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## DISSECTING HEALTH

# Scarlett McNally: Renaming junior doctors—to improve value, respect, and patient safety

Scarlett McNally *professor*

Does the term “junior doctors” capture their true value? Historically, the term applied to fully qualified doctors working in officially approved training posts before becoming a GP or consultant. Now most of their time is spent on incredibly intense service provision rather than being focused on training. They still have exams to pay for, studying in their spare time. Many rotate between hospitals or surgeries, with long commutes at short notice.

Some 62% of junior doctors are over 30, and 7.7% are over 40.<sup>1</sup> Many have children, ageing parents, and mortgages. Doctors from ethnic minorities and female doctors are frequently mistaken for other staff or treated as though they're more junior. Unlike my generation, after five years at medical school a typical doctor now may have £82 000 of student loan debt.<sup>2</sup> The financial impossibility of the role has led to the recent junior doctors' strikes. Our population is increasingly elderly and frail, often with multiple comorbidities, and doctors have to handle complexity and balance risk. Pay restoration is essential to avoid an exodus of doctors from the NHS and a socioeconomic catastrophe caused by widespread ill health in the population.

A clearer term would simply be “doctors,” whether at consultant level or in any other post. Among the many different audiences for doctors, terminology matters. Patients need to know who is a doctor, not their academic potential. Staff need to know a doctor's rank—otherwise they assume one, which can risk patient safety and undermine the doctor. We should bring back three broad ranks: foundation year 1 (FY1), SHO, and registrar. This fits with the Royal College of Physicians' four tiers of capabilities required for hospital rotas,<sup>3</sup> with its additional tier of consultant or specialist.

Educating teams need to know the detail of a doctor's training year. The multiple terms delineating progress introduced in 2007, such as CT2 or ST5, have confused staff. “Dr X, registrar,” with specialty, should be good enough for the name badge and introduction. “SHO” (previously meaning senior house officer) covers a wide range of roles, but anyone needing more specific detail can ask.

We should also acknowledge the skilled doctors not in training posts. The UK has almost 64 000 SAS doctors (specialty doctor, associate specialist, or specialist) and LE (locally employed) doctors, almost as many as the approximately 70 000 doctors in approved training posts.<sup>1</sup>

We're short of doctors. Far too many rotas have gaps, risking patient safety and overworking staff.<sup>3</sup> A

substantial increase in postgraduate training posts is needed to recruit, train, and retain our NHS workforce.<sup>4</sup> This increase must also account for many taking parental leave, doing flexible working, or in less than full time training.

In 2018 Health Education England (HEE) invited me to report on what we should call junior doctors. I found that the terms “junior” and “trainee” can suggest that the doctor isn't qualified or is present for their own benefit, to gain experience.<sup>5</sup> HEE agreed to avoid using both terms.<sup>5</sup> It also agreed to try my suggested terms (for those in training posts) of “doctor in postgraduate training” or “postgraduate doctor,” which still feel like the least bad alternative. Even “postgrads” would be preferable to “trainees.”

Essentially, we need name badges, noticeboards, and communications for the public and staff about doctors' roles that respect all staff members. We need more training posts and pay restoration, to ensure that all doctors feel valued.

Competing interests: Scarlett McNally is an orthopaedic surgeon and president of the Medical Women's Federation. She was commissioned by Health Education England to write an unremunerated report into what we should call junior doctors.

Provenance and peer review: Commissioned, not externally peer reviewed.

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