RESPIRATORY MEDICINE WORKFORCE REVIEW 2016

The British Thoracic Society (BTS) exists to improve the standards of care for people living with respiratory disease and to support and develop those individuals who provide that care. The Society's members are drawn from a variety of healthcare professions, and a key strand of the Society's work is concerned with monitoring the state of the respiratory workforce so that effective support can be provided to safeguard and improve standards of care.

Our aim is **BETTER LUNG HEALTH FOR ALL:**

- We champion excellence in the diagnosis, treatment and care of people with lung disease and support those delivering it
- We influence NHS policy and services to help reduce the health & economic burden of lung disease
- We work with, and support, individuals and organisations across the NHS and beyond who share our vision.

The specialty of respiratory medicine remains one of the largest specialties in the UK (in the recent RCP census, it was the third largest medical speciality after geriatric medicine and gastroenterology). (1)

Respiratory medicine is a multidisciplinary, team-based discipline involving allied health professions (nursing, physiotherapy, respiratory physiologists, occupational therapy, speech and language therapy), and related specialties including primary care, radiology, palliative care, etc.

The Society's programme of work in relation to the respiratory workforce covers those working in respiratory medicine, as well as in respiratory nursing, and physiotherapy.

2016 Review

This statement summarises key issues facing the current medical respiratory workforce in secondary care. This summary will be updated on an annual basis, and in future will incorporate workforce information relating to respiratory nursing, physiotherapy and other allied health professions.

The burden of respiratory disease

The recent report from the British Lung Foundation "The battle for breath – the impact of lung disease in the UK, 2016" highlights the extent and impact of lung disease on the UK population: around 1 in 5 people (12 million) has had a diagnosis of lung disease at some stage in their lifetime, 550,000 people are diagnosed with lung disease in the UK each year,

lung disease kills approximately 115,000 people every year in the UK, and is responsible for over 700,000 hospital admissions and more than 6.1 million bed days in the UK each year. (2, 3)

What respiratory specialists do

The medical respiratory workforce (both consultants and specialty trainees), working in teams, play a central role in the care of respiratory patients throughout the country, providing leadership and support for those in other specialties and the allied health professions that also contribute to the care of this large group of patients. Respiratory physicians are involved in the treatment of patients with conditions including COPD, asthma, sleep apnoea, pulmonary fibrosis, cystic fibrosis and lung cancer to name just a few. A more detailed description of the breadth of the work undertaken by respiratory medicine staff can be found on the BTS website and the RCP Medical Care website (4, 5).

In addition, the respiratory workforce contributes both to acute and general medicine provision (1). The Joint Royal Colleges of Physicians Training Board (JRCPTB) describes Respiratory Medicine as one of the two major specialties of acute General Internal Medicine (GIM). The JRCPTB also states that approximately 30% of all acute admissions in GIM are for a primary respiratory problem, and respiratory physicians are essential and major contributors to the acute medical take in all acute hospital trusts (6).

The respiratory workforce is a key advocate for respiratory patients, who are often elderly and less able to speak for themselves. Respiratory physicians provide care for those with chronic disease with an increasing number working across the community. 90% of respiratory consultants contribute to general medicine, and many work flexibly across both primary and secondary care and, in some cases, tertiary care environments. The recent Shape of Training report has stated that patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings (7). The respiratory medical specialty is one of a small number of specialties that continues to underpin general medical care, as well as providing care for acutely unwell respiratory patients and those with chronic disease, in acute settings and community based roles.

The involvement of the respiratory specialist in the care of those with lung disease has been shown to be of benefit, both in relation to the efficiency of health services and to improved standards of care experienced by the patient (8, 9, 10).

Those working in respiratory medicine support, in principle, the introduction of new models of care including 7 day working, which will, with appropriate investment, undoubtedly improve the experience of care for respiratory patients.

Challenges

A workforce appropriate to meet the increasing burden of respiratory disease

The burden of respiratory disease is increasing as evidenced by recent publications from the British Lung Foundation (2, 3). Those working in respiratory medicine are well placed to make a positive contribution to improving standards of care for patients in the future health service

provided this key workforce is maintained and encouraged at both trainee and consultant level.

Recognising that those working in respiratory medicine have a vital role to play in the planning and delivery of health care services that are fit for the future, the Society is concerned that the current medical workforce is not sufficient to meet current and future needs.

Data from the Society's members, as well as information provided from sources such as the Royal College of Physicians, confirm that a significant number of UK hospitals have vacant consultant posts, and in many cases encounter continued difficulty in recruitment. The existence of unfilled posts in hospitals across the country imposes a strain on the health system, jeopardises the development and delivery of services, and places the health and safety of patients at risk (12).

Recruitment and retention

While the numbers of respiratory consultants have remained relatively static over the past few years (11), a recent BTS survey of respiratory departments has highlighted high levels of unfilled respiratory consultant posts in hospitals across the country (over 50% of hospitals with advertised consultant posts report problems with recruitment – either a lack of applications or the absence of suitable candidates) (12).

The respiratory specialty training programme equips high-calibre doctors with the skills and expertise necessary to maintain the UK's specialist respiratory workforce (comprising consultants, associate specialists and other permanent specialists). The respiratory training programme has long been a popular choice for those wishing to pursue a career in specialty medicine and is a career well suited to those who wish to train and work flexibly.

Respiratory specialty trainees make a significant contribution to the medical registrar workload, but there are increasingly recognised problems with the recruitment and retention of trainee doctors to those specialties that cover general medicine. The number of trainees graduating from specialist training needs to be sufficient to ensure that healthcare organisations which advertise vacant consultant and other permanent posts receive enough applications from appropriately qualified doctors to enable these vacancies to be filled in the great majority of cases. Current data collected by the Society show that approximately 40% of hospitals in England had at least one vacant consultant post in 2016, and over 50% of hospitals reported difficulties in making appointments to consultant positions (lack of qualified applicants) (12). There are also reports of rota gaps which have resulted in 30% of consultants having acted down into specialty trainee roles to ensure that the service can continue (1). There are reports of increasing attrition from Core Medical Training resulting in unfilled ST3 posts.

The Society recognises that while it is important to avoid an over-supply of respiratory specialists which could result in unemployment or loss of specialists to other activities or overseas against those individuals' wishes, this is not the current situation.

At the present time, the UK respiratory specialty training programme is not training enough doctors to meet the current demand and, given the increasing call on the medical respiratory

workforce to contribute to 7 day services, the number of respiratory trainees required must be increased.

What does this mean for patients and the wider NHS?

While posing immediate problems for the respiratory teams concerned (for example, in relation to lengthening waiting lists; lack of specialist input which lead to poorer outcomes for patients; increased length of stay), the existence of vacant posts within the respiratory team presents a significant challenge to the development and introduction of 7-day hospital services. There is a disparity between centres and regions in terms of the difficulties encountered in the recruitment and retention of the medical respiratory workforce.

Conclusion/Future plans

In order to maintain high quality care, it is imperative that the respiratory medical workforce is able to attract the right number of people into the specialty, ensure that those joining the specialty remain within it, and do all they can to attract the younger generation of medical professionals in future. Respiratory trainees and consultants make a major contribution to general medical on-call rotas and the provision of high-quality emergency care in UK hospitals and it is vital that these services are maintained.

The Society supports those working in respiratory medicine in order to promote and maintain professional standards, and to ensure the specialty can recruit and retain high calibre staff.

In 2018, the Society plans to focus attention on specific aspects of the respiratory workforce and engage with other organisations and institutions that have a role to play in maintaining standards across the wider medical workforce including the Royal Colleges, Health Education England and other bodies involved in workforce planning across the 4 nations.

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

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References

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3. British Lung Foundation, Estimating the economic burden of respiratory illness in the UK 2017. https://www.blf.org.uk/what-we-do/our-research/economic-burden
4. British Thoracic Society, www.brit-thoracic.org.uk

5. RCP Medical Care http://www.rcpmedicalcare.org.uk/designing-services/specialties/respiratory-medicine
6. JRCPTB annual specialty report: https://www.jrcptb.org.uk/news/annual-specialty-report-submitted-gmc
7. Shape of Training final report 2013, http://www.shapeoftraining.co.uk/
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11. CfWI medical fact sheet: respiratory medicine 2011, Centre for workforce intelligence: http://www.cfwi.org.uk/publications/respiratory-medicine-cfwi-medical-fact-sheet-and-summary-sheet-august-2011
12. British Thoracic Society https://www.brit-thoracic.org.uk/working-in-respiratory/ BTS Respiratory Medicine Workforce Survey Report 2016

Data sources/useful links

APPG report on respiratory health: https://www.asthma.org.uk/globalassets/campaigns/appg_respiratory_deaths_2014_online.pdf

Future hospital: https://www.rcplondon.ac.uk/projects/outputs/future-hospital-commission

NHSE 7 day hospital services: https://www.england.nhs.uk/ourwork/qual-clin-lead/7-day-week

Respiratory Futures: http://www.respiratoryfutures.org.uk/