British Heart Foundation

The Heartbeat of Heart Care:

BHF Cardiac Workforce Census 2023 Summary

Cardiac workforce census

Background

Throughout their care and treatment, the 6.4 million people living with cardiovascular disease (CVD) in England are supported by a diverse range of health professionals across the system. This includes thousands of cardiologists and cardiac nurses who provide specialist care to people in hospitals across the country.

Since 2021, British Heart Foundation (BHF) has been raising awareness of the challenges facing the NHS cardiac workforce in England and encouraging Government to invest in and support effective workforce planning. Staff shortages, challenges to workforce recruitment and retention, and evolving patient demand, exacerbated by the pandemic, have all made it harder to deliver the highest level of heart care to patients.

Our 2022 workforce evidence review highlighted a lack of accessible, robust data about the cardiac clinical workforce. We found very little data to tell us about vacancy rates, number of clinicians in each subspecialty, and the demographics of the workforce, particularly in the specialist nursing workforce. These are data that we believe are critical to enable proper workforce planning and to design policies to train, retain and sustain the pipeline of talent that we need.

The census

In 2023, supported by the British Cardiovascular Society (BCS), we undertook a census of the cardiac workforce in secondary care in England, to fill the specific data gaps we had identified. This was a first step towards building a comprehensive overview of the cardiac workforce.

We asked 126 NHS Trusts with a cardiology department in England to provide information about their cardiologist and specialist cardiac nursing posts on 19 June 2023. There are multiple roles in the workforce that provide daily support to people living with CVD that are not captured in this census, such as cardiac physiologists and cardiac surgeons. However, we feel this is an important first step to understanding what information is needed and the value it can bring to support workforce planning.

Overview

There was a 57% response rate from the Trusts contacted as part of the census. We collected data on 1,804 cardiologist posts and 1,449 cardiac specialist nurse posts. These provided new insights into the workforce, including cardiac subspeciality and demographic information, and data on how demographics interact with factors like working patterns and clinical subspecialties.

We are calling for:

- regular collection of data about the entire cardiac workforce.
- sustainable, long-term funding for the NHS Long Term Workforce Plan.
- clear measures to address inequalities in the cardiac workforce.
- measures that enable ICBs to facilitate health research.

Cardiologists key findings

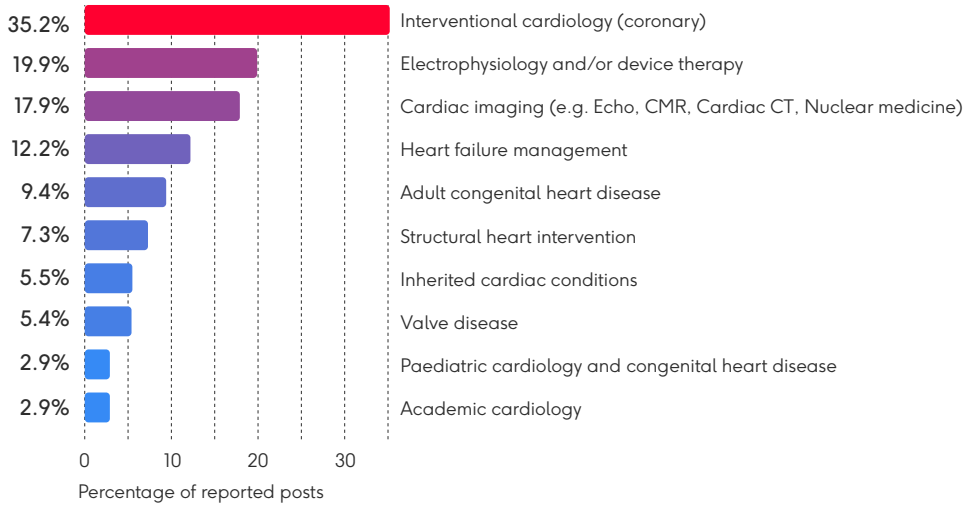
Subspeciality

The most common consultant subspecialties reported in the census were:

- interventional cardiology (35.2%)
- electrophysiology and/or device therapy (19.9%)
- cardiac imaging (17.9%)
- heart failure (12.2%)

Matching workforce data like these to patient need will be critical to planning and supply.

Most common subspecialities of consultant cardiologists reported in the census



Note: this graph includes consultants employed on permanent/fixed-term contracts for whom subspeciality data was provided (n=1,050). It excludes consultants employed on honarary contracts, and posts that were vacant or filled by locums on the census day. Please also note percentages are representative of these 1,050 posts.

Worryingly, just 2.9% of consultants listed academic cardiology as a subspeciality in the census. It also found that 84% of consultant cardiologists had no weekly work time dedicated to clinical research in their job plans. Evidence shows that a research-active NHS delivers huge value to both patients and staff, including improved patient outcomes and improved job satisfaction in the workforce[1]. We need a better understanding of the specific issues limiting research participation, to ensure that the NHS has access to the full breadth of talent it needs and to ensure patients get the best from innovation.

Age trends

According to the census, the following proportions of cardiologists were aged 56 or over, hence more likely to retire within the next 5 to 10 years:

- 33% of academic cardiologists
- 26% of congenital heart disease cardiologists
- 23% of interventional cardiologists.

This issue might be worsened by the fact that some subspecialties had particularly high staff intakes around 20 to 30 years ago. These insights are important to enable planning ahead to ensure we are attracting and training people in these areas.

1 Department for Health and Social Care, 2021. Saving and Improving Lives: The Future of UK Clinical Research Delivery. https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery/saving-and-improving-lives-the-future-of-uk-clinical-research-delivery

Gender differences

Fewer than 1 in 5 consultant cardiologists in our census were female. This is a lower proportion than many other medical specialities in the UK[2].

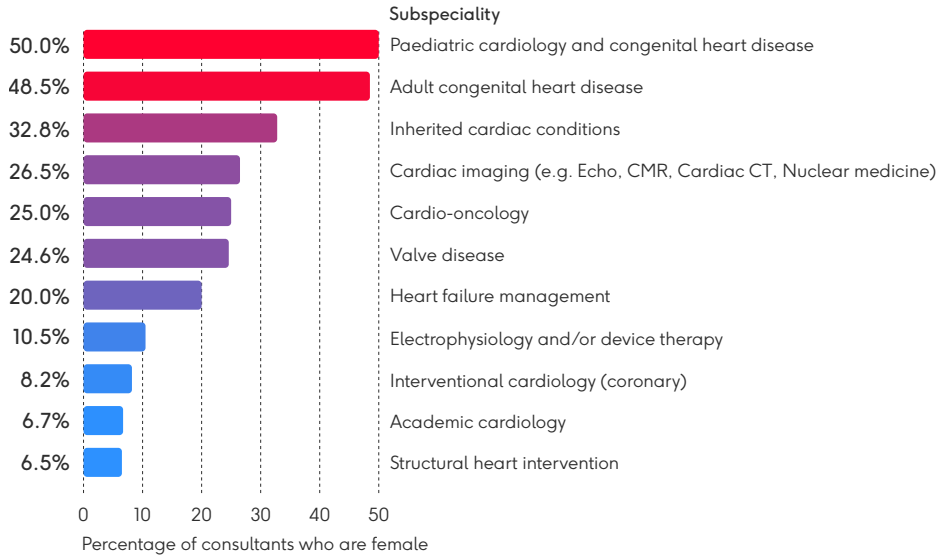
While female representation is better at trainee level than consultant level, it will take some time for this to turn into consultant numbers. It is important to explore avenues to achieve equal representation of women in the workforce in future.

Subspecialties with a low proportion of female cardiology consultants were:

- structural heart intervention (6.5% female)
- academic cardiology (6.7% female)
- interventional cardiology (8.2% female).

The low proportion of female academics is particularly concerning. A previous review of BHF grant funding diversity data found that 17% of applicants for clinical study and programme awards were female[3]. This is much lower than the proportion of female academic researchers in the UK biosciences.

Percentage of consultant cardiologists with listed subspeciality who are female



Note: percentages represent the percentage of consultant cardiologists with listed subspeciality where gender data was provided. Please also note that consultant posts may be included in multiple subspecialities, where posts have >1 listed subspeciality.

Vacancies

Of consultant cardiology posts, 6.3% were either vacant or filled by a locum (temporary staff member) on the day of the census. 30% of these had been vacant for over a year.

These figures are lower than those seen in other similar surveys run by professional bodies, like the Royal College of Physicians[4]. However, it should be noted that vacancy figures are not a reliable indicator of workforce shortages. This may partly be because they do not consider the fact more staff might be needed than are currently being advertised for.

2 Burgess, S., Shaw, E., & Zaman, S. 2019. Women in cardiology: underwhelming rate of change. Circulation, 139(8), 1001-1002.
3 British Heart Foundation, 2023. Our research funding diversity data 2020 – 2023.
4 Royal College of Physicians, 2023. The UK 2022 census of consultant physicians. https://www.rcplondon.ac.uk/projects/outputs/uk-2022-census-consultant-physicians

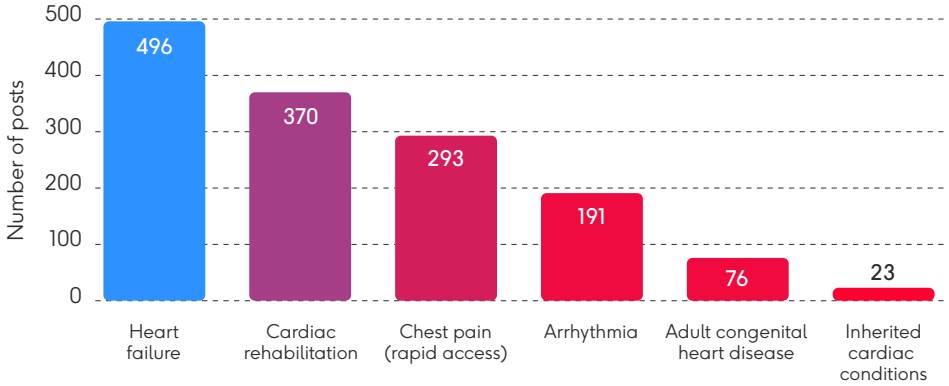
Cardiac specialist nurses key findings

Subspecialty

Trusts were asked to provide specialist nurse data for six areas of cardiac care:

- the largest number of cardiac specialist nurse posts were in heart failure.
- the smallest number of nurses reported to the census were in inherited cardiac conditions.

Most common subspecialities of cardiac specialist nurses reported in the census



Note: data displayed for all 1,449 nursing posts reported in the census

Age trends

The ages of cardiac specialist nurses vary by subspecialty.

1 in 4 cardiac rehabilitation nurses in our census were aged 56 or over. This was at least double the percentage of the other 5 subspecialties. For example, just 1 in 10 nurses working in inherited cardiac conditions were aged 56 and over.

These age trends are concerning as many of these nurses will likely retire in the next 5 to 10 years, especially as some nurses are eligible for retirement from the age of 55.

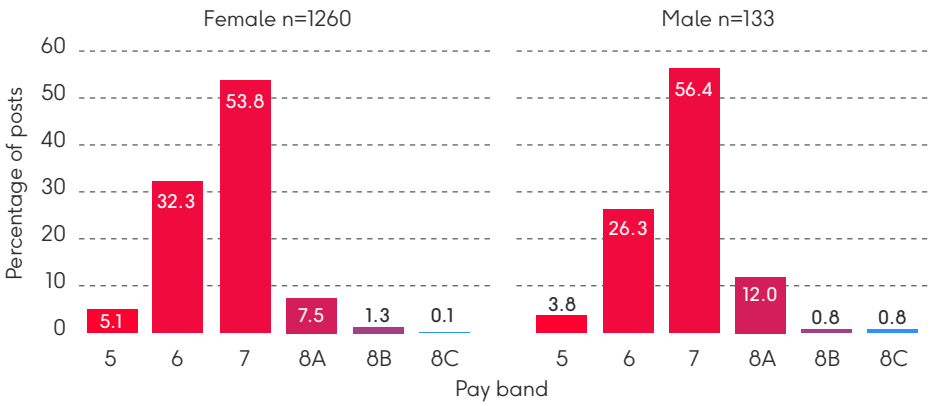
Gender differences

9 in 10 cardiac specialist nurses in our census were female. However, there was some variation – male nurses were more common, not most- still mostly female in the following subspecialties:

- rapid access chest pain (16.8%)
- arrhythmia (14.7%)

The census found that male nurses are more likely to be working full time and in higher pay bands than females. This is despite them making up a significantly smaller proportion of specialist nurses.

Pay banding of cardiac nurse specialists, by gender



Note: data displayed for the 1,393 posts filled by permanent/fixed-term staff where gender and pay band data was provided correct

Our recommendations

The findings of this census show the value of collecting, collating, and analysing information on the cardiac workforce.

This is especially important for areas where little or no information publicly exists, such as on cardiologist subspecialties and cardiac clinical specialist nurses. We believe these are important insights for future implementation of the NHS Long Term Workforce Plan, which must consider and address the challenges facing the cardiac workforce.

We have developed 4 key recommendations from the outcome of our census:

1	Government should work with NHS England to collect data regularly across the entire cardiac workforce. Data should be made publicly available to support workforce planning and to inform the next iteration of the NHS Long Term Workforce Plan.
2	The NHS Long Term Workforce Plan should be accompanied by sustainable, long-term funding beyond the £2.4 billion committed to 2028/29. This should be alongside commitment to a structured workforce plan to train, retain and develop the careers of staff across the entire cardiovascular workforce including cardiac physiologists, pharmacists, physiotherapists and psychologists.
3	NHS England must outline clear measures to address inequalities facing the cardiac workforce.
4	NHS England must develop measures that enable ICBs to meet their legal duties to facilitate health research and use of evidence, as outlined in the Health and Care Act.