

## **Role of the Doctor 2011**

Within the health care team, each professional brings a particular combination of training and experience which defines their role and responsibilities. This statement outlines the core knowledge, skills and unique qualities of medical practice that make medical practitioners a pivotal part of Australia's health system. In this position statement the term 'doctor', which is the term in common community use, refers to a medical practitioner and the terms are used interchangeably.

### **Trust and the patient-doctor relationship**

Among other things the doctor-patient relationship involves acting in the patient's best interest, establishing bilateral trust and then maintaining it. The doctor's obligations of trust are contained in the codes of practice and codes of ethics of the medical profession, historically linked to the oath of Hippocrates.

Patients trust doctors to make a diagnosis, to be up to date and be ready to seek out the most appropriate treatment, to be capable of responding to the patient's needs and to be ready to take responsibility for the patient's care. If they cannot fulfill these roles they are expected to refer the patient to a colleague who may.

Patients need to be able to value and trust the knowledge and judgment of doctors. This includes the ability to interpret complex information, support the patient in understanding their condition and what they might expect, define circumstances when patients' symptoms could have several causes, identify and advise on appropriate treatment or preventive options, and explain and discuss the risks, benefits and uncertainties of various tests and treatments. When possible, the doctor will support patients to make decisions about their own care.

### **Diagnosis and prognosis**

Diagnosis is a key feature of a doctor's expertise in medical practice. This is a core cognitive skill, based on both knowledge and judgement. It involves responding to the initial presentation of illness, prioritising and synthesising information, making a clinical assessment and then taking responsibility for this and following it through. The adequate application of history taking, physical examination and interpreting investigations requires knowledge and understanding of the full range of clinical sciences. This allows trained medical practitioners to consider the full breadth of possible diagnoses in assessing and treating a patient. Knowledge of the natural history of disease allows doctors to estimate prognosis, inform patients and their carers and underpin treatment options and choices.

### **Complex decision-making**

Doctors are required to manage complexity and risk in situations that can be characterised by uncertainty and where error can have serious consequences. The skills required for such management are achieved through training that is both intense and broad, and through rigorous certification that ensures that both knowledge and performance are tested. It is incumbent on every medical practitioner to ensure that he or she is up to date in relation to evidence-based knowledge. This continually

updated skill set allows trained medical practitioners to evaluate the probability of each possible diagnosis and plan the further assessment and treatment of the individual patient.

Doctors assume responsibility to exercise good judgement in situations beyond the scope of protocols and guidelines. They are able to recognise when to apply protocols and adapt them to the situation at hand. This requires them to assimilate scientific knowledge, interpret data, understand co-morbidities and recognise changing circumstances.

### **A multidisciplinary approach**

Doctors have the ability to apply skills and expertise in the context of an increasingly multidisciplinary, team-based approach to health care. While responsibility for the actions of those in the team may be diffuse, the role of a doctor is characterised by their capacity to assume ultimate responsibility for a patient's care. The team will therefore look to the doctor for leadership in designing and supervising the patients overall health care plan.

### **Professionalism**

An important component of the professionalism of doctors is their responsibility to maintain high personal ethical standards and show respect to others. Doctors abide by codes of ethics. Professional standards are reinforced by the actions of accreditation and registration bodies.

### **Leadership in health services and in the community**

Medical practice is characterised by taking responsibility for overall clinical outcomes. As a result, doctors are uniquely placed to take on leadership roles, including management and leadership of health services, and in the wider management and leadership of the organisations that they work in. In doing so, most remain in active clinical practice.

Doctors' concern with clinical standards, outcomes, effectiveness and audit mean that their routine practice works continuously to improve the quality of healthcare.

In many cases, because of their continuity in post and their subsequent deep understanding of the needs of the local community, their hospital and their patients, doctors offer the necessary knowledge and continuity required to improve services and the care of patients. Their role of advocacy for patients, communities and particularly for patients and communities who may be disenfranchised or powerless, is vital in contributing to improving health and wellbeing outcomes.

### **Training the current and next generation of doctors**

Both initial training and ongoing education are of fundamental importance to doctors' professional endeavour. Life-long education informs their careers.

Doctors display a professional commitment and obligation to contribute to the education and training of others and doctors accept the responsibility to oversee the work of less experienced colleagues.

The relationship between experienced and less experienced doctors further improves the standard of patient care. Doctors value the mentoring tradition of medical learning where senior or more experienced colleagues pass on their knowledge and skills.

Doctors see it as a professional duty to mentor their newly appointed and less experienced colleagues and to be available informally as sources of advice, tutorship and support.

### **Medical Education and Training**

Doctors are trained in both basic and clinical sciences in great depth, throughout the spectrum of body systems and to an extremely high level of scientific rigour. This is combined with study in the behavioural and social sciences, with procedural skills, and with complex cognitive skills including problem-solving, clinical assessment, diagnosis, risk-management, ethics, cultural values, communication skills and professionalism.

Basic training exposes the doctor to all aspects of human pathophysiology, throughout the spectrum of illness and injury. The scope of training includes all specialty areas.

A key component of doctors' training also involves a lifelong process of learning to question, marshal and employ the scientific evidence-base. This puts them in the position to act as authoritative sources on clinical standards and practice, particularly in the complex areas of diagnosis and treatment.

The highly complex and rigorous process of education and training is certified through highly-demanding examinations and in course assessment processes and is supported by formal registration. In addition, full registration as a medical practitioner requires satisfactory completion of a closely supervised internship. This degree of certification and confidence cannot be substituted by on-the-job exposure by other health practitioners – there is no substitute for the extensive knowledge of clinical science and the full range of clinical skills that underpin medical practice.