We’re in the middle of a healthcare workforce crisis. We also have an increasingly unfit and ageing population with multiple comorbidities, on record waiting lists. We expend huge resources on fixing conditions that should have been preventable. Can a better way of working help tackle these crises?

Many doctors and senior clinicians spend over half their time on administrative or similar tasks that could be delegated to other team members, while often being too busy to ensure that patients’ basic health is optimised. The issue is that they have no one to delegate to.

Doctors, nurses, allied health professionals, and pharmacists require degree level qualification and hone their clinical judgment and specialised skills with lifelong learning and experience. But not every healthcare worker needs to be an autonomous decision maker. Health education bodies are busy developing clinical roles including medical associate practitioners such as physician associates, who require years of expensive training to function autonomously. This focus undervalues the excellent staff in support and administrative roles.

We should be training people to start and continue in healthcare support roles with basic healthcare education and skills. My own NHS trust has a “new to care” initiative, appointing local people to healthcare assistant roles and providing two week “boot camps.” These include communication skills and “making every contact count” training so that they can suggest smoking cessation, exercise, and other preventive measures in a non-judgmental way.

We also have an apprenticeship to train up from healthcare assistant to “doctors’ assistant." We use patient information resources to educate staff new to a department. More such efforts are needed to expand our healthcare workforce rapidly, with central funding and support, to provide an army of people to do defined work including prevention.

Prevention in healthcare often feels like the underwhelming legacy of the 2012 London Olympics. We hoped that the Olympics would spur a change in the population’s fitness, but instead we marvelled at the sporting excellence from our sofas, rather than adopting practical and effective measures to get active and improve health. Healthcare staff can encourage people to adopt healthier lifestyle choices to prevent ill health, such as the Couch to 5k plan that helps people take up running and has had more than six million downloads. As multimorbidity and psychosocial deprivation cause most ill health, we need senior clinicians to lead a true team approach—and the public to expect this. Simple preventive health measures are far more effective than many medicines, but non-registered staff, such as NHS England’s new care coordinators, should be embedded in the team to help deliver these measures.

Conventional multidisciplinary teams can fail because departments and autonomous practitioners work in silos, waiting for a single specialty expert to make a decision. The Academy of Medical Royal Colleges suggests using “transdisciplinary teams,” where everyone shares skills and goals and meets for discussion.

I would suggest three principles to deliver safe, efficient care using a team approach. Firstly, tasks that can be delegated should be identified, to define skills that can be shared with specific training. Secondly, care pathways should be standardised with “red flags” for when a doctor or senior clinician is required—for example, in perioperative care across departments. Thirdly, all staff should understand and model better teamworking, using tools such as team briefs and active bystander training. Senior clinicians also need to have the time freed up to lead on this.

We must value, educate, and build teams using our whole workforce to help improve population health.

Competing interests: Scarlett McNally is a consultant orthopaedic surgeon, deputy director of the Centre for Perioperative Care, and president of the Medical Women’s Federation.

Provenance and peer review: Commissioned, not externally peer reviewed.