The Royal College of Radiologists

The state of the diagnostic imaging and cancer workforce in Wales

The Royal College of Radiologists' (RCR) annual workforce census provides the most comprehensive picture of the diagnostic imaging and cancer care workforce across the UK. With a 100% response rate, this year's census finds that Wales still has too few clinical radiologists and clinical oncologists to meet growing patient need.

Clinical radiologists (CRs) are specialist doctors who use medical imaging to diagnose and monitor diseases and injuries, as well as perform minimally-invasive image-guided procedures. They are the eyes of the NHS, playing a role in the diagnosis and care of nearly every patient who passes through a hospital's doors. Clinical oncologists (COs) meanwhile sit at the very heart of cancer care, often planning a patient's treatment journey from start to end. They are the only doctors able to prescribe and oversee the full range of non-surgical cancer treatments, including radiotherapy and chemotherapy.

Only with both specialties can NHS Wales and the Welsh government hope to deliver the timely care that patients expect and deserve. The RCR is calling on policymakers to grow the radiology and clinical oncology workforce to progressively eliminate the workforce shortfalls over time. Without action, patients will continue to face long, anxious waits for diagnosis and delays to life-saving care.

Workforce Shortfalls

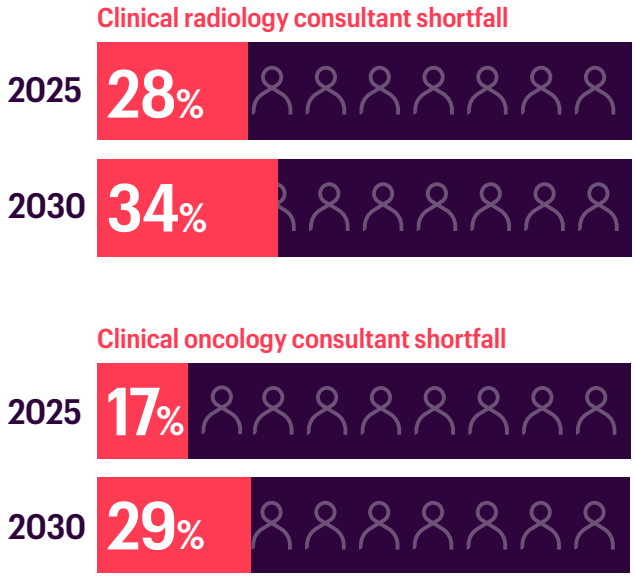
Wales has too few clinical radiologists and clinical oncologists to provide patients with the timely diagnosis and care they need.

Demand for diagnostic imaging and cancer care is rising rapidly as the population ages, people live in ill health for longer, and incidence of major diseases grows. This is piling pressure onto already over-stretched staff, with existing workforce shortfalls set to grow over the next five years.

While Wales' substantive CR workforce has grown faster than any other UK nation since 2020 (5.4% per year), demand for complex imaging has risen at least as quickly. In 2025, diagnostic waiting lists in Wales reached a record high. Meanwhile demand for cancer services is also growing. It is estimated there will be around 24,000 new cancer cases each year in Wales in 2035, an 11% increase from 2025.

In 2025, NHS Wales had 88 (28%) fewer consultant clinical radiologists and 13 (17%) fewer consultant clinical oncologists than it needed to deliver safe and effective care.

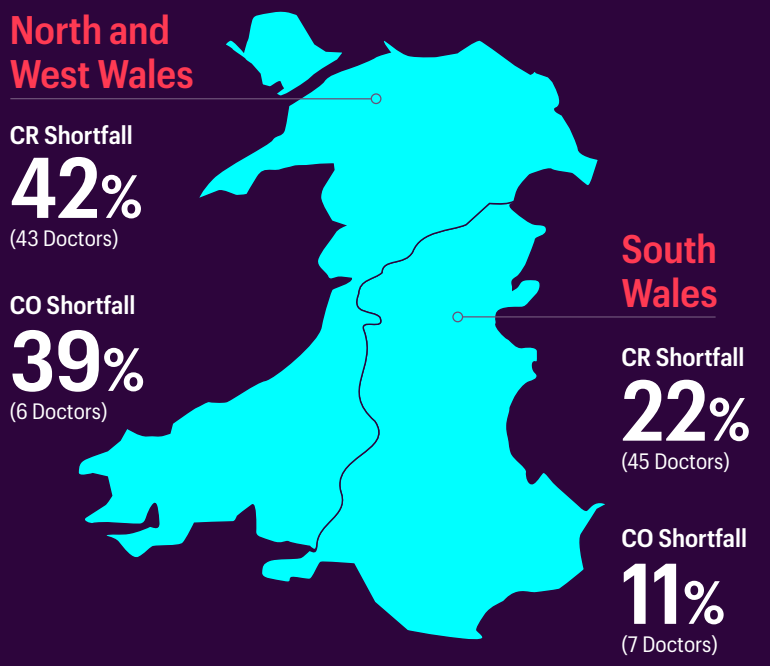
Wales' imaging and cancer workforce shortfalls are growing



Workforce shortfalls are worst in North and West Wales

Underneath the headline figures, some regions are faring much worse than others – contributing to a postcode lottery in access to diagnostic services and cancer care.

Without action, North and West Wales is set to face some of the largest consultant shortfalls of any region in the UK. In 2030, we forecast a 48% shortfall of clinical radiologists and a 62% shortfall of clinical oncologists.



Patient safety

Clinical leaders are worried staff shortages are compromising patient care.

In December 2025, 46,803 (34%) patients in Wales had been waiting over 8 weeks for a diagnostic test, against a target of none. Over the entire year, 9,866 (39%) patients waited more than two months to begin treatment for suspected cancer, almost double the target of 20%.

Delays to treatment can be ruinous for patient outcomes, and even in best case scenarios can result in unnecessary distress. Clinical leaders share this concern. Almost all CR clinical directors and cancer centre leaders report that staffing shortages are driving backlogs and delaying treatment. Crucially, many clinical leaders are aware of cases where patients' conditions worsened as a direct result of these delays.

c.50,000

patients waiting more than 8 weeks for a diagnostic test in December 2025

4 in 10

patients waited more than 62 days to begin treatment for suspected cancer in 2025

100% of radiology department leaders, and **51%** of UK cancer centre leaders are aware of patients whose conditions worsened as a result of delays due to workforce shortages

100% of radiology department leaders, and **67%** of cancer centre leaders are concerned about backlogs and delayed treatment as a result of workforce shortages

Workforce attrition

NHS Wales is also struggling to retain its workforce.

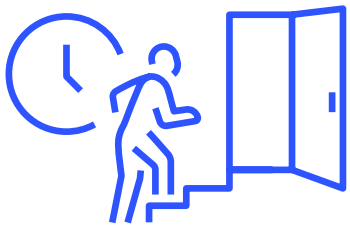
Consultants leave the NHS for a range of reasons: some are retirees, some leave to practise medicine abroad, some enter private practice, and some pursue work in other sectors. Each year, 'early' leavers mean hundreds of years of potential NHS service are lost.

As service pressures grow, many doctors report feeling overwhelmed, stressed and at risk of burnout. This undermines efforts to ensure the NHS is an attractive place to build and sustain a long-term career.

Stress and burnout as a result of staff shortages are a concern for:

100%
of radiology department clinical directors, and

100%
of cancer centre leaders



Average age of leavers (last five years)

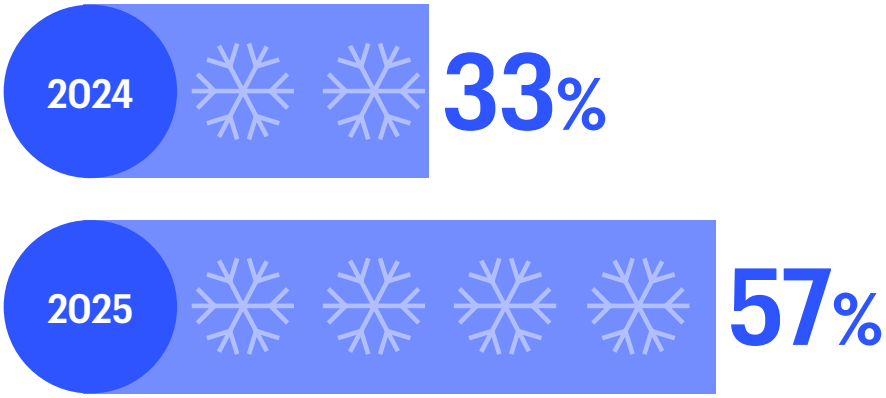
54 years
Clinical Radiologists

47 years
Clinical Oncologists

Recruitment freezes

Despite soaring demand, recruitment freezes have been imposed on many radiology departments and cancer centres in a short-term effort to balance budgets. These freezes risk delaying diagnosis and treatment for conditions where every day counts.

Recruitment freezes in radiology departments almost doubled between 2024 and 2025



Access to specialist care

Across Wales, timely access to life-saving specialist care is often determined by a patient's postcode. This is exemplified by access to interventional radiology (IR) and site specialty expertise for certain types of cancer. The NHS must invest in IR to improve access to image-guided pinhole treatment for cancer and vascular diseases like stroke, and make sure health boards have sufficient cancer cover for all tumour sites they treat so patients can get the care they need close to home.

Interventional radiology (IR)

By combining modern imaging with minimally-invasive surgical techniques, interventional radiology (IR) has transformed outcomes for many conditions – able to prevent permanent brain damage from stroke or save limbs from amputation. Mechanical thrombectomy (MT) for example – an image-guided pinhole procedure performed by an interventional neuroradiologist (INR) – is able to rapidly remove a clot during a stroke and prevent a lifetime of disability if delivered in time. While the Welsh IR workforce has grown rapidly since 2021, patients in the North and West Wales must rely on transfer arrangements with England or other parts of Wales in order to access 24/7 IR care, with no health board running a 24/7 service of its own outside of the South of Wales. Workforce shortfall estimates therefore exclude North and West Wales.

22%

shortfall of interventional radiologists in 2025

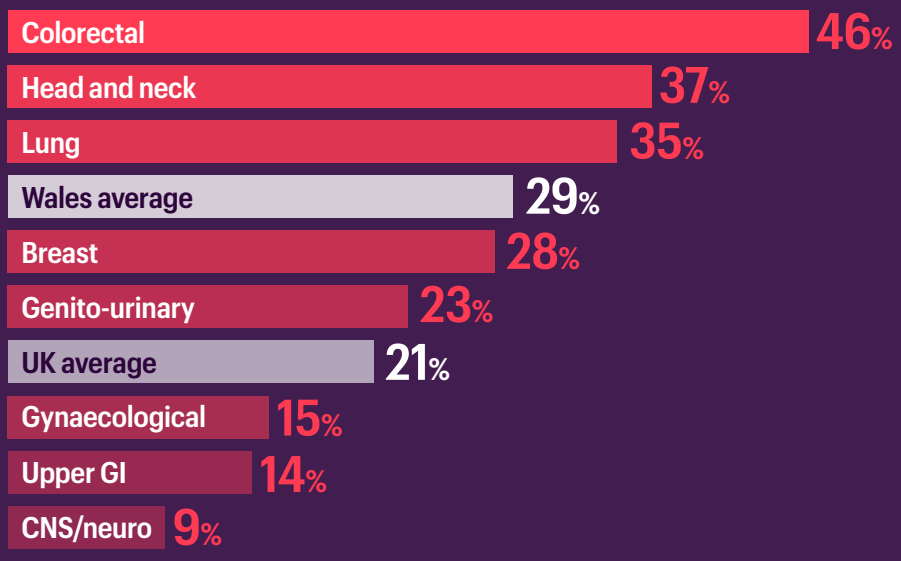
100%

of clinical directors have seen IR procedures delayed or cancelled due to workforce shortfalls

Cancer site specialty expertise

Clinical oncologists specialise their practice to specific cancer types, owing to the huge complexity and increasing treatment options available for each type. The RCR recommends that there should be at least two consultants per cancer type per cancer centre, to accommodate unplanned absences. Despite this, many cancer centres report having no consultant cover for certain cancer types they treat, while a high proportion of certain site specialists are forecast to retire over the next five years. This is a risk to timely, equitable and safe patient care.

Forecast retirements by 2030 among cancer site specialists (WTE) in Wales



The cost of shortfalls

The NHS is haemorrhaging money on quick fixes to fill workforce gaps while failing to address the root cause.

To manage workforce shortfalls in the financial year 2024/25, radiology departments in Wales spent **£13.5 million** on outsourcing to private firms, ad hoc locums and overtime payments to existing staff (insourcing). While this is a welcome reduction on the record expenditure of the previous year, this figure remains equivalent to **113 CR consultants' annual salaries** – enough doctors to fill the entire radiology shortfall.

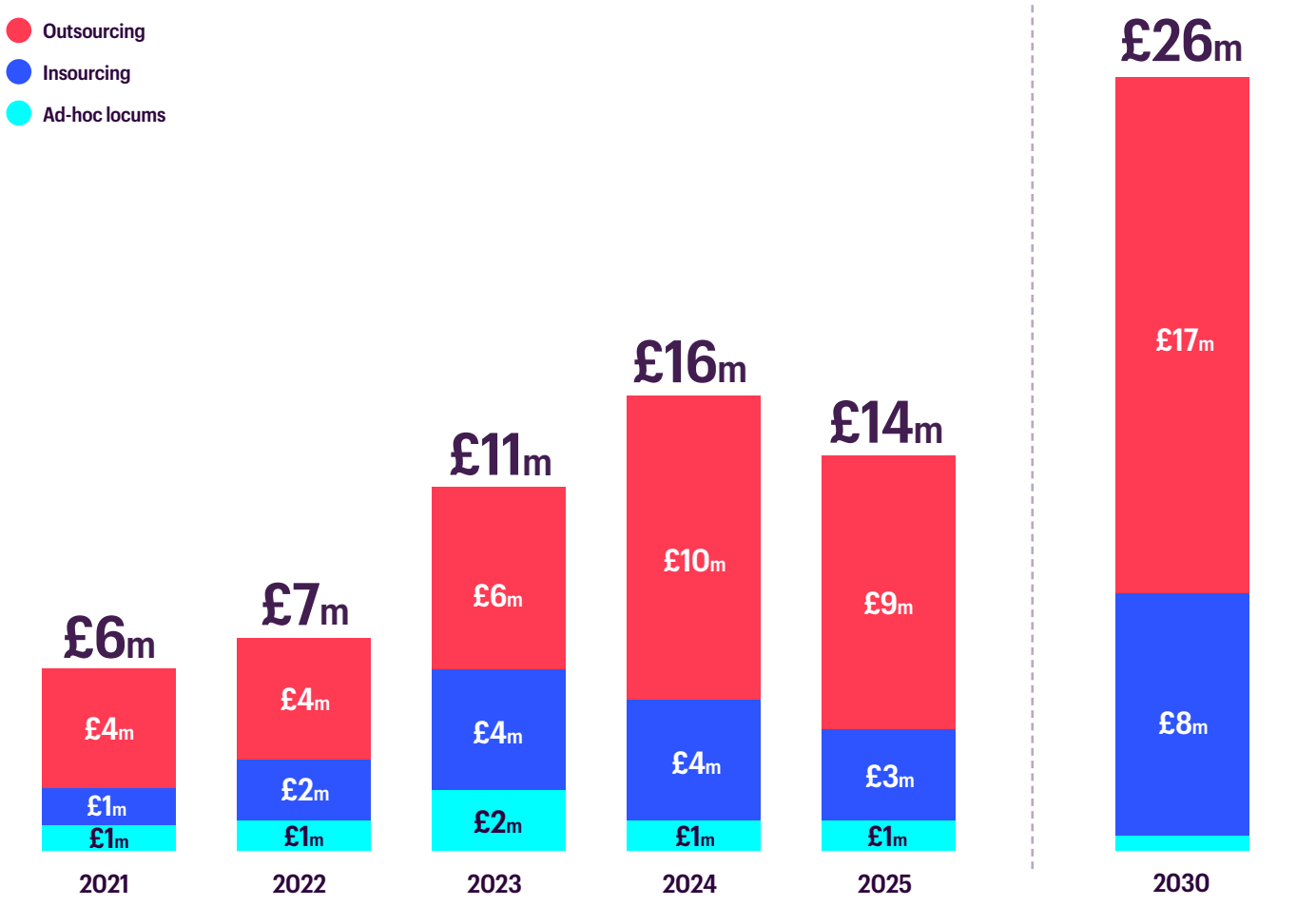
Not only is outsourcing costly, but it is inefficient too. 100% of clinical directors report additional workload (e.g. from double-checking outsourced reports), 86% report quality concerns and 100% report costs going unexpectedly over-budget. By investing in the radiology workforce instead, the NHS can save millions of pounds.

Over 10 years, 10% uplift in the baseline number of specialty training places in clinical radiology would:

Deliver cost savings of £10m

Reduce the shortfall by 80%

Radiology outsourcing costs are forecast to soar



Recommendations

Policymakers must take action to train, recruit and retain the diagnostic imaging and cancer workforce Wales needs.

A Grow the radiology and clinical oncology workforce

NHS Wales should create new consultant posts and increase the baseline number of specialty training places for clinical radiology and clinical oncology to progressively eliminate the workforce shortfalls over time.

B Target workforce investment in under-resourced areas

NHS Wales should implement measures to attract doctors to under-resourced regions, particularly North and West Wales.

C Tackle unequal access to specialist care

NHS Wales should provide targeted investment to interventional radiology so that all regions are able to provide adequate, 24/7 patient access to vital IR services. NHS workforce planning must include measures to preserve tumour site expertise for all cancer types, so patients across Wales have equitable access to quality care.

D Attract graduates and medical students to clinical oncology

Medical schools in Wales and Health Education and Improvement Wales (HEIW), through the Wales Deanery, should increase exposure to clinical oncology to attract more trainees into the profession.

E Invest in artificial intelligence

Additional investment should be provided to complete the rollout of AI in auto-contouring and expand access to administrative AI tools to free doctors' time to spend directly caring for patients.

F Reduce the NHS's reliance on outsourcing in radiology

NHS Wales should further reduce its reliance on outsourcing, which does not represent value for money. NHS leaders should explore other measures to manage excess demand, as well as investing in additional radiology capacity via workforce growth.

G Eliminate recruitment freezes

Ongoing recruitment freezes in radiology departments and cancer centres should be lifted. National NHS leadership must intervene where freezes are identified.

H Provide and protect doctors' leadership, training and governance time

Health boards should guarantee all doctors have a minimum of 1.5 supporting professional activities (SPAs) in their job plans, with additional SPA time for those taking on vitally important leadership, training or service improvement roles.

I Maximise training capacity via funding flows

NHS Wales should allocate funding for specialty training posts by whole time equivalence (WTE), rather than simple headcount, to maximise existing capacity in the system as more doctors opt to work less-than-full-time.

J Optimise demand for imaging and reporting

NHS Wales should roll out the iRefer clinical decision support tool to every health board to reduce unnecessary scans. NHS Wales should collect and publish data on imaging activity by modality and setting to support efforts to optimise services and demand.

The Royal College of Radiologists

About the Royal College of Radiologists

The Royal College of Radiologists (RCR) is a charity and leading membership body for clinical radiologists and clinical oncologists across the UK.

Please get in touch with us at publicaffairs@rcr.ac.uk to organise a meeting, explore further action and/or receive further briefing.

References and further information are available in the clinical radiology and clinical oncology census reports and data tables.

63 Lincoln's Inn Fields
London WC2A 3JW
United Kingdom

rcr.ac.uk
+44 (0)20 7405 1282
publicaffairs@rcr.ac.uk