

The state of the diagnostic imaging and cancer workforce in Northern Ireland

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 Northern Ireland 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 procedures. They are the eyes of the hospital, 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.

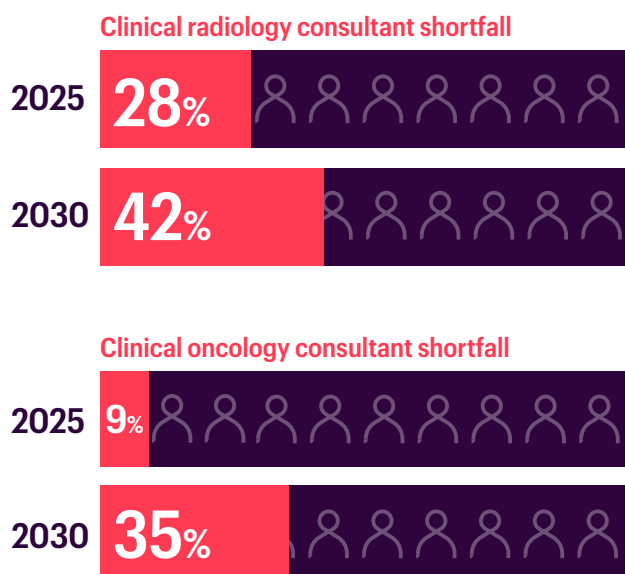
Only with both specialties can Health and Social Care (HSC) and the Northern Ireland Executive hope to deliver the care that patients expect and deserve. The RCR is calling on policymakers to grow the radiology and clinical oncology workforce to progressively eliminate the workforce shortfalls over time. Without action, patients will continue to face long, anxious waits for diagnosis and delays to life-saving care.

Workforce Shortfalls

Northern Ireland has too few clinical radiologists and clinical oncologists – and the problem is getting worse.

Demand for diagnostic imaging and cancer care is rising year-on-year as the population ages, people live in ill health for longer, and incidence of major diseases grows – piling pressure onto already over-stretched staff. Northern Ireland's consultant clinical radiology workforce remains smaller than it was in 2021, and workforce shortfalls in both imaging and cancer care are forecast to grow as service pressures increase. Demand for complex imaging grew at more than 10 times the rate of the workforce in the past year alone (6.6% vs 0.6%), meanwhile demand for cancer services is rising as more patients live with the disease for longer. It is estimated that 48,000 (49%) more patients in Northern Ireland will be living with cancer in 2045. Without urgent action, Northern Ireland's workforce shortfalls are set to worsen considerably over the next five years.

Northern Ireland's imaging and cancer workforce shortfalls are growing



Patient safety

Clinical leaders are worried staff shortages are 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. 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.

Due to a shortage of doctors, nearly half (50%) of 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.

250,000



patients waited more than 9 weeks for a diagnostic test in 2025

69%



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

80%

of radiology department leaders, and

are aware of patients whose conditions worsened as a result of delays due to workforce shortages

51%

of UK cancer centre leaders



100% 100%

of radiology department leaders, and

of cancer centre leaders

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



Workforce attrition

HSC 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 service are lost.

As service pressures grow, many doctors report feeling overwhelmed, stressed and at risk of burnout. This undermines efforts to ensure HSC 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)

56 years

Clinical Radiologists

47 years

Clinical Oncologists

Access to specialist care

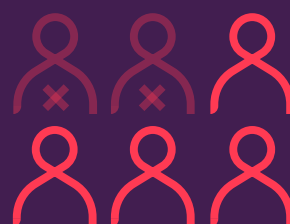
Across Northern Ireland, timely access to life-saving specialist care is often determined by a patient's postcode. This is exemplified by access to interventional radiology (IR) and site specialty expertise for certain types of cancer. HSC must invest in IR to improve access to image-guided pinhole treatment 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. However, staff shortages mean many patients have poor access to this time-critical care. While all NI hospitals operate an IR service, just one is available 24/7. Northern Ireland's IR workforce has shrunk since 2021, contributing to the largest IR workforce shortfall in the UK.

34%

shortfall of interventional radiologists in 2025



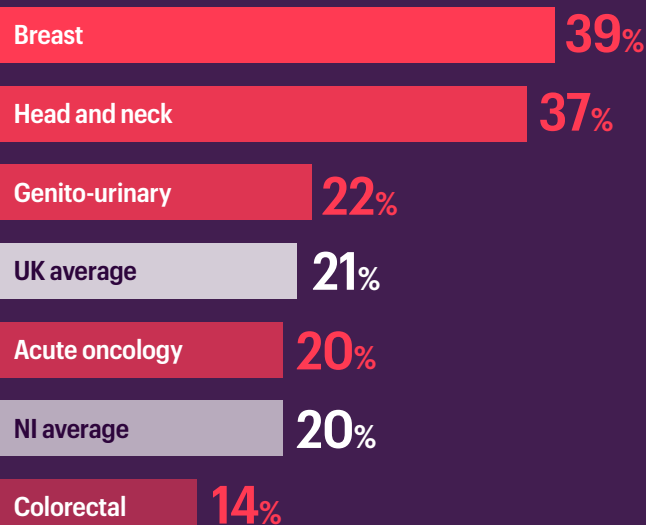
80%

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.

% site specialists (WTE) in NI forecast to retire in the next five years



The cost of shortfalls

HSC is hemorrhaging 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 Northern Ireland spent a record **£13 million** on outsourcing to private firms, ad hoc locums and overtime payments to existing staff. This is equivalent to **107 CR consultants' annual salaries**, enough to close the entire clinical 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), quality concerns, and costs going unexpectedly over-budget. By investing in the radiology workforce instead, HSC can save millions of pounds.

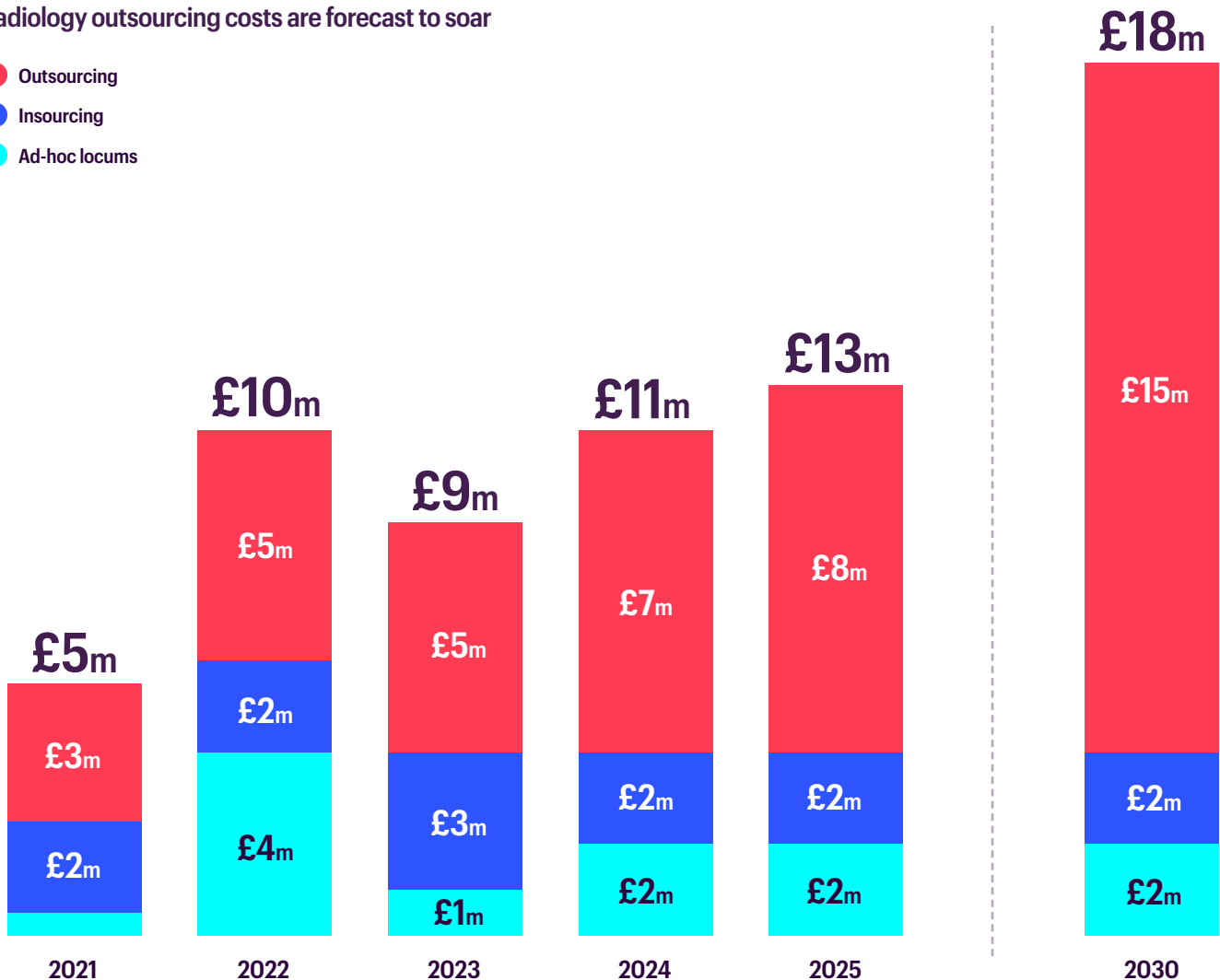
Over 10 years, 10% uplift in the baseline number of specialty training places in clinical radiology would:

↑ Deliver cost savings of **£10m**

↑ Reduce the shortfall by **21%**

Radiology outsourcing costs are forecast to soar

- Outsourcing
- Insourcing
- Ad-hoc locums



Recommendations

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

A Grow the radiology and clinical oncology workforce

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

F Ensure cross-cover care for all cancer types

Workforce planning must include measures to preserve tumour site expertise for all cancer types, so patients across Northern Ireland have equitable access to quality care.

B Eliminate recruitment freezes

All ongoing recruitment freezes should be lifted. National HSC leadership must intervene where freezes are identified.

G Invest in the interventional radiology workforce

HSC should provide additional training places to interventional radiology to enable all regions to provide adequate 24/7 services.

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

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.

H 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. HSC should roll out the iRefer clinical decision support to every trust to reduce unnecessary scans.

D Attract graduates and medical students to clinical oncology

Medical schools and the Northern Ireland Medical and Dental Training Agency (NIMDTA) should increase exposure to clinical oncology, to attract more trainees into the profession.

I Reduce HSC's reliance on outsourcing in radiology

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

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.

J Maximise training capacity via funding flows

HSC 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.



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.

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