

Evidence Brief: Respiratory Workforce

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Key publications – the big picture

[Guidance for growing and developing the pulmonary rehabilitation multidisciplinary team](#) March 2024, NHS England
[The NHS Long Term Plan](#) recognised pulmonary rehabilitation as a high value intervention that can reduce days spent in hospital and improve outcomes for people living with chronic respiratory conditions [1, 2]. It identified the need to expand provision so that more people can benefit from this intervention. However, [Quality and Outcomes Framework \(QOF\) data for 2021/22](#) shows only 36.9% of the eligible population is being referred for pulmonary rehabilitation, and systems frequently report insufficient workforce capacity is hindering pulmonary rehabilitation and wider respiratory healthcare service expansion. Addressing this is key to reducing the gap in healthy life expectancy between communities.

[NHS Long term Workforce Plan](#) 2023, NHS England
The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

[A National Five Year Plan for Lung Health](#), 2018 (update 2023), Taskforce for Lung Health
A five year plan to create a society where everyone can live with healthy lungs for as long as possible and have the best chance of living well, or recovering, when lung disease develops. Read the update here:
<https://www.taskforceforlunghealth.org.uk/co-chairs-foreword/>
2023

[Respiratory Disease: understanding the future service and workforce needs](#) 2022, Health Education England

This report includes initial recommendations that we will aim to take forward jointly and address. We will focus on respiratory workforce data and supply by scoping how best we can help develop actions to address uniformity in data system sources and any system data gaps. At the same time, we will look at workforce upskilling and training thinking about the skills and capabilities that are required as new roles and ways of working emerge specifically for ‘out of hospital’ care.

[Respiratory syncytial virus and its impact on the NHS](#), 2022, House of Commons Library
It is estimated that among adults, approximately 487,000 GP episodes, 18,000 hospitalisations and nearly 8,500 deaths were attributable to RSV per average season. Of these, around 175,000 GP episodes (36%), around 14,000 hospitalisations (79%) and just under 8,000 deaths (93%) were in people aged 65 or older.

[A respiratory workforce for the future](#), 2022, British Thoracic Society (scroll down webpage to see download link)
The NHS has an inadequate number of skilled respiratory staff across all professions to deal with the growing care demands of the UK population. This has a negative impact on patient outcomes, and on the teams providing their care.

[Respiratory Medicine GIRFT Programme National Speciality Report](#) March 2021, Getting It Right First Time
Respiratory medicine covers many conditions, starting with diseases of the upper airway (sleep apnoea); through to the large and small airways, (asthma, COPD); the lung substance itself (interstitial lung diseases e.g. pulmonary fibrosis); the blood vessels within the lungs (pulmonary artery hypertension, pulmonary embolism) and the cavity in which the lungs sit (pleural diseases), with the breathing muscles and their neurological control playing an important role. Unsurprisingly

patients may present with a variety of symptoms such as breathlessness, cough, wheeze, chest pain and expectorating sputum or blood. It is no surprise given the amount of air we breathe in each day that pulmonary infections are a major issue, as highlighted with the seasonal impact of flu and other viral infections on respiratory admissions.

[Written evidence submitted by the British Thoracic Society](#) 2021, UK Parliament

In 2021 BTS found that 82% of hospitals reported vacant respiratory consultant posts. This has been increasing over the years, from 40% of hospitals in 2016 and is reflected across the UK.

[NHS Long Term Plan: Respiratory disease](#) 2019, NHS

Lung conditions, including lung cancer, are estimated to cost wider society around £9.9 billion each year. Respiratory disease affects one in five people in England, and is the third biggest cause of death. Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally and remain a major factor in the winter pressures faced by the NHS.

Case Studies

[Respiratory Champions and Population Health Management](#)

(slide deck) 2024, Future NHS

NHS Dorset present their use of Respiratory Champions within their wider respiratory care pathways.

[Case study – Greener Respiratory Care](#) NHS England North West

The prevalence of asthma and COPD in Cheshire and Merseyside is higher than the averages in England. A Cheshire and Merseyside Inhaler Steering group, supported by the regional Respiratory Network, identified training opportunities for Primary Care Network (PCNs) professionals as important to promoting effective greener respiratory care. The project explored whether the education model used is effective in achieving this at a large scale across 2 PCNs.

[A case study of a collaborative allied health and nursing crisis response](#) August 2020, Journal of Interprofessional Care
Using an evaluative case study, a unique insight into the collaborative allied health and nursing professions' response to COVID-19 at a specialist cardiothoracic hospital in the United Kingdom is presented.

The Star for workforce redesign

More resources and tools are available by searching **Respiratory disease** on [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Respiratory**” filter

[New GIRFT metrics for respiratory medicine shared on Model Health System can support winter bed planning](#) January 2024, Getting it Right First Time
GIRFT metrics now available on the Model Health System (MHS) can support NHS respiratory medicine teams to recover

services from the impact of Covid-19, as well as helping to ease winter pressures.

More than 70 metrics relating to activity for high-volume respiratory conditions such as pleural disease, pneumonia, chronic obstructive pulmonary disease (COPD) and asthma can now be found by logging in at [Model Health System](#) and navigating to the GIRFT clinical metrics compartment for the specialty.

[Respiratory Medicine Workforce Report 2021](#) November 2021, British Thoracic Society

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.

[Respiratory Workforce Facts and Figures](#) 2020, British Thoracic Society

This document provides important facts and figures about the respiratory workforce, providing information to support our aim of BETTER LUNG HEALTH FOR ALL.

[Reports of respiratory infections made to UKHSA from UKHSA and NHS laboratories in England and Wales](#): weeks 49 to 2 (2021 to 2022)

National Data Programme

Workforce, Training and Education staff can look at the [WT&E Data and Analytics Service](#) resources including the National Data Warehouse SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Leadership skills, coaching and education

[A national postgraduate nurse practitioner and physician assistant fellowship in cystic fibrosis: An innovative approach to the provider shortage in complex and rare disease](#) September 2024, Journal of the American Association of Nurse Practitioners

Cystic fibrosis (CF) is a complex life-limiting genetic condition that affects the respiratory, digestive, reproductive system, and sweat glands. Advances in treatment have led to improved survival and quality of life. Today, most persons with CF live to adulthood but require highly specialized care at accredited CF Care Centers. The growing and aging CF population combined with the provider workforce shortage have increased the demand for qualified CF providers. Nurse practitioners (NPs) and physician assistants (PAs) have been providing CF care for decades, but most learned on the job. The Leadership and Education for Advanced Practice Provider (LEAPP) fellowship in CF care aims to address the provider gap, ease transition to practice, and ensure access to specialized care. Unlike other institutional based joint NP/PA fellowships, LEAPP was designed to train providers at various locations across the national CF care center network. The program is innovative in several ways: (1) LEAPP employs a flipped classroom that pairs an online curriculum with case-based virtual discussion with content experts from the CF care network; (2) fellows receive mentored clinical training at their home CF center; (3) LEAPP partnered with a university-based team to ensure best practices and evaluation for adult learners; and (4) LEAPP promotes organizational enculturation through program components of professional mentoring, quality improvement, and leadership. This innovative approach may be suitable for other complex

conditions that require highly specialized care, such as sickle cell disease, spina bifida, and solid organ transplant.

[Engagement Across Professions: A Mixed Methods Study of Debriefing After Interprofessional Team Training](#) August 2024, *Simulation in Healthcare Abstract only**

Simulation is an ideal tool for interprofessional (IP) team training. Debriefing after simulation is key to IP learning, although engagement and participation may be adversely influenced by cultural and hierarchical barriers. This mixed-methods study explored factors influencing learner engagement and participation in IP debriefing and the experience of “silent but apparently engaged” participants.

Themes identified that influenced learner engagement in debriefing included aspects of prebriefing and the simulation. Some aligned with general simulation best practices, such as psychological safety, prebriefing, and facilitator behavior. Findings unique to IP simulation included importance of realism to nonphysician professions, protecting time for training, group composition, and direct probing by cofacilitators to decrease physician bias and emphasize IP contributions. Silent participants reported engagement.

[Effectiveness of simulation-based interprofessional education on teamwork and communication skills in neonatal resuscitation](#)

May 2024, *BMC Medical Education*

The role of effective interprofessional teamwork is especially vital in the Neonatal Intensive Care Unit (NICU) where infants facing emergency situations are admitted. Proper neonatal resuscitation, facilitated by comprehensive resuscitation training, can significantly decrease the mortality rates associated with neonatal asphyxia and respiratory failure. This study aimed to develop a simulation-based interprofessional education (IPE) programme for medical staff working in a nursery and NICU and to assess its effectiveness on teamwork, communication skills,

clinical performance, clinical judgement, interprofessional attitudes, and education satisfaction.

[Application of Situational Simulation Teaching Method in Respiratory and Cardiac Arrest Induced by Aspiration in Elderly Patients](#) April 2024, *Alternative Therapies in Health and Medicine Abstract only**

The application of situational simulation teaching method in the rescue of patients with respiratory and cardiac arrest has outstanding effects, which can effectively improve the efficiency of first aid, significantly improve the efficiency and standardization of first aid, and control or prevent the occurrence of poor prognosis, which is worth popularizing.

[Effect evaluation of competency-based education \(CBE\) combined with multi-disciplinary team \(MDT\) teaching mode in respiratory rehabilitation nursing teaching: A randomized controlled trial](#) March 2024, *Nurse Education in Practice Abstract only**

To explore the application effect of competency-based education (CBE) combined with multi-disciplinary team (MDT) teaching mode in respiratory rehabilitation nursing teaching.

[Educating frontline health workers to support evidence-based management and treatment for chronic obstructive pulmonary disease patients: A literature review](#) 2022, *Canadian Journal of Respiratory Therapy Abstract only**

Thematic analysis revealed two prominent themes as contributing factors to the challenges and strategic solutions: (i) the perceived challenges of frontline health worker respiratory education and (ii) the current deficits within organizational strategies, collaboration, resources, and educational interventions.

[A proposed framework for point of care lung ultrasound by respiratory physiotherapists: scope of practice, education and governance](#) June 2022, The Ultrasound Journal

In this paper, the authors outline a framework approach they have developed which is designed to support the consolidation and expansion of PoCUS. Alongside prompts for how other PoCUS groups could apply the framework approach, its application is illustrated using the example of physiotherapists in the UK who specialise in respiratory care.

[Informing future nursing: An exploration of respiratory teaching in the pre-registration nurse curriculum](#) November 2021, Nurse Education in Practice

Variation exists in provision of respiratory education in pre-registration nursing programmes across the UK. Whilst some respiratory topics appear to be covered adequately, others have limited time on knowledge and skills teaching.

[Impact of low-dose computed tomography for lung cancer screening on lung cancer surgical volume: The urgent need in health workforce education and training](#) August 2021, Medicine

These findings suggest the importance of a successful national policy regarding LDCT screening programs, regulation of shortage of thoracic surgeons, thoracic radiologist workforce training positions, and education programs.

[Effect of Health Coaching Delivered by a Respiratory Therapist or Nurse on Self-Management Abilities in Severe COPD: Analysis of a Large Randomized Study](#) March 2019, Respiratory Care

Health coaching delivered by a respiratory therapist or a nurse improved self-management abilities when applied to subjects with COPD after hospital discharge for an exacerbation.

[A guide for respiratory physiotherapy postgraduate education: presentation of the harmonised curriculum](#) 2019, European Respiratory Journal

While all educational programmes are probably fit for purpose within a given healthcare system, the variability in knowledge, skills and attitudes makes mobility and cross-certification difficult, if not impossible. In addition, the growing body of evidence for respiratory physiotherapy [3] makes it all the more important to foresee a framework for postgraduate training that prepares the workforce for the future

[Evaluation of the Clinical Learning Environment in Respiratory Therapy Education: Student Perceptions](#) February 2019, Respiratory Care

Education level influenced students' perceptions of the CLE of clinical facilities. Overall, respiratory therapy students rated their CLE experiences as positive and they were satisfied with the clinical instructor and team model.

[Thoracic ultrasound experiences among respiratory specialty trainees in the UK](#) October 2017, Clinical Medicine

As current trainees become respiratory consultants, the curriculum and method of training needs to be revised to ensure that these future consultants have the experience and skills required to supervise and train the next generation of respiratory registrars.

Community, primary, secondary and tertiary care

[Health system resilience during the COVID-19 pandemic: A comparative analysis of disruptions in care from 32 countries](#)

September 2024, Health Services Research *Abstract only**
To quantify disruptions in hospitalization and ambulatory care throughout the coronavirus disease 2019 (COVID-19) pandemic for 32 countries, and examine associations of health system

characteristics and COVID-19 response strategies on disruptions.

[Strategic Planning of a Joint SARS-CoV-2 and Influenza Vaccination Campaign in the UK](#)

February 2024, Vaccines
The simultaneous administration of SARS-CoV-2 and influenza vaccines is being carried out for the first time in the UK and around the globe in order to mitigate the health, economic, and societal impacts of these respiratory tract diseases. However, a systematic approach for planning the vaccine distribution and administration aspects of the vaccination campaigns would be beneficial. This work develops a novel multi-product mixed-integer linear programming (MILP) vaccine supply chain model that can be used to plan and optimise the simultaneous distribution and administration of SARS-CoV-2 and influenza vaccines. The outcomes from this study reveal that the total budget required to successfully accomplish the SARS-CoV-2 and influenza vaccination campaigns is equivalent to USD 7.29 billion, of which the procurement costs of SARS-CoV-2 and influenza vaccines correspond to USD 2.1 billion and USD 0.83 billion, respectively. The logistics cost is equivalent to USD 3.45 billion, and the costs of vaccinating individuals, quality control checks, and vaccine shipper and dry ice correspond to USD 1.66, 0.066, and 0.014, respectively. The analysis of the results shows that the choice of rolling out the SARS-CoV-2 vaccine during the vaccination campaign can have a significant impact not only on the total vaccination cost but also on vaccine wastage rate.

['The dark before the dawn': the 2021 British Thoracic Society Audit of the treatment of tobacco dependency in acute trusts](#)

November 2023, BMJ Open Respiratory Research
The National Health Service (NHS) Long Term Plan has committed substantial, new funding to the NHS to ensure every patient that smokes admitted to hospital will be offered evidence-based support and treatment for tobacco dependency. The findings of this audit highlight the urgency with which this programme must be implemented to tackle the greatest cause of premature death in the UK and to achieve the wider well-recognised benefits for the healthcare system.

[Early dietitian referral in lung cancer: use of machine learning](#)

January 2022, BMJ Supportive and Palliative Care

The Dietetic Assessment and Intervention in Lung Cancer (DAIL) study was an observational cohort study. It triaged the need for dietetic input in patients with lung cancer, using questionnaires with 137 responses. This substudy tested if machine learning could predict need to see a dietitian (NTSD) using 5 or 10 measures. With further work, this methodology allows integrated early referral to a dietitian independently of a healthcare professional.

[An audit of the British Thoracic Society asthma discharge care bundle in a teaching hospital](#)

July 2021, British Journal of Nursing *Abstract only*
The UK asthma mortality rate has risen by 33% over a decade. The national enquiry into 195 asthma-related deaths revealed that most of these deaths were preventable. The Asthma Discharge Care Bundle (ADCB) is recommended for use when discharging patients with an acute asthma attack and/or

exacerbation. The findings highlighted the need for asthma education sessions for all health professionals with emphasis on record-keeping skills.

[Development of a respiratory quality improvement faculty in an acute hospital using QI methodology](#) October 2022, BMJ Open Quality

The In-hospital Quality Improvement for Respiratory team was created in August 2020 within a busy respiratory department to inspire a culture of continuous improvement and provide a sustainable infrastructure to support and progress QI projects (QIPs). We achieved our aim of increasing the number of registered QIPs, sustaining the QI faculty throughout the COVID-19 pandemic. Our multidisciplinary membership continues to increase and the faculty has improved access, organisation and project progression across a large department with an established process for rotating staff to join existing QIPs. Our model has the potential to be replicated in other clinical departments within NHS organisations.

[Training and Deployment of Medical Students as Respiratory Therapist Extenders during COVID-19](#) June 2020, ATS Scholar
Our experience has demonstrated that healthcare professionals, including medical students, can be quickly trained and deployed in the novel RTE role as a surge strategy during the COVID-19 pandemic. Because we urgently developed and implemented the RTE role, we recognize the need for ongoing monitoring and adaptation to ensure patient and volunteer safety. We are sharing the RTE concept and training openly to help address RT shortages as the pandemic evolves.

[Advanced roles in respiratory healthcare science: it's not just spirometry](#) December 2019, Breathe
Advanced clinical practitioner (ACP) roles in nursing began as early as the 1970s. Health Education England, along with

National Health Service (NHS) Improvement and NHS England, have recently published a definition of and standards for multiprofessional advanced clinical practice.

[Introduction of the harmonised respiratory physiotherapy curriculum](#) June 2019, Breathe

The curriculum outlines the knowledge, skills and attitudes which must be mastered by a respiratory physiotherapist working with adult or paediatric patients, together with guidance for minimal clinical exposures, and forms of learning and assessment.

[Agreement between expert thoracic radiologists and the chest radiograph reports provided by consultant radiologists and reporting radiographers in clinical practice: Review of a single clinical site](#) August 2018, Radiography

Even when weighted with chest radiographs reviewed at discrepancy meetings, content of CXR reports from trained radiographers were indistinguishable from content of reports issued by radiologists and expert thoracic radiologists.

[Evaluation of the current landscape of respiratory nurse specialists in the UK: planning for the future needs of patients](#) July 2017, BMJ Open Respiratory Research

This survey report provides a current snapshot of the respiratory nurse specialist workforce in the UK. This workforce is an ageing population; the results from this survey can be used to inform succession planning and to ensure a viable respiratory nurse specialist workforce in future.

Role progression and professional development

[Using an organizational change model to improve lung cancer surgery services over five years](#) August 2024, Journal of Thoracic Disease

Lung cancer is the most common cause of cancer death in the UK resulting in 21% of all cancer deaths. In 2016, local lung cancer surgery services required improvement due to under-representation in cancer resections and resource scarcity during the pandemic, which affected critical care bed availability and extended postoperative stays. The aim of this service improvement was to increase the number of lung cancer resection; develop minimally invasive techniques and reduce the use of Critical Care Unit beds by 35% (a subsequent goal). The successful expansion of thoracic surgical services was attributed to the dedicated minimally invasive surgeons, enhanced recovery measures, and skilled staff. The change model facilitated efficient and dynamic progress. With the introduction of lung cancer screening programs, the demand for surgical services is expected to rise. The effective change model will be re-applied to meet this demand. The organizational change model, focused on patients and staff, achieved sustained quality improvement in lung cancer care despite challenging conditions like the coronavirus disease 2019 pandemic.

[Spirometry services in England post-pandemic and the potential role of AI support software: a qualitative study of challenges and opportunities](#) December 2023, The British Journal of General Practice

Spirometry services to diagnose and monitor lung disease in primary care were identified as a priority in the NHS Long Term Plan, and are restarting post-COVID-19 pandemic in England; however, evidence regarding best practice is limited. Stakeholders highlighted historic challenges and the damaging effects of the pandemic contributing to inequity in provision of spirometry, which must be addressed. Overall, stakeholders were positive about the potential of AI to support clinicians in quality assessment and interpretation of spirometry. However, it was evident that validation of the software must be sufficiently robust for clinicians and healthcare commissioners to have trust

in the process.

[Delivery of a novel intervention to facilitate liberation from mechanical ventilation in paediatric intensive care: A process evaluation](#) November 2023, PloS One

Prolonged mechanical ventilation increases the risk of mortality and morbidity. Optimising sedation and early testing for possible liberation from invasive mechanical ventilation (IMV) has been shown to reduce time on the ventilator. Alongside a multicentre trial of sedation and ventilation weaning, we conducted a mixed method process evaluation to understand how the intervention content and delivery was linked to trial outcomes. The SANDWICH trial showed a significant, although small, reduction in duration of IMV. Findings suggest that greater direction in decision-making pathways, robust embedment of new practice in unit routine, and capitalising on the skills of Advanced Nurse Practitioners and physiotherapists would have contributed to greater intervention effect.

[A qualitative investigation of paediatric intensive care staff attitudes towards the diagnosis of lower respiratory tract infection in the molecular diagnostics era](#) July 2023, Intensive Care Medicine. Paediatric and Neonatal

In the past decade, molecular diagnostic syndromic arrays incorporating a range of bacterial and viral pathogens have been described. It is unclear how paediatric intensive care unit (PICU) staff diagnose lower respiratory tract infection (LRTI) and integrate diagnostic array results into antimicrobial decision-making. An online survey with eleven questions was distributed throughout paediatric intensive care societies in the UK, continental Europe and Australasia with a total of 755 members. Participants were asked to rate the clinical factors and investigations they used when prescribing for LRTI. Semi-structured interviews were undertaken with staff who participated in a single-centre observational study of a 52-pathogen

diagnostic array.

[British Thoracic Society survey of the career intentions of respiratory medicine specialty trainees in the UK](#) May 2022, BMJ Open Respiratory Research

There were respiratory consultant post vacancies in 82% of surveyed UK hospitals in 2021. Most trainees (79, 55.6%) report intending to pursue UK-based posts with general internal medicine responsibilities. Consultant applications are influenced by location, hospital type, previous local experience and availability of subspecialty posts. Insufficient guidance is available regarding consultant applications.

[Deploying the Physician Workforce During a Respiratory Pandemic: The Experience of an Academic Teaching Hospital During the COVID-19 Pandemic](#) April 2022, Quality Management in Health Care

Our deployment was based upon a strategy of identifying physicians with relevant skill sets and experiences, with the aim to distribute pandemic clinical work across the broadest possible clinician workforce.

[Respiratory Nurses Have Positive Attitudes But Lack Confidence in Advance Care Planning for Chronic Obstructive Pulmonary Disease: Online Survey](#) October 2021, Journal of Hospice and Palliative Nursing *Abstract only**

Despite advances in end-of-life care provision for chronic disease, well-established barriers remained (inadequate training, fear of distressing patients, and time), and discussion triggers were still linked to acute deterioration, diagnosis of severe disease, and patient initiation. Better articulating the role of the respiratory nurse in ACP and building capacity and confidence within this workforce may improve ACP access for people living with COPD.

[Pulmonary passport: a service evaluation study of a standardised web-based procedure logbook to aid specialist respiratory training and appraisal](#) November 2020, BMJ Open Respiratory Research

In this regional project, the implementation of a web-based procedural logbook has been feasible with excellent uptake and has enhanced procedural recording, supervision and appraisal. Furthermore, it provides unprecedented quality assurance at an individual trainee, trust and deanery level and has a number of potential wider applications in the future.

[Respiratory specialists working in different ways: Development of a GP hotline and respiratory support service during the COVID-19 pandemic](#) October 2020, Future Healthcare Journal

Here, we describe how respiratory specialists at a large NHS trust, working with primary care clinicians in the area, set up a GP hotline and respiratory support service in response to the COVID-19 pandemic, with the aim of enhancing delivery of care to patients in this unprecedented time. Working across traditional organisational boundaries in this way confers benefits to patients and clinicians, illustrating the value of new, integrated models of care.

[How do we improve training in pulmonary physiology and the interpretation of lung function tests?](#) October 2017, Thorax

I would argue that an understanding of respiratory physiology/pathophysiology and of lung function testing and its interpretation is still essential.

Workforce perspectives, mental health and burnout

[Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: eTHOS a pilot RCT](#) August 2024, Health and Social Care Delivery Research

Staff sickness absenteeism and presenteeism (attending work

while unwell) incur high costs to the NHS, are associated with adverse patient outcomes and have been exacerbated by the COVID-19 pandemic. The main causes are mental and musculoskeletal ill health with cardiovascular risk factors common.

Conclusions: There is both a clinical need (evidenced by 48% screened eligible for a referral) and perceived benefit (data from the qualitative interviews) for this National Health Service staff health screening clinic. The three stop/go criteria were red, green and amber; therefore, the Trial Oversight Committee recommended that a full-scale trial should proceed, but with modifications to adapt to local context and adopt processes to engage better with underserved communities.

[After COVID-19: preparing staff for future surges in respiratory illness in children and improving well-being](#) April 2024, Nursing Children and Young People

The coronavirus disease 2019 (COVID-19) pandemic was a challenging experience for children and young people's services, and the workforce. The Valuing All Staff Together programme was a one-year project hosted by the North West Paediatric Critical Care, Surgery in Children, Long Term Ventilation Operational Delivery Network to support teams caring for children and young people to reflect on their experiences of the COVID-19 pandemic. Using an online survey, focus groups and interviews, it gave staff the opportunity to explore and understand the effects of the pandemic and the subsequent surge in demand, including how these affected services and the emotional health and well-being of staff. This would enable better preparation for future surges in respiratory illness in terms of learning, training and development. This article describes the programme's aim, method and findings, and the main recommendations for practice.

[Making respiratory care safe for neonatal and paediatric intensive care unit staff: mitigation strategies and use of filters](#)

January 2024, Canadian Journal of Respiratory Therapy
Many medical devices in pediatric and newborn intensive care units can potentially expose healthcare workers (HCWs) and others to transmission of respiratory and other viruses and bacteria. Such fomites include ventilators, nebulizers, and monitoring equipment.

Our approach was successful as we have continued to offer optimal intensive care to our patients, and we did not find any healthcare worker who was infected through the course of caring for patients at the bedside. The lessons learnt will be of benefit to future local outbreaks or pandemics.

[Redeployment to critical care during the COVID-19 pandemic: A phenomenological study](#) September 2023, Nursing in Critical Care

The aim of this study was to explore the lived experience of redeployment to critical care during the COVID-19 pandemic from the perspective of those individuals who were moved to help and critical care core staff. CONCLUSION Familiarity and recency of critical care experience played a significant role in how useful redeployed staff were. Redeployed staff were concerned about assumptions being made and expectations of themselves as well as detachment from their usual support network. RELEVANCE TO CLINICAL PRACTICE Continued shortages of registered nurses globally combined with the need to create additional critical care capacity during emergencies such as infection outbreaks means that redeployment of staff will continue for some time. Identifying the impact of redeployment on staff will enable services to better prepare and support registered nurses who are redeployed to critical care.

[New Graduate Respiratory Therapists' Perceptions of Their](#)

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[Transition to Practice](#) October 2023, Respiratory Care
New graduate RTs experienced many barriers to their transition to practice. Respiratory care leadership should identify barriers faced by new graduate RTs during their transition to practice. A nurse residency model may provide a framework for RT transition-to-practice programs. Improving transition-to-practice programs for new graduate RTs and surveying their experiences may lead to an increase in job satisfaction, retention, and improved patient care.

[Implementing psychological interventions delivered by respiratory professionals for people with COPD. A stakeholder interview study](#) October 2023, NPJ Primary Care Respiratory Medicine
Implementing psychological interventions in healthcare services requires an understanding of the organisational context. We conducted an interview study with UK National Health Service stakeholders to understand the barriers and facilitators for implementing psychological interventions for people with chronic obstructive pulmonary disorder (COPD).

[Supporting nursing, midwifery and allied health professional teams through restorative clinical supervision](#) November 2022, British Journal of Nursing *Abstract only*
This article discusses the implementation of a restorative clinical supervision programme used to support staff wellbeing in nursing, midwifery and allied health professional teams in a large London-based NHS trust.

[Impact of Covid-19 on lung cancer and mesothelioma specialist nurses: A survey of experiences and perceptions](#) October 2022, European Journal of Oncology Nursing
Respondents reported changes in ways of working due to redeployment, staff shortages, and home working. Widespread adoption of virtual working practices led to concerns of negative

impacts. Perceived excessive workload impacted on care with two-thirds of the sample (57, 67%) reporting they had been unable to provide the same quality of care to patients.

[Coping with COVID-19. Work life experiences of nursing, midwifery and paramedic academics: An international interview study](#) September 2022, Nurse Education Today
The ability of nursing, midwifery and, paramedic academic staff to adapt to a sudden increase in workload, change in teaching practices and technology, while being removed from their work environment, and collegial, academic and technological supports is highlighted. It was recognised that these changes will continue post-COVID and that the way academics deliver education is forever altered.

[Wellbeing and coping of UK nurses, midwives and allied health professionals during COVID-19-a cross-sectional study](#) September 2022, PLoS One
This workforce would benefit from additional support/services to prevent further deterioration in mental health and wellbeing and optimise workforce retention.

[Addressing Compassion Fatigue in Trauma Emergency and Intensive Care Settings: A Pilot Study](#) August 2022, Journal of Trauma Nursing *Abstract only*
Structured debriefings to address compassion fatigue among trauma health care professionals are feasible, but further research on effectiveness is needed. Administration-provided emotional support strategies may assist health care professionals in processing work-related stress.

[Factors influencing fatigue in UK nurses working in respiratory clinical areas during the second wave of the Covid-19 pandemic: An online survey](#) May 2022, Journal of Clinical Nursing

Despite reporting anxiety and depression, few nurses reported having time off work with stress, most were maintaining training and felt prepared for COVID challenges in their current role. Nurses reported concerns over safety and patient feedback was both positive and negative. A quarter of respondents reported wanting to leave nursing.

[The impact of COVID-19 on work, training and well-being experiences of nursing associates in England: A cross-sectional survey](#) May 2022, Nursing Open

Over half (53.2%) experienced an increased workload with 24.2% reporting extensions in their role. One third (32.3%) were redeployed, and a quarter (24.2%) did not feel safety concerns were adequately addressed when raised. Those working in the community reported significantly more concerns about staffing ($p = .03$), working overtime ($p = .03$), missed care ($p = .02$) and safety ($p = .04$). Despite this, many (75.8%) participants felt able to provide the same standards of care. Several spoke about enhanced teamwork, and the majority (96.8%) were not looking to leave their post.

[Drivers of Burnout Among Critical Care Providers: A Multicenter Mixed-Methods Study](#) December 2021, Chest

Drivers of burnout were highly interconnected, but factors related to team dynamics and hospital culture were most prominent and shared across provider types. The shared drivers of burnout across multiple provider types highlights the need for interventions focused on team- and system-level drivers.

[Levels of resilience, anxiety and depression in nurses working in respiratory clinical areas during the COVID pandemic](#) January 2021, Respiratory Medicine

This cohort experienced significant levels of anxiety and depression, with moderate to high levels of resilience. Support mechanisms and interventions need to be put in place to support

all nurses during pandemic outbreaks, particularly younger or less experienced staff.

[It's hard to talk about breathlessness: a unique insight from respiratory trainees](#) July 2019, Clinical Medicine

This paper describes how difficult it can be to discuss the experience of breathlessness with patients, as identified by respiratory trainees in a psychology-led workshop. The reasons why it is considered an essential role for clinicians to facilitate conversations about patients' breathlessness are outlined within the context of the challenges of respiratory care.

[Irish Respiratory Clinical Nurse Specialists' Experiences of Their Role: A Qualitative Exploration](#) September 2018, Clinical Nurse Specialist *Abstract only**

Overall the study highlights that respiratory CNSs are active in the role as clinical experts, advocates, educators, collaborators, consultants, and health promoters. These findings recognize the importance of evaluating and building on the current CNS workforce in respiratory care and evaluating future development of the CNS role in specialized aspects of respiratory care in line with population and service needs.

[Caring for a patient with delirium in an acute hospital: The lived experience of cardiology, elderly care, renal, and respiratory nurses](#) August 2018, International Journal of Nursing Practice *Abstract only**

The need for education across specialities, with a combination of classroom and simulation teaching is highlighted. Alongside, the development of structures to support the development of nursing teamwork and reporting of near miss incidents that occur with patients during an episode of delirium.

Diversity and inclusion

[Ethnic differences in success at application for consultant posts among United Kingdom physicians from 2011 to 2019: a retrospective cross-sectional observational study](#) March 2022, Journal of the Royal Society of Medicine

Specialties associated with lower success rates included Cardiology, Endocrinology, Genitourinary medicine, Palliative care, Renal and Respiratory, compared to Acute medicine.

[Addressing racism in respiratory therapy educational programs: An integrative literature review](#) July 2022, Canadian Journal of Respiratory Therapy

At an institutional level, policies to address racism, foster an inclusive culture, and develop programs that enable and support diversity and career progression have been described.

[Advancing leaders and leadership: New Zealand women in respiratory medicine](#) December 2021, Respiriology

The need for collective leadership and a diverse and inclusive workforce with both genders is more important than ever, to serve our increasingly complex patient base. Conversations on leadership equity are incomplete without acknowledging minority and ethnic groups.

[Racial microaggressions within respiratory and critical care medicine](#) March 2021, The Lancet Respiratory Medicine

It is important that bystanders can recognise microaggressions as they occur, and take steps to address them, minimise harm to the victim, and offer appropriate support, in addition to educating the perpetrator about the impact of their behaviours.

[Equal or not? Women hold less prestigious roles at respiratory medicine conferences than men](#) January 2020, European Respiratory Society

The gender imbalance in medicine has been a topic of increasing interest and discussion. There are increasing proportions of graduating female medical students globally, with 41.1% of Australian doctors, 47% of UK doctors and 46% of medical residents in the USA being female [1, 2]. However, in positions of influence, the proportions change, such that in the USA only 21% of medical professors and 16% of medical deans are female.

Competency Frameworks

[A competency framework for Pulmonary Rehabilitation](#) October 2023, London Respiratory Clinical Network

This framework is a resource to support the development of a robust and sustainable pulmonary rehabilitation workforce, ensuring that competencies are achieved, maintained, evidenced and documented. Its purpose is to ensure that safe and effective pulmonary rehabilitation programmes are delivered in a consistent way across London, in line with national guidelines.

[British Thoracic Society Training Standards for Thoracic Ultrasound \(TUS\)](#) 2020, BMJ Open Respiratory Research

This document provides a comprehensive Training Standard for TUS facilitating timely and improved management of patients with respiratory presentations, particularly (but not exclusively) pleural pathologies

[BTS A professional development framework for respiratory nursing](#) British Thoracic Society, 2020

Currently there is not a recognised career pathway to direct the development of current and aspiring adult respiratory nurses. Therefore, the British Thoracic Society (BTS) Nurse Workforce Group developed an adult respiratory nurse professional

development framework, which we hope will support the necessary training and development needs of the respiratory nurse workforce of the future.

[The Respiratory Service Framework](#) 2020, Primary Care Respiratory Society

The RSF helps those looking to design a patient focussed respiratory service working across all sectors of out of hospital care

[Read more about the Respiratory Disease Competence Framework on the Skills for Health website](#) Skills for Health, **in collaboration with the Respiratory Programme in the Department of Health**, has led on the development of a respiratory disease competence framework that describes the knowledge, skills and attitudes that are required to deliver patient centred respiratory care. Competence frameworks are focused on outcomes and are an indispensable tool for those managing and developing a highly skilled workforce. They inform the development of education and training programmes as well as assessment strategies, all of which are going to be vital in implementing the Respiratory Disease Outcomes Framework.

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