David Oliver: Medicine should be a stronger ally to other health professions

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Modern medicine relies more on multidisciplinary clinical teams and on the wider systems of care than on heroic, decisive individualism in one dominant professional group.

Medically trained doctors and researchers have played a leading role in developing and evaluating new techniques, service models, and treatments and in growing the evidence base and guidelines for practice. And across hundreds of specialty areas there would be no service, and no care of patients, without a heavy reliance on doctors. Yet, what we as doctors do for patients would prove largely impossible without nurses, allied health professionals, pharmacists, and social care colleagues, or other workers such as care assistants, administrative staff, and porters.

Recently I have seen medical membership organisations such as royal colleges, specialty societies, and the BMA advocating strongly for more investment in social care, and its workforce, partly because gaps in social care so obviously affect our own patients and ability to do our jobs.1 3 There has been some vocal advocacy by doctors for a larger nursing, pharmacy, and allied health profession workforce to support the delivery of primary care networks.

Others bang the drum for universal services that help tackle wider determinants of health, inequalities, addiction, or crime.4

In general, however, I don’t think we are anywhere near vocal enough in our support of non-doctor colleagues. We work with them every day, often in tight knit teams. We recognise the value of their work. Some of the evidence we rely on for clinical service models explicitly refers to the value of the multidisciplinary team.5 6 But do we advocate on their behalf?

My view is that we have tended to campaign too often only for our own professional group. This is understandable, given our preoccupation with our own workforce gaps, workload, and working conditions. Yet, with medicine remaining the best paid and most influential clinical profession, and second only to nursing in numbers, we have the clout to be powerful allies and advocates to our non-doctor colleagues.

Nurses are the biggest professional bloc in the NHS. But we have among the fewest nurses per capita among developed nations, and around one in 10 nursing vacancies remain unfilled (the proportion is higher in some regions and clinical areas).7 8 The crisis of morale and retention in nursing is as pressing as anything in medicine. Disciplines such as district nursing, health visitors, and learning disability nursing have seen sustained cuts in numbers.10

General practice relies heavily on nurses employed by partnerships for managing long term conditions, preventive work, and of course vaccination.11 Yet, in all the recent campaigning by GP organisations and the lauding of GPs in covid vaccine delivery, for example, I have heard too little recognition given to nurses.

In acute hospital care, gaps in the nursing workforce risk worsening care for our patients and making our own jobs much harder to deliver. And nurses are the most constant and visible presence for patients throughout their day.

Solidarity and advocacy for our closest non-medical colleagues isn’t just a matter of altruism. When nursing care and communication go wrong, it is often senior doctors dealing with the fallout in the complaint meeting, inquest, PALS (patient advice and liaison service) phone call, or untoward incident investigation. We have a real stake in this. Furthermore, advance care practitioners and clinical nurse specialists are increasingly critical to service delivery and continuity of care.

I would like to see the BMA and all medical royal colleges and specialty societies consistently speaking out on their behalf.

Allied health professionals are also key to many of the services we as doctors work in. Any clinical team involved in rehabilitation, hospital discharge, or admission prevention in any setting that struggles for therapies input knows this. A radiology service for therapies input knows this. A radiology service with overstretched radiographers, or an ambulance service with too few paramedics, will struggle, become unsafe, and beget further staff departures or crises. Both these professions face serious workforce gaps.

Doctors in key national and local leadership roles need to speak out in solidarity with non-medical colleagues at every turn. Modern healthcare is a team venture.

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