

Clarity of healthcare roles in electronic health records

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Introduction

Over the past few years, the general practice workforce in the UK has expanded significantly, with new professional roles being added to the GP teams through schemes such as the Additional Roles Reimbursement Scheme in England. According to NHS England GP workforce official statistics, there were 48 941 GPs and GP registrars, 23 070 nurses, 23 378 direct patient care staff, and 103 447 administrative and non-clinical staff working in GP practices across England in March 2025.¹ As more individuals from diverse backgrounds are involved in patient care, electronic health records (EHRs) are becoming populated with information entered by a growing number of healthcare professionals. In addition to practice staff, an increasing number of community-based contributors are adding to these records.

However, current GP EHR systems do not consistently capture the roles of these professionals. This can lead to a lack of clarity regarding who is involved in patient care and in what capacity. This article examines the implications of this failure to identify healthcare staff roles in EHRs and ways of addressing them.

The issue of role clarity in EHRs

At present, there is no standardised and automatic way to consistently record and display the roles of different healthcare professionals involved in patient care. There are currently two sets of pre-defined roles:

1. Workforce Minimum Data Set (wMDS) (a subset of the existing National Workforce Data Set [NWD] standard) and;
2. Appointments in General Practice: Spine Directory Service (SDS) Role Groups.

The two sets differ, and what GP EHR suppliers provide is not mandated.

While GP systems may allow various team members, including GPs, healthcare assistants, nurses, pharmacists, receptionists, and social prescribers, to record information in EHRs, these records often lack a clear indication of the professional's actual role.

This lack of clarity is evident not only in GP practices but also in hospital records and increasingly within patient-held digital platforms such as the NHS App. The NHS App, which policymakers have heavily promoted as a key tool for enhancing patient engagement and improving access to health services, can encourage patients to take a more active role in their care by offering access to medical records, prescriptions, and appointment bookings. However, as usage of the app expands, the same issue persists: patients may be unable to determine which category of healthcare professional recorded

or acted upon specific information, potentially compromising the transparency and utility that the app aims to provide.

In a recent informal poll conducted by the Patients Association,² members of the public were asked about their ability to identify the roles of healthcare professionals contributing to their GP records. In total, 206 responses were received. The findings revealed that only 31% of those with access to their records could see the professional roles of all individuals entering information. A further 36% reported being able to see some, but not all, roles, while over a quarter were unable to discern the role of any healthcare professional involved. Notably, a significant majority of responders (82%) indicated that being able to identify the roles of those inputting into their records was either important or very important to them.

Implications

Professional guidelines highlight the need for clarity regarding healthcare roles. The General Medical Council (GMC) stresses the importance of transparency in its *Good Medical Practice* guidance.³ Under the section on Trust and Professionalism, the GMC advises that 'You must always be honest about your experience, qualifications, and current role. You must introduce yourself to patients and explain your role in their care.'³ Ensuring that patients have a clear understanding of who is providing their care is a critical element of fostering trust.

Clarity of roles is also important for successful multidisciplinary working.⁴ Failure to capture roles in a systematic manner may result in confusion among healthcare professionals themselves. This can lead to misunderstandings regarding responsibility for specific aspects of care, duplication, and inefficiencies. This failure is particularly important for patients with complex health and care needs who require input from multiple staff members.

As health care becomes more collaborative and multidisciplinary, it is increasingly important that patients and healthcare professionals can see the roles of those delivering care.

In addition, with the expansion of remote care delivery, including through digital tools such as the NHS app, the need for role clarity becomes even more pressing. Given the increasing number of remote consultations, patients may interact with multiple professionals without ever meeting them face-to-face. In such cases, clear communication regarding each professional's role can help maintain patient trust.

Finally, from a research and health systems perspective, the absence of consistently coded data on the contributions of

different professionals hampers efforts to understand how care is delivered across the workforce. Without accurate attribution of clinical input, it becomes difficult to evaluate team-based models of care, assess the effectiveness of various roles, or inform workforce planning and policy. Ensuring that professional roles are clearly recorded and accessible within patient records is therefore not only a matter of patients' rights-to-know, and an enabler of successful multidisciplinary working, but also a foundational requirement for robust health services research and evidence-based service design.

Solutions and recommendations

Standardising the process of role identification across healthcare settings is vital to address the challenges associated with the lack of role clarity in patient records. Clear and consistent role identification should be built into the infrastructure of EHRs to ensure that all professionals involved in a patient's care are easily identifiable by patients and other care providers.

Unifying the existing wMDS and SDS datasets with a clear articulation of the staff role would be a fundamental step towards improving clarity. Healthcare IT systems will need to be upgraded and required to consistently and accurately capture and display staff roles. Such processes should be automated in real time and not rely on manual entry or the administrative burden from already stretched GP teams.

The NHS app, which has been promoted as a tool for improving patient access to healthcare services, should be designed to allow patients to view the name of the healthcare professional and their role, thereby enhancing transparency and trust.

Conclusion

As the healthcare workforce continues to evolve and becomes more multidisciplinary, the need for clarity in the roles of professionals involved in patient care is more critical than ever. The failure of current systems to capture and display these roles creates confusion, undermines patient trust, and hinders effective care coordination. The standardisation and automation of the process of recording professional roles can help improve communication without increasing administrative burdens for healthcare systems. As remote healthcare delivery becomes more common, the need for clarity in professional roles will continue to grow, making it essential to address this issue as part of ongoing efforts to improve the quality and efficiency of care.

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