends.

How can we be part of the solution?

Striking did not change the contract for junior doctors.

Maybe we have to learn to become more influential to be able to change the system.

Being unhappy about working conditions is not a new problem - "Long hours, poor pay, poor accommodation, indifferent food, lack of study time and uncertain career prospects" - quote from 1977 BMJ article when doctors last took industrial action as they were not being paid overtime.

How can the system can support excellent patient care.

Deliver the best outcomes for local populations
Plan services around the people that use them
Tailor local solutions, deliver consistent quality
Make decisions that support a sustainable NHS
Join up planning and payment
Prioritise collaborative clinical leadership

The RCP has published documents on how doctors can influence change on various topics, eg. Brexit.

Donald Berwick (Health Advisor to Barack Obama) has set up a Health Institute in the USA and has looked at eras of medicine:

"the ascendancy" - 20 years ago with doctors showing arrogance with some infamous examples

"the present" - over-regulation due to the previous issues

"the moral era" - practicing with professionalism

The RCP is aiming to reducing moaning and suggest and influence positive change.

Influencing

Influence is aided by collecting data on health issues in the profession and with patients and presenting results.

Giving accurate Public Health messages

Developing future care models and quality improvement

Professional regulation of Physicians Assistants

"It's better to be inside the tent pissing out that outside the tent pissing in".....Lyndon Johnson

Questions

There were many questions and lively debate.

Professional standard setting by colleges has been eroded over time - We have to move forward pro-actively.

How useful are international health outcome comparisons? There are more patients than ever before, comparisons are relative.

Don't we have to sell those solutions to the voters?

Do we need more doctors in parliament?

The numbers of speciality training posts while reflecting consultant post vacancies - affected by NHSE decisions. ANPs and PAs will help fill a stopgap.

Will demand always outstrip supply?

The current net migration and immigration of doctors? - Australia is now full, 50% of doctors leave after F2, 20% return within 2 years. Need to look at retention of doctors early and late in their careers

Shape of training and how will that change the workforce - specialities will join acute medical rotas.

How would you change over regulation? - Less doctors on the GMC now

Academy of Royal Colleges to try and unite colleges

Physician Associates and how they help the workforce? - Should be supported if properly regulated. They are coming and are currently the only new healthcare role that is being funded

Should leadership skills be taught at Medical School? - Need to try and identify who the students are with leadership qualities.

Giving help to women doctors with childcare costs to support return to work

Focus on Health Promotion and how we care for our elderly

External influences on government from commercial industry - It does affect decisions, alcohol taxation is an example. But then Life Research has suggested that the NHS, government and industry should work more closely together.

Should schools have a duty to teach basic healthcare?

The different roles of the Colleges as an institution that sets standards or as a political voice to the government changes

Vote of thanks was given by Dr Holloway

Register	29	Members
	4	Guests
	11	Students

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Dr Stuart Holloway, Derby Medical Society President 2017-18