DECONSTRUCTING THE DOCTOR

The past President of the British Medical Association, Professor Pali Hungin, was so concerned about the future of medicine and the future role of the doctor, that he held an international colloquium on the subject. Key questions included whether medicine, and by implication, medical training, is able to keep pace with the technological, professional, and societal changes affecting medical practice. What will doctors be doing in 20 or 30 years’ time? How can we prepare for an unpredictable future? Similar questions must have been in the mind of the new President of the Royal Society of Medicine, where a public debate on the past, present, and future of the NHS took place in mid-August, with Stephen Hawking as a keynote speaker. Traditional medical roles and functions have never been under greater scrutiny.

When Professor Martin Roland was commissioned by Health Education England to report on the workforce requirements of an effective future primary care system, his recommendations included a strong emphasis on teamwork and the incorporation of new professional roles into general practice and primary care.1 The report was cautious about the strength of the evidence for some of these new professional roles, and perhaps a little optimistic about the readiness with which they are likely to be systematically assimilated into existing structures, relying on ‘well-motivated professionals’. In this issue of the BJGP we have published two articles and an editorial about the potential role of pharmacists in general practice, which illustrate more general points about the future role of the doctor, that he held an eponymous lecture, a blue plaque and, quite possibly, a dram or two. With Edinburgh leading the way, 54 years on every medical school in the UK has something approximating to a Department and Professor of General Practice, although sadly many of these departments are being subsumed into ‘well-motivated professionals’ in a Department and Professor of General Practice, although sadly many of these departments are being subsumed into almost meaningly-titled groupings such as Population Health or Community Medicine.

Little surprise that medical students don’t think of general practice as a career choice, when they can’t even see it at medical school.

Roger Jones, Editor

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