

Radiology and Clinical Oncology Workforce Census

Parliamentary Briefing | England

Shortages of doctors responsible for diagnostics and cancer care are causing potentially harmful delays to patients across the UK.

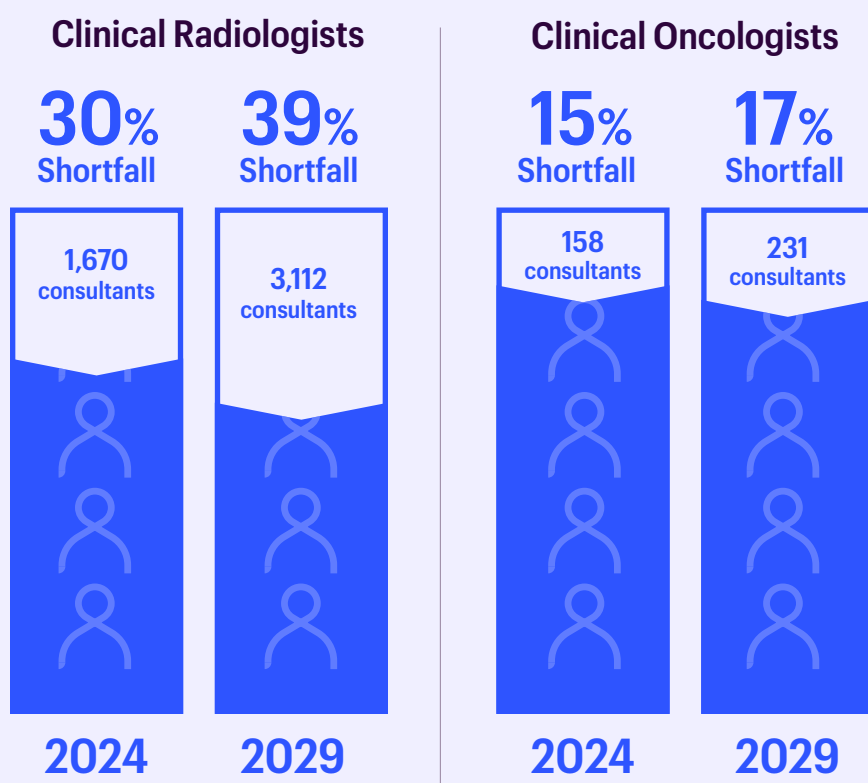
The government must take urgent action to increase the number of speciality training places available in radiology and oncology to ensure that we have the workforce that we need to meet future demand.

We strongly support the calls for productivity initiatives and embracing technological advances, but these can only reduce the shortfall so much. We need to save money in the long-term by properly investing in the workforce now.

Without this, waiting times and delays will continue to be commonplace, patients will wait far too long for treatment and the government's ambitions for its 10 Year Plan and Cancer Plan are doomed to fail.

We are calling on Members of Parliament to support this call and write to the Secretary of State for Health urging immediate action to future proof the workforce.

Workforce Shortfalls

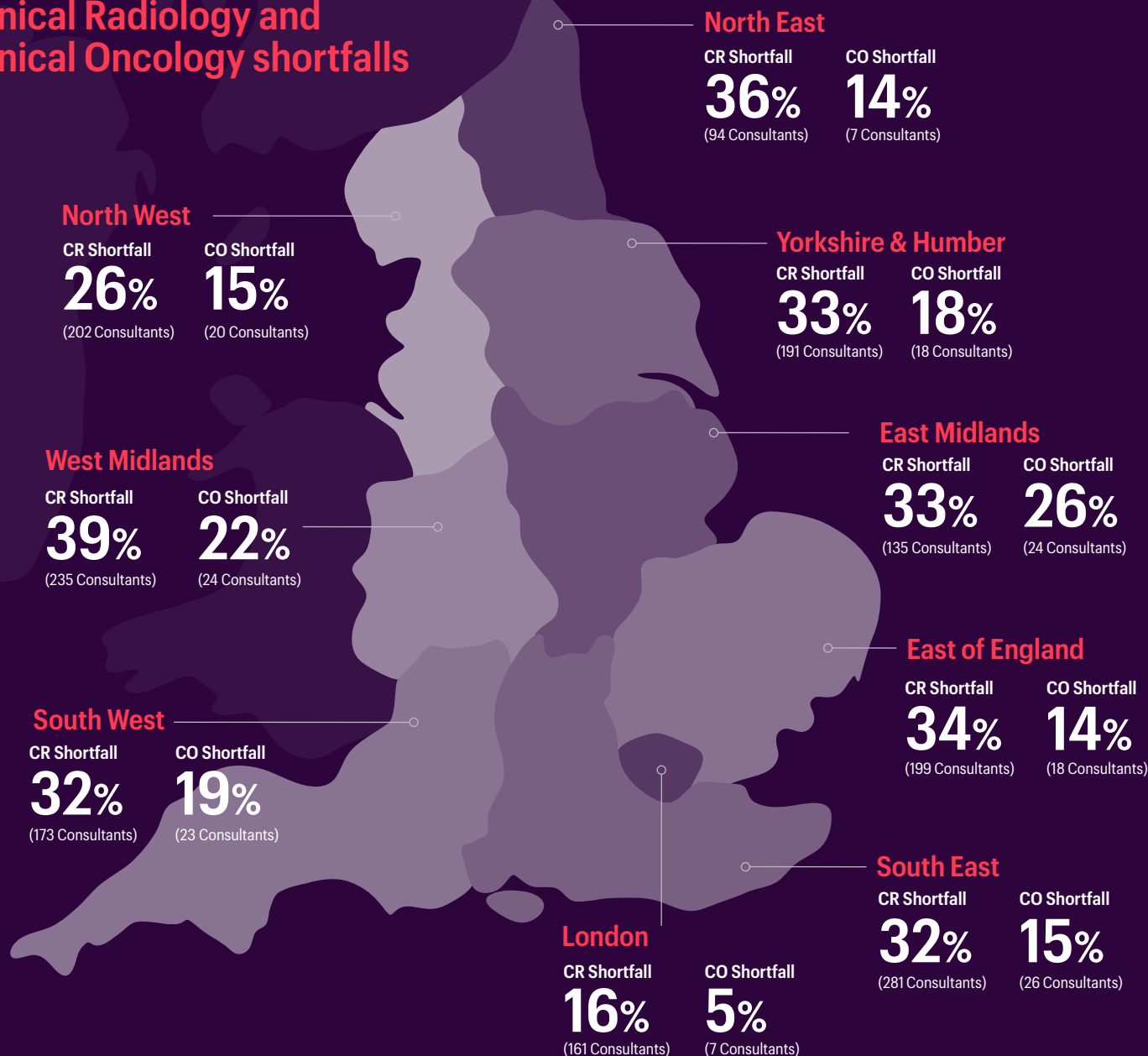


Demand for diagnostic imaging and cancer care is rising and outstripping workforce growth in England. Without urgent action to reduce the shortfalls, clinical leaders warn that backlogs and delays will only get worse by the end of the parliament.

In 2024, the radiology workforce in England grew by around **5%** yet the number of CT and MRI examinations grew by **8%**.

In the same year, the clinical oncology workforce grew by **6%**, yet the number of Systemic Anti-Cancer Therapy (SACT or Chemotherapy) regimens given increased by **6.1%**.

Regional Clinical Radiology and Clinical Oncology shortfalls



Workforce Retention

The NHS is also struggling to retain its workforce.

Consultants are leaving the workforce at an earlier age than ever before. These senior doctors leaving the workforce means, among other things, that we are losing valuable expertise.

Median age of radiology consultants leaving the workforce in 2024:

49
years



↓
This is down from 56 years old in 2021

Median age of clinical oncologists leaving the workforce in 2024:

54
years



↓
This is down from 59 years old in 2023

Patient Safety

Clinical leaders are worried about their ability to deliver safe and effective clinical care as a result of staff shortages...



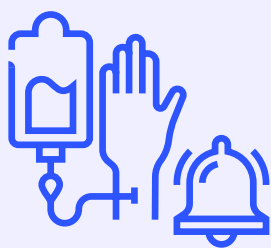
76%

of Cancer Centre leaders, and

56%

of radiology department leaders

say they are concerned about the safety and effectiveness of their services as a result of workforce shortages.



94%

of cancer centres reporting delays in patients accessing their SACT (chemotherapy) treatment.



100%

of radiology department clinical directors are concerned that backlogs and delays are affecting patient care.



92%

of cancer centres reporting delays in access to radiotherapy, worse than in previous years.



100%

of clinical directors say they do not have sufficient staff to meet reporting requirements.

Financial impact

Staff shortages are not only unsafe, but they are also costly.

Outsourcing is a short-term fix to a much larger problem. The latest economic modelling for the RCR shows that a **50% uplift** in the number of baseline speciality training places in radiology and clinical oncology would significantly reduce the shortfalls we are seeing. This investment could save over **£380 million** by 2035 compared to the alternative strategy of relying on outsourcing and international recruitment.

To manage shortfalls in the financial year 2023/24, radiology departments in England spent

£278m



using methods such as outsourcing to private firms, ad hoc locums and overtime payments to existing staff. This is an **18% increase** in spending on the previous financial year.

Limiting government ambition

The government has set an ambition for the NHS to make significant productivity savings.

However, our workforce census reports that although the vast majority of departments are pursuing productivity improvement measures, they report limited positive impact so far mostly down to lack of funding, lack of staff time and poor productivity integration.

Artificial Intelligence has been held up as transformational for the NHS, but it can be if implemented effectively. **More than half** of radiology departments and cancer centres are currently using some kind of AI tool. Yet **more than a third** of radiology departments said that the AI tools they are using is currently having no measurable impact on workload.

Government has also stated that it will double the number of CT and MRI scanners. However, 50% of radiology departments report that they could not accommodate additional scanners.



72%
due to a lack of
radiologists



53%
due to a lack
of space

What can you do?

We are calling on members of parliament to:



Take a look at our recommendations for government on pages 5–6 of this document



Table questions in parliament on our behalf to help us raise awareness for these vital specialities.



Write directly to the Secretary of State for Health and Social Care, calling for an increase in the number of speciality training places and for the Long-Term Workforce Plan to include a plan for recruitment, training and retention of the workforce across diagnostics and cancer care.



Meet with our senior clinicians to hear about the impact of workforce shortages on patients in your area and what you can do to support our specialities.

Please do get in touch with us at publicaffairs@rcr.ac.uk. We are more than happy to give you suggested text for parliamentary questions, set up meetings and offer further briefings as required.

What needs to happen?

The government must take urgent action to recruit, train and retain the workforce we need. This must start with an increase in the number of specialty training places available in radiology and clinical oncology.

Our recommendations

We are urgently calling on the government to carefully consider the following recommendations, when developing the next iteration of their workforce plans:

Recruit



1. The NHS should increase the baseline number of specialty training posts for clinical radiology and clinical oncology to maintain strong workforce growth and progressively eliminate the shortfall. This should happen in line with the second iteration of the Long-Term Workforce Plan in England.
2. Trusts or hospitals not meeting national diagnostic waiting times or cancer performance targets should not adopt nor be placed under recruitment freezes
3. The NHS should support integrated care boards and cancer alliances to develop local and regional, long-term workforce plans to meet the demand they face.
4. The NHS should work with trusts and ICBs to agree multi-year plans for the number of new consultant posts they each commit to.
5. Radiology networks across England should redouble their efforts to ensure radiology departments are able to work more innovatively and collaboratively to ensure the provision of continuous care. This would serve to support those smaller radiology departments which are struggling to recruit and retain staff.
6. Cancer alliances across England should redouble their efforts to encourage larger centres to work more innovatively and collaboratively with their smaller counterparts to ensure provision of continuous care. Cancer alliances should also work to address local issues, such as consultant shortages.
7. The NHS in England should fund 100% of clinical radiology residents' training for the first two years, dropping to the standard 50% thereafter, to encourage trusts to take up these posts.

Retain



8. Trusts must create working environments that support radiologists and oncologists to feel valued, remain in the NHS, and work to the best of their ability.
9. Trusts/health boards should ensure basic staff support and wellbeing measures are in place.
10. The NHS should monitor hospitals' performance against providing these basic wellbeing measures, and provide targeted support to hospitals struggling to provide these measures.
11. Trusts should ensure all doctors, including SAS doctors and those working LTFT, have sufficient SPAs protected in their job plans and the number of SPAs must realistically reflect individuals' roles and responsibilities.
12. Hospitals should conduct exit interviews with all doctors leaving the NHS to understand their reasons for departure. This data should be compiled nationally and used to inform workforce planning and policies to boost retention.
13. The NHS must ensure that their long-term workforce planning includes actions to preserve radiology expertise across all special interest areas and site specialty expertise of common cancers so that patients in all regions can access the care they need quickly and easily. This should be reflected in the upcoming National Cancer Plan.



Train

14. The NHS should explore the allocation of specialty training places by WTE numbers, rather than by headcount.
15. Trusts must ensure there is sufficient time in consultants' job plans to deliver training to junior staff.
16. Where their skills and experience allow, staff groups including SAS and locally employed doctors, senior residents, and advanced health practitioners should be enabled and encouraged to assist consultants in the delivery of specialty training.

Clinical Radiology

17. Training should be delivered in all settings and at every opportunity, including in hospitals and community diagnostic centres.
18. Trusts/health boards should ensure sufficient space for radiology training, including sufficient office spaces, radiology workstations and PACS access.
19. To mitigate the cost associated with NHS-trained doctors pursuing careers in teleradiology, the NHS should explore how teleradiology could contribute to specialty training of radiology resident doctors.

Clinical Oncology

20. Medical schools across the UK should increase the training students receive in oncology to encourage more of them to consider the specialty, given its national importance.
21. Statutory education bodies and local deaneries should likewise increase exposure to clinical oncology at foundation and internal medicine training, respectively.

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.

Clinical Radiologists are experts in interpreting medical images such as MRI and CT scans, and delivering minimally invasive procedures, including treatment for strokes. They are responsible for the majority of diagnoses made in the NHS.

Clinical Oncologists sit at the heart of cancer treatment, planning and overseeing the delivery of chemo- and radiotherapy.



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