HASLAM'S VIEW



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You can't tell a book by its cover

THERE ARE NOW ABOUT 350 DIFFERENT ROLES IN THE NHS, according to the recruitment website stepintothenhs.nhs.uk.

In the next couple of decades many roles will have been abandoned as being no longer relevant. Entire specialties may well disappear. In my career I have witnessed the disappearance of peptic ulcer surgeons. However, the future is likely to bring us all manner of additional healthcare roles, perhaps individualised genomic interpreters, and personalised medicine medication modifiers. Who knows?

What I am absolutely sure of is that our patients will be massively and overwhelmingly confused by who everyone is, unless we make a much better effort to explain what these roles mean.

When I was in hospital recently, a constant stream of individuals seemed to come to my bedside, fortunately almost universally introducing themselves by name and role, but unless the different roles really mean anything to you, it all becomes a bit of a blur.

Uniforms are rarely much of a clue, and when doctors have no uniform other than a stethoscope, puzzlement as to who is currently asking you intimate questions can become very real.

I've been in the health business, wearing one hat or another, for more than 40 years so I should really have known, and even I didn't find it straightforward.

This isn't just a hospital issue either. Some years ago, my general practice employed a 16-year-old girl as a healthcare assistant. It was potentially the first step on a career ladder for her, and a real benefit for us. However, on the first day she was with us, wearing a rather generic uniform, I heard two patients address her as Sister.

> **"The very act of putting a uniform on was sufficient to impress and confuse at least some of our patients"**

With all respect to her, there should have been no way in which she could have been confused with a nursing sister. It was clear that the very act of putting a uniform on was sufficient to impress and confuse at least some of our patients.

I've noticed a similar thing in pharmacies too. I am all for pharmacists extending their role into the management of minor conditions that can cause patients and parents concern. However, at the pharmacy counter, I have often noticed people seeking advice from any member of staff who happens to be wearing a white coat. The best of these will, and should, refer the problem to the pharmacist, but on occasion I have overheard others offer home-spun advice that is a long way from the professional standard that anyone would wish.

The problem is the same one. Many members of the public simply don't understand what all the different roles are, any more than I really understand the practical difference between the many and varied ranks of the legal profession. And why should they? It behoves us to make it as easy as possible.

As your practice expands, or merges, or integrates, the challenge for our patients of understanding who precisely is who is likely to get worse and worse.

Is it any wonder that people ask to see a doctor that they know?

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