

VIEWS AND REVIEWS



PERSONAL VIEW

Keeping Kate Granger's legacy alive

Building on the #hellomynameis campaign, **Narinder Kapur** suggests ways to lessen patients' confusion about healthcare job titles

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The words doctors use matter. This was brought home to Kate Granger, who died in July 2016,¹ when the doctor who told her that her cancer had spread apparently did not introduce himself and did not even look at her. She started the #hellomynameis campaign to encourage healthcare staff to introduce themselves to patients.²⁻⁴

Patients (and other staff) generally want to know three things when they meet healthcare professionals: their name, their job, and their seniority. Yet they are often faced with various titles and grades across different specialties. At best this can result in confusion and at worst in misidentification and adverse consequences for patient safety.

It is clear that patients and some staff can be confused by job names and badges.⁵⁻⁶ Just as Agenda for Change brought uniformity to salary bands across NHS disciplines in England, there is a need for a similar uniformity in titles.

Healthcare staff are generally at four levels of knowledge, skills, and experience: newly qualified; several years into training; at an advanced level of training; or in an established senior post. The term "consultant" is now widely used in healthcare for this last stage, with the title of "nurse consultants" becoming prevalent since at least the 1990s.⁷ But terminology is more confused and debated at the other three levels. The debate was renewed last month when Michael Lavelle-Jones, president of the Royal College of Surgeons of Edinburgh, called for a new term to describe doctors in training, rather than "junior" or "trainee" doctors.⁸

Proposed job titles

I propose the following terms for doctors (using orthopaedics as an example specialty):

- Newly qualified medical doctor (NQ for short, a term already widely used in teaching)—this would be equivalent to house officer or foundation year roles
- Senior registrar, orthopaedic surgery—would apply to the first three years of specialty training

- Principal registrar, orthopaedic surgery—would apply to the last three years of specialty training, and
- Consultant orthopaedic surgeon.

Similar titles could be used across clinical specialties, and for nurses, pharmacists, and clinical psychologists. So, for example:

- Newly qualified clinical psychologist
- Senior clinical psychologist
- Principal clinical psychologist, and
- Consultant clinical psychologist.

Badges

The design and legibility of patients' wristbands have been shown to affect patient safety,⁹ but less attention has been paid to the design of staff name badges.

A standard badge could have title (such as Dr), first name (John), and surname all in bold Arial font against a yellow background, with the surname in upper case (SMITH). The person's role could be typed underneath in standard Arial font, with the organisation's logo and a photograph of the individual at the bottom. The text on the badge should be able to be read easily by most people at a distance of 6 feet (1.8 m), so badges would probably measure 9 cm by 6 cm, with the text in a 24 point font (fig 1⇓). Because spacing between words has been shown to affect legibility,¹⁰ there should be extra space between words on a badge.

With patient friendly titles and badges, we can help to keep Kate Granger's legacy alive.

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Competing interests: I am a member of the Royal College of Surgeons' Confidential Reporting System for Surgery (CORESS) advisory

committee. I also offer workshops in unconscious bias at www.cogbiasnhs.com and mentoring and support services to doctors at www.docsupport.co.uk.

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Figure

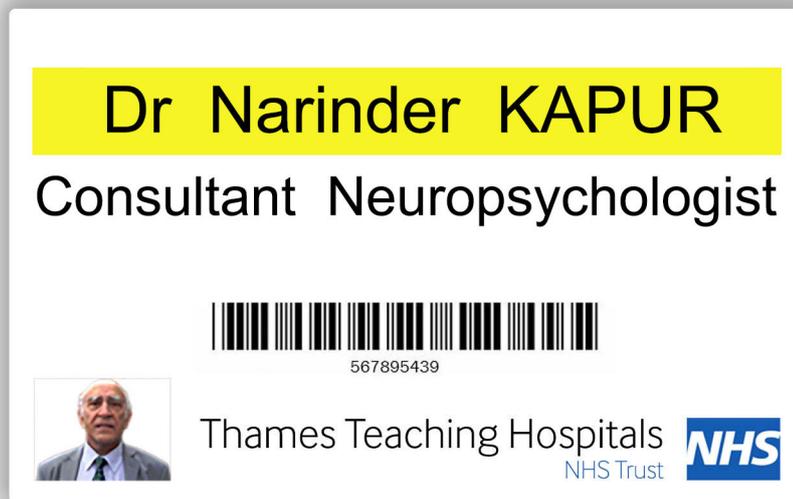


Fig 1 A patient friendly badge