

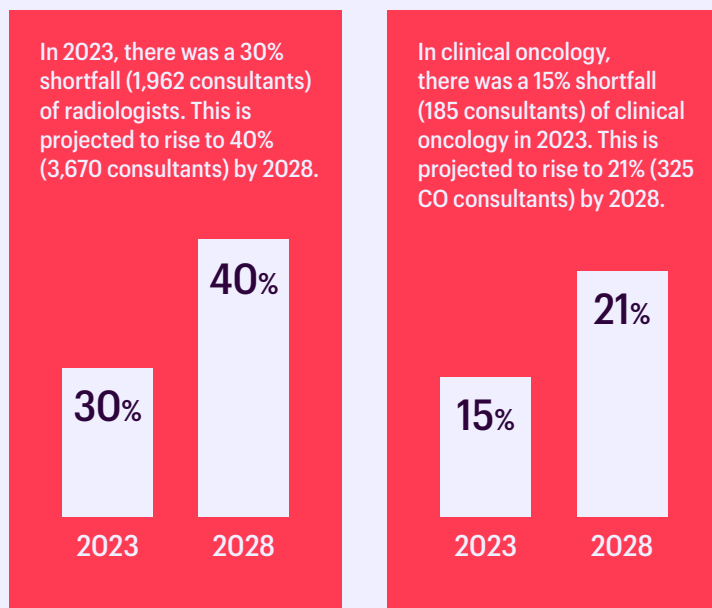
The Clinical Radiology and Clinical Oncology Workforce Census 2023

This briefing provides a snapshot of the 16th annual Royal College of Radiologists (RCR) clinical radiology (CR) and clinical oncology (CO) census reports. It reveals dangerous shortages in doctors essential in the diagnosis and treatment of cancer.

CRs are experts in interpreting medical images, such as MRI and CT scans, and delivering minimally invasive procedures, while COs sit at the heart of cancer treatment, planning and overseeing the delivery of chemo- and radiotherapy.

Workforce Shortages

Workforce shortages are threatening the provision of critical cancer care and radiology services:



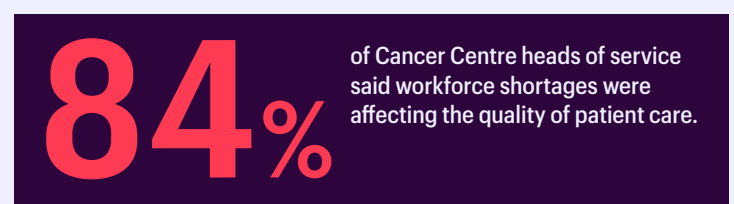
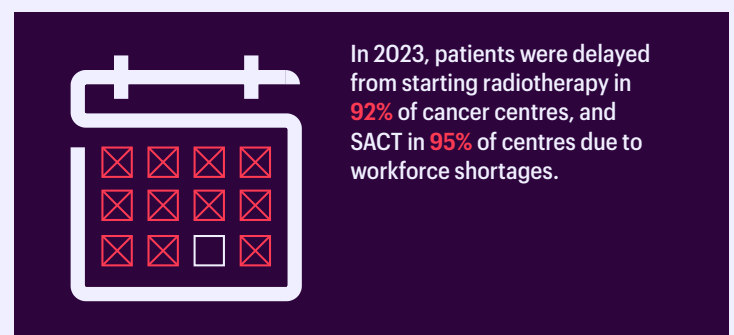
Amidst these CR and CO shortages, the demand for services is outstripping the workforce growth:

In 2023, CT and MRI activity grew by 11% – compared to a 6.4% growth in the radiologist workforce.

The rate of systemic anti-cancer treatment (SACT or chemotherapy) delivery is rising by around 6-8% each year – yet the clinical oncologist workforce who plan and oversee its delivery, grew by only 3.5% in 2023.¹

Delays and patient safety

With increasing demand and sustained workforce shortages, cancer leaders and clinical directors are increasingly concerned about the impact it is having on patient care:



Some patients are also waiting for months for routine scans and other imaging as a result of workforce shortages:

Almost all (97%) clinical directors said that workforce shortages were causing backlogs and delays at their trust / health board.

91% of clinical directors said that workforce shortages were impacting patient safety.

¹ NHS England. Cancer Data. SACT COVID-19 Dashboard. Available at: <https://www.cancerdata.nhs.uk/covid-19/sact> [Accessed April 2024]

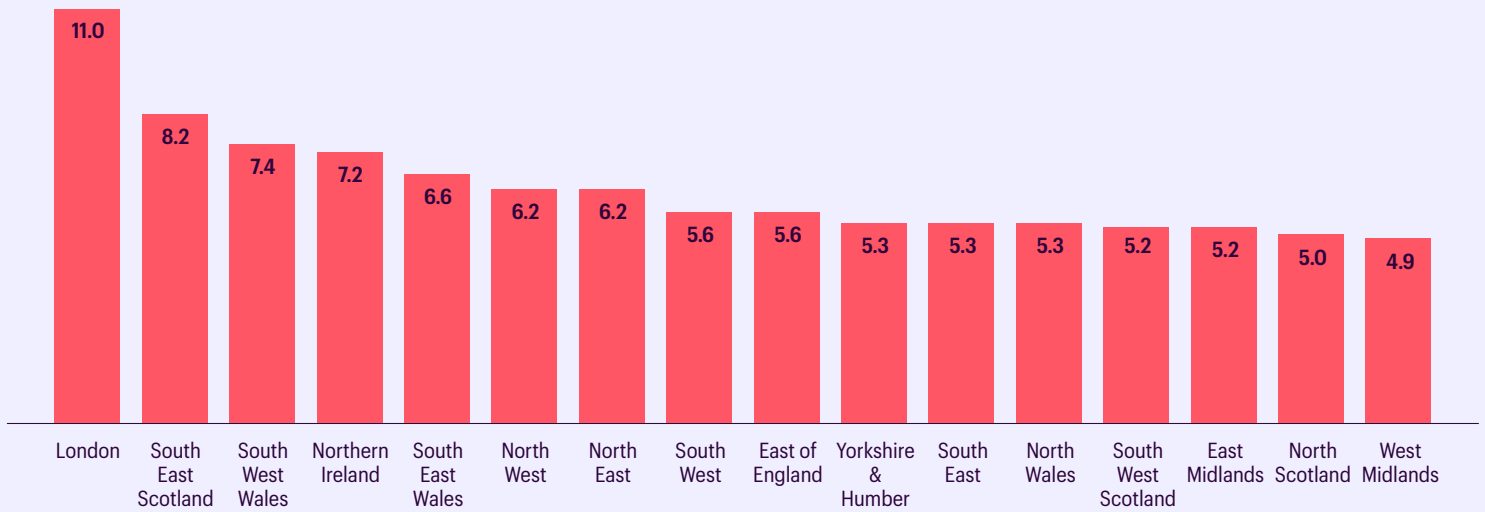
Regional Variation

The severity of workforce shortages is not uniform across the country. We are starting to see the impact of significant regional variation in the number of doctors, potentially introducing and worsening existing health inequalities.

In London, there are 11 consultant oncologists (clinical and medical) per 100,000 older population, compared to 4.9 in the West Midlands – over double.

In 2023, over a third (36%) of patients in the Midlands started their first treatment (all types) after 62 days of an urgent referral for suspected cancer, compared to a quarter (27%) of patients in London.

CONSULTANT ONCOLOGISTS PER 100,000 OLDER POPULATION (50+ YEARS), 2023



Impact on workforce

This is a workforce crisis which is set to get even worse as doctors are leaving the workforce at a younger age than ever before:

Two thirds of CO consultants who left the workforce in 2023 were under 60 years old.

The average (median) age that oncology and radiology consultants left the workforce.



Workforce shortages are clearly having an impact on staff themselves.

100% of clinical directors are concerned about the impact of workforce shortages on workforce morale and burnout.



Cost to the NHS

The workforce crisis is having a real financial impact and NHS spending to plug the workforce gap is soaring.

In 2023 the NHS spent £276 million managing excess reporting demand – equivalent to 2,690 yearly consultant salaries. By the end of the next parliament, this could be £469 million.



Recommendations

Across clinical oncology and clinical radiology, the RCR is calling for the implementation of a three-point plan to address dangerous workforce shortages – recruit, train and retain. In developing the next iteration of their workforce plans, the NHS and government in each of the four nations should consider the following recommendations to address dangerous CO and CR shortfalls.²

Recruit

To overcome workforce shortages and prevent patients from receiving suboptimal care, we need to increase the number of clinical oncologists and clinical radiologists training and working in the NHS.

- a. The NHS should maintain and expand the number of speciality training places for CO and CR.
- b. Hospitals, particularly those with the highest shortages of clinical radiologists and clinical oncologists, should ensure they have a long-term funding plan for training and consultant posts.
- c. NHS England should fund a recruitment campaign, in collaboration with the RCR and Association of Cancer Physicians, to attract trainees to oncology training posts. This should be replicated by the NHS in each nation.

Train

To grow the workforce, we need to invest in the capacity to train future consultants.

- a. Medical schools should increase exposure to oncology in their syllabuses to attract more trainees into the profession.
- b. Doctors should have funded supporting professional activities (SPA) time to provide training. Retired doctors should be encouraged and enabled to return to support education.

- c. The NHS should explore innovative solutions to expanding training capacity, including through hybrid models, improved use of technology and cross-centre support.
- d. The government should provide new funding for an expansion of clinical and office space, and PACS access, to accommodate clinical oncology, diagnostic radiology and interventional radiology trainees.
- e. The NHS should immediately require that every diagnostic reporting and interventional list is considered a radiology training list to expand radiology training opportunities. Workforce planning should account for sufficient direct clinical care (DCC) and procedural time to enable this.

Retain

We need to keep the vital skills and experience of doctors in the system and consider how best to support staff to stay in the workforce for longer.

- a. To support retention, trusts and health boards should ensure basic staff wellbeing measures, including but not limited to, up-to-date computer hardware and software, improved internet connectivity, sufficient administrative and clerical staff, support with parking and other transport options, and providing rest space.
- b. As part of Care Quality Commission inspections, trusts should be assessed on staff wellbeing and how well hospitals are treating their employees.
- c. Flexible working patterns should be offered as a default to all existing and new NHS staff.
- d. Trusts and health boards should ensure that all doctors have sufficient SPA time protected in their job plans. This must include those working less than full time (LTFT) and specialty and specialist (SAS) doctors. Future workforce planning should accommodate this.
- e. Exit interviews should be conducted with all doctors leaving the service to understand the reasons for their departure.

² Unless specified, 'the government' refers to the individual government in each UK nation, and 'the NHS' refers to the central NHS body in each country (NHS England, NHS Scotland, NHS Wales and Health and Social Care Northern Ireland).

About the Census

The census reports present a comprehensive picture of the CR and CO workforce as it stood on 1st September and 1st October 2023 respectively. To inform this report, we have collected data from radiology clinical directors and cancer centre heads of service across the UK. Once again, we remain the only Royal College to secure a 100% response rate to our workforce survey. This level of engagement ensures the data's accuracy and enables us to speak decisively about the state of the radiology and oncology workforce across the UK.

For any more information or questions please contact publicaffairs@rcr.ac.uk

The College and our specialities:

The RCR, with over 16,000 members and Fellows in the UK and globally, leads, educates and supports doctors specialising in clinical radiology (CR) and clinical oncology (CO).

A clinical radiologist (CR) is a specialist doctor who is trained to read and interpret medical images in order to diagnose, treat and monitor diseases and injuries. More than 85% of hospital pathways involve imaging and interpretation, making clinical radiologists central to diagnostics for cancer, as well as heart disease and strokes. There are two types of clinical radiologists, diagnostic radiologists who specialise in the interpretation of images for the diagnosis of conditions, and interventional radiologists who carry out minimally invasive image-guided procedures.

Clinical oncologists (CO) sit at the heart of cancer treatment. These specialist doctors are one of the major non-surgical specialties involved in managing cancer, including with chemotherapy as well as radiotherapy – a component of half of cancer treatments – which can only be prescribed by clinical oncologists.

Consultants in both specialities have a wealth of experience and a deep knowledge of patient care and institutional mechanisms. They provide critical mentorship and training of junior doctors, lead their departments and help to develop their services in line with external innovations.