



The Global Role of the Doctor in Health Care

Report to the WFME Task Force on the next stages of the project

1. Structure of this note

Attached to this note is a revised report of the meeting of the Task Force (“TF”) held at Schæffergården, Copenhagen last March.

Section 2 (below) summarizes the many comments received from members of the Task Force, and sets out our approach in incorporating these comments into the report, or dealing with them in future work.

Section 3 sets out how we propose now to take the work forward through five subgroups of the Task Force.

Section 4 is about work that will continue in parallel with the five subgroups of the Task Force, through the six regional associations for medical education¹.

Section 5 describes how these strands will be brought together over the course of the next year.

2. Comments on the report of the Schæffergården meeting, and preparation of the revised report

General comments

- The report is, at this stage, no more than the report of our discussions, and we have not attempted to turn it into a paper suitable for publication in a journal. We believe that each of the proposed five subgroups of the TF is likely to take sections of the work forward to a state suitable for publication.
- Because it is the report of discussions, the style is inevitably declamatory rather than closely-argued.

Summary

- Many TF members suggested that this was required.

References

- Additional references suggested by members of the TF have been included.
- At this stage, the references are a guide to further reading, rather than references supporting specific items in the report, in the sense of references to a journal paper.

Overall balance of the report

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Association of Medical Schools in Africa (AMSA)
Pan American Federation of Associations of Medical Schools (PAFAMS)
Association for Medical Education in the Eastern Mediterranean Region (AMEEMR)
Association for Medical Education in Europe (AMEE)
South-East Asian Regional Association for Medical Education (SEARAME)
Association for Medical Education in the Western Pacific Region (AMEWPR)

- While at this stage the report is no more than the report of discussions of the TF, we feel it is important to maintain the balance of the report, taken as a whole, so that we do not in publications or public statements about the project emphasise any one of the many elements too much. In particular, some members of the TF have suggested that much more emphasis be given to medical education in relation to the role of the doctor. We believe that the revised report maintains a reasonable balance.

Involvement of other groups

- It is suggested that the report, in due course, should be structured with recommendations for particular target groups. We agree that this should be included at a later stage.
- We suggest (in section 3 below) that the proposed five subgroups of the TF should take a flexible approach to taking advice widely, not just from the TF members. This might include advice from other educational or organisational bodies to which we would disseminate the final report.

3. Subgroups of the Task Force.

We would like the work now to be taken forward through five subgroups of the Task Force. These will be on:

- Demographic changes in doctors and populations
- The doctor as communicator and educator
- Creation of educational process, outcomes and content to meet the future role of the doctor
- Leadership and membership of the health care team
- Professionalism in the role of the doctor

A sixth potential area for a subgroup is Social Accountability, but this has been very thoroughly worked on by the Global Consensus on Social Accountability of Medical Schools (GCSA - <http://healthsocialaccountability.sites.olt.ubc.ca/>) and we feel that it is not necessary to duplicate the efforts of the GCSA.

We have identified five members of the TF as potential leaders for each of these subgroups, and have written to ask each of them if they would be willing to undertake this. **TF members are asked which one of the five groups they would be interested in joining.** Either Stefan or David will be a member of each one of the groups. Each subgroup should take a flexible approach to taking advice widely, not just from TF members, and should ensure that advice should not just come from within Europe and North America.

We hope that each group will take forward its designated area, one objective being to write a paper on the designated subject suitable for a journal.

4. Other activities

At the same time as our five subgroups are working on aspects of the subject, the revised report will be sent to each of the six regional associations for medical education. Each association is asked to consider the revised report, to work on it in any way it thinks best, and to report back to WFME and to the TF. The regional associations will also be asked to take a flexible approach to any advice they take, not just from their own members or from within their own region.

5. Bring the work together

Our plan is to bring the work of the five subgroups together, incorporating contributions from the six regional medical education associations, and work towards a near-final draft. This will have areas of uncertainty highlighted, or with alternative versions offered. This draft will be considered by the TF at a reconvened Schæffergården meeting – and we look forward to meeting all TF members again – and then taken forward to the proposed international meeting, at which the draft report from the TF will be discussed, refined, and then published as an agreed statement on the future role of the doctor; a final fully-referenced paper that can be published in a journal.

We continue to work towards a concluding, stand-alone, international conference on the future role of the doctor, to be held in 2012.

Stefan Lindgren
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