

# The state of the diagnostic imaging and cancer workforce in England

**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 England 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 the NHS and 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.

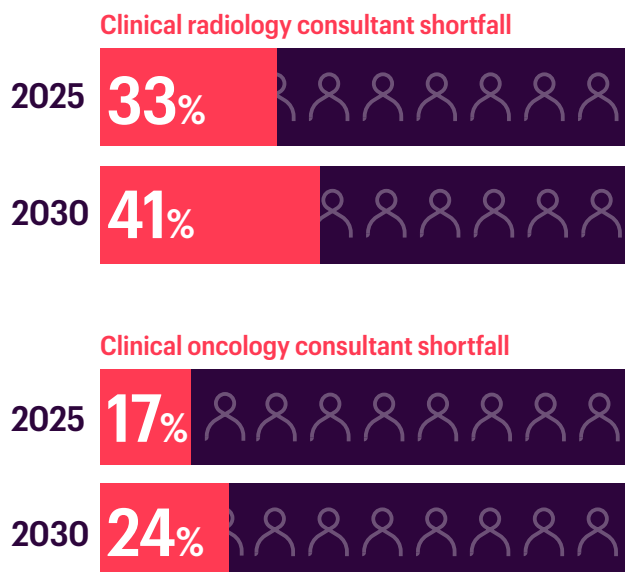
## Workforce Shortfalls

**England has too few clinical radiologists and clinical oncologists – and the problem is getting worse.**

England has the highest clinical radiology consultant shortfall in the UK, and the fewest consultant oncologists per 100,000 older population of any UK nation, at 6.8. Adding to these constraints, demand for diagnostic imaging and cancer care continues to rise 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. Demand for complex imaging (including CT and MRI) grew at over twice the rate of the consultant workforce in the past year (9% vs 4.2%), meanwhile it is estimated that 1.8 million (64%) more people in England will be living with cancer in 2045.

A realistic plan to bring down waiting times and improve patient outcomes depends on a credible workforce plan for imaging and cancer care.

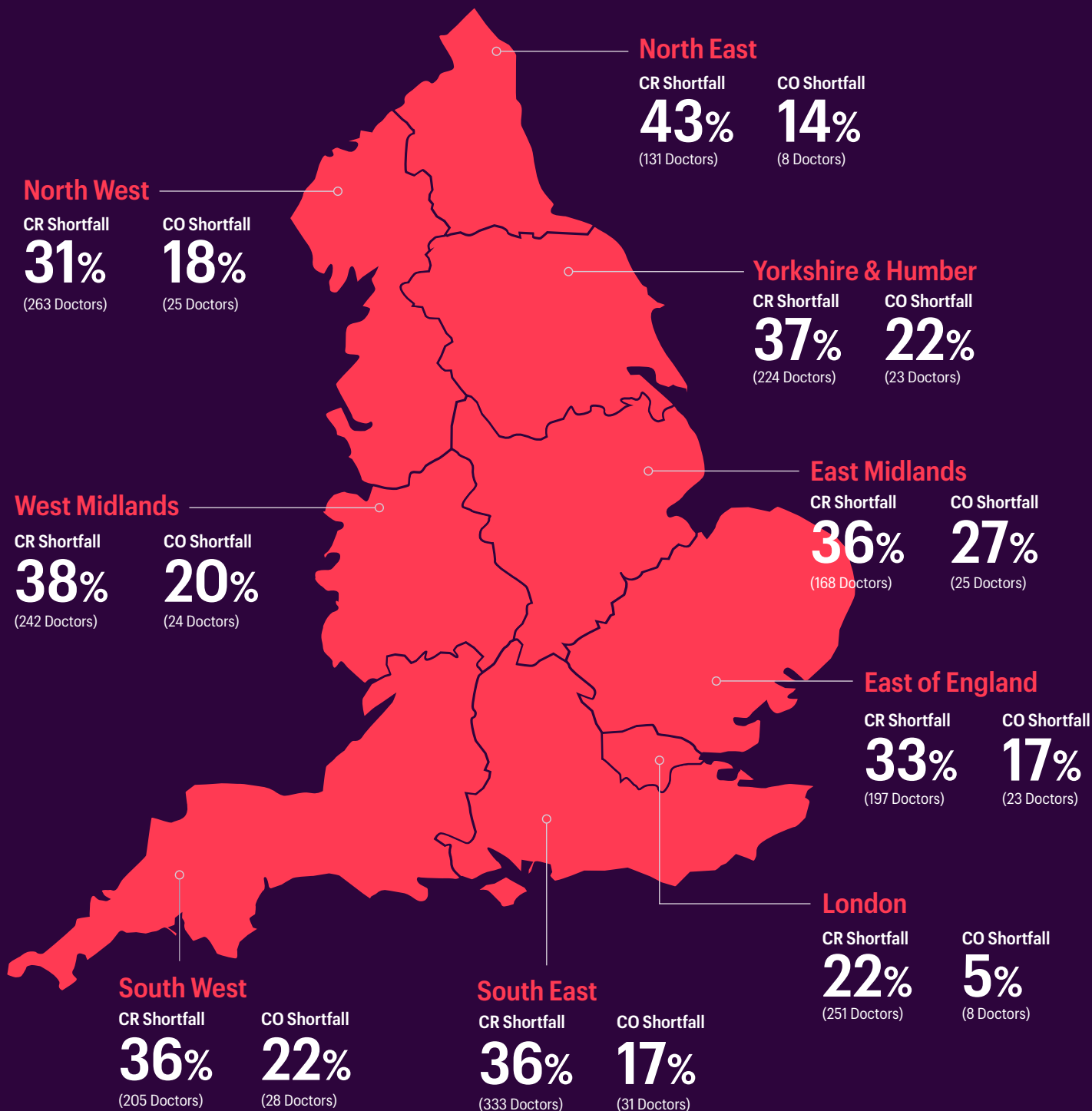
### England's imaging and cancer workforce shortfalls are growing



# Every English region is facing workforce shortfalls in imaging and cancer care

Underneath the headline figures, some regions are faring much worse than others – contributing to geographic divides in access to diagnostic services and cancer care. While all regions face significant pressures, shortfalls in radiology are most acute in the North East and West Midlands, while clinical

oncology shortfalls are greatest in the East Midlands, Yorkshire and the Humber, and the South West. The largest consultant shortfalls in clinical radiology are found in small acute hospitals, while the average clinical oncology shortfall in deprived areas (22%) is almost double that in less deprived areas (11%).



# Patient safety

Clinical leaders are worried about staff shortages compromising patient care.

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. 92% of both 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.

Due to a shortage of doctors, nearly one in three (29%) cancer centre leaders fear they may need to reduce opening hours, underscoring the growing risk that workforce constraints pose to both patient access and outcomes.

# 915,575



patients waited more than 6 weeks for a CT or MRI scan in 2025

# 106,060



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

# 80% 49%

of radiology department leaders, and

of cancer centre leaders

are concerned about worsening patient conditions as a result of delays due to workforce shortages



# 92% 92%

of radiology department leaders, and

of cancer centre leaders

are concerned about backlogs and delayed treatment as a result of workforce shortages



# Workforce attrition

The NHS 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.



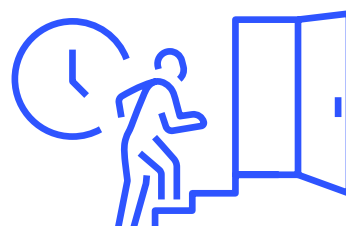
Stress and burnout as a result of staff shortages are a concern for:

# 99%

of radiology department clinical directors, and

# 100%

of cancer centre leaders



Average age of leavers (last five years)

# 51 years

Clinical Radiologists

# 52 years

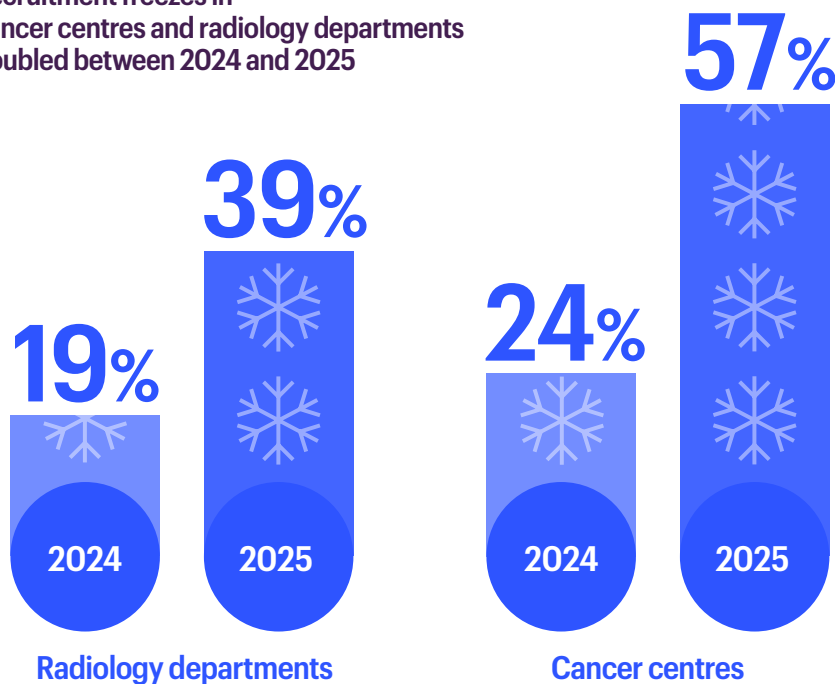
Clinical Oncologists

# Recruitment freezes

Despite soaring demand, recruitment freezes have been imposed on radiology departments and cancer centres in a short-term effort to balance budgets.

These freezes are hitting deprived areas the hardest, exacerbating inequalities and delaying diagnosis and treatment for conditions where every day counts.

Recruitment freezes in cancer centres and radiology departments doubled between 2024 and 2025



# Access to specialist care

Across England, 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 trusts 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.



27%

shortfall of interventional radiologists in 2025



92%

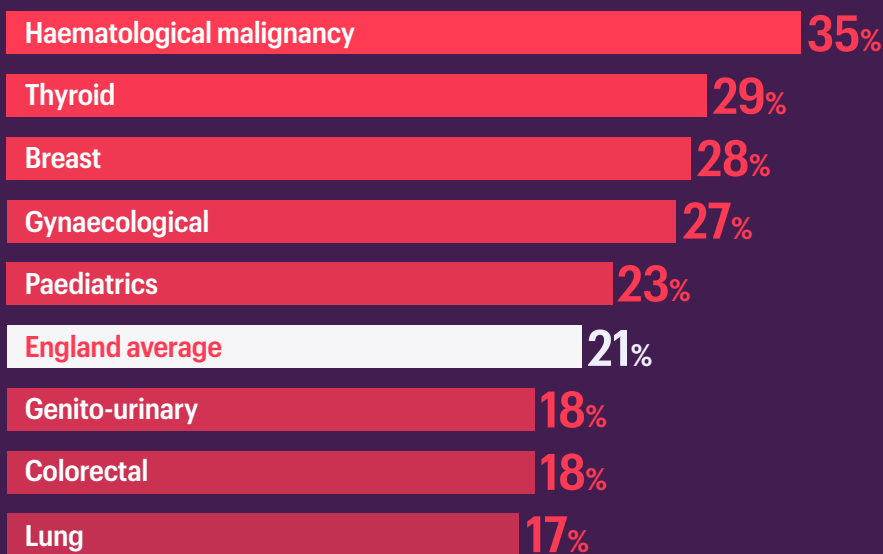
of clinical directors have seen IR procedures delayed or cancelled due to workforce shortfalls

## 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, one in three cancer centres report having no consultant cover for one or more cancer types they treat, while a high proportion of clinical oncologists are forecast to retire over the next five years. This is a risk to timely, equitable and safe patient care.

% site specialists (WTE) in England forecast to retire by 2030



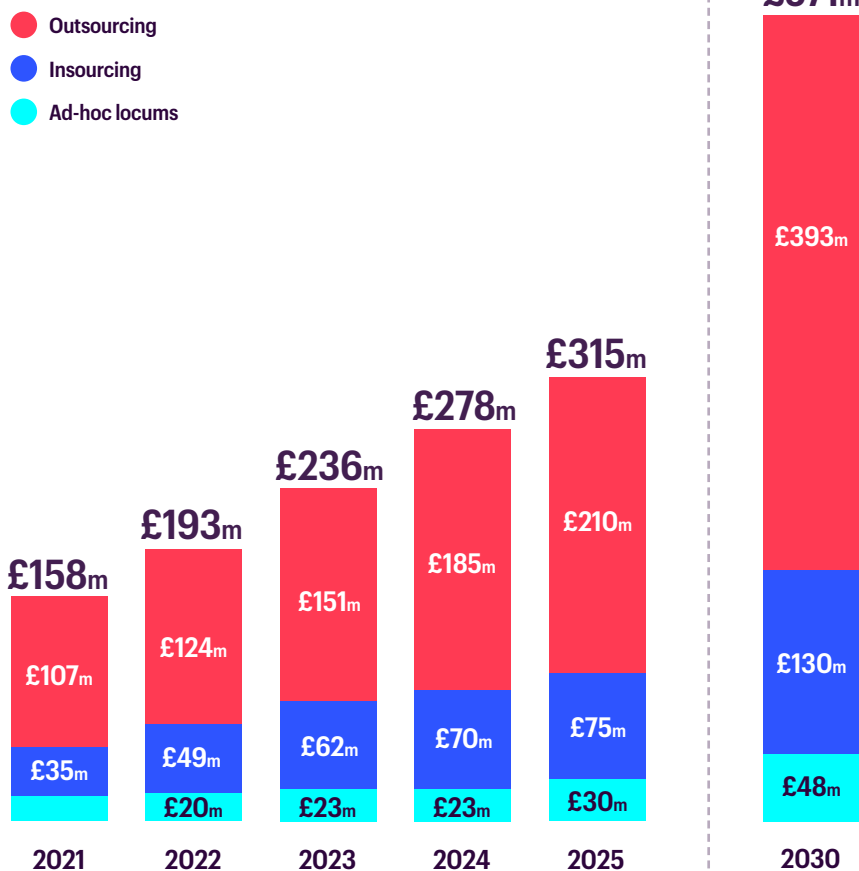
## The cost of shortfalls

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 England spent a record **£315 million** on outsourcing to private firms, ad hoc locums and overtime payments (insourcing) to existing staff. This is equivalent to **2,633 CR consultants' annual salaries**, enough to fill the entire radiology shortfall.

By investing in the radiology workforce instead, the NHS could save millions of pounds. Over 10 years, a 10% uplift in the baseline number of specialty training places in clinical radiology would deliver **£90 million in cost savings and reduce the workforce shortfall by 90%.**

Radiology outsourcing costs are soaring



# Recommendations

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

## **A** Grow the consultant cancer and diagnostic imaging workforce

NHS England should increase the baseline number of specialty training places for clinical radiology and clinical oncology to progressively eliminate the workforce shortfalls.

## **F** Eliminate recruitment freezes

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

## **B** Target workforce investment in under-resourced areas

NHS England should introduce measures to attract doctors to under-resourced areas, such as rural and coastal regions, and smaller cancer centres and hospitals.

## **G** 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.

## **C** Tackle unequal access to specialist care

NHS England 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 England have equitable access to quality care.

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

NHS trusts 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.

## **D** Reduce the NHS's reliance on outsourcing in radiology

NHS England should 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.

## **I** Maximise training capacity via funding flows

NHS England 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.

## **E** Attract graduates and medical students to clinical oncology

Medical schools, NHS England and local deaneries should increase exposure to clinical oncology, to attract more trainees into the profession.

## **J** Optimise demand for imaging and reporting

Updates to service specifications and clinical guidance should be accompanied by impact assessments so that the necessary workforce capacity can be quantified and planned for. NHS England should roll out the iRefer clinical decision support to every NHS trust to reduce unnecessary scans.



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](mailto: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.

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