



Clinical oncology Northern Ireland workforce 2019 summary report

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Foreword

Consultant clinical oncologists are a central part of the non-surgical oncology workforce. They provide radiotherapy and chemotherapy to cure and palliate cancer and are key members and leaders in multidisciplinary cancer teams. Each year, more people are diagnosed with cancer and treatments are becoming more effective but more complex, so investment in this workforce is essential.

The data in this report are concerning. Northern Ireland is short of nine whole-time equivalent (WTE) consultants (22% of the workforce) at a time when new staff are hard to recruit. Two of the three long term vacancies have remained unfilled for more than a year. The steady increase in consultant numbers appears to be slowing so the gap will widen over the next five years unless a clear plan is made to increase recruitment to training schemes and to maximise retention. Twenty-nine per cent of the workforce is expected to retire within the next five years.

The COVID-19 pandemic has been a catalyst for better networking and remote working. There needs to be investment in information technology to ensure change is successful and for the benefit of patients. Cancer services may well find ways to be more efficient and more effective. Even so, we still need an urgent increase in our clinical oncology workforce to lead these service developments and to provide effective patient-centred cancer care for the population of Northern Ireland.

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Objectives

This report provides details on the oncology workforce situation in Northern Ireland in 2019, with a focus on the estimated shortfall of consultant clinical oncologists and workforce forecasts over the next five years.

This report for Northern Ireland supplements the *Clinical oncology UK workforce census 2019 report*.¹ Please refer to the UK report for UK-wide oncology trends and information on census timings and methodology.

1. The oncology workforce in Northern Ireland in 2019

There were 49 consultant-grade oncologists employed by the two cancer centres in Northern Ireland in October 2019, as shown in Table 1. This number includes NHS, academic and mixed NHS/academic posts.

Table 1. Clinical and medical oncology workforce (headcount) – Northern Ireland, 2019

	Clinical oncology	Medical oncology*	Oncology total
Consultant-grade	31	18	49
Higher-specialty trainee	19	16	35
SAS-grade	2	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 consultant clinical oncologists to consultant medical oncologists in Northern Ireland is very similar to the UK as a whole, with approximately two consultant clinical oncologists employed for every consultant medical oncologist.

Higher-specialty trainees in Northern Ireland comprise 42% of the oncology workforce; this compares to 33% across the UK as a whole.

Consultant workforce: five-year trend

Over the past five years, the Northern Ireland consultant oncology workforce (clinical and medical) has grown by an average of 7% per year; this compares to 4% per year growth seen across the UK as a whole. The Northern Ireland clinical oncology workforce has grown by an average of 9% per year (an average increase of two whole-time equivalent consultants [WTEs]);* in comparison, the medical oncology workforce growth has averaged 4% per year (an average increase of one WTE).

While there has been steady workforce growth over the past few years, over the past year, workforce growth has stagnated and there has been no growth in the oncology workforce in Northern Ireland.

Taking into account population size, there are 25 WTE consultant oncologists per million population (PMP) in Northern Ireland; this compares to 21 WTEs PMP seen across the UK as a whole. This indicates that oncology workforce shortages may be less severe in Northern Ireland than in other parts of the UK.**

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

**This does not take account of any cross-border populations served by cancer centres in Northern Ireland.

2. Working patterns

Less than full-time working

Taking into account less than full-time (LTFT) doctors, the Northern Ireland total of 31 consultant clinical oncologists equates to 30 WTEs.*

Just over a quarter (26%) of the 31 consultants in Northern Ireland worked LTFT in 2019; all of those who did so were contracted for a minimum of eight programmed activities (PAs) per week (equivalent to a 32 hours per week). In comparison, a third of consultants (34%) across the UK as a whole work LTFT. The relatively low level of LTFT working in Northern Ireland means that the workforce capacity reduction is only 2% (equivalent to one WTE) in comparison to 7% workforce capacity reduction seen across the UK as a whole.** However, the potential increase in demand for LTFT working in Northern Ireland should be factored in to oncology workforce planning.

Travel requirements

Consultant clinical oncologists often work at more than one site and spend time travelling between sites. This flexibility supports ambitions for patient-centred treatment provided close to home, but reduces the time available for core clinical work. Census data show that a third (32%) of consultant clinical oncologists in Northern Ireland travel between sites within a working day on a regular basis. Job plans for affected consultants should incorporate adequate time for travel between sites.²

3. Vacancies and recruitment in 2019

Vacancies

Three funded consultant clinical oncologist vacancies were reported in Northern Ireland in October 2019. This equates to a vacancy rate of 8%, compared to the UK vacancy rate of 10%.

Two of the three vacancies had been unfilled for a year or more, indicating a lack of suitable candidates. This could also indicate that the vacancies reported through the annual census understate the true extent of clinical oncology workforce shortages in Northern Ireland.

Overseas recruitment

Both cancer centres in Northern Ireland reported successfully recruiting consultant oncologists from overseas in 2019, despite the challenges. 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 consultant clinical oncologist posts with candidates trained overseas. Cancer centre heads of service across the UK also report that overseas recruitment is often an expensive and slow process, with difficulties including the visa processes, English language requirements, budget constraints, human resources employment processes, cultural differences and political uncertainty.

*LTFT is defined as working fewer than ten PAs (equivalent to a contract of 40 hours) per week.

** This is the additional number of WTE consultant clinical oncologists who would be in the workforce if all LTFT consultants switched to full-time working.

4. Estimated shortfall of consultant clinical oncologists in Northern Ireland in 2019

The increase in patient numbers (and complexity), treatment options (and complexity) and patient expectations mean that a significantly greater workforce is required to provide safe and effective cancer care for patients.

Census data indicate that the consultant clinical oncology workforce in Northern Ireland is currently understaffed by a minimum of nine WTE consultant clinical oncologists. This equates to a workforce shortfall of 22%, which is higher than the UK estimated shortfall of 19%. This estimate is based on the following:

- Three vacancies reported in 2019
- Six additional WTE consultants calculated as required to cover the reported excess workload in 2019.*

Advancing age is the biggest risk factor for cancer and three-quarters (77%) of all cancers occur in those age 55 plus.³ In Northern Ireland, almost one-in-three of the population (30%) is aged 55 or older, the same proportion as across the UK as a whole.⁴

When age is taken into account, the indications are that oncology workforce shortages in Northern Ireland are less severe than in other UK countries. In Northern Ireland, there are 87 WTE consultant oncologists per million 'older' population (aged 55+), compared to 69 WTE consultant oncologists per million 'older' population across the UK as a whole.

5. Workforce forecast illustrated – next five years

The size of the consultant clinical oncology workforce in Northern Ireland is impacted by entrants from UK specialist training and recruitment from overseas, set against attrition from retirements and other leavers.

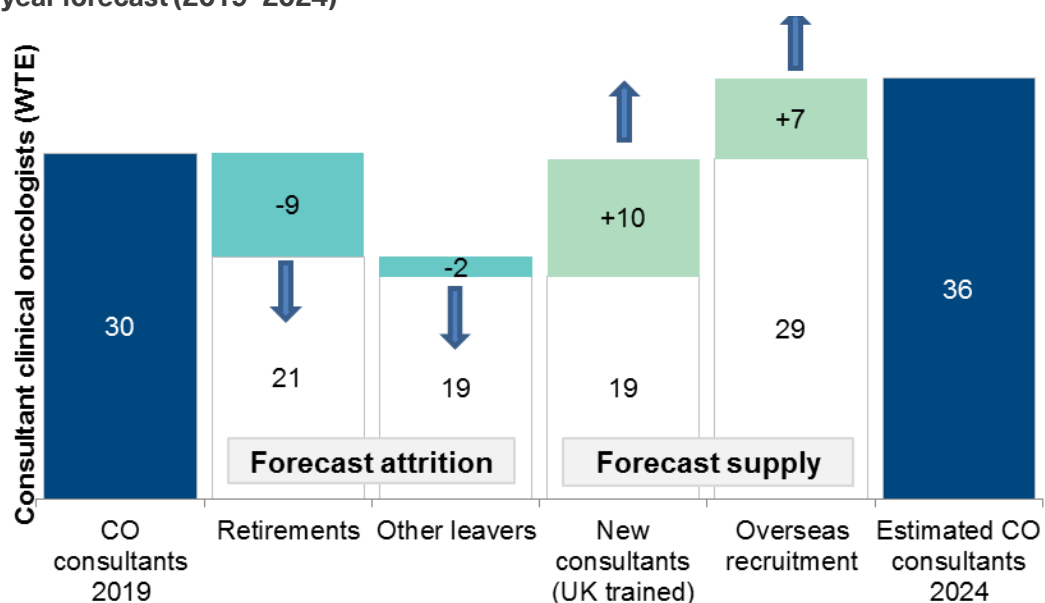
- **UK specialist training:** Based on RCR training and census data, the total number of UK-trained consultant clinical oncologists who will join the Northern Ireland workforce in the next five years is estimated to be ten WTE consultants.
- **Overseas recruitment:** Numbers recruited from overseas are small and vary from year to year. If trends from recent years continue, approximately seven WTE consultant clinical oncologists will be recruited to the Northern Ireland workforce in the next five years.
- **Retirement:** Based on the median UK retirement age of 59 years, an estimated nine WTE consultant clinical oncologists in Northern Ireland – equivalent to 29% of the workforce – are expected to retire in the next five years.** This level of attrition is higher than the UK retirement forecast of 22% of the workforce and will put considerable additional strain on the workforce in Northern Ireland.
- **Other leavers:** Assuming the annual attrition rate of 1% for other leavers (that is, all leavers excluding retirements) observed over the past five years remains unchanged, attrition in the next five years for this cohort is estimated to total approximately two consultants (WTEs).

*Calculation is based upon full-time job plans being restricted to ten PAs, with a minimum of 1.5 supporting professional activities PAs.

**The UK median retirement age has been used for this forecast, as the dataset is larger and therefore more consistent from year to year.

Figure 1 shows that, should trends from the past five years continue over the next five years, there will be approximately 36 WTE consultant clinical oncologists in post in Northern Ireland in 2024. This corresponds to workforce growth of 4% per year over the next five years, significantly lower than the 9% clinical oncology workforce growth per year seen in Northern Ireland over the past five years. Set against the increasing demands for cancer services, the forecast is that clinical oncology workforce shortages in Northern Ireland will increase over the next five years.

Figure 1. Consultant clinical oncologist WTE workforce in Northern Ireland – five-year forecast (2019–2024)



6. Recommendations

Without prompt action to address the shortage of consultant clinical oncologists in Northern Ireland, the shortfall is likely to increase.

To address the workforce shortage in Northern Ireland we need:

- **Training numbers to increase** from three to five doctors joining clinical oncology specialist training each year for the next five years. Upon completion of training, this is forecast to increase the workforce by approximately eight WTE oncologists.*
- **Trainers with adequate time** in their job plans to undertake training responsibilities.
- **Employers to implement effective retention strategies** to manage, motivate and value employees to prevent avoidable loss of vital staff. This includes ensuring adequate infrastructure and equipment and ensuring fair contractual terms and conditions.
- **Employers to create supportive environments** and ensure job plans are attractive, with adequate time for travel and supporting professional activities. Work–life balance, earnings, NHS staffing levels and job flexibility are strong influences on career choices for doctors in training.⁵
- **Local and national strategies for overseas recruitment** should seek to overcome barriers to overseas recruitment and streamline recruitment processes to make consultant careers in Northern Ireland attractive to potential candidates.
- **Long-term national workforce planning is required** since medical training places need to be planned and funded more than ten years in advance of when Health and Social Care Northern Ireland (HSCNI) requires consultant expertise.

*Based on RCR training and census data which indicate a 25% attrition rate. This includes:

- Attrition from specialty training
- Post-training attrition (trainees with a Certificate of Completion of Training (CCT), who do not take up a consultant post
- The prevalence of LTFT working..

References

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