

Our Profession in Today's NHS

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'Modern Junior Doctor'

The childhood dream of becoming a doctor has common themes.

Helping people is key, of course, but there are also undeniably strains of wanting to make a difference; of wanting to feel like an important member of society. It's an admirable aspiration to have, and the minute the dream is disclosed to teachers and family, their enthusiasm can be difficult to escape.

In fact, for the vast majority the journey to the wards starts as it means to go on. The sense of pressure is irrevocably sewn into the process and challenges the aspiring doctor at every turn.

Throughout school, there is the pressure to stand out sufficiently so as to be accepted into a medical degree programme at university. While interviews are an important part of that process, there is a huge focus on examination performance and entrance exams. And, as one spends all their time in their books, one also struggles with the fact that wanting to become a doctor is rarely seen as socially 'cool'.

Similarly, achieving a place at medical school, and medical school itself, can be so focussed on exam statistics that it is easy to lose sight of the reason being a doctor is such a privilege. Indeed, the ongoing process of competition for places and the pressure to be consistently at peak performance is not conducive to a role in which the workplace relies on efficient teamwork. That this environment hinders for many the demonstration of the human qualities of empathy and compassion is simply collateral damage.

Nonetheless, for junior doctors the relief of graduation is met with excitement and apprehension for the long-awaited opportunity to think independently; to examine, diagnose and treat real people. Yet, while there is certainly an element of helping others, or at least one can convince oneself as much, the reality is one which could arguably have been better served by a degree in secretarial skills.

Powered by caffeinated drinks by the hour, Monday is generally spent trawling through a pile of discharge letters to complete. An innocuous job at first glance, it is made much slower by what is classically a temperamental, sleepy computer system. Tuesday, by comparison, is scattered with requests to kindly rewrite

prescription charts, give patients fluids, and finish yet more discharge letters.

By Wednesday, one is expected to be a fully trained notary for the morning ward round. The juniors timidly whisper answers to a bombardment of questions about patients, forever falling behind on writing the plan as the consultant disappears to the next bed. The use of computers is, rather counter-intuitively, a poor judgement. Typically, the whole ward round is over by the time one has managed to log in.

As Thursday and Friday come around, the light of a weekend off gives junior doctors that much-needed boost of energy and optimism. This is bright and exciting even after the realisation that there are ten scans to book and chase just before home time. Half an hour is spent trying to navigate a way to the correct person through switchboard, before realising that the offices that one sought after have shut at 5pm.

There is no escaping the fact that there is mundane despair in being a junior doctor, even if dressed in light humour. In many ways, in fact, the 'good old days' of doctoring can seem to have

long disappeared. The sense of authority, of respect and of feeling like doctors are able to make a difference at a junior level can seem to have been lost in the wave of modern times. Modern times that advertise jobs in a national health system that is rife with paperwork, protocols and polemics to the modern junior doctor.

Yet, for those of us who may be considered foolish enough to apply to work in this field, on closer inspection there is more to the vocation than moonlighting as the ward clerk draped in a stethoscope. Indeed, after a while the nuances of the day job become apparent, colleagues learn to call you by name and, finally, the computers start to behave themselves. We realise that we are there to be testament to, and advocates for, the lives and experiences of our patients.

More than this, while we may not have the same room to flex as our predecessors, today the demands of the social and political climate demand new skills of the modern junior doctor. To work in a caring role in an environment that has been coloured by external criticism; namely, of waiting times, continuity of care, staffing shortages and, of course, medical errors, junior doctors are forced to grow resilient and vociferous.

Indeed, today arguably more than ever before, all those years of constant pressure has equipped the modern junior doctor to stand tall and proud in the face of austerity. There is something unwaveringly strong and actively protective about the junior doctors that are produced in today's society.

Working at the frontline of care provision with our nursing and allied healthcare staff, it is the junior doctors who see why the NHS can be so special, and it is they who are prepared to so fervently defend it. Biology and misfortune do not discriminate, and junior doctors work in a healthcare system envied worldwide to promote and deliver care that understands and respects that fact.

As the NHS celebrates its 70th birthday, so it is natural to feel reflective as regards the journey it has taken and the people that have accompanied it along the way. Just as the NHS has transformed the health and lives of many patients, so it has moulded the lives, clinical practice and characters of thousands of young junior doctors embarking on their careers.

The NHS has educated them, challenged them, broken and repaired them. Today, it is depending on them. Today, the role of

the junior doctor is to draw on their strength and experience under pressure to lead and accompany the NHS through new political landscapes. Working in a contemporary, changing system, forever open to the new, yet reinvigorated by the founding principles of the NHS at 70 – we have the modern junior doctor.

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