

## RESPIRATORY MEDICINE WORKFORCE SURVEY REPORT 2021

In May and June 2021, the British Thoracic Society Workforce and Service Development Committee conducted a survey of the consultant respiratory workforce in the UK to obtain a clear picture of the issues facing respiratory departments in relation to recruitment and retention to respiratory consultant posts. The survey collected data on the total number of full and part time consultant respiratory posts and on the number of vacant posts at 1 April 2021, as well as gathering qualitative data on current recruitment issues around the UK.

The 2021 survey sought to update the information obtained from BTS Respiratory leads through similar surveys between 2016 and 2019. In light of the COVID-19 pandemic the survey was suspended for 2020.

BTS respiratory leads in 241 institutions in England, Scotland, Wales and Northern Ireland were contacted and 90 responses were received (37%). A small decline in response rate has been noted since 2017. The survey questions were provided via an online form.

Respondents were invited to state whether the response provided was from a single hospital, or from a Trust (either single or multi-site). Respiratory leads were invited to provide the information above on behalf of their institution (either hospital or Trusts) - data were not verified.

Information was obtained from 46% of Trusts in England, 64% of Health Boards in Scotland, 42% of Health Boards in Wales, and from 80% of Trusts in Northern Ireland.

### Summary of responses by country

Country	Number of responses/ Number Surveyed	Response: percentage	Number of Trusts (Hospitals) England, NI  Number of Health Boards (Hospitals) Scotland, Wales, Isle of Man	% Trusts/Boards covered
All	90/241	37% (2019 = 54%)		
England	69/181	38%	141(181)	66/141 = 47%
Scotland	12/26	46%	14(26)	9/14 = 64%
Wales	4/17	24%	7(17)	3/7 = 43%
Northern Ireland	4/14	29%	5(14)	4/5 = 80%
Isle of Man	0/1	0%	1(1)	0%
Channel Islands	1/2	50%	2(2)	1/2 = 50%

### Respiratory Consultant numbers

BTS regularly monitors consultant workforce numbers. The distribution of consultants working in respiratory medicine across the UK at 1 October 2021 was as follows:

Respiratory Consultant numbers	1 October 2021
	Total
England	1528
Scotland	130
Wales	78
Northern Ireland	54
Islands (Channel Islands/Isle of Man)	5
<b>Total</b>	<b>1795</b>

### Recruitment issues

Of the institutions that responded to the survey, 82% (74/90 institutions) had one or more vacant posts at 1 April 2021. The proportion of institutions with vacant posts has risen significantly since the 2017, 2018 and 2019 surveys.

The 2021 survey requested information on whether institutions had advertised for consultant respiratory posts for the previous 12 months, and if so whether there had been any issues with recruitment.

59/90 institutions had advertised posts over the previous 12 months (66%). Of the 59 institutions which had advertised posts, 32 (54%) had encountered issues with recruitment. This figure is again similar to that reported in previous surveys, although it should be noted that the response rate has dropped in recent years.

	2016	2017	2018	2019	2021
Proportion of hospitals with vacant posts	40%	40%	46%	50%	82%
Proportion of hospitals with advertised posts in previous year	70%	62%	68%	71%	65%
Of those with advertised posts – Encountered with recruitment problems	56%	55%	58%	66%	54%

In 2021 institutions were invited to provide additional information about vacant posts in sub-specialty areas. There were 8 sub-specialty vacancies across all 4 nations – lung cancer was noted most frequently as a sub-specialty vacancy.

	Number of subspecialty vacancies noted in the survey (2019 data)	Cystic Fibrosis	Tuberculosis	Pulmonary Hypertension	Sleep	Bronchiectasis	Interstitial Lung Disease	COPD	Asthma	Pleural	Lung cancer
England	30 (15)	1 (2)	0 (2)	0	7 (4)	2 (0)	4 (2)	1 (1)	4 (2)	3 (1)	8 (1)
Scotland	2 (3)	1 (1)	0 (1)	0	0	0 (1)	0	0	0	0	1 (0)
Wales	2 (1)	0	0	0	0 (1)	0	0	0	1 (0)	0	1 (0)
NI	1 (0)	1 (0)	0	0	0	0	0	0	0	0	0

Institutions were also asked to provide information about whether different models of working had been adopted.

2021	Number responses	Institution offers flexible/condensed hours – number of hospitals	Institution has adopted alternative models to manage vacancies – number of hospitals
England	69 institutions (66 trusts)	48 (70%)	26 (38%)
Scotland	12 institutions (9 boards)	10 (83%)	1 (0.08%)
Wales	4 institutions (3 boards)	1 (25%)	1 (25%)
NI	4 institutions (4 trusts)	3 (75%)	0
CI/IoM	1 institution (3 trusts)	0	0
Total	90 institutions	62 (69%)	28 (31%)

Problems with recruitment to advertised posts existed in all 4 nations and across all types of institutions. From the information obtained in the survey, the issues appeared to be more acute in England (it should be noted however, the responses cover only 46% of Trusts in England).

Of those institutions that had not advertised posts, over 15% (14/90) confirmed that they had not advertised either due to financial constraints or as a result of a decision to wait until there were suitable candidates known to them.

Of those institutions that had advertised posts and encountered issues in recruitment, the main reasons reported included:

- Advertised but had no applicants 40% (13/32)
- Advertised but had no appointable applicants 43% (14/32)

Alternative models developed to help with Consultant gaps were appointments of other health professionals including; nurse consultants, associate specialists, specialised physiologists and international fellows. In England temporary locum posts and General Practitioner posts with special interests had been created. Specialist nurse posts were developed the most (17) across England, Scotland and Wales. A number of physician associate (13), advanced clinical practitioner (10) and Clinical fellow posts (12) had also been created.

In 2021 institutions were asked whether consultants had regular clinical sessions committed to integrated care or the community. The data indicated that 32 institutions (35%) have regular clinical sessions, however there was no indication these posts have reduced the pressure on staffing.

In 2021 institutions were asked to provide information about any funded FY3 or Trust/Locally Employed (SHO) grade doctors' posts within respiratory teams. Of the institutions that responded to the survey 47% (43/90) have funded posts in which 77 posts are filled and 24 remain unfilled. This is similar to data provided on whether institutions have any recurrently funded Registrar grade Trust/Locally Employed doctor posts within their respiratory teams. Of the institutions that responded to the survey 45% (41/90) have funded posts in which 71 post are filled and 9 remain unfilled.

Institutions were asked to provide information on Out of Programme subspecialty HST grade equivalent or post-CCT 'Fellowship' posts. Of the institutions that responded 16% (15/90) have posts in a range of sub-specialty areas including pleural disease, pulmonary hypertension, interventional procedures, ILD, and sleep and ventilation.

When asked whether the COVID-19 pandemic had an impact on recruitment, 28% (26/90) felt their recruitment had been compromised by the pandemic, with the majority listed reasons such as a reduced pool of candidates, an impaired recruitment process, the need to use locum posts, and the need to create new posts. The data suggests that recruitment issues were chronic and longstanding.

Although some institutions have clearly succeeded in attracting suitable candidates to fill vacancies, the level of vacant posts and the difficulties in recruitment remain in a significant number of institutions across the country. The effect of the reduced staffing in many respiratory teams, especially during the COVID-19 pandemic was reflected in feedback provided to the survey which included concerns about delivering respiratory care satisfactorily with posts vacant and the underlying stress in the workforce. Furthermore, centres reported that despite there being a clinical need for a greater number of consultant posts to meet the demands of the respiratory workload, the absence of sufficient funding at was preventing the creation of new posts.

### **Conclusion**

The BTS Respiratory Medicine Workforce Survey 2021 again showed that there are major challenges in respiratory workforce recruitment across the country.

While it is encouraging that innovative solutions have been found to improve recruitment, including better flexible working arrangements, an increase in posts for other respiratory health professionals and joint appointments with neighbouring trusts, the results of the BTS surveys held over the past 5 years (2016 to 2021) are of concern. The impact on the delivery of safe medical care and morale of the workforce must be considered. It is of further concern that specific subspecialty vacancies have increased from 2019.

The British Thoracic Society is committed to supporting all those who work in respiratory medicine. During the course of 2021/22 the Society will be working to raise the profile of the respiratory workforce to address the challenges faced across the specialty for those caring for patients with respiratory disease.

The Society is particularly grateful to all those who responded to the 2021 workforce survey.

Further information on the Society's work in this area can be found here:  
<https://www.brit-thoracic.org.uk/workforce/>

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### **BTS Workforce and Service Development Committee**

British Thoracic Society

[www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)