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Uniforms

Uniforms come in all guises. You have the McDonalds uniform of white and brown fire-retardant polyester, starred name badges, and splattered with grease stains. In our hospital we have a Brave New World of uniforms. From the cleaning staff sporting international-corporation logos (staff invisible to the clinical team), to the nurses, physios, dieticians, and the myriad of clinical staff, all in different coloured uniforms with various adjustments showing various ranks.

At the top are the Alpha Plus doctors who are free to wear what they like. General practice is a little different. The admin staff wear a range of garish clothes that seem to have been purchased as a job lot from Marks & Spencer in 1985. The other clinical staff are in a range of oversized coloured tunics. We give our staff no choice.

But there are other less obvious uniforms. Black hair, T-shirts, and baggy trousers make you an emo. Fishtail parkas and Fred Perry tops make you a mod. A silly wax moustache and tweed jacket make you a hipster. And then of course there are all the religious uniforms that denote faith. Clothing is used to express something that goes far beyond function — clothes assert difference, wealth, superiority, class, and education. Doctors power-dress in trouser suits and heels or the three-piece suit with shiny brogues, hoping to project professionalism, to intimidate and to assert that they are in charge. Doctors intentionally set themselves apart from patients and staff alike with clothing barriers that make us unapproachable and aloof. Our current dress code policy affirms these behaviours and hierarchy.

But being unchallenged and distant is a real governance issue. How many times has patient care been impacted by an unwillingness to speak to certain doctors? How often is change restricted by our hierarchy?

So here is a very basic, if radical suggestion to improve NHS care. GPs and consultants should wear uniforms. But more than this, all staff from top to bottom should wear the same uniform. Now of course these could be in different styles

and colours of the clinician's choice (but no colour or style would denote position).

For the last 2 years I have been wearing a scrub top to work. My name badge denotes me as a doctor but nothing else. (I don't even wear a stethoscope around my neck!) I often wear jeans too. We have encouraged all clinician staff to do likewise. This has had an interesting cultural impact, certainly blurring the professional boundaries, with patients often thinking I am a nurse or a paramedic. But within practices it has broken barriers and made doctors more a part of the team. Try it.

The mantra is 'It's not about uniformity but about solidarity.'

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