

## Working life (Respiratory medicine)

This page provides useful information about the roles and responsibilities of doctors in respiratory [1] medicine, where they work, who they work with and what they feel about their role.

I really enjoy treating a variety of acutely ill patients such as those with life threatening asthma, respiratory failure, or pulmonary emboli (blockage in the pulmonary artery). I also have the opportunity to care for patients with end stage chronic obstructive pulmonary disease or in the terminal phases of lung cancer, all in the same week or even day. The workload is often quite high in respiratory medicine and most juniors would class it as one of their busiest jobs. But although the workload is high, it is manageable, and a good work-life balance is easily achievable. - **Specialty trainee**

### How your time is spent

Regular ward rounds, where the medical staff visit and review each patient are an important part of the job. It would be usual to attend about two ward rounds each week. Ward rounds are led by the consultant, who also supervises foundation doctors Core medical trainees and specialist trainees. Nursing staff and respiratory [1] physiotherapists also attend the ward rounds. Between 20 and 25 patients are typically reviewed.

You will usually attend around two or three general or specialist outpatient clinics per week, each with between about 15 and 20 patients, depending on the number of new referrals.

New patients should be allocated 30 minutes for consultant appointments and follow-up patients 15 minutes (longer if trainees, medical students or nurse-led clinics are working alongside the consultant and for patients with complex respiratory problems). Based on a four-hour clinic, a maximum of four new and eight follow-up patients can be seen per consultant

You may also have one bronchoscopy session scheduled for each week When on-take for acute medicine you will have two ward rounds in a 24 hour period. The frequency and length of the period of on call will vary from trust to trust.

Multidisciplinary team meetings are a vital part of respiratory medicine, where different doctors and other staff meet to discuss the progress of individual patients. You will also meet with radiologists and pathologists. Some consultants will also run a special interest service or clinic. The rest of the week is taken up with administration, teaching and any other functions taken on by the specific consultant such as clinical governance, audit and research.

### Working hours and on call

Most respiratory physicians work daytime office hours, so roughly 8.30am- 5.30pm or 6pm, but this may

sometimes be longer or shorter. They perform some out of hours work too, including nights on call (0 [2].5-1 per week) and weekends because of the acute medical take. Around 70% of consultants say they are routinely on call at [2] weekends.

- Who you will work with?

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Doctors in respiratory [1] medicine work alongside:

- histopathologists [3]
- GPs [4] and practice nurses [5]
- oncologists [6]
- physiotherapists [7]
- respiratory [1] physiologists
- radiologists [8]
- specialist nurses
- thoracic surgeons [9]
- medical secretaries [10] and administrative staff [11]

They also work closely with:

- specialists in other medical specialties such as general internal medicine, intensive care [12] medicine and palliative medicine
- Attractions and challenges of the role

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Specialists in respiratory [1] medicine enjoy a varied case mix with acute and chronic conditions and a wide patient age range. They also experience a variety of ward work, outpatients and technical procedures.

Respiratory [1] medicine is an expanding specialty with many interesting areas of research going on and opportunities to remain general or to develop a special interest.

Being part of a large multidisciplinary team, where expertise is shared to benefit patients, is a particularly rewarding part of the job. Really

It can be a challenge dealing with diagnostic and therapeutic uncertainty given the wide variety of diseases encountered in respiratory [1] medicine. Also, as a significant portion of cases involve lung cancer and relating to families and patients can demand a great deal of patience and empathy.

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**Source URL:** <https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/medicine/respiratory-medicine/working-life>

## Links

[1] <https://www.healthcareers.nhs.uk/glossary#Respiratory>

[2] [https://www.healthcareers.nhs.uk/glossary#On\\_call](https://www.healthcareers.nhs.uk/glossary#On_call)

[3] <https://www.healthcareers.nhs.uk/explore-roles/pathology/histopathology-doctor>

[4] <https://www.healthcareers.nhs.uk/explore-roles/general-practice-gp>

[5] <https://www.healthcareers.nhs.uk/explore-roles/nursing/general-practice-nurse>

[6] <https://www.healthcareers.nhs.uk/explore-roles/radiology/clinical-oncology>

- [7] <https://www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/physiotherapist>
- [8] <https://www.healthcareers.nhs.uk/explore-roles/radiology>
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- [12] [https://www.healthcareers.nhs.uk/glossary#Intensive\\_care](https://www.healthcareers.nhs.uk/glossary#Intensive_care)