Doctors have been on the back foot for too long. Many appear to be unhappy. The reasons include cuts in services, threats to the continuity in patient care, the mishandling of ENDC including confusion about future training and anxiety about the stricter Medical Council regulations including revalidation processes. There is disquiet about the regulatory burden and the degree of central control. The profession is faced with increasing demands for the alignment of professional, organisational and regulatory systems. The reduced service commitment of junior hospital doctors is placing an increased workload on more senior doctors. Some of the profession perceive themselves as victims in the changing healthcare system. The authors of the Report feel that there is an opportunity to dispel the malaise. Demography will continue to have a major influence on the delivery of medical care particularly the increasing proportion of older people. In 1968 only 20% of men and 25% of women lived beyond 80 years but in 2008 the corresponding proportions were 42% and 61%. Older individuals are major consumers of medical services. Those over 85 years are 14 times more likely to be admitted to hospital than those aged 15-39 years. There will be increasing numbers of people with dementia living in the community. The elderly frequently have multiple disease pathology and the Report states that there will be a need for more generalists to co-ordinate their care. These generalist physicians will need to understand their patients in physical, psychological and social terms. They need to be able to guide their patients through the complex world of health and social care. If this does not happen GPs will be the only remaining generalists. The Report does not elaborate on how these generalists differ from geriatricians. The lifestyle issues of obesity and alcohol misuse are set to be continuing challenges for doctors. Obesity is leading to increased problems with diabetes, hypertension and musculoskeletal complications. Obesity related hospital admissions have risen fivefold in five years. Alcohol addiction and its treatment is costing almost £3 billion annually.

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Other areas of advance will include nanotechnology and robotics. The one certainty is that there will be a pressing need to educate and re-educate the profession so that it does not fall behind. It takes 16 years for new clinical discoveries to move from research to general practice. There is doubt about who should drive forward innovation. In the UK the National Institute for Health and Clinical Excellence (NICE) is the body responsible for assessing and approving new medical treatments. NICE has an important role in assessing the efficacy of new treatments. Its work has been controversial in that at times it has been accused of rationing expensive new drug therapies. It has, however, tackled the inappropriate variation in the quality of healthcare and the optimal use of finite resources. Clinical decision making and treatment thresholds will continue to come under increasing scrutiny.

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