

## Royal College of Radiologists Response: Migratory Advisory Committee Inquiry EEA-workers in the UK labour market

### 1. Introduction

The Royal College of Radiologists (RCR) leads, educates and supports doctors who are training and working in the specialties of clinical radiology and clinical oncology.

Clinical radiologists are doctors who use images to diagnose, treat and manage medical conditions and diseases

Clinical oncologists are doctors who use radiotherapy and systemic anti-cancer therapy (SACT) to treat and manage patients with cancer, without using surgery.

Doctors from the EEA make an outstanding contribution to the NHS and their role is ever more important due to the shortage of clinical radiologists and clinical oncologist in the UK. In this submission the RCR will highlight the numbers of consultant radiologists and oncologists from EU countries and the continuing growth the demand for health services which means it is vital that the UK continues to attract an EEA workforce and retain those who wish to remain in the UK.

### 2. Current EEA workforce

For both of our specialties the RCR records the numbers of consultants who gained their primary qualification in a EU country other than the UK. The RCR collates this part of our annual census and has done so for the last two years. There may be EU nationals who have gained their primary medical qualification within the UK; they will not be included in these numbers.

#### Clinical Radiology

In 2016, 10% (n= 339) of clinical radiology consultants gained their qualification from an EU country.<sup>1</sup> In 2015 it was 8.5% (n=280), an increase of 1.5%<sup>2</sup>

#### Clinical Oncology

In 2016, 6% (n=52) of clinical oncology consultants gained their qualification in an EU country<sup>3</sup>. In 2015 it was 5% (n=40), an increase of 1%.<sup>4</sup>

### 3. Demand

There is a growth in demand for each speciality and neither speciality has enough trainees to fill upcoming vacancies in the consultant workforce. These vacancy rates have been similar over the last few years so this is likely to be the same going forward.

#### Clinical Radiology

<sup>1</sup> The Royal College of Radiologists, *Clinical radiology, UK workforce 2016 report*. London: RCR October 2017

<sup>2</sup> The Royal College of Radiologists, *Clinical radiology, UK workforce 2015 report*. London: RCR October 2016

<sup>3</sup> The Royal College of Radiologists, *Clinical oncology UK Workforce Census 2016*, London: RCR September 2017

<sup>4</sup> The Royal College of Radiologists, *Clinical oncology UK Workforce Census 2015*, London: RCR September 2016

Vacancy rates for consultant radiologists 2014-2016.

	2014	2015	2016
<b>UK Vacancy Rate</b> <sup>5</sup>	12%	9%	8.6%

There has been a steady rise in demand for radiology services, without the requisite workforce expansion, evidenced by 97% of radiology departments not meeting reporting requirements. There has been an annual increase of 10% in CT scans and MRI scans. This has far outstripped the annual growth of radiology consultants of 3%.<sup>6</sup>

The UK has one of the lowest numbers of radiologists when compared with other European countries, with seven per 100,000 people<sup>i</sup> and is some way behind the average of 12 per 100,000 across the 31 countries for which this information is available.<sup>7</sup>

Radiology has the second lowest proportion of trainees to consultants compared to other hospital based specialties with 26 trainees for every 74 consultants; the average across specialties is 40 trainees for 60 consultants.<sup>8</sup>

With a retirement age of 60, it is expected that 52% of the current consultant workforce in clinical radiology are due to retire by 2025.<sup>9</sup> As it takes a clinical radiologist five years of specialty training before becoming a consultant this could impact the period of time patients wait for a report of their examination for a serious medical condition or cancer.

This has severe impact on patient care with an estimated 230,000 patients in England at any one time waiting 31 days or more for a report of their imaging examination, which will confirm or exclude a diagnosis of cancer or other serious medical conditions<sup>10</sup>. The situation would be significantly worse without the contribution of radiologists working in the NHS from both EEA and non-EEA countries.

## Clinical Oncology

Vacancy rate for clinical oncology consultants 2014-2016.

	2014	2015	2016
<b>UK Vacancy Rate</b> <sup>11</sup>	7%	3%	5%

With a median retirement age of 60, it is expected that 55% of the current consultant workforce in clinical oncology are due to retire by 2025<sup>12</sup>. As it takes a clinical oncologist nine years of post graduate training before becoming a consultant this could impact the care of cancer patients; especially as one-in-two people will be diagnosed with cancer in their lifetime. Four out of every 10 cancers cured include radiotherapy as part of their treatment which can only be administered by clinical oncologists.

The future demand for cancer services is rigorously researched, thoroughly documented and agreed nationally.<sup>13,14</sup> Currently courses of radiotherapy are increasing by 3% per annum

<sup>5</sup> The Royal College of Radiologists, *Clinical radiology, UK workforce 2016 report*. London: RCR October 2017

<sup>6</sup> Ibid

<sup>7</sup> Eurostat database <http://ec.europa.eu/eurostat/web/health/health-care/data/database>

<sup>8</sup> [www.data.gov.uk/dataset/nhs-hospital-and-community-health-doctors-by-grade-and-specialty](http://www.data.gov.uk/dataset/nhs-hospital-and-community-health-doctors-by-grade-and-specialty)

<sup>9</sup> The Royal College of Radiologists, *Clinical oncology UK Workforce Census 2015*, London: RCR September 2016

<sup>10</sup> The Royal College of Radiologists, *Diagnostic Radiology – our patients are still waiting*, London: RCR May 2016

<sup>11</sup> The Royal College of Radiologists, *Clinical oncology UK Workforce Census 2016*, London: RCR September 2017

<sup>12</sup> The Royal College of Radiologists, *Clinical oncology UK Workforce Census 2015*, London: RCR September 2016

<sup>13</sup> Department of Health, *Improving outcomes: A strategy for cancer*, January 2011

<sup>14</sup> Independent Cancer Taskforce, *Achieving World Class Outcomes : A strategy for England*, July 2015

and SACT by 8% per annum.<sup>1516</sup> Neither figure adequately reflects the increased complexity of nonsurgical cancer care due to the increasing age and comorbidities of the population; the complexity of the technological advances especially in radiotherapy delivery; and the expectations of patients and their families. In order to deliver the cancer services patients deserve, the NHS needs the contribution of clinical oncologists from the EEA.

**Royal College of Radiologists**  
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<sup>15</sup> National Radiotherapy Data Set <http://www.natcansat.nhs.uk/rt/rtds.aspx>

<sup>16</sup> Systematic Anti-Cancer Dataset <http://www.chemodataset.nhs.uk/home>