INTRODUCTION
Over the past few decades the role of the doctor in society has considerably changed. In this century, there is a push for doctors to be sensitive to societal needs. All medical schools and postgraduate training programs are trying to adapt the curricula accordingly. There is a push for outcome-based education. Curricula and assessment should be aligned to the outcome.

In this talk, the author will explore some of these areas.

The CanMED 2000 has well-articulated the societal responsibility of the doctor. Most of the postgraduate programs have some forms of this philosophy embedded in the curricula now. Gone are the days when the doctor worked in isolation. With the aging of the population and the impact of chronic disease as the predominant global health issue, doctors are part of the health care team. There is a push for interdisciplinary education very early on in medical curriculum to inculcate this philosophy. With the chronic disease and multimorbidity the role of the general internist has become pivotal in health care.

Even though the medical profession can offer more diagnoses, investigations and treatment for our patients, the society has lost or losing its confidence in the profession. The main reason for this is loss of professionalism. This is due to multiple reasons including loss of self- or professional regulation. This is the reason for registration bodies and the Royal Colleges to bring in checks and balances to the individual practitioners. Professional development bodies can bring in more education on this front to empower doctors.

In the 1980s, the evidence-based medicine (EBM) was popularized by David Sacket and colleagues. However, the individual patient and individual clinical expertise is still important and should not be ignored. We do not have evidence for common clinical issues and the half of EBM is short. So there is need to keep up with the ever-increasing medical literature, which is nearly impossible.

If the role of the doctor has changed, we need new ways of assessment. The need for performance-based assessment at postgraduate level had been well articulated. The new tools like Mini-CEX, case-based discussion and multisource feedback are being introduced to assess performance at the workplace.

Ultimately, we are here to look after the individual patient and our philosophy should be “to cure sometimes, but care always.”

Major challenge facing Western medicine is restoring the faith of society in the profession. To do this, we must refocus our thinking on educational and professional matters.

REFERENCES