

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar y [gweithlu Iechyd a Gofal Cymdeithasol](#)**

**This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [Health and Social Care Workforce](#)**

HSC 12

**Ymateb gan: | Response from: Coleg Brenhinol y Radiolegwyr | Royal
College of Radiologists**



Welsh Parliament Health Committee Workforce inquiry consultation

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About the RCR

The Royal College of Radiologists (RCR) is the professional membership body for doctors specialising in the fields of clinical radiology (including interventional radiology) and clinical oncology. We provide leadership to improve the standard of medical practice and training across both disciplines.

We engage with our Fellows, members and multiple clinical partners, combining the latest research with the development of guidelines to support clinical radiology and clinical oncology patient care. This enables us to effectively educate and support doctors throughout their career by providing practical guidance and supporting individuals and their clinical services to facilitate better patient outcomes.

RCR answers to consultation questions

- 1. Plans for implementation of A healthier Wales: our workforce strategy for health and social care (published in October 2020), including progress made to date and whether delivery is on track for 2030.**

To support the workforce and provide excellent care to patients in Wales, the seven strategic themes in 'A Healthier Wales' cover key areas that must be focused on in the years ahead. The RCR agrees that there should be a focus on wellbeing, advancing recruitment campaigns across NHS roles (including expanding access for underrepresented groups), expanding ways of working, digital investment and digital literacy and workforce supply issues.

However, despite the ambitious document, we believe it does not apply appropriate focus on the need to expand the health and care workforce beyond a doctor's entry to the profession. There needs to be a greater focus, more detail and investment in expanding postgraduate/speciality training. The Clinical Radiology and Clinical Oncology specialties are no exception to that and are both integral services for patients. Clinical Radiologists are key to patient pathways, indeed they are involved in many patient pathways through their imaging and diagnostic work, and Clinical Oncologists play a pivotal role in treating cancers.

The RCR recently released its 2020 Welsh workforce census reports for both Clinical Radiology and Clinical Oncology, both reports highlighted the urgent need for increasing workforce numbers. These show that:

Clinical oncology (CO)¹ – In 2020, there was a welcome increase in the number of consultants between 2019-20 of 6% (6 CO consultants), surpassing the 3% average annual increase in the past five years. This is welcome news but considering forecasted retirements driving an estimated 37 fewer CO consultants and the number of training completions in the next 5 years, it could result in a **45% shortfall in the numbers of CO consultants by 2025** if nothing is done. Furthermore, workforce growth is estimated to slow by 3% per year into negative growth – by region this is 8% to 5% for North and West Wales and 39% to 32% for South Wales. The figures are extremely concerning and when coupled with the backlog of care developed during the pandemic, they paint an image of future declining patient outcomes and potentially falling cancer survival rates.

We estimate that by 2025, we will need 68 more CO consultants in order to deliver a minimum standard of care. But considering training places and retirements, **there will be shortfall of 30**

¹ <https://www.rcr.ac.uk/sites/default/files/clinical-oncology-uk-workforce-census-2020-report-wales.pdf>

consultants, or 45%, higher than the expected 28% average shortfall for the UK as a whole². However, delivering a minimum standard of care will not address staff wellbeing and retention concerns. Following years of understaffing and the weight of the pandemic, investing in the minimum will not solve the issue of overworking.

In order to improve patient care and help reduce pressure on an overworked workforce, further workforce growth is necessary. Our estimates show that there is a **50% workforce shortfall (74 CO consultants)** in what will be required to deliver the best possible standards. This should be addressed immediately.

Clinical Radiology (CR)³ – For CR, there was a reduction in CR consultants in 2020 from 171 to 169 but an increase of 13 in the number of CR speciality trainees. There was also a small increase of 2 SAS grade trainees. These figures are a mixed bag and generally represent a situation where workforce numbers are plateauing, which will create problems in dealing with the current imaging backlog or meeting growing demand on the radiology workforce. Indeed, it should be noted that in June 2021 51,565 patients in Wales were waiting over 8 weeks for diagnostic and therapy services in Wales⁴. This is against a backdrop of workforce shortages with 60% of clinical directors in Wales reporting insufficient CR consultants to deliver safe and effective patient care.

To keep up with demand, hospitals are turning to outsourcing, insourcing (out of hours additional work) and ad hoc locums, but this is costing the Welsh NHS more money and diverting funds which could be spent elsewhere. The costs for this have **grown exponentially over the last five years from £2.5 million to £8.1 million**. For context, that £8.1 million is **equivalent to the salaries of 57% of the existing Welsh consultant radiology workforce**. It's estimated that if this money was used to fund CR consultant salaries instead, it would pay for a further **89 whole-time equivalents (WTEs)**.

In terms of the CR consultant workforce, the 169 noted in the 2020 census equates to 156 WTEs, the figure has grown by 9 over the past 5 years and is a 1% growth. For the UK, there was 4% growth. Furthermore, there are worrying signs of a growing workforce gap between the Welsh regions. Figures for South Wales show the workforce has grown by 9 CR consultants over the past five years, which is a 1% increase. Whereas the CR consultant numbers in North and West Wales haven't grown at all in that time. Ignoring this growing gap in provision will only make the situation worse and create wider regional disparity where patients in certain areas will receive care faster than those in other areas.

There is also cause for concern in the number of Interventional radiology consultants (IR consultants). Over the past 5 years Wales' IR consultant numbers have fallen by 1.6 WTE – equal to 6% of the workforce – whereas the UK's numbers have grown by an average of 4% per year. To reach the UK average of 10 IR consultants per million population Wales needs to **recruit and train an additional 9**.

The above situation presents us with cause for concern in that when we consider population size, reliance on outsourcing, imaging volumes and the number of additional IR consultants required, there is an estimated shortage of at least **96 CR consultants across Wales, equivalent to a 38% shortfall**. We also estimate that the **shortfall will increase in line with demand** unless action is taken to address the shortages. Failure to grow the workforce would mean growing waiting times, an inability to address the backlog and an exhausted workforce who, despite their best efforts, would not be able to keep up with the level of demand.

To increase the CO and CR workforce and meet rising demand, the RCR recommends:

- Clinical oncology and clinical radiology training numbers in Wales 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.

² <https://www.rcr.ac.uk/sites/default/files/documents/clinical-oncology-uk-workforce-census-2020-executive-summary.pdf>

³ This report has not yet been released, an embargoed draft has been attached to the submission email.

⁴ <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Diagnostic-and-Therapy-Services/waitingtimes-by-weekswait-hospital>

- 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 Less Than Full Time (LTFT) are available to all NHS staff.
- An urgent review of the multi-professional oncology workforce across Wales should be carried out and the recommendations implemented to ensure skillsmix is maximised in every centre.
- Cancer centres should consider SAS-grade expansion as part of plans to grow the oncology workforce.
- Local and national health leaders must account for increased demand for LTFT working in all workforce planning and projections.
- A five-year international recruitment plan should be devised and implemented to maximise opportunities for CO and CR consultants to work in Wales. However, this should not be treated as fix for the real and concerning shortages in the CR and CO workforce – only expanding training places will do that.
- The Welsh 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.

Equipment and new ways of working: The RCR welcomes strategic theme four’s ambition to build a digitally ready workforce, however we would argue that it does not place enough focus on equipment and new ways of working. However, we do welcome Minister Eluned Morgan’s announcement in June of an additional £25 million for new diagnostic equipment for NHS Wales⁵.

We recommend that as part of the strategy that Welsh Government should invest and focus on the following ways for CR and CO:

Clinical Oncology

- Fully fund a radiotherapy equipment replacement programme, including all LINAC equipment older than 10 years, brachytherapy machines, CT and MRI machines. This would provide a core level of sustainability for cancer centres and embrace the technological advancements of the last decade.
- Invest in IT which can reduce staff log-in times and replace outdated hardware and software. This also includes building connectivity across the Wales and UK health network, for example through cloud-based computing so information is not ‘siloes’ and facilitates flexible working.
- Continue to support the development of radiotherapy Operational Delivery Networks (ODNs), especially through ongoing managerial and clinical input as well as investment in interoperability.

Clinical Radiology

- The first two points outlined in Clinical Oncology are also integral to Clinical Radiology points and are necessary to improve patient care for both specialities and increase capacity.
- Expand community and localised diagnostic provision across Wales. This should mirror the proposed Community Diagnostic Hub (CDH) and Rapid Diagnostic Centre (RDC) programmes currently being implemented and expanded across England. These would expedite diagnosis, improve early access and diagnosis and relieve pressure in acute hospital settings by moving non-urgent diagnostics to a separate setting. This would also help create COVID-19 secure environments and minimise the spread of the virus.

In addition to the above, we also believe the Welsh Government should support the [Radiology Informatics System Procurement](#) project in full. The project, under the NHS Wales Health

⁵ <https://gov.wales/more-25-million-invested-diagnostic-equipment-nhs-wales>

Collaborative, is at the point of writing a business case. It's purpose is to procure '*an end-to-end diagnostic radiology system to meet the clinical requirements of a modern and sustainable imaging service that will support the best care, safety and outcomes for patients in Wales*'. The project will help build essential solutions for efficiency and service planning, reducing errors and incidents of delay/miscommunication of urgent results. It is also necessary to allow improved network reporting. When this project makes its recommendations in the near future it will have a cost attached, we believe the Welsh Government should fund the project in full.

2. The alignment of the strategy and its implementation with other priorities and actions, including those identified in the Welsh Government's Programme for Government for 2021-2026, and A Healthier Wales: our Plan for Health and Social Care (2018).

We have no comments in relation to this question.

3. The extent to which HEIW/SCW's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technology and the development of Welsh language services. Also, pg14 organisation/system interventions.

See response to question 1 for background. The RCR believes that further funding should be made available by HEIW to finance the expansion of training places in clinical oncology and clinical radiology in Wales in order to address the estimated 45% and 38% respective workforce shortfalls which are set to increase if nothing is done.

4. The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.

We believe that these should focus on patient outcomes, decreasing waiting times for imaging and cancer services. Improvements in early-diagnosis and improved survival rates will also be key measures of success. The RCR would also measure success by workforce numbers for Clinical Oncology and Clinical Radiology as this directly improves patient care.

5. Whether the financial and other resources allocated to implementation of the strategy are adequate.

Increased funding should be made available to support our recommendations outlined above. If these funds aren't allocated the Clinical Oncology and Clinical Radiology workforce will fall drastically behind and be unable to meet demand, which will further challenge safe patient care levels.

6. The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers.

See response to answer 1.

7. Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.

As outlined above, the Committee should focus on:

- Expanding the clinical oncology and clinical radiology workforces to address the respective 45% and 38% workforce shortfall.
- Investing in equipment and technology which will improve connectivity and flexible working.
- New ways of working which will relieve pressure on acute systems in Wales.

Contact

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