The Royal College of Radiologists

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From the Office of the President
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Sent by email: hee-consultation@clevertogether.com

Dear Health Education England (HEE),

HEE Workforce 2027 consultation: response by The Royal College of Radiologists

The Royal College of Radiologists (RCR) works with its 10,500 members to improve the standards of practice in the specialties of clinical radiology and clinical oncology. We welcome the opportunity to input into the Workforce 2027 initiative and contribute our ideas.

We support HEE's proposal that leadership, public health, education and quality improvement should be universal concepts which are taught to all clinicians. These need to be embedded in frontline clinical situations/placements from the earliest opportunity to ensure that the enthusiasm of young clinicians to drive service improvement is harnessed and supported by senior clinicians.

We also support the commitment to widen participation in NHS jobs. Diversifying the workforce can only be encouraged, if patients can be assured that the workforce is appropriately trained to deliver a competent service, underpinned by appropriate support and uniform regulation at national level. Overall, the RCR supports the six principles as high-level aspirations, but the underlying policies require careful scrutiny if the ambitious coordinated future planning is to be successful. The following areas are particularly relevant to the members of the RCR:

Securing staff for the future

The next ten years will see the workloads of our clinicians increase significantly. More consultants are already needed to account for the high number of doctors on the cusp of retirement, as well as the additional number needed to deliver new services such as lung cancer screening, and to cope with the ever increasing complexity of imaging studies and interventional procedures.

The RCR workforce censuses for 2016 identified that in order to meet existing demand for radiology services within a 40 hour working week, an additional 242 clinical radiologists would be required. In clinical oncology, we would need a further 78 clinical oncologists to meet existing demand. We are becoming increasingly aware that the workforce of the future will seek to work differently from contemporary generations, with work-life balance an

increasingly important priority in choosing careers. This must be recognised by increasing headcount for training placements in order to sustain service delivery for the future.

This is achievable. In clinical radiology, national recruitment sees more than 100 appointable candidates each year who are unable to secure a training post due to inadequate provision.

It cannot be emphasised enough that appropriate funding is essential to secure sufficient clinical oncologists and radiologists for the future. The funding should primarily focus on sufficient training positions to deliver the required number of consultants to fill existing vacancies. We know that there is capacity within the system for this training. The expansion of medical school places urgently needs to be matched by an expansion in foundation rotations in our two specialties, as well as in trainee numbers, to ensure that the new graduates have careers to go to.

We are concerned that the *Cancer Workforce Plan* is emphasising the need for radiographer reporting expansion, but fails to mention the very substantial concrete number of additional radiologists required (approximately 1,500). Radiologists, not radiographers, are required to report the increasingly complex imaging studies being carried out, which require the full breadth of a doctor's medical training to be interpreted adequately. Radiologists are also required to carry out the ever increasing numbers of complex interventional radiological and oncological procedures needed by cancer patients, many of whom have multiple comorbidities requiring medical training for their safe assessment and management. It is concerning that the extant high vacancy rate and attrition of trained radiographers threatens to limit the number of imaging studies that can actually be acquired on cancer (and other) UK patients. We are also concerned that HEE is trying to prioritise everything at once, which risks diminishing the likelihood of achieving the important outcomes set out in *Achieving world-class cancer outcomes: a strategy for England 2015-2020* and any successor strategies.

Well-recognised demographic changes (as well as new technologies and systemic treatments) will drive increased demand for clinical oncologists. Even with maximal skill mix, an expansion of the medical workforce is required to meet this demand – especially to ensure patient safety during implementation.

Valuing development at every career stage

Effective training, education and investment in the new and current workforce should be directed by the needs of the system. If the system requires particular training for specific areas of practice, then funding for that training should be delivered. Crucially, the individual being trained should also be given sufficient study leave to train, and their role should be backfilled. Continuing Professional Development (CPD) currently tends to be undertaken out of hours and without funding. The healthcare system in England needs to nurture the development of its workforce to encourage retention, by valuing and investing in the time and money it requires.

There is little time available in training to develop promising ideas regarding service change and quality improvement. To prevent lost opportunities in the future, the system needs proactively to harness both young trainees and experienced consultants who have the skills and aspirations to focus on development.

Credentialing and standardisation to ensure patient care

The RCR is currently interested in developing 'regulated credentials' that cross specialty areas for both clinical oncology and clinical radiology. A regulated curriculum and defined

standards of practice ensure that the highest standard of patient care and safety is maintained as role extension grows across specialties.

The RCR favours additional 'credentialed' training at consultant level as opposed to initial training only in niche areas. This would deliver training for new techniques or within areas of critical shortage – for example, in clinical radiology: breast, radionuclide radiology, paediatrics and mechanical thrombectomy for stroke. The RCR proposes to provide a regulated credential in interventional neuroradiology, which will enable clinicians from relevant professional backgrounds to perform mechanical thrombectomy in stroke and coiling of intracranial aneurysms.

Whilst there are opportunities to increase areas such as radiographer reporting, their scope of practice is limited. This expansion cannot be unregulated without due and proper regard for patient safety and maintaining standards of work. Although radiographer reporting can have a place in a team working environment, it cannot be considered an alternative to recognising the need for an increase in radiology expertise across the board – particularly the expertise of clinical radiologists.

Credentialing will improve confidence in the safe practice of an employee who takes on a new role but (as with observations made on professional development above) requires employer investment of time and money to establish the skill set. Mentorship/coaching from established employees can help, but supplying this support takes time away from the clinical service delivery and equally needs to be supported. Extra training to develop desired skills is definitely one way to retain staff, but requires clinician time and financial support to achieve. Better identification and mapping of skills across professions would assist in ensuring quality of the final product. For example, a clinical nurse specialist currently has a very different job in different locations, so a newly appointed colleague may unexpectedly not be fit for purpose – which could lead to patient safety issues as well as a skills gap.

NHS as a modern model employer

Flexible employment systems are essential for the NHS to become a sustainably modern model employer. Apart from satisfactory rates of pay and pension provision, the NHS needs to provide other benefits to retain staff and keep their morale high. These include:

- Access to less than full time working, term time contracts (whilst remembering that those without such contracts will be under greater pressure during the school holidays) and seven day 24 hour flexible childcare facilities that match staff working patterns
- Good workplace conditions, including support when staff need it due to illness or disability, zero tolerance of bullying and a management structure which listens to and empowers its staff
- Access to supported training/professional development and good prospects for career advancement for those who seek to progress their careers. Progression has to be funded and achievable for the individual, the service they are currently working in (backfill) and the system that is training them (curriculum, faculty and capacity)
- A learning culture rather than a blame culture
- Allowing doctors to go part time and reduce their onerous clinical duties, especially towards the end of their careers, but at all stages in their life
- Allowing doctors towards the end of their careers to be a valuable source of teaching expertise and mentoring for trainees and new substantive senior appointments
- Flexible retirement plans, including annualised contracts, and enabling consultants at the end of their careers to provide clinical cover during holiday periods and other times of temporary workforce shortages

- Provision of basic lifestyle needs for doctors and other healthcare staff on duty is an essential requirement – such as on site 24/7 sale of food (other than just from vending machines), on call rooms with access to showers etc.

Necessary data to plan for the future workforce effectively

At the heart of securing staff for the future workforce is accurate, realistic planning which uses robust data that fully take into account working patterns of the coming generation. This must include reduced participation rate, hop on/hop off training and expectations of work-life balance. New medical students will not feed into the consultant work force until 2030 at the earliest, so retention is vital to secure the workforce to 2027. There has been no mention of how the pension cap resulting in early retirement will impact the current medical workforce, but impact is clearly being adversely indicated in the RCR workforce censuses. For instance, the mean retirement age for clinical radiologists has ranged from 60 to 62 over the past 5 years, and the latest RCR workforce census for Clinical Oncology shows a mean retirement age of 59 – the first time retirement age has fallen below 60. This cannot be ignored and must be addressed before it is too late.

The Royal College of Radiologists' Clinical Radiology and Clinical Oncology census data must be used by workforce policy makers to gain an accurate, up to date and reliable picture of our workforce. Future planning also needs to include an assessment of when clinicians are planning to retire, rather than their official pensionable age. There should also be extensive reliable data gathered on:

- Increasing demand for services and implications on workloads
- New services requiring additional trained staff and equipment
- Staff vacancies
- Retirement rates and other workforce attrition
- Less than full time working
- Requests for flexible working (e.g. family, caring, retirement)
- Portfolio careers.

To secure an effective and highly trained workforce that reflects predicted working practices in 2027, the plans produced need to be highly flexible and adaptable. The workforce of the next ten years needs to be confident that the system can anticipate changing demands and respond proactively with developments.

We look forward to seeing HEE's response to the issues raised. We are keen to contribute to the development of a workforce plan which puts patient outcomes at the heart of its design as well as attracting and retaining high quality healthcare professionals.

Yours sincerely

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President
The Royal College of Radiologists