



Durham
University

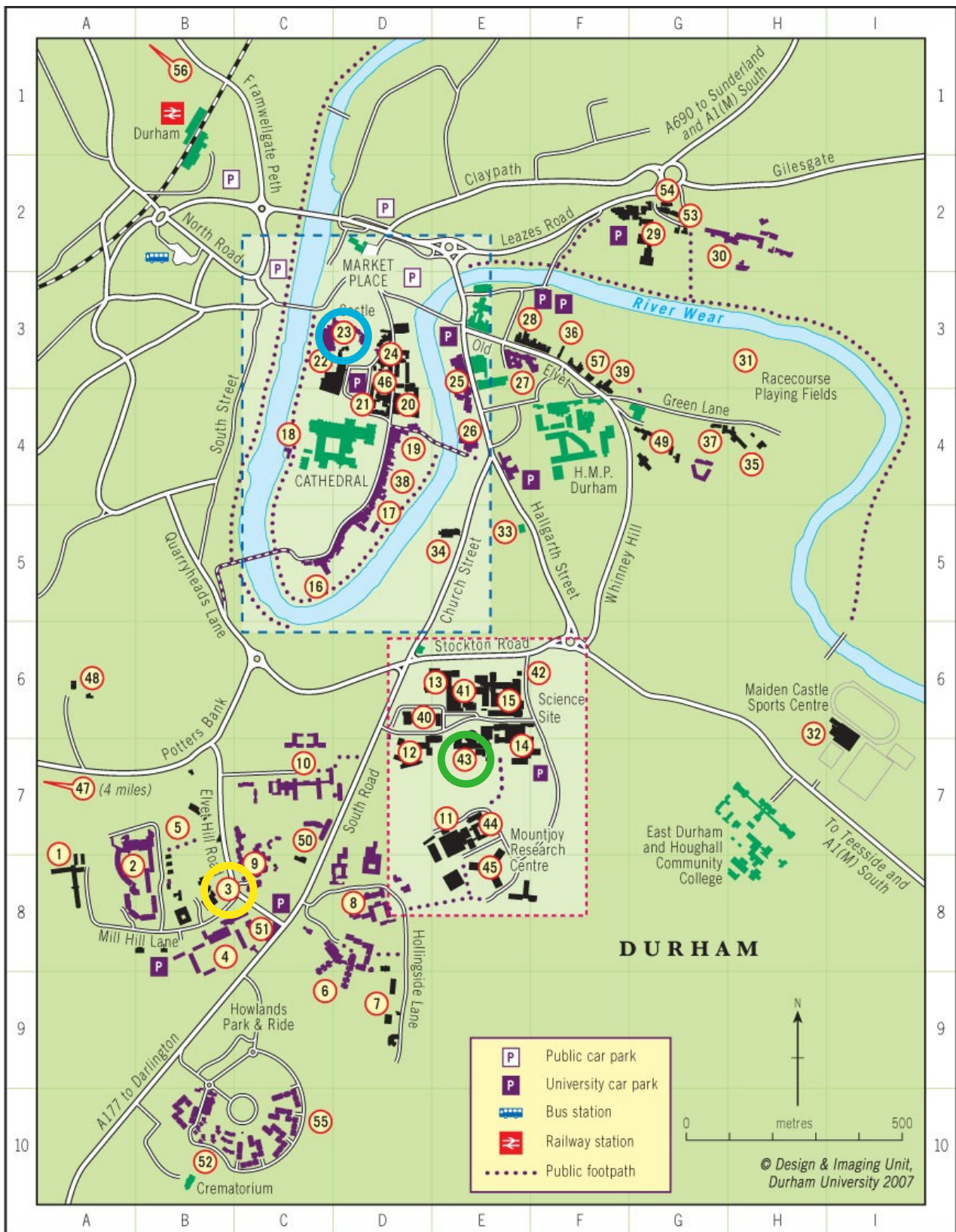


The Teikyo Symposium on:
**THE ROLE OF THE DOCTOR:
PAST, PRESENT AND FUTURE**

25th - 27th July 2012

Durham University
in partnership with
Teikyo University of Japan in Durham





The main locations for the symposium are:

- 3 Teikyo University, Lafcadio Hearn Centre
- 43 Calman Learning Centre
- 23 Durham Castle (University College)

THE ROLE OF THE DOCTOR: PAST, PRESENT AND FUTURE

Wednesday 25th July

Opening ceremony with Professor Chris Higgins (Vice Chancellor, Durham University) and Mr Yoshihito Okinaga (President, Teikyo University of Japan)

11.45am - 12.30pm	Registration at Teikyo University (location 3 on map)
12.00 - 12.30	Welcome buffet at Teikyo University
12.30 - 12.35	Welcome to Durham: Prof Chris Higgins, Vice Chancellor and Warden Durham University
12.35 - 12.40	Welcome to Teikyo University: Mr Yoshihito Okinaga, President of Teikyo University
12.40 - 12.50	Walk to Calman Centre, Ken Wade lecture theatre (location 43 on map) for the Symposium
1.00 - 1.10	Welcome to Durham and aims of the meeting: Prof Pali Hungin (Durham University)
1.10 - 1.20	Welcome from Teikyo University: Prof Yano (Teikyo University) <i>The History of the Teikyo Symposium</i>
1.20 - 3.15	Reflections on the role of the doctor Chair: Professor Jan Illing (Durham University)
1.20 - 1.50	Sir Donald Irvine (former President of the GMC) <i>Medical Training: Achieving patient-centred care</i>
1.55 - 2.15	Professor John Spencer (Newcastle University) <i>Medical Education: The good, the bad and the ugly: changes in medical education over the past forty years</i>
2.20 - 2.40	Professor Pali Hungin (Durham University) <i>Medical Practice: Dealing with what we don't know: clinical problems without explanations</i>
2.45 - 3.15	Chaired discussion
3.15 - 3.45	Tea break
3.45 - 5.30	Challenging assumptions Chair: Professor John McLachlan (Durham University)
3.45 - 4.05	Professor Jane Macnaughton (Durham University) and Dr Havi Carel (UWE Bristol) <i>Patient Perspective: Doctors and patients</i>
4.10 - 4.30	Professor Jan Illing (Durham University) <i>Medical Practice: The gaps, the assumptions and the underdogs: difficulties with the role of the doctor</i>
4.35 - 4.55	Associate Professor Takeaki Takeuchi, MD, PhD (Teikyo University) <i>Medical Education: Bringing active learning into medical professional education</i>
5.00 - 5.30	Chaired discussion
7.00pm	Wine reception and dinner at Durham Castle (location 23 on map)

THE ROLE OF THE DOCTOR: PAST, PRESENT AND FUTURE

Thursday 26th July

Programme at Calman Centre, Ken Wade lecture theatre

9.00 - 10.30am

Incorporating Past and Present

Chair: Professor Chris Gray (Postgraduate Dean, the Northern Deanery)

9.00 - 9.30

Professor Karen Mann (Dalhousie University, Canada)

Medical Education: The role of the doctor in the health care team

9.30 - 9.50

Dr Anna van der Gaag (Chair of the HPC, UK)

Medical Training: Changing roles and changing expectations in the clinical team

9.50 - 10.10

Associate Professor Kyoko Nomura, MD, PhD (Teikyo University)

Medical Education: The role of the doctor and postgraduate medical education in Japan

10.10 - 10.30

Chaired discussion

10.30 - 11.00

Tea break

11.00am - 12.30pm

Future Roles

Chair: Professor John McLachlan (Durham University)

11.00 - 11.30

Professor Larry Gruppen (Michigan University, USA)

Medical Education: The next 100 years, from Flexner onwards

11.30 - 11.50

Professor Sam Leinster (University of East Anglia)

Medical Practice: The changing needs of doctors: from specialist to generalist

11.50 - 12.10

Dr Ruth Briel (Tees, Esk, and Wear Valleys NHS Foundation Trust; NHS award)

Medical Practice: The role of the doctor in improving quality

12.10 - 12.30

Chaired discussion

12.30 - 1.30

Lunch

1.30 - 3.00pm

Break out groups: Reflecting on where next

3.00 - 3.30

Tea break

3.30 - 4.00

Feedback: Framing future directions

Chair: Professor Pali Hungin (Durham University)

4.00 - 5.30pm

Future Directions

Chair: Professor Jan Illing (Durham University)

4.00 - 4.20

Professor Trudie Roberts (Association for the Study of Medical Education & University of Leeds)

Medical Education: Future directions in medical education

4.20 - 4.40

Professor Graham Towl and Prof David Crighton (Durham University)

Medical Practice: Patient Safety

4.40 - 5.00

David Cox and Daniel Cummings (medical students, Newcastle University)

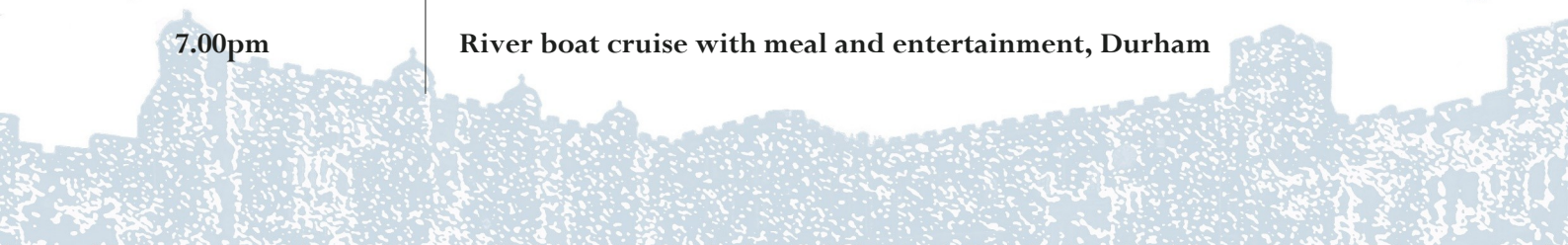
Medical Education and Training: "Have you tried switching him off and back on again?"

5.00 - 5.30

Chaired discussion

7.00pm

River boat cruise with meal and entertainment, Durham



THE ROLE OF THE DOCTOR: PAST, PRESENT AND FUTURE

Friday 27th July

9.00am - 1.00pm

Future directions in Medical Education

Chair: Sir Donald Irvine

9.00 - 9.30

Prof Fred Hafferty (Mayo Clinic, USA)

Medical Practice: The doctor and patient relationship

9.30 - 9.50

Adjunct Professor Maki Sugimoto, MD, PhD (Teikyo University)

Medical Practice: Actuality beyond reality for the future role of physician

9.50 - 10.10

Professor John McLachlan (Durham University)

Medical Education: Pious platitudes about professionalism

10.10 - 10.40

Chaired discussion

10.40 - 11.10

Tea break

11.10 - 11.30

Dr John Jenkins (Chair of Postgraduate Board, General Medical Council)

Medical Training: Preparing future doctors to add value to patient care?

11.30 - 11.45

Chaired discussion

11.45am - 1.00pm

Panel discussion and reflections on the Symposium

Chair: Professor Pali Hungin (Durham University)

The future doctor – what attributes and qualities should they have?

1.00pm

Lunch and close of Symposium

Programme at Calman Centre, Ken Wade Lecture theatre



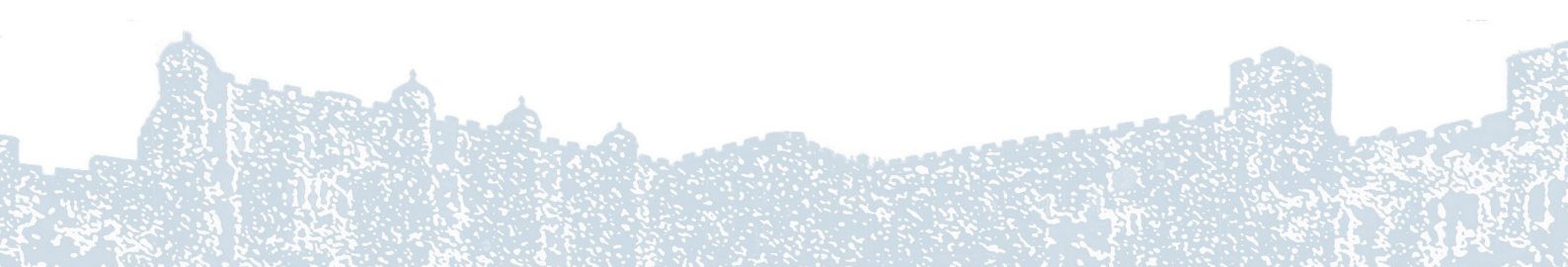


Mr Okinaga Yoshihito

President, Teikyo University, Japan

Born in Tokyo in 1973, after graduating from the Faculty of Science and Technology at Keio University in 1996 he completed both masters and doctoral programmes in the Department of Mechanical Engineering at Keio University.

Presently, he serves as the Chairman/President of Teikyo University, the Chairman of Teikyo Heisei University, the Managing Director of Okinaga Gakuen, and President of the Teikyo University Junior College.



Professor Eiji Yano

Chair of the Department of Public Health, Teikyo University, Japan

Dr Eiji Yano is Professor and Chair of the Department of Public Health at Teikyo University School of Medicine and Dean of the Graduate School of Public Health in Teikyo University. He is also the Director, Research Centre for the Teikyo-Harvard Programme in the same school. He graduated from the Faculty of Medicine, University of Tokyo, and the Harvard School of Public Health. He spent one year in Wales at the MRC pneumoconiosis Unit as a research fellow of the International Agency for Research on Cancer. He was granted honorary professorships from West China University Medical Sciences, Chengdu, Sichuan, China and Krasnoyarsk State Medical Academy, Krasnoyarsk, Russia. Recently he was also appointed as the Visiting Professor of Harbin Medical University, China.



His research interests include the health effects of volcanic ash, experimental and epidemiological study of asbestos, health effects of traffic air pollution in Tokyo and Bangkok, evaluation of medical screening programmes, analysis of tobacco companies, health effect of precarious work, and training and teaching public health with case methods. As the chair of the Committee for Occupational Exposure Limit of the Japan Association for Industrial Health, he was in charge of making the recommendations for the risk evaluation value of asbestos and ionizing radiation. He is also the Vice-Chair of the Committee for Tobacco Control of the Science Council of Japan. He has published more than 250 peer reviewed scientific papers and edited more than 20 books.

The History of the Teikyo Symposium

The Symposium we are now opening is based on the Teikyo Harvard Programme. In 1993, President Shoichi Okinaga of Teikyo University and then President Neil Rudenstien of Harvard University signed an agreement for academic collaboration between the two Universities.

Under this programme, various activities of academic exchange have been performed which include training of young scientists, opening of a new laboratory in both universities, and seminars in Boston by Teikyo faculties and in Tokyo by Harvard faculties. Among the activities, the most important one has been the medical symposium, which many distinguished speakers from many prestigious universities of the UK, US, and Japan have attended. The first Symposium was held in Tokyo in 1994 and discussed our strategy for the 21st century. Since then, as listed below, we have held these symposiums, discussing a diversity of the most pressing issues in health and medical care at the respective time.

- I . 1994 (Tokyo): Environment, Health, and Medical Care for the 21st Century
- II . 1996 (Boston): Health and the Work Environment
- III . 1998 (Tokyo): Evaluation in Medicine and Health Care, Toward Evidence Based Medicine
- IV . 2000 (Cambridge, MA): Aging and Health; Environment, Work and Behavior
- V . 2002 (Cambridge, UK): Genetic Science, Policy and Public Health
- VI . 2006 (Boston): Preventing Disasters and Minimizing their Consequences
- VII . 2009 (Tokyo): The Healthy Hospital, Maximizing the Satisfaction of Patients, Health Workers, and the Community
- VIII . 2012 (Durham, UK): The Roles of the Doctor: Past, Present and Future

Now, we are having the 8th Symposium which for the first time is being held at Durham University and will focus on the doctors, the key players of health and medical care. I hope the presentations and discussions in this symposium will succeed the achievements of the previous ones during the last two decades and lead to the next era of academic exchange in health and medical care among distinguished universities worldwide.



Sir Donald Irvine CBE MD FRCGP FMedSci

Former president, General Medical Council

Sir Donald, a retired family doctor, is currently board chairman of the healthcare charity Picker Institute Europe, and a trustee of Picker Institute Inc in the US. Picker promotes patient-centred healthcare through the assessment of patient experience, research, and education. He is also Honorary Professor, School of Health in the University of Durham, a Vice President of the Patients' Association, and President of Age UK Northumbria.

Sir Donald was President of the General Medical Council from 1995 to 2001, a turbulent period in British medicine. Modernising professional regulation and promoting ideas about professionalism in medicine in tune with the needs and expectations of patients and the public today were the central themes of his Presidency. Earlier, he was responsible for the initial development of Good Medical Practice, the code of professional practice that is the basis for medical practice and medical education in the UK and several Commonwealth countries today. In 1998 he initiated the development of revalidation (relicensure and recertification) which will come into effect in 2012 for all doctors practising in the UK.

In his practising years Sir Donald was an active teacher and writer on medical education and quality, especially in general practice. One of the founders of vocational training for general practice, he has long linked medical education with unfolding ideas about professionalism in medicine.

Achieving patient-centred care

This presentation traces the history of the main forces and events which have been moving the medical culture towards a more even-handed relationship with patients and the public. At its heart lies the need for the medical profession to be fulsome in its recognition of patient autonomy, and all that flows from that. Fuelling this change, the impact of the digital information revolution on the doctor/patient relationship is only just beginning to be appreciated.

The presentation summarises patients' expectations of doctors and the medical profession today, and considers the implications of these for medical professionalism and professional standards, practice, regulation and education.

The relationship between the medical profession and public seems to have reached a crossroads. A basic question is therefore what needs to be done to foster and maintain public trust in doctors?



Professor John Spencer

Newcastle University



John Spencer is a general practitioner and Professor of Clinical Education and Primary Care at Newcastle University. He is strand leader for Personal and Professional Development, coordinates the Faculty Staff Development programme, is Director of Research and Development in the School of Medical Sciences Education Development, and until recently was Sub-Dean for Primary and Community Care. He has been involved in the education and training of health care professionals for over 30 years, predominantly undergraduate medical education, but also postgraduate medicine, GP vocational training, paramedic, pharmacy and nursing education, both basic and post-basic, veterinary medicine and staff development, as well as working with primary health care teams and patient groups. He has been an active researcher in both health service and educational research and has published widely, is a former deputy editor of *Medical Education* and editor-in-chief of *Clinical Teacher* and was, for many years, actively involved with the Association for the Study of Medical Education and helped establish its Educational Research Group. He worked for both the QAA and GMC in accreditation of undergraduate medical programmes, and has been external examiner in several medical schools in the UK, Eire and the Caribbean. He was awarded the inaugural President's Medal by the Academy of Medical Educators in 2009. He works in a small general practice serving a deprived community in the west end of Newcastle.

The good, the bad and the ugly: changes in medical education over the past forty years

In this talk I will look at changes in medical education and training over the last half century, with a particular focus on teaching, learning and assessment of professionalism. Formal education about this aspect of doctoring is a relatively 'new kid on the block' and I will discuss some of the drivers of the changes, as well as the problems and challenges facing educators.





Professor Pali Hungin OBE MD FRCGP FRCP FRSA **Head of School of Medicine, Pharmacy and Health,** **Durham University, UK**

Pali Hungin is the Dean of Medicine and the Head of the School of Medicine, Pharmacy and Health at Durham University. His background is in general practice with experience in gastroenterology as a hospital practitioner. Pali's research has centred on equity of access to management facilities for health professionals, the earlier identification of long term disorders and dealing with barriers to effective, evidence-based care. Much of his research (including his MD thesis) has been in gastroenterology, in dyspepsia, and latterly on functional GI disorders. Professor Hungin is part of the Scientific Committee of the European Gastroenterology Federation and the primary care lead for the ROME Foundation for functional disorders. He is a founding member of the UK and European Primary Care Societies for Gastroenterology and was an instigator of the primary care research networking movement in the UK. He has served as the Chair of the NHS Research Forum (England and Wales) and on the Independent Scientific Advisory Committee of the MHRA. An early recipient of a RCGP Research Fellowship Pali was awarded the John Fry research medal and his additional role at Durham has been to lead its clinical and health services research group. This has an emphasis on integrated care across care disciplines and on patient centred pathways of care for a variety of clinical problems.

latterly on functional GI disorders. Professor Hungin is part of the Scientific Committee of the European Gastroenterology Federation and the primary care lead for the ROME Foundation for functional disorders. He is a founding member of the UK and European Primary Care Societies for Gastroenterology and was an instigator of the primary care research networking movement in the UK. He has served as the Chair of the NHS Research Forum (England and Wales) and on the Independent Scientific Advisory Committee of the MHRA. An early recipient of a RCGP Research Fellowship Pali was awarded the John Fry research medal and his additional role at Durham has been to lead its clinical and health services research group. This has an emphasis on integrated care across care disciplines and on patient centred pathways of care for a variety of clinical problems.

Dealing with what we don't know: clinical problems without explanations

Professionalism implies an engagement with the patient and his or her problem. Yet, clinicians frequently make a tactical withdrawal from this engagement because of a lack of understanding of the patient's problems, essentially because these problems do not conform to their own models of understanding and are outside the paradigms of their training. Functional problems, in some contexts labelled medically unexplained symptoms (MUS), comprise a huge proportion of overall clinical workload. In most specialities they constitute the majority of consultations as is clear from any clinic in gastroenterology, rheumatology, cardiology or neurology where functional abdominal symptoms (e.g. irritable bowel syndrome), fibromyalgia, non-cardiac chest pain and unexplained pain challenge the doctor. The symptoms and syndromes are frequently interconnected, with somatic hypersensitivity as a common link. They have been described as persistent body symptoms for which an adequate examination and investigations does not reveal an explanatory structural or other specific pathology. In primary care they constitute 20-50% of consultations and up to 40% of hospital referrals with an overall cost of several billions to the NHS.

Doctors are not keen on these disorders. We prefer to see people with more definitively defined lesions and we have a tendency to retreat from sufferers with functional problems. Worse still, our training and subsequent specialisation leads to a reductionist approach, causing sufferers to have investigations and invasive procedures, including operations, which are medically unnecessary and harmful. Thus the reverse paradigm applies – the uncertainty causes over-investigation and unnecessary intervention allied to a lack of willingness to face the problem directly.

In part this is due to the lack of explanatory models (EMs) for conducting a meaningful dialogue with the patient. Treating a person and managing a problem of which you do not have an understanding is a barrier and a recipe for harm. This has led to a dissonance between patients and doctors. Bridging this gap through innovative educational models and training strategies needs to be a high priority. How else can we claim that the patient is central?



Professor Jane Macnaughton

Co-Director, Centre for Medical Humanities, Durham University, UK



Jane Macnaughton is Professor of Medical Humanities at Durham University in the UK and co-director of the University's Centre for Medical Humanities (CMH). This Centre was established in 2008 as a Wellcome Trust-Funded development from the Centre for Arts and Humanities in Health and Medicine (CAHHM) which she initiated in 2000. She became Deputy Head of the School of Medicine and Health in 2009. She has published in the fields of medical education, medical humanities, literature and medicine, history of medicine and health care environments. Recently her work has turned to engagement in critical public health especially in the field of smoking research. Her books include, *Clinical Judgement* (OUP, 2000, with Robin Downie), *Madness and Creativity in Literature and Culture* (Palgrave, 2005, with Corinne Saunders) and *The Body and the Arts* (Palgrave, 2009, with Corinne Saunders and Ulrika Maude). She is also part of an international publishing collaboration working on a series of Medical Humanities Companions. Jane was a founder member of the UK's Association for Medical Humanities (AMH) and was joint editor of the journal *Medical Humanities* until 2008. Jane's current clinical work is in gynaecology and she is an Honorary Consultant in Obstetrics and Gynaecology at the University Hospital of North Durham. She is married to a medical anthropologist and has two sons and a dog.

Doctors and patients

Late 20th and early 21st century approaches to medical practice have stressed the autonomy of the patient and the idea that doctors and patients should work in partnership. This cultural shift in the nature of the doctor-patient relationship has developed at the same time as doctors have withdrawn from an all consuming commitment to the job, seeking better work life balance and fewer hours in the consulting room, while patients are perceived as more consumerist and knowledgeable about the services they pay for. This contradictory mix has given rise to a poor press for doctors and suspicion about the profession's continuing claim to 'altruism'. However, when doctors and patients get together in the intimate context of the consulting room, the nature of their interaction is mediated by the quality of the relationship rather than by political or consumerist ideologies. In this paper we examine that interaction looking in detail at the perspectives held at different times by both parties during a consultation. We challenge the traditional view of the doctor as objective observer and patient as, at times object, but also subjectively (emotionally) responding to the doctor's diagnosis and treatment. We argue that the picture is more complex, and that by attending to their own subjectivity (both psychologically and physically), doctors can achieve the important task of medicine: to fuse clinical expertise and humanistic understanding to the benefit of their patients. By being aware of both subjective and objective gazes, doctors can operate as people and clinical experts, without technologising their personhood or downplaying their expertise.





Professor Jan Illing PhD

**Co-director, Medical Education Research Centre,
Durham University, UK**

Jan Illing is Co-Director of the Medical Education Research Centre at Durham University. She moved with her research team from the Northern Deanery to Durham in 2010. She has a background in psychology and completed an MPhil in social work in 1987 and a PhD on social factors and clinical depression in women at Newcastle University in 1996. In 1998, she moved into the field of medical education, and in 2000 was awarded a research fellowship from the Association for the Study of Medical Education (ASME).

Jan has worked extensively in the field of medical education and has worked, in formally contracted arrangements, with the General Medical Council (GMC), the Health Professions Council, The National Clinical Assessment Service, The Royal College of General Practitioners, The Medical Schools Council, the National Institute for Health Research and The Department of Health, as well as organisations within the North East of England, such as the Northern Deanery and the Strategic Health Authority.

Jan's recent research has focused on transitions: medical graduates' preparedness to start practice and the transition of overseas doctors into the UK workplace. Jan and her team have undertaken a range of studies that have influenced national and local policy including the new edition of the GMC's Tomorrow's Doctors. Other recent research themes include: professionalism, revalidation and workplace bullying in the NHS.

Jan recently acted as an independent assessor for Medical Education Research at the Karolinska Institute in Stockholm, Sweden, and was commissioned, together with Prof McLachlan and Prof Mason of the School of Medicine, Pharmacy and Health at Durham, to act as academic advisor to the Department of Health's Revalidation Support Team.

The gaps, the assumptions and the underdogs: difficulties with the role of the doctor.

This presentation will focus on some of the challenges within the role of the doctor.

Gaps: in preparedness for the role. Recent research has highlighted gaps in preparedness for the role of a doctor, both at the start of training and at the end when moving on to become a consultant. A lack of preparedness for the next role leaves doctors, other staff and patients vulnerable.

Assumptions: that all doctors are trained similarly and will slot seamlessly into the NHS. In 2010 37% of the doctors registered with the GMC qualified outside the UK. At the same time non-UK qualified doctors are overrepresented in cases of underperformance. The NHS assumes that non-UK qualified doctor can fit into an NHS post without regard to the differences in training and the potential impact of these differences on the role of the doctor.

Underdogs: medical hierarchies persist, some doctors are shut out of training and others shut out of education. Junior doctors still hear a career in generalism being denigrated by hospital special-ists, some doctors are deemed good enough to provide a service but not good enough to train (SAS/career grade) and locums are often left outside of educational opportunities, and even access to information to support revalidation becomes a challenge.

All of these examples highlight concerns about the role of the doctor. Does the profession need to get its house in order before it can take on the next challenge of being a doctor in the 21st Century?

Assoc Professor Takeaki Takeuchi MD MPH PhD

Associate Professor, Public Health & Psychosomatic Medicine , Teikyo University



Takeaki Takeuchi is mainly involved in education, research, and clinical practice. His research interests lay in the field of psychosomatic medicine, wherein body and mind relationship is dealt with. He has been interested in studying how to change people's minds in both clinical and community settings.

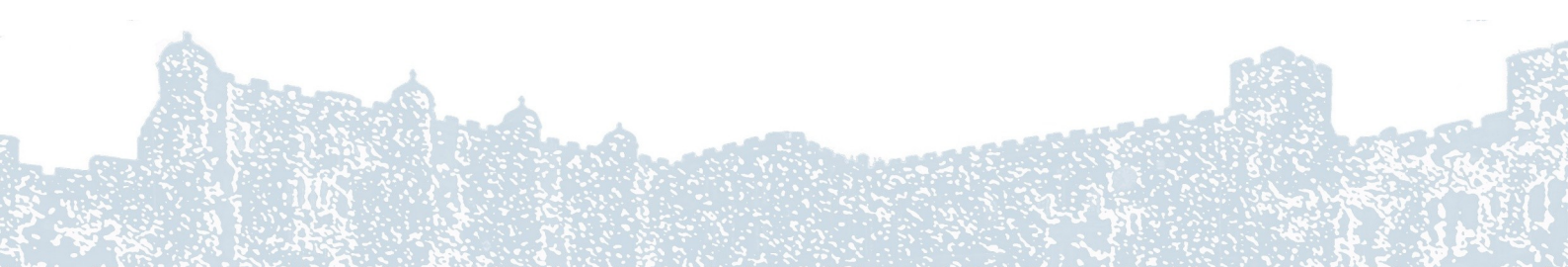
Dr. Takeuchi graduated from the Teikyo University School of Medicine in 2000 and the Harvard School of Public Health in 2006. He is a physician and has added qualifications in psychosomatic medicine. In addition to his clinical experience in psychosomatic medicine, Dr. Takeuchi has been committed to medical education and behavioral medicine. In 2008, he received an early career award from the International Congress of Behavioral Medicine. At the same time, he was elected as the best presenter by the Japanese Society of the Public Health. In 2012, he was selected top 5 lecturers out of 350 lecturers at Teikyo University School of Medicine. He has been the supervisor of case-based method in the department of public health since 2008. The case-based method has been practiced for 5th grade medical students since 1995 in Teikyo University. He is now endeavoring to apply case-based methods to throughout medical education in Teikyo University School of Medicine.

Bringing active learning into medical professional education

Since 1995, case-method teaching has been practiced as a teaching approach in the field of public health for the fifth-grade medical students at the Teikyo University School of Medicine under the guidance of Professor Yano. Case-method teaching is considered as one of the best ways to develop the skills of a medical professional, such as diagnosis of diseases, treatment plans, decision-making, and practices in clinical fields. Many other courses have also used short cases such as vignettes or examples of a principle or concept that an instructor wishes to illustrate. Traditional teaching style in medical schools has its own limitations. This is because medical education requires to consider not only the knowledge of medicine but also the decision-making or leadership qualities. Education is classified into the following three levels:

- Level One: The transmission of knowledge through information, concepts, frameworks, tools, and techniques.
- Level Two: The development of skills required to analyze, think critically, make judgments and decisions, and to execute decisions.
- Level Three: The development of professional identities and leadership capabilities with a set of values, self-awareness, and the capacity for learning on the job.

While the types and complexities of knowledge, skills, and professional identity and leadership challenges differ across professions, all three levels of education are relevant to business, education, government, law, medicine, and public health. On the basis of this educational theory, this presentation will discuss the challenges of applying case methods in all aspects of medical education. It is said that Japan is facing a challenge due to the lack of physicians. However, the actual problem is not only in the shortage of physicians but also in the quality of the available physicians. The need of the hour is well-qualified and well-trained doctors from medical schools.





Professor Karen Mann PhD

**Professor Emeritus, Division of Medical Education,
Dalhousie University, Canada**

Dr. Mann is Professor Emeritus in the Division of Medical Education, where she was founding Director (1995-2006). She also holds a Chair in Medical Education at Manchester Medical School, University of Manchester, UK. Karen is involved in teaching, research and development and writing across the medical education continuum. With colleagues Tim Dornan, John Spencer, and Albert Scherpbier, she co-edited and wrote a textbook of medical education: *Medical Education: Theory and Practice*. She was PI on a Health Canada study

in inter-professional education. Current research interests are in self-assessment and feedback, reflection, assessment and professionalism. She serves on the editorial boards of *Academic Medicine*, *Medical Education*, the *Journal of Continuing Education in the Health Professions*, *Perspectives in Medical Education* and the *Canadian Journal of Medical Education*. She also supervises Masters and PhD students, and has been involved in developing and teaching in higher degree educational programs for health professions faculty.

The Role of the Doctor on the Healthcare Team

Academic medicine is evolving in a fundamental way, in response to both internal and external forces. One aspect of this evolution is the need to move from a culture based on individual responsibility and autonomy toward the incorporation of collaborative practice. Collaborative practice brings physicians and other healthcare professionals together to address complex health and health care delivery problems. This evolution raises two challenging questions: First, where and how do physicians fit into the healthcare team? And secondly, how can physicians be prepared for collaborative practice? Physicians are emerging as valuable leaders and members of multidisciplinary teams which share patient responsibilities and outcomes. The need to effectively prepare physicians for collaborative practice has meant that curricula must now integrate a strong foundation of interprofessional education (IPE). IPE acknowledges that a healthcare team requires interactions and expertise from a variety of professionals with various backgrounds, and that partnership can deliver the highest quality of care, improve patient safety, potentially reduce expenditures, and improve work satisfaction. Physicians must now acquire clinical and medical knowledge and also be helped to develop a range of skills around leadership, communication and management. They must be able to work respectfully with a range of professionals and disciplines; and effectively interchange between being a team leader and a team member. Successful facilitation of IPE requires system, curricular and institutional transformation, to bring about change in the cultures and attitudes of professionals to support IPE. It is also critical to identify key educators to lead IPE and to encourage collaboration between faculties and professions to enhance competency-based approaches to IPE. Successful integration of IPE into traditional medical education will require an evaluation of current programs and approaches to care delivery, and the development and support of interprofessional faculty and resources. Strengthening the evidence behind the effectiveness of IPE for practice will ensure program developments and implementation.



Dr Anna van der Gaag PhD

Chair, Health Professions Council, UK



Anna van der Gaag has been a member of the HPC Council since it was set up in 2002. In 2006 she was elected President and became its first appointed Chair in 2009. From 2006 - 2008 she was a member of the Council for Healthcare Regulatory Excellence, the body that oversees health regulation in the UK. She has been a member of government working groups on regulatory reform, including the work on non-medical revalidation, and health for health professionals. More recently she has been working with the Scottish government to promote professionalism in the healthcare workforce. In addition to her work in health regulation, Anna is a research speech and language therapist and Honorary Research Fellow in the Faculty of Medicine, University of Glasgow. Prior to this she taught at the University of Strathclyde, was a senior researcher in the Rehabilitation Research Unit at the University of Oxford and the Centre for Integrated Healthcare Research at Queen Margaret University College, Edinburgh.

Anna has been involved in quality improvement initiatives with health professionals for over three decades. In 1988 she published the first standardised communication assessment for use with adults with learning disabilities, which is in its third edition and continues to be used throughout the world. Her published work covers a wide range of areas including regulation, quality assurance, clinical audit, skill mix, user involvement, e-learning and service evaluation.

Changing roles and changing expectations in the clinical team

The last ten years have seen significant changes in patient expectations of the doctor, and the next ten years will see an ever increasing overlap between the different health care professions and what they can deliver. Is this creating a new crisis for medicine? Can we afford to continue to deliver the same model of health care? Do patients want it? What do complaints about health professionals tell us? Is there a latent collective hubris that remains a barrier to change? This paper explores these and other questions about the change in roles and expectations across the clinical team, drawing on examples of recent changes to practise such as independent prescribing and team management of long term conditions. The challenge for doctors of the 21st century lies in adapting their values as well as their practice to work alongside other professions and with patients as genuine partners in decision making.





Assoc Professor Kyoko Nomura MD MPH DMSc

Associate Professor in the School of Public Health, Teikyo University

Dr. Kyoko Nomura is an associate professor in the School of Public Health at Teikyo University. She obtained her MD at Teikyo University School of Medicine in 1993 and joined Teikyo University Public Health in 2001. She had been engaged in clinical practice for several years during which she qualified as a specialist in general internal medicine and body-psycho-somatic medicine.

Dr. Nomura earned a Masters in Public Health in quantitative methods at Harvard University in 2002 and a Doctorate of Medical Science at Teikyo University in 2004. She has published widely on medical education, the effective use of medical doctors in Japan, clinical research, psycho-social science, and industrial hygiene.

Recently, her work has included an evaluation for postgraduate medical education programmes supported by the Ministry of Health, Labour, and Welfare during 2004-2007; and a role as principal investigator of alumnae surveys from 14 private medical schools in Japan during 2009-2011.

Now she serves as an executive board member of the Teikyo Medical School Alumni Association and on a Non-Profit Organization to support women physicians and medical students in Japan to establish their career development. She is also a member of a working group tasked with studying a future vision of the Japan Medical Doctor's Association.

History of postgraduate medical education in Japan

Postgraduate medical education (PGME) is very important for a newly certified physician in Japan because any first-hand clinical procedures performed by medical students were strictly prohibited by law. Thus, PGME provides residents the first opportunity to learn basic clinical skills. In 1946, soon after World War II, the Japanese government established the National Board of Medical Examiners and clinical internship prior to the National Board Exam (the former postgraduate education program).

Effects of old and new PGME on clinical competency of residents

The quality of the clinical internship was very poor and therefore it was abolished. In 1969, a postgraduate medical education programme was first introduced. The newly introduced PGME programme adopted monospecialty training style. After all, this old PGME created wide difference in clinical competency among residents.

In 2004, the government reformed the PGME programme. Under the new programme, a varied clinical rotation-based training system was adopted which greatly increased the clinical experience of residents.

Adverse effect of the new PGME

Although the new PGME successfully increased residents' clinical skills, the new PGME caused physician mal-distribution (unequal-distribution) in geography, clinical department and gender, which further created physician shortages nationwide. I will talk about how physician shortages have been created related to physician mal-distribution in geography, clinical department and gender.

Role of the doctor in an era of physician shortages

Now Japan faces a serious physician shortage. After I will introduce several countermeasures against physician shortages in Japan, I would like to propose the role which medical doctors are expected to play in an era of physician shortages.

Professor Larry Gruppen PhD

Chair, Dept. of Medical Education, Michigan University, USA



Larry Gruppen is Chair of the Department of Medical Education at the University of Michigan Medical School where he holds an endowed chair as the Josiah Macy Jr. Professor of Medical Education. His research interests center around the development of expertise, knowledge and performance assessment, self-regulated learning, and educational leadership development. He has held the offices of president of the Society of Directors of Research in Medical Education and chair of the Association of American Medical College's (AAMC) Central Group on Educational Affairs. He was also the founding Chair of the AAMC's Medical Education Research Certificate (MERC) program. He has directed the University of Michigan Medical School's Medical Education Scholars Program since its inception in 1998 until 2007. He has over 95 peer-reviewed publications on a variety of topics in medical education, presents regularly at national and international professional meetings, and has contributed several chapters to recent texts in medical education. He has been recognized for his career productivity by the AAMC's Central Group for Educational Affairs' Medical Education Laureate Award.

Medical Education: the Next 100 Years

Although predicting the future is fraught with peril, it is important to periodically consider the direction of medical education and how it might need to change to reflect changes in medical practice and in the larger society. This brief presentation will consider the secular trends of some current phenomena in health care, such as increasing specialization and individualized medicine, identify some events that could have major unanticipated impact, such as shifting definitions of health and changing foci for professional practice, and raise questions about the consequences on health care education of larger events not directly related to health care, such as tribalism and the demise of the oil-based economy. The implications for medical education of such changes are as complex and uncertain as the predictions themselves, but it is safe to say that change will be necessary and that we educators need to prepare for change and teach our learners how to adapt to change, embrace change and lead change.





Professor Sam Leinster

Emeritus Professor of Medical Education, University of East Anglia, UK

Sam Leinster is a surgeon by trade who first became involved in medical education as a Lecturer in Surgery at what was then the Welsh National School of Medicine in Cardiff. He continued his interest when he became Senior Lecturer in Surgery in Liverpool and eventually was invited to be part of the group re-writing the MBChB curriculum. As Director of Medical Studies, he oversaw the implementation of the new curriculum which was launched in 1996. In 2001 he became Inaugural Dean of the new medical school at the University of East An-

glia with the task of planning and implementing an integrated, patient-centred curriculum, which admitted its first cohort of students in September 2002. He has also been involved in the development of a new community-based medical school in Nepal.

He is a long serving GMC Educational Associate. From 1996 – 2012 he was involved with the development and running of the PLAB test for international medical graduates. He was a team leader for the QABME process of medical school inspection from its pilot run in 2003 until its completion in 2009. He continues as team leader for the replacement Quality Improvement Framework that has replaced QABME.

He retired officially in 2011 but is still PI in a research project in the East of England Foundation School looking at how well-prepared the FY1s are for professional practice with a particular focus on what the patients think of them.

The changing needs of doctors: from specialists to generalists

As scientific knowledge and medical technology grew during the 20th century practising doctors progressively narrowed their field of specialisation. The general practitioner increasingly became expected to direct the more complex cases to the appropriate specialist. The status of the doctor was related to their degree of sub-specialisation with the highest status going to the sub-specialist within a tertiary care centre. New roles have developed for other healthcare practitioners who deliver very high quality care for patients with specific conditions.

This reductionist approach to care appears to work in relation to single diseases. However, the current pattern of care is shifting towards the long-term management of chronic conditions. Individuals present with multiple pathologies and focusing on a single disease is likely to lead to less than optimum care of the whole person. There is a clear need to re-discover the role of the generalist who can, in partnership with the patient, take a broad view of what constitutes appropriate health care for that individual.

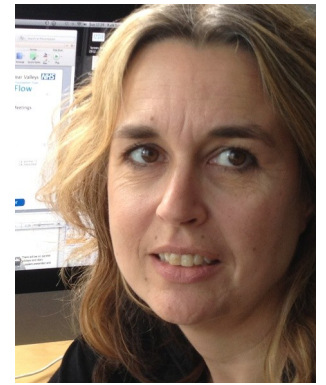
Such a generalist will require longer training than a specialist as they will need to have a sound grasp of basic and clinical science across the whole of medical practice. Their training should begin after a period in specialist practice during which they will have acquired expertise in clinical and communication skills and clinical reasoning.

Inevitably, there will be changes in the structure of the healthcare, in the education of health care professionals and in the comparative status and remuneration of generalists and specialists.



Dr Ruth Briel

Acting Chief Operating Officer, Tees, Esk & Wear Valleys NHS Foundation Trust



Ruth is currently working as Acting Chief Operating Officer with Tees Esk and Wear Valleys NHS Foundation Trust (TEWV).

Her background is as an Old Age Psychiatrist, and she worked as a Consultant and Clinical Director until she took up her current post.

Since being a junior doctor, Ruth has been involved in Quality Improvement. She has previously run a multi-agency project aimed at improving services for people with dementia and their carers.

More recently she has worked in the North East of England using 'Lean' Healthcare to improve the quality of care for patients and to remove waste from healthcare systems and processes.

Over the last two years, her specific role has been to involve medical staff in the TEWV Quality Improvement System. She has also been involved in writing a study guide to support implementation of the Royal College of Psychiatrists Medical Leadership Competency Framework and has worked with Professor Illing and the Durham University medical education research team to understand how training prepares doctors for all the roles they require in a modern health care system.

The rest of her time is spent bringing up her family and completing an Open University degree in arts and humanities.

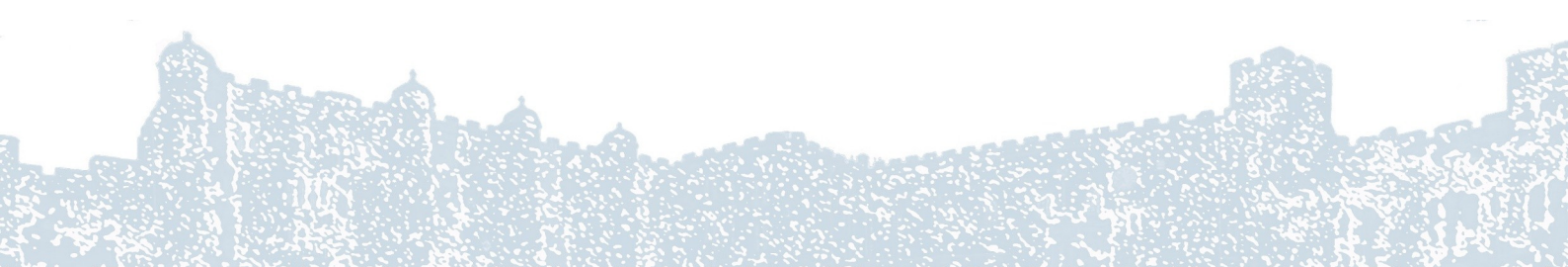
The role of the doctor in improving quality

Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) is a large Mental Health Trust in the North East of England. It provides Mental Health and Learning Disability Services to a population of 1.6 million people. TEWV has around 5,700 staff working out of approximately 170 sites, and an annual income of £270m.

In 2008, TEWV started its journey on improving services by adapting the Toyota Production System for Mental Health and Learning Disability Services. As part of this journey TEWV developed a compact. An explicit understanding with its staff describing the values and behaviours that staff are expected to show to patients and each other and the organisation shows to its staff.

Use of the compact and of the Quality Improvement System has led Doctors in TEWV to be fundamentally involved in improving quality as part of the way they do their work.

This presentation will describe the TEWV Quality Improvement System journey, its development program for doctors and the improvements it has delivered for patients.





Professor Trudie E Roberts BSc MBChB PhD FRCP

Director, Leeds Institute of Medical Education, University of Leeds, England

Professor Roberts graduated from Manchester with a degree in Medicine and a BSc in Anatomy. She undertook her early medical training in Manchester and her research in immunological responses to lung tumours at the Paterson Laboratories in Manchester and the Karolinska Institute in Sweden. In 1995 she was appointed Senior Lecturer in Transplant Immunology at the University of Manchester. In 2000 she made a decision to change career direction and was appointed Professor of Medical Education and Director of the Medical Education

Unit at the University of Leeds.

In 2005 Prof Roberts became the director of the West Yorkshire Consortium – Centre for Excellence in Learning and Teaching (CETL) focused on Assessment and Learning in Practice Settings (ALPS) a multidisciplinary project involving five Higher Education Institutions. She was awarded a National Teaching Fellowship in 2006. From January 2006 until December 2007 Prof Roberts was Head of the School of Medicine in Leeds. In January 2009 she was appointed Director of the Leeds Institute of Medical Education. She was appointed to the newly constituted General Medical Council in Jan 2009 and sits on their undergraduate and continued practice boards and the Fitness to Practice committee. In Summer 2010 she became Chair of the Association for the Study of Medical Education. She is a council member and Censor for the Royal College of Physicians and chairs their Academic Quality Management and Research Committee. She is married to a surgeon, has two children and dreams of owning a Subaru WRX.

Future directions in medical education

“The future is uncertain... but this uncertainty is at the very heart of human creativity”

Ilya Prigogine* (1917 -)

Medical education has come a long way in the last few decades. Increasing numbers of clinicians, educationalists and others are becoming interested in the discipline. In this talk I will briefly explore the history of the discipline, examine where we are currently and most importantly speculate on what the future might look like if we recognise and exploit current opportunities.

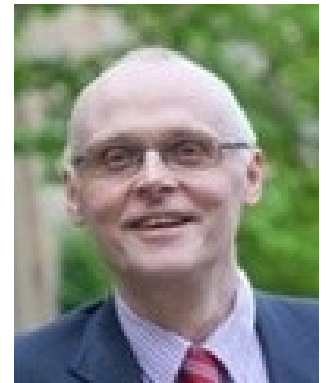
(*Prigogine, Ilya Romanovich Belgian-US (Russian-born) chemist & physicist; Nobel Prize in Chemistry 1977)



Professor Graham Towl

Pro Vice Chancellor, Durham University, UK

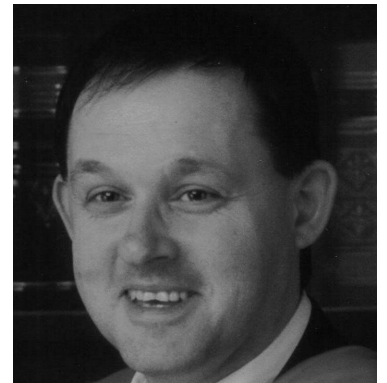
Professor Graham Towl is a recipient of the British Psychological Society's (BPS) Award for 'Distinguished Contributions to Professional Practice'. He is the Editor of Evidence Based Mental Health and has areas of expertise in risk assessment, suicide and mental health amongst offender patients. He was formerly the Chief Psychologist at the Ministry of Justice, UK and is widely published in the forensic field including the BPS textbook 'Forensic Psychology'. He joined Durham University as the College Principal at St Cuthbert's Society. His current research is on resilience and is funded by the EPSRC and ESRC. He is currently Pro Vice Chancellor and Deputy Warden at Durham University.



Professor David Crighton

Hon. Professor of Psychology, Durham University, UK

Professor David Crighton has areas of expertise in risk assessment, mental health and neuropsychology. He was formerly the Deputy Chief Psychologist at the Ministry of Justice, UK. He is currently a Director with Evidence Based Risk (EBR) Ltd., specialising in the assessment and management of low frequency high impact events. He is an Hon. Professor of Psychology at Durham University.



Patient Safety

The focus of this paper is on the role of human factors in improving patient safety. Human factors concerns the broad range of individual, organisational and job role characteristics that influence behaviour at work in ways which can affect safety. Following a review of the extent and complexity of the challenges facing doctors, the role of individual characteristics and how these interact within organisations to impact on safety-related behaviours will be considered. The paper concludes with some thoughts on ways in which patient safety can be improved by human factors interventions drawing on the experiences from other technologically complex and safety critical fields.



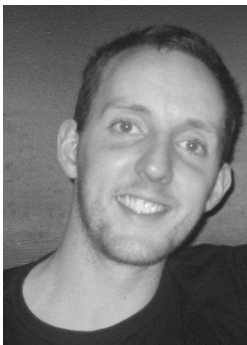


David Cox

Medical Student, Newcastle University

David has just finished his fourth year of medicine at Newcastle University, having begun the course on the Phase 1 program at Queen's Campus, Durham University. He is about to begin his intercalated year, studying for an MSc in Medical Education at Durham University. This is only his second time presenting at a conference, having taken some work to the British Infection Association spring meeting this year. He has had an interest in medical education from early on in his degree, teaching students in years below, publishing work on professionalism in *Medical Teacher* and contributing to a successful grant bid used to run a postgraduate leadership course at Durham. He has a great interest in simulation that he hopes to explore, and contribute to, through his Masters. In the future he (perhaps naively) hopes to dovetail academic pursuits and teaching with a career as a specialist in Infectious Disease. Outside medicine, he is captain of Stephenson College Boat Club, and is currently in the process of bullying all the medical school staff into taking up rowing.

Daniel Cummings



Medical Student, Newcastle University

Dan Cummings is currently waiting for his results following his third year studying medicine at Newcastle University, prior to which he studied Phase 1 at Durham University. He came to medicine following graduation from Leeds University in 2007 with a degree in Medical Sciences. This background afforded him the opportunity to be involved in teaching physiology components to Phase 1 students, and from this he has developed a keen interest in integrating medical education into his future career. To this end he attended the ASME conference in Brighton this year, although this is the first conference at which he has presented. Within the medical school he has championed student engagement. In 2007, he spent several months as a volunteer with Diabetes Management International, a charity based in Nairobi, Kenya. and in the coming year he will be returning there as part of his elective. When he qualifies, he hopes to pursue a career in intensive care in the North East and also to continue to develop his skills and interests outside the arena of medicine, including painting, cooking and Water Polo.

“Have you tried switching him off and back on again?”

Over time, the face of medicine has changed considerably. Our understanding of clinical sciences has expanded enormously and this must be appreciated by trainees in order to apply it on a day-to-day basis. New technologies in investigative and therapeutic machines also require new skills. Patients have changed too, staying in hospital for less time and being much better informed when it comes to their involvement in education. Students and trainees, as a result, have dwindling opportunities for exposure to new skills and knowledge. In this talk we give our thoughts on where all this is pushing our education. As a sample of who will (hopefully) be doctors practicing into the middle of this century, we present our view of how our education will occur, and how we will pass this on to our successors. We also take a look at new technologies in medical education and the changing “technical specification” of a medical student in light of the added demands that advancement places on us.

If Bill Gates were to design a medical student how would they change? Faster? Smarter? Better looking? More battery life? More user-friendly? Or would we need Steve Jobs to come along and completely re-invent the concept? We discuss as well the idea that the doctor shouldering all this responsibility could be outdated. With so many allied health professions supporting medicine, perhaps doctors should start thinking about more anarchic relationships with their colleagues.

Professor Fred Hafferty PhD

Professor of Medical Education, Mayo Clinic, USA



Frederic W. Hafferty is Professor of Medical Education, Associate Dean for Professionalism, College of Medicine, and Associate Director of the Program for Professionalism & Ethics at the Mayo Clinic. He received his undergraduate degree in Social Relations from Harvard in 1969 and his Ph.D. in Medical Sociology from Yale in 1976. He is the author of "Into the Valley: Death and the Socialization of Medical Students" (Yale University Press); "The Changing Medical Profession: An International Perspective" (Oxford University Press), with John McKinlay; and "The Sociology of Complexity: A New Field of Study" with Brian Castellani. Forthcoming books include an edited volume, "The Hidden Curriculum in Health Professions Education" with Joseph O'Donnell (Dartmouth College Press) and "Understanding Professionalism" with Wendy Levinson, Katherine Lucy, and Shiphra Ginsburg (Lange). He is past chair of the Medical Sociology Section of the American Sociological Association and associate editor of the Journal of Health and Social Behavior. He currently sits on the Association of American Medical College's Council of Academic Societies and the American Board of Medical Specialties standing committee on Ethics and Professionalism. Research focuses on the evolution of medicine's professionalism movement, mapping social networks within medical education, the application of complexity theory to medical training, issues of medical socialization, and disability studies.

The doctor and patient relationship

In this presentation, we will examine the interface of medicine's modern day professionalism movement and the evolving role of the physician in both health care and society. We will begin by revisiting the sociological concept of role and use its framings, including related concepts such as role conflict and role expectations, to explore the past, present, and future of medicine's efforts to extract itself from between the Scylla of bureaucratic rationality and the Charybdis of the marketplace. To this end, we will examine two sets of challenges to professionalism (e.g., conflicts of interest, and transdisciplinary teamwork/interprofessional education) along with two sets of accomplishments that extend and reinforce medicine's claim to professional status (e.g., -- efforts within the Mayo Clinic to connect MOC and QI, and efforts by The Society of Cardiothoracic Surgery in Great Britain and Ireland to establish a public and transparent database of clinical outcomes). Such accomplishments notwithstanding, it is not altogether clear whether these prototypes of professionalism will reach the internal critical mass necessary to move medicine beyond its currently confounded role in the delivery of health care.

Professor John McLachlan PhD

Co-Director, Medical Education Research Centre,
Durham University, UK



John McLachlan is currently Professor of Medical Education and Associate Dean of Undergraduate Medicine at the University of Durham. Previously he was Director of Phase 1 in the foundation team at Peninsula Medical School. His interests include measuring professionalism, the theory and practice of assessment, selection both at undergraduate and postgraduate levels, and the effective teaching of anatomy.

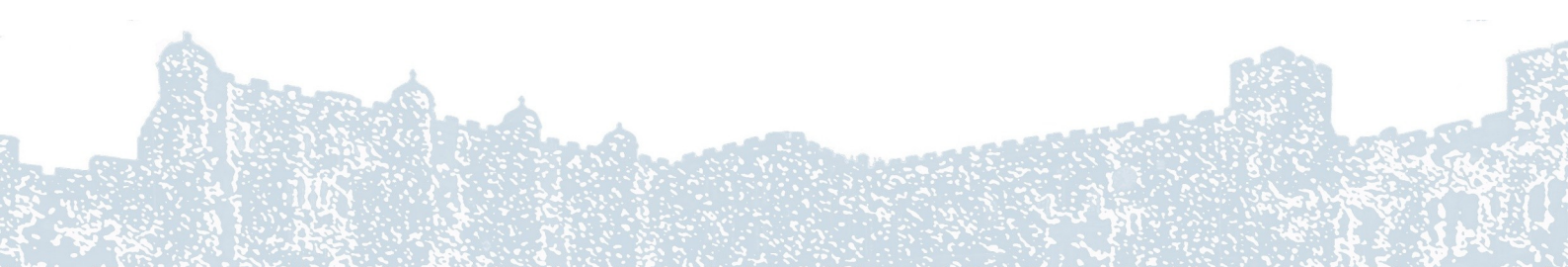
He is a National Teaching Fellow, and in 2003, he was Raine Distinguished Visiting Professor at the University of Western Australia. With Professor Jan Illing, he is Co-Director of Durham University's Medical Education Research Centre. He is an elected Board Member of UKCAT and serves on the UKCAT research review team.

Formal advisory roles have included: the GMC on PLAB assessment, selection for medical school, and the use of Multi-Source Feedback for patients and colleagues; the Medical Schools Council, on Selection for Foundation, the Health Professions Council, in exploring professionalism; the Scottish Government Professionalism Work Stream; and the Department of Health, where he and his colleagues were the Academic Partners to the Revalidation Project Support Team .

Pious Platitudes about Professionalism.

In the medical education literature, medical professionalism is frequently analysed, parsed, and summarised in overwhelmingly positive ways, including concepts such as altruism, duty, personal development, and positive interactions with others. Since many of these studies are derived from focus groups, surveys and interviews, this clearly represents a wide spread view among practitioners. Yet there is also an extensive literature on professionalism in general which identifies other aspects of its nature: group loyalty above client benefit, self-regulation, exclusion of competition, adopting the mores of the professional group and maintenance of hierarchies. This mismatch poses a number of questions. Are doctors actually required to be *altruistic* (as recommended, for instance, by the UK Royal College of Physicians?), and what would this mean in practice? What are the relationships between the terms 'profession', 'vocation', 'career' and 'job'? How can the 'hidden curriculum' be prevented from militating against positive behaviours from physicians in training? Does ignoring the various meanings of 'professionalism' hinder the practice of medicine? And how does the meaning of the term 'professionalism' as viewed by patients differ from that of health care professionals?

A further spin is added by Government bodies equating the existence of a professional body as being the same as a straightforward mechanism serving to protect patients. The possibility of extending professional regulation to practitioners of what is generally known as Complementary or Alternative Medicine is being extensively canvassed in the UK. Does this further interpretation of 'professionalism' create discrepancies with the understanding of professionalism for existing health care professionals? This account will draw on historical and contemporary sources to explore the meanings and implications of the various meanings of professionalism for past, present and future practice.



Dr John G Jenkins CBE MD(Hons) FRCPCH FRCP(Edin) FRCPI
Chair of Postgraduate Board, General Medical Council



After training in paediatrics and intensive care in Belfast and Toronto, Dr John Jenkins was appointed Consultant Paediatrician in 1982 and subsequently Senior Lecturer in Child Health at Queen's University Belfast. He retired from clinical practice at the end of 2010.

He has been a member of the General Medical Council since 2003 and has chaired the Standards and Ethics Committee which leads the development of standards and guidance for all UK doctors. He was also a member of the UK Postgraduate Medical Education and Training Board throughout its existence, and chairman of its Training Committee.

Currently John chairs the GMC's Postgraduate Board and is very involved in the coordination and development of all stages of medical education and training throughout the UK.

Preparing future doctors to add value to patient care?

A particular benefit of this conference is the wide spectrum of experience and expertise which has been brought together to reflect on the role of the doctor: past, present and future. This presentation has been prepared without the benefit of those views. There are in fact three questions nested in this one: (i) how will the care of patients develop in the future, (ii) what will be the particular contribution of the medical profession in this, and (iii) how can doctors best be prepared for these roles?

I have chosen to focus on the generic attributes which can reasonably be expected to continue to be relevant. These include the balance between the “head, hands and heart” of medical practice – the knowledge, skills and professionalism which need to continue to develop throughout the medical career.

In relation to the third question, I have had to limit my focus to the role of the General Medical Council as the Regulator of all stages of medical education and training throughout the UK. The current model of education and training is seen by most as being of high quality but with limited flexibility, and we believe that this will not serve the needs of patients in the future effectively. There is increasing recognition of the importance of increasing flexibility throughout medical education and training and the benefits this could bring to patients, the NHS and doctors themselves, but how to achieve this whilst maintaining standards is no simple task.

I will argue that this needs to be addressed at three levels – content, culture and context, linking effectively into and building on other developments which include the implementation of revalidation for all UK doctors. Any changes introduced must actively engage learners, and introduce a concern for learning that is progressive and developmental over time. They must facilitate learners' development of the habits of mind, motivation, and commitment to excellence that are essential parts of being a doctor. Regulatory bodies (both professional and systems, throughout the UK) must promote and underpin the desired values and behaviours, through appraisal, clinical governance and revalidation.

The UK Independent Review of the Shape of Medical Training, which has recently commenced under the chairmanship of Professor David Greenaway, will consider areas such as the proper balance between specialisation and generalism in medicine, the implications for training, of more healthcare being delivered in the community, how to balance the workforce demands of health services with the learning needs of trainees, and how to create flexible models of training which can respond to changing requirements of both patients and healthcare service.



With grateful thanks to Teikyo University
for their generous funding of this event