

# Clinical oncology Northern Ireland workforce census 2020 summary report

July 2021

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**Foreword**

In challenging circumstances, clinical oncology (CO) consultants in Northern Ireland have worked tremendously hard to keep radiotherapy and systemic anticancer treatment services running during the pandemic. However, this latest workforce census exposes large workforce shortages, which pose a threat to the ability of cancer centres in Northern Ireland to provide the level of care that patients need.

While there was an increase of one CO consultant in Northern Ireland in 2020, sustained investment in training places is essential to address workforce shortages, estimated to be 12 CO consultants (whole-time equivalent – WTE) in 2020, equal to a 27% shortfall.

A high proportion of CO consultants (28%, n=9) in Northern Ireland are forecast to retire within the next five years, so succession planning is vital.

Census data indicate 12 CO trainees will join the CO consultant workforce in the next five years, having completed UK specialty training. This number is insufficient to cover the five current vacancies plus the nine upcoming retirements even without factoring in the current shortfall.

The demand for increased less than full-time (LTFT) working among CO consultants across the UK needs to be factored into future workforce planning in Northern Ireland. Flexible career options have the potential to maximise staff wellbeing and staff retention.

The RCR will continue to work with others to look at ways to draw the most out of our current resources, including how the use of skillmix can ensure that multi-professional teams are more efficient and enable the current oncologist workforce to deliver, lead and develop services.

It is only with increased and sustained long-term funding for training places that we will be able to address workforce shortages and bring down waiting lists that have arisen during the pandemic.

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## Objectives

This report provides details on the oncology workforce situation in Northern Ireland in 2020. It focuses on the estimated shortfall of clinical oncology (CO) consultants and workforce forecasts over the next five years. This report supplements the *Clinical oncology UK workforce census 2020 report*;<sup>1</sup> please refer to the UK report for UK-wide oncology trends and information such as census questions, methodology and timings.

### 1. Context – COVID-19 pandemic

The COVID-19 pandemic has presented many challenges for cancer services. Across the UK, fewer people sought appointments with their general practitioners (GP) during the pandemic, including those with possible cancer symptoms.<sup>2</sup> In addition, people with cancer have waited longer for diagnoses and some treatments needed to be delivered in different ways; other treatment was paused on the grounds of clinical safety; and there has been significant disruption to follow-up care.<sup>3</sup> As cancer referrals return to pre-pandemic levels, estimates indicate that there are more than 1,000 undiagnosed 'missing' people with cancer in Northern Ireland.<sup>4</sup> Urgent investment in the cancer workforce is needed to tackle waiting times and to share best practice and implement new treatments and techniques in every cancer centre.

### 2. The oncology workforce in Northern Ireland in 2020

CO consultants lead and participate in teams with nurses, radiographers, physicists, pharmacists and other allied health professionals. These multidisciplinary teams assess and treat cancer using various therapies and interventions, including radiotherapy, systemic anticancer therapy (SACT) and immunotherapy.

Table 1 shows that the two cancer centres in Northern Ireland employed 49 consultant-grade oncologists in 2020. This number includes NHS, academic and mixed NHS/academic posts.

**Table 1. Clinical and medical oncology workforce (headcount) – Northern Ireland, 2020**

	Clinical oncology	Medical oncology*	Oncology total
Consultant grade	32	17	49
Higher specialty trainee	18	15	33
SAS grade**	4	Not known	Not known

\*Medical oncologists are physicians who specialise in the administration of systemic therapies but not radiotherapy.

\*\*SAS grade comprises associate specialists, specialty doctors and trust-grade staff.

The ratio of CO consultants to medical oncology (MO) consultants in Northern Ireland is very similar to UK as a whole, with approximately two CO consultants employed for every MO consultant.

Higher specialty trainees in Northern Ireland comprise 36% of the clinical oncology workforce; this compares to 32% across the UK as a whole. This indicates that Northern Ireland has a slightly higher supply of future CO consultants relative to other UK nations.

## Clinical oncology consultant workforce: five-year trend

The total of 32 CO consultants in Northern Ireland equates to 32 whole-time equivalents (WTEs), indicating minimal levels of less than full-time working.\* Figure 1 illustrates the CO consultant workforce growth in Northern Ireland of six WTEs over the past five years. While variable from year to year, the average growth per year over the five years from 2015 has been 5%. This compares to the 3% per year growth seen across the UK as a whole.

**Figure 1. Clinical oncology consultants (whole-time equivalent) – Northern Ireland, five-year trend (2015–2020)**



Workforce growth has varied across the two cancer centres in Northern Ireland. The North West Cancer Centre has grown by four CO consultants (WTEs) over the past five years (doubling its workforce), whereas the larger Belfast Cancer Centre (located at Belfast City Hospital) has seen growth of three CO consultants (WTEs) over the past five years (equal to average growth of 2% per year).

\*A WTE is a whole-time (or full-time) doctor contracted for ten programmed activities (PAs) per week, equivalent to a 40-hour week.

### 3. Less than full-time (LTFT) working

LTFT is defined as working fewer than ten contracted PAs per week, equivalent to a 40-hour working week in Northern Ireland. LTFT and flexible working can play an essential part in workforce wellbeing and retention; UK census data show that full-time CO consultants retire on average three years earlier than their LTFT counterparts.

In Northern Ireland working LTFT is uncommon; in 2020, the workforce capacity reduction due to LTFT working equated to 0.4 CO consultants (WTE) or 1% of the workforce. That is to say, an additional 0.4 CO consultants (WTE) are required to support current levels of LTFT working. By comparison, across the UK there is an 8% workforce capacity loss due to LTFT working.

### 4. Vacancies and recruitment

Five funded CO consultant vacancies were reported in Northern Ireland in October 2020, equating to a vacancy rate of 12%. Four of these vacancies remained unfilled for over a year, despite recruitment attempts, indicating significant recruitment challenges. Figure 2 shows the vacancy trends in Northern Ireland over the past five years.

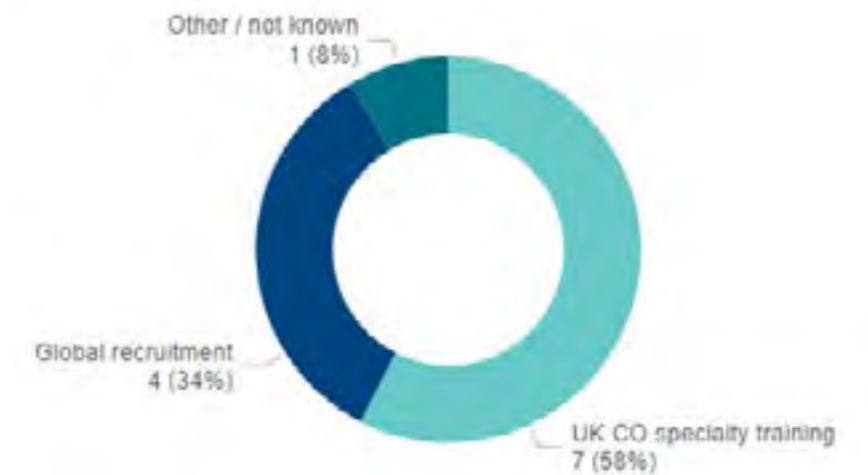
**Figure 2. Number and length of clinical oncology consultant vacancies – Northern Ireland, five-year trend (2015–2020)**



Census data show that one CO consultant (WTE) was recruited to the workforce in Northern Ireland over the past year (to October 2020). This is on a par with the five-year average.

Figure 3 shows the source of newly appointed CO consultants in Northern Ireland over the past five years. More than half (58%, n=7) came from UK clinical oncology specialty training. Overseas specialist training in oncology tends to be split into radiation oncology and systemic therapy, unlike UK clinical oncology specialist training which covers both aspects of non-surgical oncology. This difference makes it particularly challenging to fill UK CO consultant posts with candidates trained overseas.

**Figure 3. Source of newly appointed clinical oncology consultants – Northern Ireland, past five years (2016–2020)**



Global recruitment refers to doctors who undertook their primary medical qualification outside the UK and have not undertaken UK specialty training. The other/not known group includes older CO consultants returning to practice after taking time out and those whose General Medical Council number is not known.

### 5. Estimated shortfall of clinical oncology consultants in Northern Ireland in 2020

The need for cancer services and the demand for CO and MO consultants have risen over recent years as a result of:

- Increased numbers of people with cancer
- A growing and aging population with more complex care needs
- Increased screening to support early diagnosis of cancer
- Patients' needs and expectations
- Technological advances increasing the number and complexity of treatment options available.

In addition to delivering more complex care needs to increasing numbers of patients, an adequate workforce is essential to ensure that CO consultants have time to keep abreast of the latest research, clinical guidelines and technological developments. They also need time to lead and support service developments such as process and quality improvements and embedding new technologies into practice, all of which improve the quality of care for people with cancer.

Census data indicate that the CO consultant workforce in Northern Ireland is currently understaffed by a minimum of 12 WTE consultants, equal to a 27% shortfall. This estimate is based on the:

- Five vacancies (WTE) reported in 2020
- Seven additional consultants (WTE) required to cover the excess workload in 2020. Excess workload is defined here as that which exceeds ten PAs per week (equal to 40 hours).

This compares to an estimated 17% CO consultant shortfall across the UK as a whole.

Cancer incidence rises with age. Nine-in-ten cancers occur in the 'older' population aged 50+.<sup>5</sup> Workforce shortages relative to the 'older' population in Northern Ireland are less severe than in other UK countries. In Northern Ireland, there are 6.9 consultant oncologists (CO and MO) (WTE) per 100,000 'older' population (aged 50+), compared to 5.6 WTE CO consultants per million 'older' population across the UK as a whole.

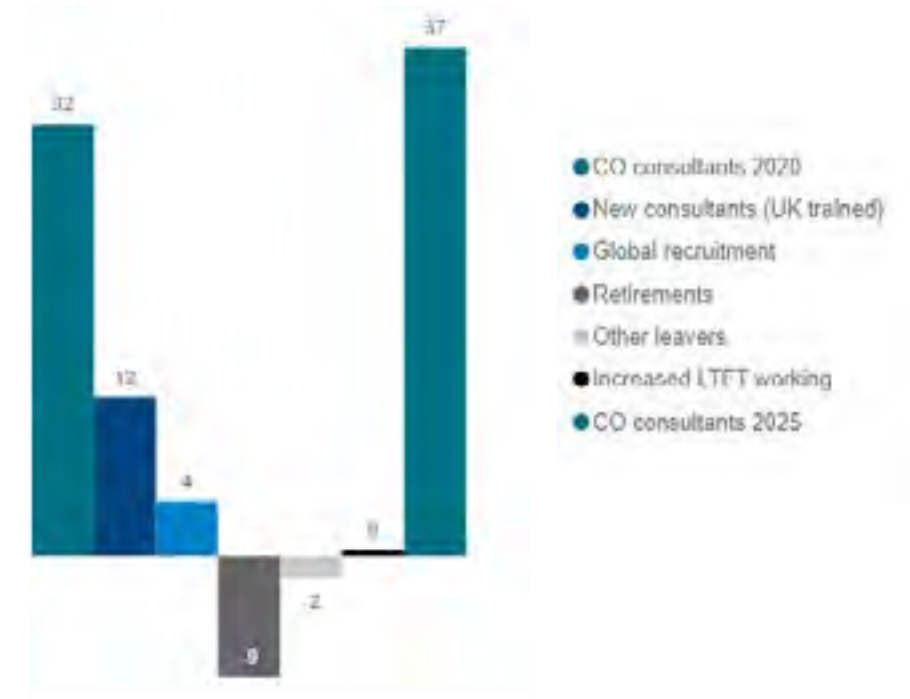
## 6. Workforce forecast illustrated – next five years

The primary inflows and outflows impacting the CO consultant workforce are new entrants from UK specialty training and global recruitment, set against attrition from retirements and other leavers. Workforce capacity is also impacted, though often to a lesser extent, by LTFT working and staff absence.

### Forecast supply of CO consultants – next five years (2020–2025)

Comprehensive data on CO consultant joiners, leavers and working patterns have been captured through RCR censuses and training data over the past ten years. Figure 4 illustrates the forecast CO consultant workforce (WTE) in Northern Ireland in five years' time (2025) based on trends observed over the past five years. An estimated 37 CO consultants (WTE) will be in post in 2025.

**Figure 4. Forecast supply of clinical oncology consultants (whole-time equivalent) – Northern Ireland, next five years (2020–2025)**





Workforce growth is forecast to slow down from the 5% per year growth seen over the past five years to 3% per year over the next five years.

#### Assumptions behind this forecast:

- **UK specialty training:** Based on the UK average training time of seven years and one month and the UK average attrition rate (over the past five years) of 13%. Assumes 91% of doctors who have completed their training will take up CO consultant posts by 2025.
- **Global recruitment:** The forecast over the next five years assumes no change from the past five years.
- **Retirement:** Northern Ireland has a relatively high proportion of older consultants. Based on the UK CO consultant median retirement age of 60 years, 28% of the CO consultant workforce in Northern Ireland (n=9) are forecast to retire by 2025. This is higher than the UK average forecast of 19%.
- **Other leavers:** Assumes the UK annual attrition rate of 1% for other leavers (that is, all leavers excluding retirements) observed over the past five years remains unchanged.

## 7. Gap between supply and demand – five-year forecast

Census data show that the gap between supply and demand for CO consultants in Northern Ireland is forecast to widen over the next five years.

### Forecast demand

Scenario A outlines the minimum expected workforce demand in 2025; Scenario B outlines the workforce levels needed to accelerate improvements in patient care by 2025.

**Scenario A:** deliver a minimum standard of patient care. Estimated 3% rise in demand per year, based upon the increase in cancer prevalence.<sup>6</sup>

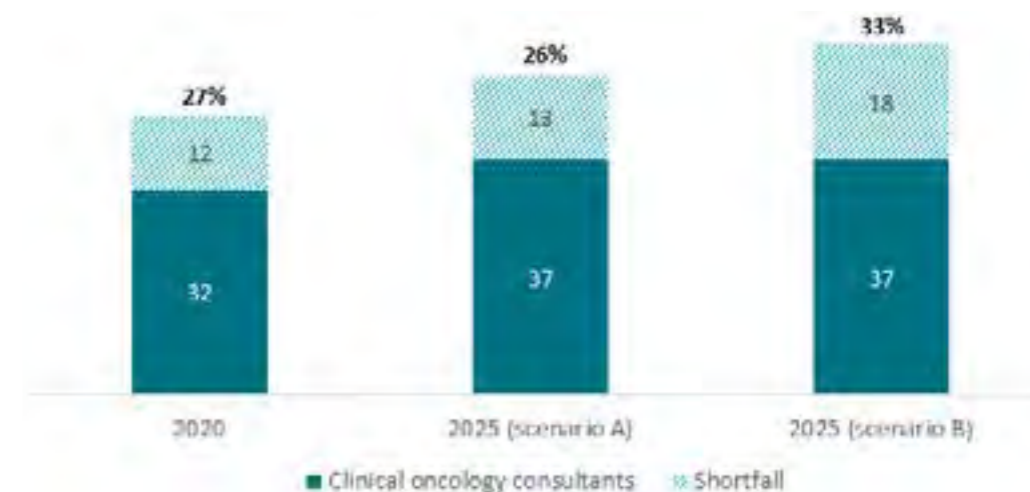
- 2025 forecast demand: 50 WTE CO consultants.
- 2025 forecast shortfall: 13 WTE CO consultants (equivalent to a 26% workforce shortage).

**Scenario B:** Accelerated improvement in patient care. Estimated 5% increase in demand per year to support oncology research, quality improvement and service transformation.

- 2025 forecast demand: 56 WTE CO consultants.
- 2025 forecast shortfall: 18 WTE CO consultants (equivalent to a 33% workforce shortage).

These two scenarios are illustrated in Figure 5, which provides a simplified illustration of the widening gap between the estimated supply of CO consultants and the demand for cancer services.

**Figure 5. Clinical oncology consultants (whole-time equivalent), estimated supply and demand – Northern Ireland, next five years (2020–2025)**



## 8. Recommendations

In response to the findings in this report, the RCR recommends the following.

- Clinical oncology training numbers in Northern Ireland should increase incrementally each year to meet demand. Training places should be prioritised in the areas worst affected by workforce shortages due to the tendency for trainees to work in the region where they trained.
- NHS leaders should improve staff retention through consulting on, implementing and evaluating appropriate retention strategies. They should also ensure that flexibility in working patterns and opportunities to work LTFT are available to all NHS staff.
- Cancer centres should consider SAS-grade expansion as part of plans to grow the oncology workforce.
- NHS trusts should ensure increased capacity in job plans for service improvement and research for the benefit of patients.
- The Northern Ireland Government should provide funding for better admin and information technology (IT) support to improve the efficiency and productivity of cancer services.
- Local and national health leaders should continue to facilitate skillmix, with sustained investment in training to support it.
- Northern Irish Government must invest in ways to share best practice and implement new treatments and techniques in every cancer centre.
- NHS employing organisations should monitor the risks associated with doctors working excessive hours and take prompt mitigating action where risks are identified.

## References

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