

Realising Realistic Medicine

Across the world, a conversation has developed about healthcare that has begun to question the direction of modern medicine as we currently understand it. The Chief Medical Officer (CMO) Dr Catherine Calderwood published her first annual report, 'Realistic Medicine', in January 2016, and in it, she engaged with doctors in Scotland around this theme, seeking from them their opinions across a series of key questions.

As our population demographics change, with a growing population that is older and with more complex care needs, together with continuing health inequalities and growth in the underlying determinants of ill health, the challenges facing the health service are significant and will test the validity and sustainability of our current approach.

Realistic medicine proposes a need to move from a culture of 'doctor knows best' to one where health and wellbeing is co-produced with citizens who are supported to better understand their health, their care and to share preferences and decisions that relate to it. This will help to tackle unwarranted variation that exists and contributes to potential harmful or wasteful care, and use better the resource that is available.

It recognises a need to reduce the implementation time-gap associated with valuable research, and for all doctors to become improvers and innovators more comfortable with managing risk inherent in their vocation.

Realistic Medicine has been welcomed by doctors in Scotland, and though there are challenges to overcome, have signalled their readiness to assist in realising this.

The Vision

Those that provide healthcare and support to citizens in Scotland demonstrate their professionalism by enacting the approaches, behaviours and attitudes consistent with the philosophy of Realistic Medicine by 2025.

- Building a more personalised approach to care with supported, shared decision making
- Addressing unwarranted variation in practice and outcomes to reduce harmful and wasteful care
- Manage clinical risk appropriately
- Become improvers and innovators

Strategic Initiatives

- 1. Moving the model of interaction with our patients to one where care is more personalised and the public are more fully supported to share decisions relating to their care;** reviewing the consent process; developing decision support tools for clinicians and the public; implementing models enabling care and support planning; communication training underpinning all of this approach
- 2. Reducing Unwarranted Variation across Scotland:** building enabling structures at national, regional and local level to analyse evidence of variation in intervention rates and outcomes, and to facilitate reduction in unwarranted variation that is identified.
- 3. Reducing Harm and Waste associated with poorly-evidenced or inappropriate interventions:** Working with the Academy of Medical Royal Colleges following publication of “Choosing Wisely”, and NSS Demand Optimisation Group to identify investigations and treatments that are generally considered to be of lower therapeutic value (recognising that some still may have a place in less common situations), and to encourage better critical assessment of the value of choosing these activities in achieving positive patient outcomes. Other considerations here include the impact of polypharmacy, over-diagnosis and over-treatment and improving end of life care.
- 4. Professionalism and Excellence in Medicine:** building on the work of the Professionalism and Excellence in Medicine work arising from the Scottish Medical and Scientific Advisor Committee (SMASAC) commission, this will accelerate progress in: leadership development; lifelong education, training and development; providing a supportive working environment; promoting best practice and high quality service provision