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Clinical Oncology
The Royal College of Radiologists

# Clinical oncology
# **Wales workforce 2019** summary report

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## Contents

## 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. Wales is short of 11 whole-time equivalent (WTE) consultants (21% of the workforce) at a time when new staff are hard to recruit. The figures are even more concerning when considering the relatively older population and the relatively small number of medical oncologists in Wales compared to the rest of the UK. This gap will widen significantly over the next five years unless a clear plan is made to increase recruitment to training schemes and to maximise retention. Particular thought needs to be given to consultant numbers in the north and south-west regions.

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. But 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 in Wales.

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## Objectives

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

This report for Wales 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 Wales in 2019

There were 69 consultant-grade oncologists employed by the three cancer centres in Wales 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) – Wales, 2019**

| | Clinical oncology | Medical oncology* | Oncology total |
|---|---|---|---|
| Consultant-grade | 51 | 18 | 69 |
| Higher-specialty trainee | 22 | 6 | 28 |
| SAS-grade | 3 | 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 3:1 ratio of consultant clinical oncologists to consultant medical oncologists in Wales is higher than the UK as a whole, where approximately two consultant clinical oncologists are employed for every consultant medical oncologist.

Higher-specialty trainees in Wales comprise 28% of the oncology workforce; this compares to 33% across the UK as a whole.

## Regional variation

Census data highlight variation in the oncology workforce distribution across Wales. Wales overall has 19.4 consultants oncologists (clinical and medical) per million population (PMP) – lower than the UK average of 20.8. This indicates that oncology workforce shortages are likely more severe in Wales than in other parts of the UK. Shortages appear to be particularly acute in North and South West Wales, which have far fewer consultants relative to population size, with 16.6 and 18.7 whole-time equivalent (WTE)* consultants PMP respectively. This is shown in Table 2.

**Table 2. Cancer centre (WTE) consultant oncologists (clinical and medical) per million population (PMP) – Wales, 2019**

| Cancer centre | Consultant clinical oncologists (WTE) 2019 | Consultant medical oncologists (WTE) 2019 | Population estimate 2018+ | WTE consultants PMP |
|---|---|---|---|---|
| North Wales (Glan Clwyd Hospital, Rhyl) | 7.0 | 4.8 | 709,000 | 16.6 |
| South West Wales (Singleton Hospital, Swansea) | 11.5 | 5.6 | 911,000 | 18.7 |
| South East Wales (Velindre Cancer Centre, Cardiff) | 25.7 | 6.6 | 1,519,000 | 21.2 |
| Wales total | 44.1 | 16.9 | 3,139,000 | 19.4 |
| UK overall | 867.8 | 517 | 66,436,000 | 20.8 |

*+2018 estimated population uses 2015 cancer centre population data (the most recent published data) adjusted by 2015–2018 population growth.[2]*

*[Due to rounding, numbers in this table may not add up precisely to the totals provided.]*

## Consultant workforce: five-year trend

Over the past five years, the consultant oncology workforce (clinical and medical) in Wales has grown by an average of 5% per year (an average increase of three WTEs), broadly comparable to the 4% per year growth seen across the UK as a whole.

# 2. Working patterns

## Less than full-time working

Taking into account less than full-time (LTFT)** doctors, the Wales total of 51 consultant clinical oncologists equates to 44 WTEs.

Many consultant clinical oncologists in Wales opt to work LTFT. Almost half (45%) of the 51 consultants in Wales worked LTFT in 2019, significantly higher than the UK average of one third (34%) of consultants working LTFT.

**A WTE is a whole-time (or full-time) doctor contracted for ten programmed activities (PAs) per week, equivalent to a 37.5-hour week in Wales.*
***LTFT is defined as working fewer than ten PAs (equivalent to a contract of 37.5 hours) per week.*

The workforce capacity reduction due to LTFT working in Wales in 2019 was seven WTE consultant clinical oncologists or 14% of the workforce (that is to say, if all LTFT consultants switched to full-time working, the workforce would have increased by seven WTEs). Given the demand for flexible and LTFT roles in Wales, NHS employing organisations should ensure the availability and support for flexible career options to maximise staff wellbeing and retention.

### 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 almost three quarters (72%) of consultant clinical oncologists in Wales travel between sites within a working day on a regular basis – this is significantly higher than the UK average of 44% of consultants. Job plans for affected consultants should incorporate adequate time for travel between sites.[3]

## 3. Vacancies and recruitment in 2019

Five consultant clinical oncologist vacancies were reported in Wales in October 2019. This equates to a vacancy rate of 9%, which is broadly comparable to the UK vacancy rate of 10%.

Three of the five 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 Wales.

### Overseas recruitment

All three cancer centres in Wales attempted to recruit consultant oncologists from overseas in 2019. One cancer centre succeeded, another was not successful and the third was still in the process of recruitment at the point of census data collection.

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 report that overseas recruitment is often an expensive and slow process, with difficulties including the visa processes, English language requirements, budget constraints, human resources (HR) employment processes, cultural differences and political uncertainty.

## 4. Estimated shortfall of consultant clinical oncologists in Wales 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 Wales is currently understaffed by a minimum of 11 WTE consultant clinical oncologists. This equates to a workforce shortfall of 21%, which is slightly higher than the UK estimated shortfall of 19%. This estimate is based on the following:

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

The census does not collect data on unpaid hours worked in addition to contracted PAs. If this excess workload were included in the shortfall calculation, the estimated shortfall would be higher.

In addition to the overall shortfall, the reliance on locums and consultants who have retired and returned to work adds to the frailty of oncology services in Wales.

Advancing age is the biggest risk factor for cancer and three-quarters (77%) of all cancers occur in those aged 55 plus.[4] In Wales, one-in-three of the population (32%) is aged 55 or older, slightly higher than the 30% of the population aged 55 plus across the UK as a whole.[2] When age is taken into account, the indications are that oncology workforce shortages in Wales are more severe than in other parts of the UK. In Wales, there are 58 WTE consultant (clinical and medical) 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 Wales is impacted by entrants from UK specialist training and recruitment from overseas, set against attrition from retirements and other leavers.

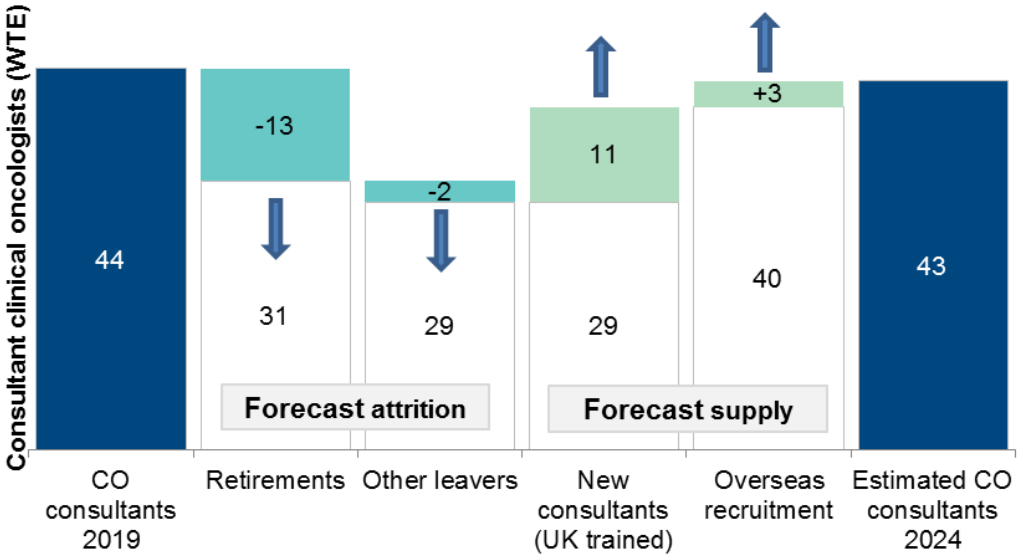
- **UK specialist training:** based on RCR training and census data, the total number of UK-trained consultant clinical oncologists who will join the workforce in Wales in the next five years is estimated to be 11 WTE consultants.
- **Overseas recruitment:** numbers recruited from overseas are small and vary from year to year. If trends from recent years continue, approximately three WTE consultant clinical oncologists will be recruited to the workforce in Wales in the next five years.
- **Retirement:** based on the median retirement age of 59 years, an estimated 13 WTE consultant clinical oncologists in Wales – equivalent to 28% 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 Wales.

**Calculation is based upon full-time job plans being restricted to ten PAs, with a minimum of 1.5 supporting professional activities (SPAs).*
***The UK median retirement age has been used for this forecast, as the dataset is larger and therefore more consistent from year to year.*

- **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).
- **Forecast shortage of specialists:** census data show there is likely to be an increased shortage of lung, sarcoma and haematological malignancy specialists in Wales over the coming five years. The number of consultant clinical oncologists with these site specialties expected to retire within five years outnumbers new consultants entering the workforce in Wales with these site specialties.

Figure 1 shows that, should trends from the past five years continue over the next five years, the workforce will shrink by one WTE consultant clinical oncologist and there will be approximately 43 WTE consultant clinical oncologists in post in Wales in 2024. Set against the increasing demands for cancer services, this indicates that, unless urgent action is taken, clinical oncology workforce shortages will increase.

**Figure 1. Consultant clinical oncologist WTE workforce in Wales – five-year forecast (2019–2023)**



## 6. Recommendations

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

### To address the workforce shortage in Wales we need:

- **Training numbers to double** from three doctors to six 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 11 WTE consultant clinical oncologists.*
- **Trainers with adequate time** in their job plans to undertake training responsibilities.
- **To prevent avoidable loss of trainees** through providing flexible and attractive training posts that also accommodate the complicated geographical drivers in Wales.
- **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 Wales staffing levels and job flexibility are strong influences on career choices for doctors in training.[5]
- **Employers to implement effective retention strategies** to manage, motivate and value employees to prevent avoidable loss of vital staff. In addition to creating supportive environments with opportunities for flexible working, health boards should provide adequate infrastructure and equipment and ensure fair contractual terms and conditions.
- **Networks** to be developed so that oncologists are better enabled to: reduce variation in patient care across centres; share expertise; gather essential data for quality improvement; and offer support through collaboration. However, for networks to succeed, they need adequate investment in staff, technology and information technology (IT) connectivity.
- **Increased supporting professional activities (SPA) time in job plans to support service developments.** Developments may include improving processes and embedding new technologies into practice to support improvements in efficient, effective and personalised care for cancer patients.
- **Skillmix to be optimised** to manage demand and improve cancer services for the benefit of patients. However this is limited by workforce shortages across many NHS roles.
- **Local and national strategies for overseas recruitment** should seek to overcome barriers to overseas recruitment and streamline recruitment processes to make consultant careers in Wales 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 NHS Wales 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

1. The Royal College of Radiologists. *Clinical oncology UK workforce census 2019 report*. London: The Royal College of Radiologists, 2020.
2. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019#population-change-for-the-uk-england-wales-scotland-and-northern-ireland (last accessed 26/5/20)
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4. www.cancer.gov/about-cancer/causes-prevention/risk/age (last accessed 28/5/20)
5. British Medical Association. U*nderstanding trends among current doctors in training*. London: British Medical Association, 2018.

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