

The Consensus Statement on the Role of the Doctor¹

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. The doctor's role must be defined by what is in the best interest of patients and of the population served.

Based on the definition of the role of a medical doctor proposed by the *International Labour Organisation*² 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.

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, 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:

assess patients' healthcare needs taking into account their personal and social circumstances

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

identify and advise on appropriate treatment options or preventive measures

explain and discuss the risks, benefits and uncertainties of various tests and treatments

and where possible support patients to make decisions about their own care.

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

¹ In this statement 'doctor' refers to all qualified doctors including those in training.

² 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>

to assimilate new knowledge critically, have strong intellectual skills and grasp of scientific principles and be capable of dealing effectively with and of 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 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.

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 about when 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 and of patients. 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.

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, 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 best possible effect.

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. Patients are increasingly better informed and act as partners in their own healthcare. The doctor serves as advisor, interpreter and supporter in this endeavour.

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