

## RESPIRATORY MEDICINE WORKFORCE SURVEY REPORT 2019

In April/May/June 2019, the British Thoracic Society Specialty Workforce 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 2019, as well as gathering qualitative data on current recruitment issues around the UK.

The 2019 survey sought to update the information obtained from BTS Respiratory leads through similar surveys in 2016, 2017 and 2018.

BTS respiratory leads in 241 institutions in England, Scotland, Wales and Northern Ireland were contacted and 129 responses were received (54%). 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 67% of Trusts in England, 64% of Health Boards in Scotland, 86% of Health Boards in Wales, and from 100% of Trusts in Northern Ireland (although not every hospital submitted data from within the 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	129/241	54% (2018 = 58%)		
England	99/181	55%	141(181)	95/141 = 67%
Scotland*	16/26	62%	14(26)	9/14 = 64%
Wales**	7/17	41%	7(17)	6/7 = 86%
Northern Ireland ***	5/14	36%	5(14)	5/5 = 100%
Isle of Man	1/1	100%	1(1)	100%
Channel Islands	1/2	50%	2(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 2019 was as follows:

Respiratory Consultant numbers	1 October 2019
	Total
England	1365
Scotland	125
Wales	65
Northern Ireland	48
Islands (Channel Islands/Isle of Man)	3
<b>Total</b>	<b>1606</b>

## Recruitment issues

Of the institutions that responded to the survey, 50% (65/129 institutions) had one or more vacant posts at 1 April 2019. The proportion of institutions with vacant posts has risen slightly since the 2016, 2017 and 2018 surveys.

The 2019 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.

92/129 institutions had advertised posts over the previous 12 months (71%). Of the 92 institutions which had advertised posts, 61 (66%) had encountered issues with recruitment. This figure is again similar to that reported in the 2016 and 2017 surveys.

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

Of the institutions reporting problems, most related to a lack of candidates for the post, or the lack of appointable individuals for the posts concerned.

In 2019 Trusts were invited to provide additional information about vacant posts in sub-specialty areas. There were 19 sub-specialty vacancies across all 4 nations - sleep medicine was noted most frequently as a sub-specialty vacancy.

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

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

2019	Number responses	Trust offers flexible/condensed hours – number of hospitals	Trust has adopted alternative models to manage vacancies – number of hospitals
England (91 Trusts)	99	65 (66%)	33 (33%)
Scotland (9 boards)	16	11 (69%)	0
Wales (5 boards)	7	2 (29%)	2 (29%)
NI (5 trusts)	5	3 (60%)	0
CI/IoM (3 trusts)	2	0	0
Total	129	81 (63%)	35 (27%)

Problems with recruitment to advertised posts existed in all 4 nations and across all types of institution. From the information obtained in the survey, the issues appeared to be more acute in England. This was likely to be due to larger total numbers of hospitals/trusts responding to the survey.

Of those institutions that had not advertised posts, over 5% 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:

- a lack of applications for the post advertised;
- management processes and financial constraints.

In many cases recruitment issues were chronic and longstanding and impacted on the ability of the respiratory teams to meet the demands placed upon them.

Alternative models developed to help with Consultant gaps were appointments of other health professionals including; nurse and physiotherapy consultants, specialist nurses, clinical fellows, international fellows, physician associates, advanced nurse practitioners (ANP) and specialised physiologists managing sleep. ANPs covered most subspecialties with the most common subspecialties being pleural and lung cancer. However, some of these alternative models presented their own challenges. For example, specialist nurse posts were reported as being hard to fill due to nursing staff shortages.

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 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 a local level was preventing the creation of new posts.

Concerns about the impact of vacancies were raised less than in previous years. Issues with overwork and outpatient backlog were documented but perhaps alternative models have eased the pressure in some areas. A number of respondents made the point that more community posts were needed to cope with the pressure on hospital beds and to deliver integrated care. Issues relating to insufficient funding being available to implement integrated care models were also highlighted. Additionally, commitment to acute medicine rotas in job plans was cited as having a significant impact on respiratory specialty work.

## Conclusion

The BTS Respiratory Medicine Workforce Survey 2019 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 specific subspecialty service provision, better flexible working arrangements, increase in other respiratory health professionals and joint appointments with neighbouring trusts, the results of the BTS surveys held over the past 4 years (2016 to 2019) are of concern and the impact on the delivery of safe medical care and morale of the workforce must be considered.

The British Thoracic Society is committed to supporting all those who work in respiratory medicine. During the course of 2019/20 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 2019 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)