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It wasn't too long ago that the role of doctors in society and the responsibilities that went with the professional standing of being one were more or less understood by most people inside and outside the profession. Occasional criticisms of aloofness, poor communication skills, and so forth were mitigated by the perception of the importance of our role in society, our commitment to a 'protestant' work ethic, a respect for the years of study needed to achieve general and specialist qualification and a trust in our inherent integrity. Without, in any way, viewing the past through the opaque lens of a rose-tinted pair of spectacles, doctors knew their place, importance, and status in the scheme of things. All seemed right with the world. Not any more.

Although we are not experiencing the Medical Nemesis of Ivan Illich, the long standing equilibrium has been upset by processes ranging from gentle erosion to outright attack. Reasons are complex and multifactorial. In simple terms two key factors, society and the way that health is delivered, have changed and the pace of change is quickening. Even if there is an element of calumny, we should take some responsibility for our perceived fall from grace. Complaints of complacency, arrogance, inability to self-regulate, head in

the sand syndrome, and poor leadership have been levelled at the doctor's door. Coupled with some infamous medical disasters the profession has felt under siege. The interesting thing to note is that despite all this, doctors are still highly regarded and trusted by the public (and most politicians) when compared to other professions. A period of reflection about our role in healthcare and what professionalism means is needed and welcome. It won't do us any harm.

A recent publication entitled *Doctors in society: Medical professionalism in a changing world*. Report of a working party of the Royal College of Physicians¹⁻³ is timely, mature, honest, and important. As it says, 'in an age where deference is dead and league tables are the norm, doctors must be clearer about what they do, and how and why they do it.'

The working party, composed of people from diverse backgrounds, explores what is meant by medical professionalism today, and recommends a new model for professionalism as a valued and welcome force in modern society. The recommendations are for all to consider, not just doctors or members of the Royal College of Physicians.

On first reading the report one is left with a slight feeling of gloom but on second reading the prognosis is more

cheerful. It ends with a definition of medical professionalism, describes a set of values and makes some firm recommendations for individual doctors, the General Medical Council, the Royal Colleges and Faculties, medical schools, the British Medical Association etc.

Our own specialty of Emergency Medicine should examine how we measure up against the recommendations. A strength that we have is that our regular interaction with most medical specialties and other health professionals lets us maintain a good overview of how a hospital and our colleagues function. In our successful quest for respect, recognition and credibility, we have exhibited some flexibility, lateral thinking, enthusiasm for innovation and a commitment to education. We have embraced the role of the nurse practitioner and encouraged extended skills and roles for nurses. We work well with and support the prehospital community. We can be considered team players. We have demonstrated leadership and energy and have rarely been shy in contemplating and admitting our shortcomings.

The UK College of Emergency Medicine needs to analyse this report, debate the recommendations and consider adopting (or adapting) them into our constitution or charter. At the very least we need to contribute to the discussion. There is no time like the present.

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