

# The Minutes of the meeting of the Derby Medical Society

Held on 23<sup>rd</sup> February 2016 in the Derby Medical School

**Apologies:** none received

**Welcome:** Dr J Charlton, President

**Elective Bursaries:** Have been awarded to Sarab Amin who is going to Cambodia, and Zosia Bredow, who is going to South Africa. Both have been sent a cheque for £250, and will present short reports of their electives to the Society later in the year.

**Minutes for the meeting 9<sup>th</sup> February 2016:** Read by Mr S Milner, Junior Secretary, and approved.

**Guest Lecture:** Miss Clare Marx, President of the Royal College of Surgeons of England – “All changed, changed utterly”.

Miss Marx used her lecture to address a number of topical themes:

- Women in medicine and surgery
- The effects of changing patient demographics
- Professionalism
- Cultural change in medicine

There is a long history of discrimination against women in medicine and surgery. Elizabeth Garrett Anderson was the first woman to qualify as a doctor 150 years ago, but was refused entry to the MRCS exam in 1865. It was not until 1926 that all restrictive clauses were removed from the Royal College of Surgeons constitution. Miss Marx herself was the first female Trauma & Orthopaedic trainee in 1981, the first female T&O consultant in 1990, the first female president of the British Orthopaedic Association in 2008, and is currently the first female president of the Royal College of Surgeons of England. Things are slowly changing, with the proportion of female trainee surgeons increasing from 12.4% in 2000 to 26.9% in 2012. However, women remain under-represented in medical leadership roles in the NHS, and Miss Marx argued that this must change.

Increasing lifespan is changing the patient population, increasing the proportion of individuals in society who are retired, and therefore not paying tax. This makes it increasingly hard to ‘balance the books’ in providing a healthcare system that is free at the point of delivery. In addition there is a huge health inequality between different parts of the UK – healthy lifespan in the north is 20 years less than in the south. This is in part a result of obesity. Intervention programmes to tackle obesity are not prominent enough to change behavior, and there is a perception that the medical profession should be responsible for tackling obesity. Miss Marx argued that this is not appropriate, and wider social change is needed.

There is a public perception that the medical profession’s innate reaction to poor results is a mixture of cover up, collusion and professional indifference. Outcomes measurement has a long history dating back to Florence Nightingale, although an attempt at audit by the American College of Surgeons in 1917 showed results so bad they burned the data. There is a gradual acceptance by the medical profession that outcomes publication does raise standards, and national audits are particularly strong drivers of change. A good example is the National Hip Fracture Database.

The most important 'safety device' in healthcare is the willingness of workers to raise concerns. Invited reviews by the Royal College of Surgeons where outcomes are less good show particular themes in about 60% of cases relating to:

- Individual and team behaviour
- Patient safety in the surgical environment
- Poor clinical leadership

A strong clinical leader is an important influence on healthcare culture, and can deal effectively with disruptive individuals and poor performers, especially in senior staff. All senior clinicians should be willing to take responsibility for leadership. The Royal College of Surgeons publishes a booklet 'Good Surgical Practice' that gives advice. The aim of all healthcare staff should be to provide care of a standard they would be happy to receive.

Questions included:

- Gender balance in medicine in other countries
- Professionalism and doctors in management roles
- Problem doctors
- Surgeons as technicians
- Continuity of care, responsibility and generic referrals
- Centralisation of services in areas of low population density
- The role of politicians
- New junior doctor contract
- New consultant contract and the effect on the workforce

**Vote of thanks:** given by Dr Michael Millar-Craig

**Register:** signed by 32 members, 4 trainees and 4 students

**Next meeting:** 8<sup>th</sup> March 2016

.....  
Dr J Charlton, President

Date: