

## The Consensus Statement on the Role of the Doctor

In 2008, leaders in the medical profession agreed a consensus statement on the role of the doctor. In 2013-2014, as part of the Selecting for Excellence project<sup>1</sup>, the statement was reviewed and updated. Updates have been drawn from the following sources:

- The views of patients – obtained through three focus groups with patient representatives conducted in July 2014.
- Original signatory organisations' priority statements for the role of the doctor, five years on.
- The NHS Constitution and Good Medical Practice 2013.

In this statement 'doctor' refers to all qualified doctors, including those in training.

Based on the definition of a medical doctor proposed by the *International Labour Organisation*<sup>2</sup> it is agreed that:

*Doctors as clinical scientists apply the principles and procedures of medicine to prevent, diagnose, care for and treat patients with illness, disease and injury and to maintain physical and mental health. They supervise the implementation of care and treatment plans by others in the health care team and conduct medical education and research.*

The doctor's role must be defined by what is in the best interest of patients and of the population served. Doctors alone amongst healthcare professionals must be capable of regularly taking ultimate responsibility for difficult decisions in situations of clinical complexity and uncertainty, drawing on their scientific knowledge and well developed clinical judgement. Underpinning this is the importance of keeping up-to-date with research, reflecting on their own practice and advocating for evidence-based medicine.

All healthcare professionals require a set of generic attributes to merit the trust of patients that underpins the therapeutic relationship. These qualities include good communication skills, resilience, the ability to work as part of a team, non-judgemental behaviour, empathy and integrity. In addition to possessing these shared attributes doctors must be able to:

- listen to and assess patients' healthcare needs with careful consideration of their personal and social circumstances;

<sup>1</sup> More information is available here: [www.medschools.ac.uk/AboutUs/Projects/Widening-Participation/Selecting-for-Excellence/Pages/Selecting-for-Excellence.aspx](http://www.medschools.ac.uk/AboutUs/Projects/Widening-Participation/Selecting-for-Excellence/Pages/Selecting-for-Excellence.aspx)

<sup>2</sup> Adapted from the definition of a medical doctor in International Standard Classification of Occupations (ISCO), Draft ISCO- 08 Group Definitions Occupations in Health <http://www.ilo.org/public/english/bureau/stat/isco/draftdoc.htm>

- apply their knowledge and skills to synthesise information from a variety of sources in order to reach the best available diagnosis and understanding of the patient's problem, or to know what steps need to be taken to secure such an outcome;
- support patients in understanding their condition and what they might expect, including in those circumstances when patients present with symptoms that could have several causes;
- introduce themselves clearly to help build trusting relationships;
- identify and advise on appropriate treatment options or preventive measures;
- explain and discuss the risks, benefits and uncertainties of various tests and treatments in a way that is understandable to patients;
- as much as possible support patients to make decisions about their own care. Patients with long term and disabling conditions are particularly likely to be experts in their own condition and should be supported to keep as healthy and independent as possible.

The nature of these core requirements emphasises the need to select those with the appropriate attributes for training. Medical undergraduate education must provide a strong grounding in relevant science and in clinical practice as well as providing opportunities to develop an appreciation for research. Doctors must have the ability to assimilate new knowledge critically, have strong intellectual skills and grasp of scientific principles and be capable of effectively managing uncertainty, ambiguity and complexity. They must have the capacity to work out solutions from first principles when the pattern does not fit.

All doctors must be demonstrably committed to reflective practice, monitoring their contribution and working continually to improve their own and their team's performance. Doctors should keep up to date with the latest evidence in medical science and research and be committed to personal and professional development.

Doctors must all be committed to playing a part in the education and support of the next generation of medical practitioners and of facilitating the advancement of evidence-based practice. Doctors act as role models, mentoring less experienced colleagues and developing each other as fellow professionals through education and training.

The doctor needs to be capable of assessing and managing risk; this requires high-level decision making skills and the ability to work outside defined protocols when circumstances demand. Doctors must also be able to make informed decisions whether supportive care is more appropriate for the patient than intervention.

The doctor must possess the ability to work effectively as a member of a healthcare team, recognising and respecting the skills and attributes of other professions (in and outside the health professions) and of patients and carers.

All doctors have a role in the maintenance and promotion of population health, through evidence-based practice. Some will enhance the health of the population through taking on roles in health education or research, working in industry, service improvement and re-design, in public health and through health advocacy.

Notwithstanding the primacy of the individual doctor: patient relationship, the doctor must appreciate the needs of the patient in the context of the wider health needs of the population. For all doctors the patient must come first but they will achieve this in different ways and in different settings. As the critical decision maker with responsibility for significant health resources the doctor must be capable of both management and leadership and of taking ultimate responsibility for clinical decisions. Within a world where the capacity to treat is growing but financial resources are finite, doctors have a duty to use resources wisely and effectively and engage in constructive debate about such use. They should ensure that their own and others' skills and knowledge are deployed to the best possible effect for patients and the population served.

Doctors have a key role in enhancing clinical services through their positions of responsibility. Some will move on from clinical leadership and management to leadership roles within organisations at various levels - service, institutional, national and international.

The role of the doctor is changing and will continue to change alongside the needs and expectations of patients and the development of other healthcare professions. Patients are increasingly better informed and act as partners in their own care and the role of different healthcare professions will develop within clinical teams. The doctor serves as advisor, interpreter and supporter in this endeavour.

*This statement has the support of:*

*The Chief Medical Officers of England, Scotland, Wales and Northern Ireland, The Academy of Medical Royal Colleges, The Association of UK University Hospitals, The British Medical Association, The Conference of Postgraduate Medical Deans, The General Medical Council, The King's Fund, The Medical Schools Council, NHS Employers and NHS Health Education England.*