It is certainly perceived as allowing trusts to draw on a wider range of high quality candidates.[13] It should be encouraged and extended to doctors who are reaching the end of their careers and those who wish to train or retrain in their own or another specialty. Portfolio careers will soon be here in medicine too, and the days of 40 years in one place in one specialty are over.

Using information technology

There is a clear need for better information systems and better use of information technology within the health service. The inadequacy of even the most basic information about the workforce is of never ending surprise to researchers from outside medicine. And the use of computers and email within the health service still lags far behind the most ordinary office in the outside world. Good multidisciplinary working depends on good communication within teams and across disciplines.

Encouraging entrepreneurship

There is certainly a need to champion entrepreneurial clinicians who are leading the modernisation drive within the NHS and not to lose the support of those who are committed to providing a modern and dependable service.[14] The motivation is there, but the professions need to be offered the means to implement change. If doctors are to delegate responsibility for patients to other healthcare staff they have to feel secure that those patients are going to be treated safely. And "safely" is the key word here.

Improved training for the multidisciplinary team

There is an urgent need for improved education and training for staff who could take on the functions of doctors within the multidisciplinary team. At the moment there are shining examples of good practice and multidisciplinary working, both in secondary and primary care. The use of specialist nurses in managing chronic disease and palliative care in the community is particularly well developed in some areas. But the pattern is much too patchy, and it is not surprising that so many doctors are unwilling to delegate functions when they are unsure of the skills of the staff to whom they would entrust the care of their patients. At the same time, many junior doctors are still performing tasks for which nurses have been trained but are reluctant to perform. Who is in charge of ensuring that this does not continue?

Pushing the challenges too far?

One of the main dangers in pushing the challenges to the professions too far is that practitioners will lose sight of the core values that brought them into medicine and nursing in the first place. If all the tasks are divided up according to a prescribed protocol so that it is quite clear who does what and when, there is a danger that clinicians will end up as "technical monkeys" who provide the drugs, the operations, and the interventions necessary to keep people alive longer,[4] while nurses will struggle to reconcile the tension between advancing their technological skills and retaining their caring role.[15] The challenge to the health service and the government is to balance the commitment and motivation of people who want to care with the demands of people who want to live for ever. Perhaps something has got to give.

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When I use a word

Triage

Since my days as an accident and emergency senior house officer I had believed (and perhaps I was taught) erroneously that *triage* was the process of dividing war or other casualties into three broad groups. These groups, I thought, were the dead and dying; the salvable; and the walking or less seriously wounded. The *tri-*, as I later discovered, is nothing to do with three—that is, *tripartite*.

The word *triage* was coined in the 18th century from the French *trier*: to pick, to choose, or to sort. *Gare de triage* is the French for a marshalling yard.[1] My English dictionary defines *triage* as "the action of sorting (casualties, etc) according to priority."[2] There is no quantification of categories; in fact *ABC of Major Trauma* lists five: immediate, urgent, minor, palliative, dead.[3] There is no suggestion that this is *"quinage."*

Medline cites 751 papers and letters since 1960 containing *triage* in the title. It seems that there is increasing breadth of usage and use of the verb rather than the noun form, but it is still restricted to the emergency situation. Newer types of *triage* include mental health, cardiology, obstetrics, and nurse triage.

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