



# Royal College of Physicians

## Dr Derek Bell's biography

**Derek Bell** - BSc(Hons) MBChB, MRCP, MD, FSAM, FRCPE, FRCPSG, FRCPL, FACP

As President of the Royal College of Physicians of Edinburgh, Derek's term of office ran from March 2014 to February 2017 and he has been re-elected to serve for a further three years until February 2020. He is also the Director of the NIHR CLAHRC for Northwest London. Derek was appointed as the first Professor of Acute Internal Medicine in the UK at Imperial College London and was the inaugural President of the Society for Acute Medicine. In early 2017 he was appointed as an NIHR Senior Investigator.

Graduating from Edinburgh University in 1980, he initially specialised in Respiratory and General Medicine, with an interest in Intensive Care, before subsequently developing his role in Acute Medicine. Prior to moving to Imperial College he was Associate Medical Director in Edinburgh. He has lead and designed several national programmes of work including two large national change programmes including the Emergency Services Collaborative with the Modernisation Agency.

His academic research interests relate to quality and organisation of care, particularly acute medical care, including patient involvement and methods of delivery of care. He is particularly interested in patient flow and quality of care. As part of this work the team at the Centre for Health Care Improvement and research have supported work in Australia, Ireland and throughout the UK. Clinical interests include illness severity assessment, pulmonary embolism and pneumonia.

Derek has published in excess of 180 peer reviewed papers and has lead several policy document initiatives including the development of successful National Early Warning Score to support standardisation of care across the UK. Total research grant income over the last eight years exceeds £22 million.

## Presentation summary

Among the impediments to recruitment and retention in remote or rural settings are the onerous workload (especially out of hours), the lack income opportunities (e.g. private practice), the challenges in securing spousal employment, and the perceived professional and social isolation. Words that could have been written today, were in fact the themes that emerged from the 1850s census of Highland parishes conducted by the Royal College of Physicians of Edinburgh. Themes which repeated in the 1912 Dewar report, which many regard as the forerunner to the founding of the NHS in 1948. The problem of staffing, therefore, is similar to the obesity crisis – we are unlikely to have a solution, but there will be numerous opportunities to make an impact, and we will have to keep innovating lest it overwhelm us.

There is, however, more than a glimmer of hope right now as the pendulum of training and service provision swings back from super specialisation and to expert generalism. Doctors and students, who spend more than a cursory visit to these locations are frequently amazed at the breath of general medicine and general surgery that can and does present. Trainees feedback year on year on their placements in these small units where they were given the greatest support to mature in their decision making, to take responsibility, and to both see the purpose in everything they do yet not be afraid to question or challenge convention if necessary. These fragile healthcare ecosystems are the bedrock on which truly expert generalism foundations can be laid. 99% of doctors do not need to stay, but will be better off having stopped by on their professional journey