

## RESPIRATORY MEDICINE WORKFORCE SURVEY REPORT 2018

In April/May/June 2018, the British Thoracic Society Specialty Workforce Committee conducted a survey of the consultant respiratory workforce in the UK. The purpose of the survey was to obtain an understanding of the issues relating to the recruitment and retention of staff 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 2018. In addition the survey gathered qualitative data on current recruitment issues around the UK.

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

BTS respiratory leads in 241 institutions in England, Scotland, Wales and Northern Ireland were contacted and 146 responses were received (61%). The survey questions were provided via an online form.

In 2018, 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, 83% of Health Boards in Wales, and from 100% of Health Boards in NI (although not every hospital submitted data within each of the Health Board in Scotland, Wales and Northern Ireland).

### Summary of responses by country

Country	Number of responses/ Number of respiratory leads contacted	Response: percentage	Number of Trusts (Hospitals) England  Number of Health Boards (Hospitals) Scotland, Wales, NI, Isle of Man, CI	Percentage of trusts covered (England)  Percentage of boards covered (Scotland, Wales, NI)
All	146/241	61%		
England	115/181	64%	141(181)	95/141 = 67%
Scotland	13/26	50%	14 health boards (26 hospitals)	9/14 = 64%
Wales	9/17	53%	6 health boards (17 hospitals)	5/6 = 83%
Northern Ireland	6/14	43%	5 health boards (14 hospitals)	5/5 = 100%
Isle of Man	1/1	100%	1(1)	100%
Channel Islands	2/2	100%	2(2)	100%

### Respiratory Consultant numbers

The distribution of consultants working in respiratory medicine across the UK at 1 October 2018 was as follows:

Respiratory Consultant numbers	1 June 2018
	Total
England	1290
Scotland	119
Wales	64
Northern Ireland	44
Islands (Channel Islands/Isle of Man)	5
<b>Total</b>	<b>1522</b>

### Recruitment issues

Of the 146 institutions that responded to the survey, 46% (67 institutions) had one or more vacant posts at 1 April 2018. The proportion of institutions with vacant posts has risen slightly since the 2016 and 2017 survey.

The 2018 survey requested information on whether institutions had advertised for consultant respiratory posts in the previous 12 months, and if so whether there had been any issues with recruitment.

Of the 99 institutions which had advertised posts, 55 (58%) had encountered problems. This figure is again similar to that reported in the 2016 and 2017 survey.

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

Of the institutions reporting difficulties, most related to a lack of candidates for the post, or the lack of appointable individuals for the posts concerned. This had led to some institutions having to repeatedly advertise the same post.

Problems with recruitment to 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. However this was most likely to be due to the larger total numbers of English hospitals/trusts responding to the survey. One important feature of the data was the difficulty in recruiting to rural hospitals and those posts with a commitment to the acute medical take.

Of those institutions that had not advertised posts, over 15 % had not done so because of financial constraints or had decided to wait until there were suitable candidates, who were known to them.

The free text comments confirmed that departments are not developing job plans for new appointees as they will feel that they will not recruit to these posts. Therefore, the numbers of respiratory post advertised is likely to be an underestimate of the numbers needed.

In addition, respondents reported that business cases were not being approved when they had previously been agreed or to replace vacant posts. The length of time taken to approve posts was also reported as an issue resulting in the loss of an interested candidate.

Some hospitals had depended on previous specialty trainees to return as consultants. Places where there were shortages of consultants in other specialties that contributed to the medical take (e.g. elderly care) also struggled to recruit to respiratory posts.

Another striking feature of this year's survey was that for the first time we had reports of difficulty in appointing to sub specialty posts such as CF.

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. There were also concerns about ability to deliver service safely given the increasing volumes of work.

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. Respondents reported low morale and moving to Less than Full Time (LTFT) working due to the stress associated with vacant posts.

Finally some institutions reported novel ways to recruit including tailoring the content of a post to the requirements of an individual, offering a post with 2 years guarantee of no GIM content, posts at a higher pay scale and additional benefits such as a car.

## **Conclusion**

The BTS Respiratory Medicine Workforce Survey 2018 again showed that there are major challenges in respiratory workforce recruitment across the country. This is in line with other specialties within acute medicine and within the wider allied health professionals.

While it is encouraging that innovative solutions have been found to improve recruitment including specific subspecialty service provision, better flexible working arrangements and joint appointments with neighbouring trusts, the results of these surveys over the past 3 years are of concern and the impact on the delivery of safe medical care and morale of the workforce must be considered. It is concerning that the recruitment difficulties are worse in rural communities and departments involved in GIM with the resulting effect on the services delivered to these areas.

This survey highlights the negative effect recruitment issues have on services and the morale of those working in them.

The British Thoracic Society remains committed to supporting all those who work in respiratory medicine. During 2018 the Society has introduced a recruitment Hub to allow acute hospitals with vacancies (current or forthcoming) to provide details to BTS members to facilitate the introduction of candidates and employers. The BTS Winter Meeting 2018 will also include a dedicated Recruitment Rendezvous to allow those attending to meet with prospective future colleagues.

The Society is dedicated to the task of raising the profile of the respiratory workforce within the UK. This includes working to encourage the governments of the four countries within the UK to focus on developing a comprehensive strategy for increasing the numbers of doctors and allied health professionals in respiratory medicine.

The Society is particularly grateful to all those who responded to the 2018 workforce survey.

Further information on the Society's work in this area can be found here:

<https://www.brit-thoracic.org.uk/working-in-respiratory/>

December 2018

**BTS Specialty Workforce Committee**

British Thoracic Society

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