**Renal Medicine Recruitment Challenge – The UK experience**

There is growing concern globally over declining interest in nephrology as a career. The US, for example, has experienced a significant drop in nephrology training post fill rates from 94.8% in 2009 to 59.8% in 2016. Similarly in the UK the fill rate has dropped from 100% in 2013 to 74% in 2016. In 2016 the applicant per post ratio was 4.51 in dermatology as compared to 1.31 in renal medicine. The perceived clinical challenge of the speciality that used to attract intelligent and hard-working individuals is quickly transforming into a recruitment struggle failing to meet the increasing workforce demands to counter the rising burden of kidney disease. Previous surveys in the US and Australia have identified factors such as an unappealing environment and long hours with a poor work life balance as causes of declining interest. No previous surveys have been carried out to explore the factors relevant to declining interest in the UK.

**Methods**

In August 2017, we carried out a survey of 150 West Midlands deanery junior doctors including 79 foundation year trainees (FT) and 71 core medical trainees (CMT). We used a 14 part questionnaire capturing data on demographics, previous exposure in renal, perceptions of a career in renal and intended specialty choice.

**Results**

51% of respondents were female and 49% male. The mode duration of exposure to renal medicine in medical school was less than 2 weeks (42%). Only 27% of respondents had previously done or were scheduled to do a renal medicine training job and only 27% were able to identify a renal physician role model. 60% considered the workload to be heavy, 48% felt it was not lifestyle oriented and 86% felt the speciality was complex. We found that 8% of CMT respondents stated renal medicine as one of their first choices and 61% said they would consider a medical speciality with medical registrar commitments. The female:male ratio in CMT was higher than female:male ratio of CMTs considering a career in renal medicine (1.27:1 vs 0.72:1). Frequently cited free text reasons against a career in renal medicine included the heavy workload, complexity of the speciality, lack of exposure, avoidance of medical registrar role and preference for an alternate speciality. Stand out free text comments included “complicated, intense, heavy workload, they all look depressed” and “consultant body is generally not friendly”.

**Conclusion**

Renal medicine is perceived among UK junior trainees as a complex speciality with a heavy work load. Currently, trainees have limited exposure in early training and the speciality is less attractive to females than males. Proposed strategies to increase interest could include increasing clinical exposure and student interaction with nephrologists in early training and making training programmes more flexible to improve the work life balance and attract more female trainees. Efforts should be made to enhance the desirability of the medical registrar role.