

# Radiology and Clinical Oncology Workforce Census

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

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

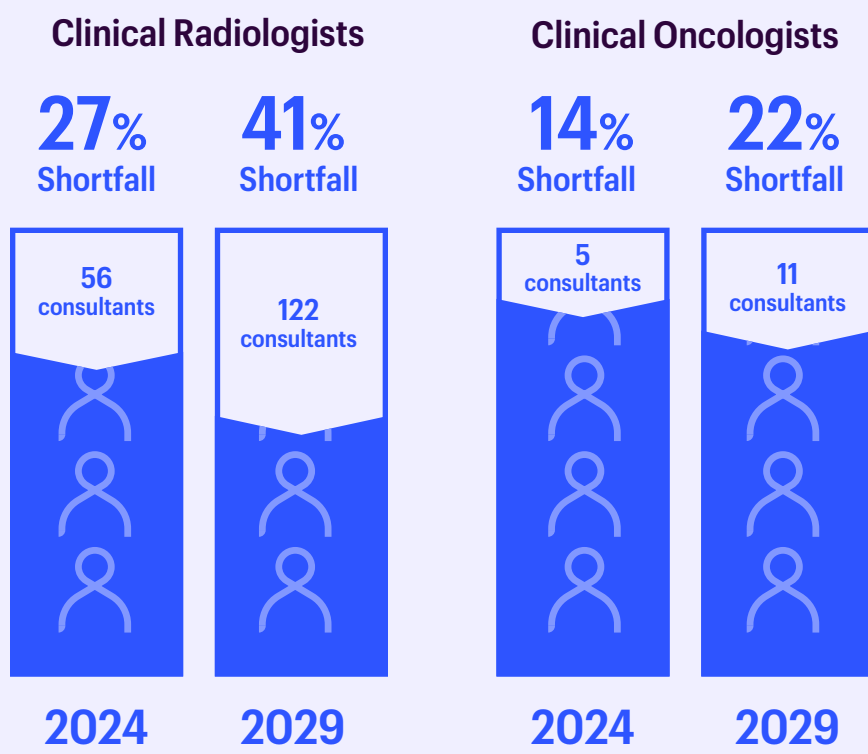
The Northern Ireland Executive must take urgent action to increase the number of speciality training places available in radiology and oncology to ensure that we have the workforce that we need to meet future demand.

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

Without this investment, waiting times and delays will continue to be commonplace and patients will wait far too long for potentially life-saving treatment.

We are calling on Members of the Northern Ireland Assembly to support this call and write to the Minister of 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 Northern Ireland. Without urgent action to reduce the shortfalls, clinical leaders warn that backlogs and delays will only get worse.

In 2024, the radiology workforce **grew by just 2%** and the clinical oncology workforce **by just 1%** – both well below the UK average.

The radiology workforce in Northern Ireland is forecast to **grow by just 2%** annually in the five years to 2029.

A recent NI Audit Office Report however, shows that between 2018 and 2030, demand for imaging services is set to increase significantly by 123% for MRI and 170% for CT.

## Workforce Retention

The health service 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.

These figures (right) are slightly below the average age of radiologists and clinical oncologists leaving the workforce across the UK over the same time periods.



**50.9**  
years

is the average age of  
radiology consultants  
leaving the workforce  
in Northern Ireland  
over the last five years



**49.7**  
years

is the average age of  
clinical oncologists  
leaving the workforce  
in Northern Ireland  
since 2019

## Patient Safety

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



**73%**

of Cancer Centre leaders  
across the UK are concerned  
about patient safety as a  
result of workforce shortages  
in clinical oncology.



**80%**

of NI radiology department  
leaders think that there are  
insufficient radiologists to deliver  
safe and effective patient care  
*(above the UK average of 63%)*

## Financial impact

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

In the financial year 2023/24, radiology departments in Northern Ireland spent £11 million to manage shortfalls using methods such as outsourcing to private firms, ad hoc locums and overtime payments to existing staff. **This is an 21% increase** in spending on the previous financial year.

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

**£11m**



# What can you do?

We are calling on members of parliament to:



Take a look at our recommendations for government on pages 3–4 of this document



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



Write directly to the Minister of Health, urging him to consider the recommendations in the RCR census reports and to take action to increase in the number of specialty training places in clinical oncology and radiology.

Please do get in touch with us at [publicaffairs@rcr.ac.uk](mailto: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 Northern Ireland Executive 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 NI Executive to carefully consider the following recommendations, when developing the next iteration of their workforce plans:

### Recruit

1. The NI Executive 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.
2. Trusts or hospitals not meeting national diagnostic waiting times or cancer performance targets should not adopt nor be placed under recruitment freezes
3. Health and Social Care Northern Ireland (HSCNI) should support trusts and cancer alliances to develop local and regional, long-term workforce plans to meet the demand they face.
4. HSCNI should work with trusts to agree multi-year plans for the number of new consultant posts they each commit to.
5. Radiology networks across Northern Ireland 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 Northern Ireland 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.





## Retain

7. Trusts must create working environments that support radiologists and oncologists to feel valued, remain in the health service, and work to the best of their ability.
8. Trusts should ensure basic staff support and wellbeing measures are in place.
9. HSCNI should monitor hospitals' performance against providing these basic wellbeing measures and provide targeted support to hospitals struggling to provide these.
10. HSCNI 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.
11. Hospitals should conduct exit interviews with all doctors leaving the health service to understand their reasons for departure. This data should be compiled nationally and used to inform workforce planning and policies to boost retention.
12. DoH and HSCNI 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.



## Train

13. DoH and HSCNI should explore the allocation of specialty training places by WTE numbers, rather than by headcount.
14. Trusts must ensure there is sufficient time in consultants' job plans to deliver training to junior staff.
15. 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.

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### Clinical Radiology

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

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### Clinical Oncology

19. 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.
20. 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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