

The future global role of the doctor

How can we plan when so much is
changing?

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With thanks to Janet Grant

Structure of this talk



- About the World Federation for Medical Education (WFME)
- The WFME project on the future global role of the doctor
 - What are its preliminary conclusions?
 - How will this project develop?
 - What has changed? new technology
 - The relevance to medical education?

What is WFME? What does it do?



- A partnership organisation for the world's regional associations for medical education, also working with other major partners: WHO, WMA, IFMSA, ECFMG. The NGO for medical education in official relation with WHO.
- Three WFME programmes in the last 15 years
 - Standards for medical education
 - Accreditation and Recognition of Accrediting Agencies
 - Essential databases – World list of medical schools
- **WFME is not primarily concerned with the detail of education: of how medicine is taught. Our concern is with the quality, management, organisation, support and delivery of medical education.**
- <http://wfme.org/>

Membership structure of WFME



- Within the Council:
 - Members (regional)
 - Executive members (elected)
 - Founding members – WHO and WMA

Day-to-day working of WFME



WFME and the future role of the doctor



“What doctors do has changed, and is continuing to change. Societies need to understand what it is that doctors will do in the future, and what will be done by other health care professionals.

Many political, social, demographic and international events necessitate a discussion on the roles and values of the doctor in the world today.

The international mobility of both doctors and patients underlines the need for a global definition”



Opening position



- Conclusion of a Delphi-like process
 - Professionalism
 - Leadership
 - Education and communication
 - Changes in healthcare
 - Research and innovation
 - Social accountability

Conclusions after the first meeting



- Very considerable literature (30+ highly significant earlier publications cited in first report)
- Many new and further issues – 25+ non-trivial “*questions for further work*”
- These particularly clustering around:
 - *The effects of demographic change*
 - *The doctor as a manager of health care within society*

For example -



- *How will demographic changes, in populations, impact on the future role of the doctor?*
- *How will the number and spread of doctors in the future, effect the role of the doctor?*
- *Is there a role for the medical profession in dealing with the global crisis in healthcare workforce provision?*
- *Can medical schools do anything to help deal with the global crisis in workforce provision?*
- *Should (or can) medical schools increase the exposure of students to teachers with generalist and public health competencies, rather than primarily to teachers with a highly specialised perspective?*

- Demographic change in populations and in the population of doctors
 - In particular, migration, and the management of freedom of movement of doctors versus the accountability to societies where doctors are educated **or** where doctors are needed

A question to be considered (“when so much is changing...?”)



- Not emerging from our opening Delphi process – the impact of new technology

Technological change and care

- Technological change is not new
The staff of Asclepius was considered
a technological innovation
- Technology that we would now recognise
as effective dates back to at least 1816





- “... the invention of the stethoscope marked a major step in the redefinition of disease from being a bundle of symptoms, to the current sense of a disease as a problem with an anatomical system even if there are no noticeable symptoms ... prior to the stethoscopes, there were no non-lethal instruments for exploring internal anatomy...”

Medical technology today and its possible effect on the future role of the doctor



- Diagnosis
- Communication
- Treatment

how you getting on with your health monitor wristband?



yeah, i've found i'm getting much better results since i stuck it on the dog



Medical technology today (2)



- Diagnosis
 - High possibilities, but we must be realistic about likely limitations
 - How far and where will it go? Today compared with 50 years ago
- Communication
- Treatment

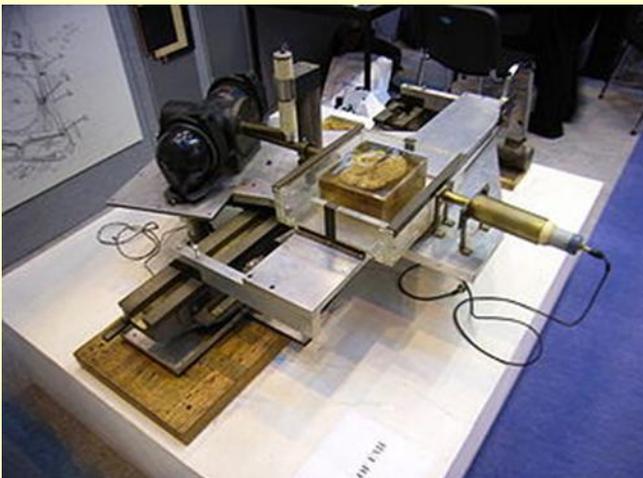
High possibilities? How wrong are we, almost now?



- A meta-analysis of autopsy data, Kaveh et al *JAMA*. 2003;289 :2849-2856.
- Studies from 1966 to 2002, clinically missed diagnoses involving a primary cause of death (major errors), with the most serious being those likely to have affected patient outcome (class I errors).
- The median error rate was 23.5% for major errors and 9.0% ... for class I errors.

Medical technology today (3)

- Diagnosis
 - High possibilities, but about likely limitations
 - How far and where will it be in 50 years



Medical technology today (4)



- Diagnosis
- Communication
 - The importance of recognising what is actually worthwhile, rather than being done “because it is possible”
 - The realistic possibilities of eHealth
- Treatment

“ what is actually worthwhile, rather than because it is possible’ “



The realistic possibilities of eHealth

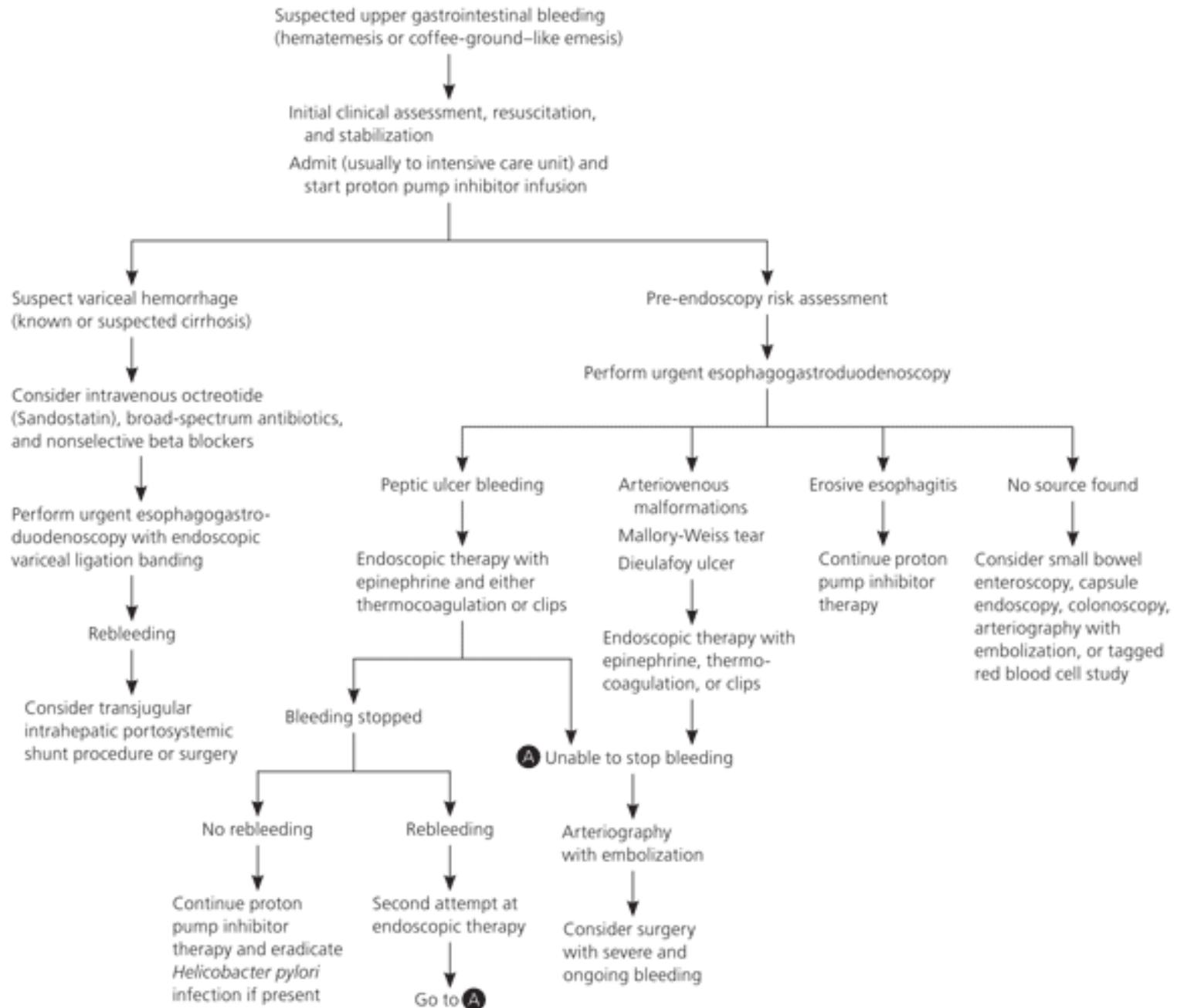


- “Why Do Evaluations of eHealth Programs Fail? An Alternative Set of Guiding Principles” - Greenhalgh and Russell, PLoS Med 7(11) 2010
- “An informed debate on ways of knowing in eHealth evaluation is urgently needed”

Medical technology today (5)

- Diagnosis
- Communication
- Treatment
 - Issues around algorithms
 - Subtleties of patient
 - Great successes! – for example, some robotic surgery, but caution about education and training





Medical technology in the future

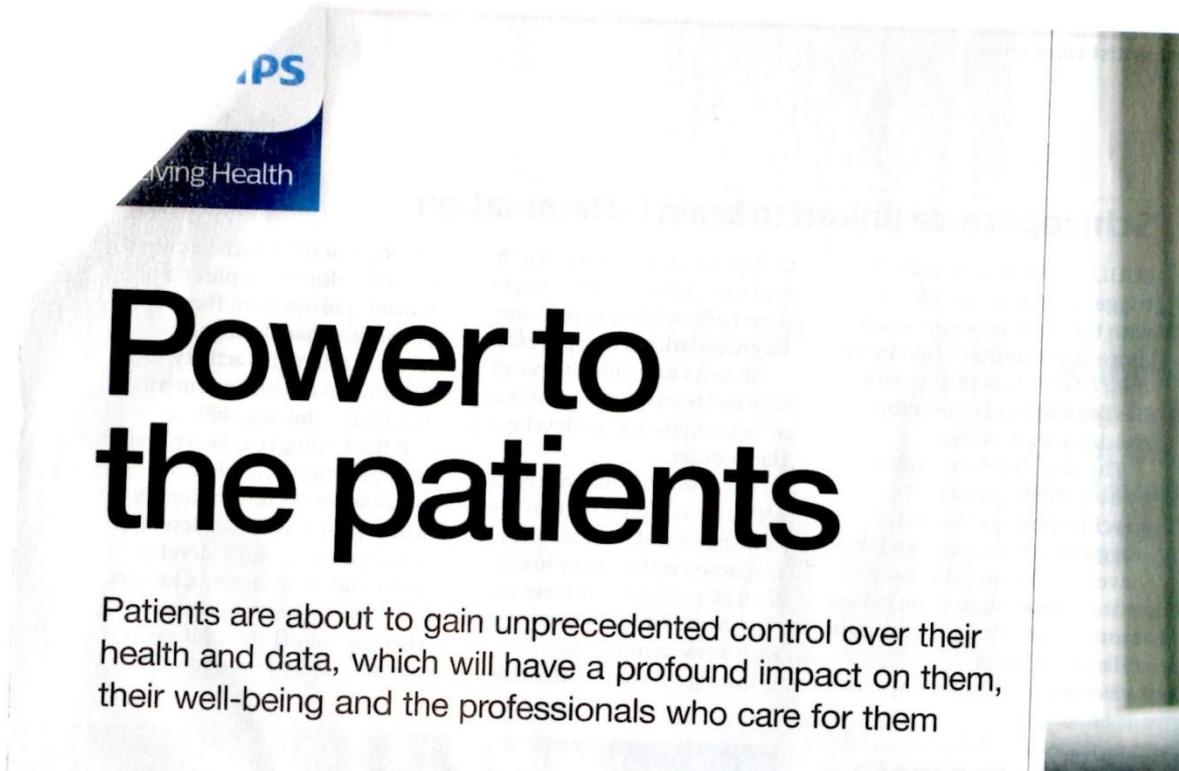


only admit
cannot predict it



Medical technology in the future (2)

Rise of the robo adviser as pensioners are steered towards cheaper counsel



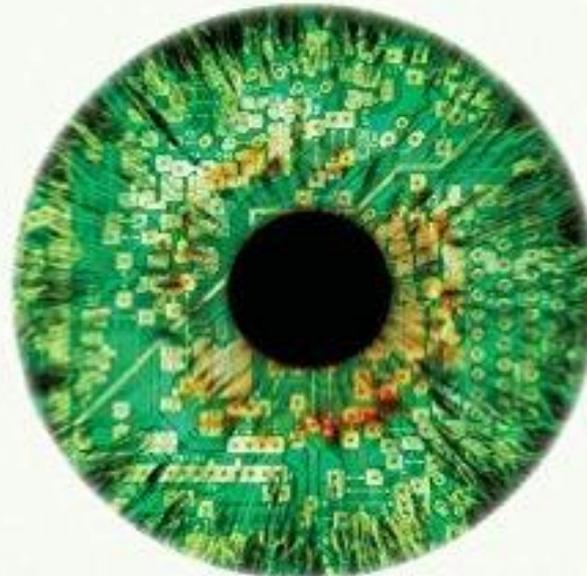
PS
iving Health

Power to the patients

Patients are about to gain unprecedented control over their health and data, which will have a profound impact on them, their well-being and the professionals who care for them

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THE FUTURE OF THE PROFESSIONS

HOW TECHNOLOGY WILL TRANSFORM
THE WORK OF HUMAN EXPERTS

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Threats from technology in the future of the doctor, and in the future of education



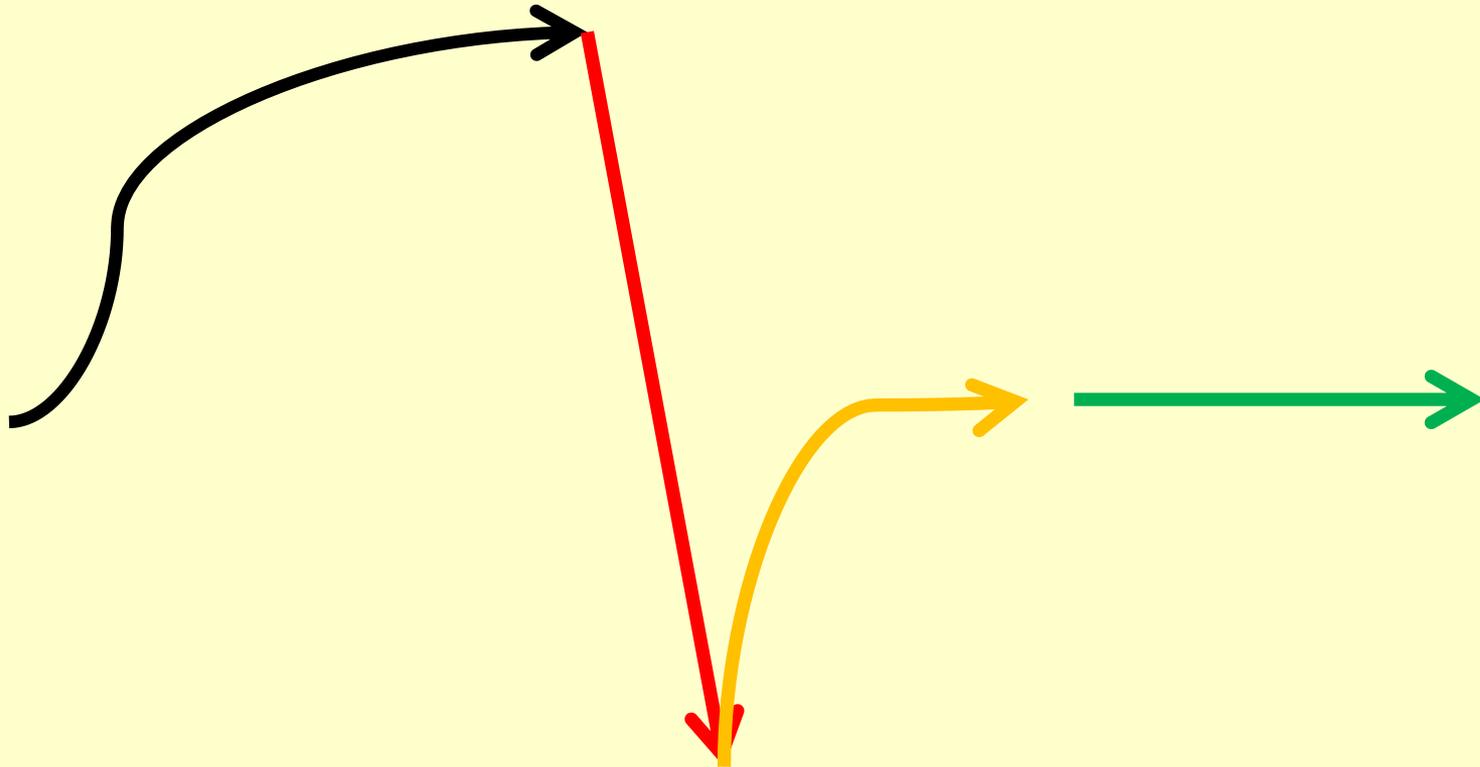
- The dangers of the allure of the new
- Financial pressures and manipulation

Particular dangers of “the old and the new”

- (The natural history of a new technology or method is like the natural history of a new drug)
- Technologies that will “change the way we think about medicine”



The new drug or the new teaching method (after Laurence)



In conclusion...

- There is much more to be done in considering the future role of the doctor ...
- ... and in considering how many factors – including technological change – are changing so fast