

Written Evidence to Medical Recruitment Inquiry – Clinical Radiology

Introduction

The continued increase in demand for complex imaging, including CT and MRI scans, has far outstripped the service capacity. The mismatch in demand and capacity is exacerbated by the difficulties in recruiting to consultant radiologist vacancies. The shortfall has resulted in reporting backlogs, causing delays in the diagnosis of cancer and other serious conditions and impairing high quality healthcare. The backlog in reporting has also led to a reliance on private outsourcing companies which is expensive and unsustainable. The current three-year contract for outsourcing in Wales is approximately £5.8 million, and this is likely to increase - the 2015 RCR annual census showed a 51% increase in outsourcing across the UK (from £51million in 2014, to £88million in 2015).

Clinical Radiology has the largest projected consultant shortfall in Wales of any major medical specialty (-39%) according to 2015 figures from the Centre of Workforce Intelligence.

Wales has other key concerns

- 7% of Consultant Radiologist posts vacant in Wales in 2015 and this position has worsened
- This is an underestimate as many places have stopped advertising vacancies after many years of unfilled posts. For example the last successful appointment of a UK trained radiologist in Llanelli was 22 years ago
- Wales has the worst workforce demographics in the UK with 12% of NHS Wales Radiologists >60 years old, and >40% >50 years old
- Radiology supply–demand shortfall is a probable underestimation with anticipated exponential increase in complex imaging demand over the next decade
- Wales currently is challenged in attracting radiologists from outside Wales and exports 2 out of every 5 trainees to posts in England or outside the UK

There is a major international shortage of radiologists, but the problem in Wales is exacerbated by poor geographical distribution, with similar number of radiologists per capita in the South East of Wales to the rest of the UK, but fewer in more rural areas.

In a seller's market, where all UK regions and hospitals compete for the best appointments, less wealthy peripheral areas with hard-pressed units will always be at a disadvantage compared to large prestigious centres.

Solutions

Wales has two successful medical schools which attract students from across the UK, and internationally. People who train in Wales may want to settle down locally, though that is not a given. An increase in Welsh medical undergraduate numbers is likely to increase overall numbers of doctors in Wales, but it is not safe to plan specialist services on assumptions of what a first year medical student might want to do 10 or more years later. A better bet is to increase the numbers of juniors, and specialist trainees in Wales and to foster them so that they want to stay. Flexibility to increase numbers is hampered by a perennial question of who in Wales should pay for extra trainees. A priority should be for Welsh Government and the Wales Deanery to sort this out.

Specifically for Radiology, solutions include overseas recruitment, retaining Radiologists after retirement, increasing skills mix, outsourcing reporting and increasing training capacity.

Overseas recruitment is a challenge and very difficult to achieve the scale required. The Migration Advisory Committee 'partial review of shortage occupations' has already listed Radiology as one of only three medical specialties in shortage.

Reliance on personnel who have retired and the continued adoption of extra work by the current workforce is not sustainable in the long term. Skills mix, with increased Radiographer reporting, will help but requires a high degree of Radiologist mentorship which is difficult to achieve with current service demand.

Outsourcing is expensive but is less satisfactory with reduced clinician-radiologist discussions and repeated workload with requests for local review of outsourced scan reports; outsourcing companies' sustainability is questionable with reliance on the dwindling UK radiologist workforce.

All of the above will help address the workforce crisis, but the only sustainable solution is to increase radiologist training capacity and numbers. To this end a business case has been submitted to Welsh Government for a National Radiology Academy. This emulates models in England which have successfully implemented modern training, and increased output with high levels of local retention. The Academy model allows an increase in training capacity while limiting impact on service provision due to economies of scale, with increased trainee to trainer ration compared to the traditional apprenticeship model. It will also support the development of radiographers, sonographers and other imaging professionals.

Recruitment to registrar training posts in radiology is not a problem, with posts oversubscribed by between 6 and 9 times in recent years. This year a new exam was introduced to reduce the number of candidates being interviewed as the numbers have been too great. Radiology remains a popular and competitive specialty.

If the academy proposal is accepted, it is hoped it will also help the uneven distribution of radiology consultants. The current training scheme is based in Cardiff, so registrars tend to live in the South East and stay there for consultant posts. The academy will be sited further west, hopefully in Pencoed near Bridgend, so registrars may choose to live further west. When there are sufficient trainees, the South Wales scheme may also partially split into an East and West based rotation, allowing some trainees to spend more of their time further west with more experience of hospitals further west. Academies in England have shown a 'trickle down' effect, where the increased number of consultants produced first fill posts near the academy, and then to centers progressively further away.

A radiology academy should also provide excellent training, and if trainees enjoy their time in Wales they are more likely to stay, and to spread the word that it is good to work in Wales, attracting others.

Conclusion

We therefore request your support for the National Imaging Academy business case which is currently being scrutinized by Welsh Government, and importantly also for the increased number of radiology trainees required to fill it, as this offers the best long term sustainable solution to the radiology workforce crisis.

The requirement for increased trainees is a particular concern, with uncertainty around this due to the formation of the new Health Education Wales body who will presumably determine training numbers in future.

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Using RCR data, the National Imaging Academy Business Case and work by Dr M Rolles

Appendix:

2015 Royal College of Radiologists Census Data

1. Workforce

Headcount of consultants

	2010 headcount	2014 headcount	2015 headcount	% change 2014–15	% change 2010–15
Wales	147	150	160	7%	9%
UK	2,869	3,239	3,318	2%	16%

Whole-time equivalent consultants

	2010 WTEs	2014 WTEs	2015 WTEs	% change 2014–15	% change 2010–15
Wales	140	143	147	3%	5%
UK	2,714	3,048	3,125	3%	15%

WTE consultant radiologists per 100,000 people

	Population	WTE per 100,000	% change 2014–15	% change 2010–15
Wales	3,092,036	4.8	4%	2%
UK	64,596,752	4.8	0%	9%

2. Consultant radiologists – details

Gender

Percentage (and headcount) of female and male consultants, 2015

	Female	Male
Wales	36% (58)	64% (102)
UK	35% (1,163)	65% (2,155)

Age

Percentage (and headcount) of consultants in each age group, Wales 2015

Age group	Wales	UK
30–39	14% (23)	20% (659)
40–49	42% (68)	41% (1,365)
50–59	31% (49)	27% (908)
60 or over	12% (19)	7% (246)
Not known	<1% (1)	5% (140)

International medical graduates

Percentage (and headcount) of international medical graduates in consultant workforce, 2015

	Percentage of IMGs in consultant workforce
Wales	23% (37)
UK	28% (921)

3. Unfilled posts

Unfilled consultant posts, 31 March 2015

	Unfilled consultant posts	% of consultant posts unfilled
Wales	12	7%
UK	324	9%

Status of unfilled of unfilled consultant posts, 31 March 2015

	Wales	UK
Advertised but failed to appoint	5	166
Advertised but not yet interviewed	0	28
Appointed but not yet taken up	2	45
Funded but not yet advertised	5	64
Funded but not yet appointed	0	21
Total	12	324

Consultant posts vacant for 8 months or longer as of 31 March 2015

	Unfilled posts	% of all unfilled posts
Wales	5	42%
UK	148	46%

Unfilled consultant posts covered by locums as of 31 March 2015

	Unfilled posts covered by locums	% of unfilled posts covered by locums
Wales	1	8%
UK	96	30%

This is a likely underestimate as many unfilled posts have stopped being advertised, particularly in West Wales.