

'Our Profession in Today's NHS'

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At the stroke of midnight on Monday 5th of July 1948, the government's plan to bring quality healthcare to all ceased to be an ambitious vision for tomorrow, and became the reality of today's NHS. The system of universal healthcare was the result of many years' discussion of a long established and complicated population need, and the journey had been far from smooth. The principle aims were quite clear however; that healthcare should be free for all at the point of delivery and funded purely by taxation; with each contributing only according to their means. There have been seventy more years' worth of todays since that day, and the landscape of our healthcare environment has now changed beyond recognition. Bleak prognostications on the economic and operational future of the service abound. Despite this, the beliefs and values at the core of our health service have remained constant, and so, perhaps our profession, the medical profession, simply needs an updated map with which to navigate today's NHS and to ensure those ideals remain our destination.

But what might this route look like? In the interests of a clear and focused hypothesis, the foundation of all good scientific questioning, the words 'our profession' first deserve some further examination. As mentioned above, my profession is the medical profession and thus 'our profession' as used here means doctors.

The Cambridge Dictionary online has the following definition for its first entry under the word 'profession':

" 1) Any type of work that needs special training or a particular skill, often one that is respected because it involves a high level of education...or 2) the people who do a particular type of work, considered as a group.."

This seems like a reasonable place to start, after all today's National Health Service is a veritable goldmine of examples; the medical profession, the nursing

profession, midwifery, physiotherapy and many, many more. All highly trained, hard-working groups of people connected by a shared dedication to their patients. The 1.7 million strong workforce of the NHS makes it the fifth largest employer in the world (The Telegraph, 2012), and it is clear that without these professions and their members, the NHS as we know it could not exist. Additionally, these separate professions also function together as part of a wider entity; 'the healthcare profession', an identity many of us feel proud to declare. Arguably though, this definition was as true in 1948 as it is today, and yet something is undeniably different. For many reasons, times are increasingly challenging and uncertain for the staff at the coalface of the NHS. Increasing numbers of vacant posts pepper rotas across the country, and a brief visit to any online discussion forum reveals glimpses of a tired and demoralized workforce. Evidently, something needs to change for our profession. But what needs to be done, and how can we do it?

Perhaps the answer to that might lie in the dictionary, and in the second meaning of the word 'profession':

"Profession [noun]: A statement about what someone feels, believes, or intends to do, often made publicly"

As doctors, we are privileged to experience the respect referred to in the first definition. People come to us with their worries, their grief, their pain and their sickness and trust us to listen and to offer help. We are trained to listen to others, it is part of our art, but I would argue that our power to protect and preserve the service that we work in, and those it serves, lies in our ability to make others listen. Perhaps the importance of our profession in today's NHS lies not just in our existence, but also in our statements of belief in those same core values of 1948. After all, as Trevor Griffith's Nye Bevan says in his 1997 play 'Food for Ravens':

'The NHS will last as long as there are folk left with the faith to fight for it'

Whilst this is a powerful rallying call for those of us who do have the faith to fight for it, it leaves us no clearer as to how to go about it. Words are powerful certainly,

but how to ensure that they are heard in the right places and by the right people? In 1948, options for mass communication were essentially limited to the printed word, or the spoken one. Seventy years later however, someone simply wishing to say something is presented with a bewildering myriad of options, not least of all the behemoth of 21st century interconnectedness that is social media. Social media describes any web-based application where users can create and share content, and the GMC uses the term to include blogs and microblogs (such as twitter), online discussion fora and social networking sites like Facebook (GMC, 2013). That last sentence alone contains at least six words or phrases that would have been totally incomprehensible to a medical professional of the 1940s, and yet the NHS of today is an important and visible presence across all of these platforms. But is this a good thing? Undoubtedly, there are potential complications- the GMC has issued fulsome guidance for doctors using social media with specific reference to aspects of Good Medical Practice that may be at risk by its use. One of these is of course confidentiality and our absolute duty to protect the information of our patients. Another is less clear-cut. The document warns that the use of social media has “blurred the boundaries between public and private life”. Of course this is true, and a visible social media presence, as many of today’s doctors maintain, is a shortcut to increased scrutiny by friends, patients, the public, colleagues and employers. But arguably, the line between public and private life has always been a little blurred. Although we are doctors, we are also sometimes patients. Many of us were born in the NHS, and have loved ones who depend on it. We have a hugely personal stake in the future of the NHS and so, I would argue, if we want to use this freely available public platform to make those views known, then we should do so.

Several prominent members of the medical profession use social media very effectively to present thoughts and arguments, and in doing so engage a wider audience in important issues and debate. Recent large scale twitter campaigns have shown the speed with which ideas can gather momentum, and it would seem that 140 characters is more than enough to create a stir should you wish to. The #hellomynameis movement is an inspiring example of the power of one doctor’s words. When the inspirational Dr Kate Granger became a patient, she saw things

that could be done better and she set out to change them. Her platform in this case was twitter and she created something lasting and important for all of us. This is just one example of the impact that our words can have, if we choose to use them. Yes, we must use them wisely, but also with belief and conviction, for this is our profession in today's NHS, and this is what will keep it alive.

“Profession [noun]: A statement about what someone feels, believes, or intends to do, often made publicly”

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