

Written evidence submitted by the British Infection Association (EPW0046)

I am responding to the consultation on behalf of the British Infection Association, the national body representing NHS Infection Specialists with over 1500 members in total.

Our response focuses on limited aspects of domains 1 and 2 as these are where we have greatest insight and is supported by a national survey of the infection workforce performed in 2021, which received responses from services covering 113 NHS acute trusts or health boards across the UK, constituting a 72% total response rate.

Domain 1: PLANNING FOR THE WORKFORCE - Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.

With specific reference to Infection services, this commitment remains unmet. The survey demonstrated that 17.5% (119/587.1) of all funded full time equivalent consultant-level Infection posts were vacant, and this was higher still for Medical Microbiology posts (20.3%). 41 surveyed services had 2 or more vacancies at consultant level. This shortfall was also unevenly distributed with a disproportionate burden of vacant posts in smaller centres. This risks a vicious cycle, already apparent in some Trusts, through which staff shortages make posts unattractive to potential applicants and encourage existing staff to leave or retire early.

This has been further exacerbated over recent years by the impact of pension annual allowance rules on senior consultant medical staff incentivising them to reduce hours or retire early.

The COVID-19 pandemic has illustrated the critical importance of Infection specialists across all Trusts with respect to individual patient management and to implementation of Infection Prevention and Control measures to protect both staff and other patients. In this light, more specific commitments with reference to core specialties such as Infection would be desirable.

Domain 2: BUILDING A SKILLED WORKFORCE - Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead

Improved programmes to develop the skills of non-medical staff including pharmacists, nurses and, particularly, laboratory scientists assist in addressing the shortage of medical infection specialists to an extent and there has been some progress here. A greater standardisation of training and definition of competencies and roles to allow greater integration into teams and flexibility of movement between sites and across networks would now be desirable. Notwithstanding this, an increase in medical infection training posts is urgently required and, given that it takes at least 7 years to train an Infection specialist, this needs to occur as soon as possible, supported by detailed workforce planning, to ensure that our services are sufficiently staffed to respond to future threats, including that posed by antimicrobial resistance.

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