

# Physicians go green: how doctors are using the RCP Green physician toolkit

**The RCP's Green physician toolkit was first published in July 2024 and received widespread news coverage. The document sets out the health risks of climate change and explores actions that physicians can take in their day-to-day practice to deliver sustainable healthcare.**

In December 2025, a refreshed toolkit was published after a member survey showed that 3 in 4 (75%) of 490 responding physicians were worried about the effects of climate change on patient health. Interestingly, 69% were either very or somewhat concerned about the environmental impact of clinical practice.

The refreshed toolkit was developed in consultation with a short-term clinical reference group, comprising physicians from a range of specialties, as well as patient and academic representatives. Commentary spoke to two physicians involved in the group – acute medicine registrar, Dr Jamie Phillips and specialty doctor in palliative care, Dr Kate Crossland – about their experiences of how climate change is affecting their practice, and what actions they are taking in their workplace to change this.

Kate's interest in the climate crisis came from a personal perspective, standing as a Green Party candidate in the last general election and has been involved in grassroots community activism. However, she found that in her NHS work, the topic was barely being touched on – so she founded the Palliative Care Sustainability Network with the Centre for Sustainable Healthcare and they launched the Green Palliative Care Awards this year.

Similarly to Kate, Jamie struggled to find ways to tackle climate change in the NHS. As a member of the Society for Acute Medicine (SAM), he became involved in a sustainability specialist interest group, known as EcoSAM which he now leads.

## Climate change and health

Jamie and Kate are clear that the impact of climate change is something they have seen evidence of in their own practice. Jamie's understanding used to be that that climate change 'was more likely to affect distant places with higher degrees of deprivation' but the data and personal experiences show that 'it's affecting us far closer to home than I ever anticipated.'

The evidence set out in the Green physician toolkit

shows how significant an impact climate change is having on the NHS and health in the UK. Between 2020–2024, there were 10,781 excess deaths caused by heatwaves – and there are an estimated 30,000 deaths per year attributed to air pollution. Vector-borne diseases such as malaria and dengue fever are climate sensitive and increasingly seen across Europe.

Both Jamie and Kate shared the impact of heatwaves on practice in their specialties. Jamie highlighted in acute medicine that patients 'turn up at the front door' with issues related to excess heat. He highlighted a case of a patient at a music festival who hadn't been aware that their insulin would denature in hot weather. 'These patients came to hospital, not because of an exacerbation of their underlying chronic illness, but due to extreme heat,' he explained.

As a palliative care physician, Kate does a lot of work in the community and has encountered how some patients are particularly vulnerable to the effects of extreme weather. 'Sometimes a patient's housing is unsuitable, it's incredibly hot. Somebody bedbound can't get up to open the window or get some more ice ... the government can't push for more care in the community if housing isn't up to scratch, and patients can't stay safely at home in a heatwave.'

She shared how hospitals and hospices are often not built to withstand extreme heat, with some lacking air conditioning and the necessary infrastructure to maintain a safe clinical environment: 'It is crazy that we don't have the infrastructure within buildings to cope with heat and that we're accepting extreme heat management in vulnerable populations as a part of what physicians do now – without thinking about why that is.' Jamie pointed out that this was not just a threat to patients – but also very environmentally damaging: 'A lot of hospitals are ageing buildings. A huge proportion of the NHS carbon footprint is from estates and infrastructure, like heating poorly insulated buildings.'

The Green physician toolkit highlights that around 90% of hospitals in England are at risk of overheating, with 25.5% at risk of flooding. Both Kate and Jamie shared concerns about future risks to healthcare provision related to climate. They pointed out that many hospitals have hot weather plans, but questioned how healthcare staff can get to hospitals or hospices during adverse weather events, or how to get to staff in the community

to check on patients. Jamie said that in many areas there was ‘a lack of awareness that those plans need to be in place’ – but, as Kate pointed out, these sorts of weather events are a ‘real threat’ in many parts of the UK.

## Communicating with patients

Extreme weather events are projected to intensify and become more common, which will undoubtedly have a significant impact on patient health. Physicians will need to have more conversations with patients about what they can do to stay well. Jamie points out the need to warn patients about medications that could make them more vulnerable to hot weather and advise them of the health conditions exacerbated by the heat.

‘Informing and empowering patients really is key ... Every situation is going to be patient specific, and patients will have different levels of education and understanding.’

He points physicians to the list of medications on the [SAM Hot weather health plan](#) that he helped to create, which includes ‘common culprits’ in medication and offers physicians some simple steps for hot weather advice.

It is vital that all physicians take the initiative to talk to their patients about adverse weather, Kate says, warning against ‘siloe working’.

‘In palliative care, we talk about death and dying being everyone’s business – and I think it’s the same with climate ... Every time someone is making a point of contact with the health service, we are all going to have to provide advice – because that person might not contact the health service again until they pitch up at A&E.’

‘Raising awareness with patients is the number one issue,’ says Kate. ‘People just don’t necessarily know that they need to make changes [based on weather]; we need to communicate and give them a steer.’

‘The RCP Green physician toolkit is really good at saying this is every clinician’s business. If you’re doing your orthopaedic clinic on a day when there’s a heatwave, you should be looking at that heat plan.’

## Making your practice more sustainable

In England, the NHS accounts for 30–40% of public sector emissions and 4–5% of national emissions.

But Kate and Jamie shared ways that they had made small changes in their specialties that can significantly help reduce waste or carbon emissions. Kate stated: ‘If we can stop doing unnecessary things, that’s an easy win. That’s probably the kind of biggest environmental impact that we can bring about.’

As an acute medicine physician, Jamie feels that he is ‘uniquely placed at the start of the patient journey. We can influence decisions around healthcare, investigations, treatments and whether people would need admission.’ He encourages fellow physicians to pause and really think about what actions and resources are really needed – and if there might be a low-carbon alternative.

There are estimations that a CT scan is equivalent to driving 76 km in a fossil fuel car – would it really change your next steps, he asks? He also encourages physicians to think more about telemedicine, which will reduce travel emissions, or what to prescribe – pointing out the differing carbon footprints of various types of inhaler.

‘I try not to focus on one particular action, but just stop, think and ask, “Do I need this?”’ he advises.

‘As medics, those early decisions at the front door can have the biggest impact on the carbon emissions related to the patient journey.’

Kate has implemented similar habits in her practice as a palliative medicine specialist: ‘It’s about finding that sweet spot; what’s clinically appropriate vs what do you want to do [for the environment]?’

She finds that palliative care medicine does advance care planning well, and that can include thinking about environmental impact. She encourages rational prescribing of medication whenever possible, speaking to patients about what they really need or what they might have stockpiled. The Palliative Care Sustainability Network looked at the impact of anticipatory prescribing. ‘That’s been an interesting discussion in our specialty; we’ve got the potential to save waste, money and environmental impact – but how do we structure it so that patients aren’t at risk of not getting the medication that they need?’

One key change that she suggested for physicians in any specialty is to look at whether you can switch patients from IV or liquid medications, to an oral route: ‘We know that IV and liquid preparations will always have a higher carbon footprint. They’re heavier, they require more sterilisation, they last for less time.’

Both physicians recommend starting with small changes and then working your way up. The Green physician toolkit provides a range of actions – large and small – that can be embedded into clinical practice to help reduce the NHS’s carbon emissions while also improving patient care. Jamie shares advice that he was given:

“Don’t reinvent the wheel.” We’ve got so many resources out there, all free to access, with some amazing work that we can all apply in our own practice.’

The end result will likely end up ‘being far more aware of sustainability in your own practice,’ he says.

## Making your practice more sustainable

Kate and Jamie both encourage physicians to get involved in sustainable healthcare – but not to go at it alone. ‘When I started to become interested in sustainable healthcare, it’s overwhelming,’ Jamie shares ‘It felt like a huge issue where I can’t make a difference as one person ... But you’re not on your own.’

Support and resources are out there for anyone who wants to learn more or start taking action on sustainability. Kate recommends reaching out to your sustainability network with the Centre for Sustainable Healthcare, your trust’s sustainability team or even asking to be involved in work within royal colleges. There are challenges and barriers that are encountered when promoting sustainability – she warns. ‘While sustainability is a priority for most trusts and general practices, it’s not the number one priority.’ The threshold for evidence is often high and getting your voice heard can be difficult – which is why it is so important to connect with others and build on work that has been done before. ‘When you do get frustrated or have a setback, being able to meet with like-minded people is rejuvenating.’

Kate suggests that a good first step is to start a sustainability quality improvement (QI) project. ‘As clinicians, we’re doers and fixers – we’re quite practical.

We learn by doing.’ Many doctors have to do QI work and a project will give you the chance to acquire sustainability skills and knowledge, such as calculating a carbon footprint. Jamie says the Centre for Sustainable Healthcare’s QI website, SusQI, is a good place to start, and the RCP Green physician toolkit also contains case studies. Kate says:

‘Good healthcare is sustainable healthcare. Being thoughtful, not wasting resources or money, doing things that are right for the patient and not unnecessarily ... This is part of what I should be doing to be a good clinician.’

**This feature was produced for the April 2026 edition of *Commentary* magazine. You can read a [web-based version](#), which includes images.**