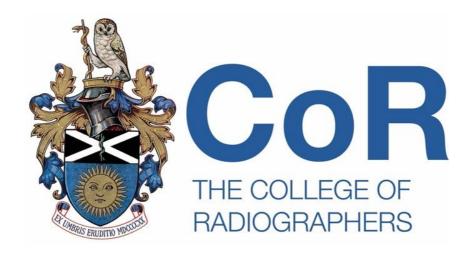
Radiotherapy radiographic workforce 2021 UK census



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1 Executive summary

We, the College of Radiographers (CoR), carried out a census of the radiotherapy radiographic workforce in the UK as of the census date 1 November 2021. The census was targeted at radiotherapy providers in England, Northern Ireland, Scotland and Wales in the NHS and other healthcare sectors. The objectives were to establish the size, structure, nature and vacancy rate of the workforce. This document presents an analysis of the results and compares them with similar surveys carried out annually from 2012 to 2020 (see references).

We wish to thank the service leads at the 64 radiotherapy providers who responded to the online questionnaire. The data they supply can provide important evidence to workforce planners, clinical boards, government departments, educators, commissioners and providers of radiotherapy. Due to the significance of the results, every year we aim for a full response from all UK radiotherapy providers. To achieve this year's response rate of 90%, we extended the census deadline, which in turn contributed to a delay publishing this report.

The following bullet points highlight the main findings for this census:

NHS findings:

- The total NHS radiotherapy radiographic workforce is 3640.3 whole time equivalent (WTE) comprising 3553.4 WTE therapeutic radiographers and 86.9 WTE assistant practitioners, trainee assistant practitioners (APs/TAPs) and clinical support workers.
- The NHS radiotherapy radiographic workforce grew by 28% between 2012 and 2021.
- The current vacancy rate for the NHS radiotherapy radiographic workforce is 8.4% with 304.9 WTE radiotherapy radiographic positions vacant. This is the highest recorded vacancy rate since we began collecting data in this format in 2012. The rate has grown from 6.1% in 2018 to 8.4% in 2021.
- The current vacancy rate for NHS therapeutic radiographers is 8.1% and for associated APs/TAPs and clinical support workers it is 18.0%.
- The NHS current vacancy rate varies by UK country: England 9%, Northern Ireland 6%, Scotland 2% and Wales 9%.
- The Thames Valley / Wessex network has the highest current vacancy rate of the English NHS radiotherapy network partnerships at 15%.
- The three-month vacancy rate for the NHS radiotherapy radiographic workforce is 5.5%. This is an increase from the 2020 census three-month vacancy rate which was 4.3%.
- 86% of the NHS radiotherapy radiographic workforce is employed in Agenda for Change (AfC) bands 5 to 7.

Findings including both NHS and non-NHS radiotherapy providers:

- The average ratio of the number of staff in post WTE to the number of staff headcount is 0.90 in the NHS. This number gives an indication of the numbers of staff who don't work full-time and can help in workforce planning.
- There are 276 job titles in use in radiotherapy providers in the UK for the radiotherapy radiographic workforce.
- The sites / specialities with the most consultant practitioners are breast, palliative and prostate. For advanced practitioners, the most prevalent sites / specialities are technical development; head and

neck; breast and prostate. The site with the largest contingent of enhanced practitioners is breast. 78% of enhanced practitioners and 76% of advanced practitioners have a Masters level qualification.

- The percentage of the radiotherapy radiographic workforce (headcount) on long-term leave is 6.6% comprising 0.5% on a career break, 1.8% on non-Covid-19-related long-term sickness absence, 0.3% on Covid-19-related long-term sickness absence and 3.9% on parental leave.
- 1.0% of the radiotherapy radiographic workforce is due to retire in the coming year, 1.1% in the subsequent year and 2.4% in the following three years.
- The radiotherapy radiographic workforce annual turnover is 10.5% by headcount. The highest turnover rate of 20.9% is seen at AfC band 5. A high turnover puts indirect pressure on resources by increasing the need for recruitment activities and induction training.
- The most common reasons selected by radiotherapy providers for therapeutic radiographers leaving posts are personal circumstances and promotion in another radiotherapy centre.
- Respondents have recruited 0.7% of their headcount internationally over the past year and intend to recruit a further 0.8% in the coming year.
- Fourteen (22%) of the 63 respondents to the return to practice question supported a return to practice radiographer in the year up to the census date.
- Five (8%) of the 63 respondents to the apprenticeship question supported an apprenticeship opportunity in the year up to the census date.
- All 56 of the NHS and three of the six non-NHS respondents to the students question supported at least one student in the year up to the census date. An average of 19.7 students were supported at each provider.
- As of the census date, 33% of respondents are using agency therapeutic radiographers. This compares with 36% in the 2020 edition of the census and 34% in the 2019 edition. There has been a downward trend in the number of agency therapeutic radiographers used since 2019: a 35% reduction.
- There are 314 therapeutic radiographers (headcount) working in dosimetry in the 63 providers who responded to this question. These numbers include both those working within and those working outside the budgetary control of the radiotherapy service manager. In addition, 92 therapeutic radiographers are reported to work in cancer services (such as research) outside the budgetary control of the radiotherapy service manager (and are therefore unlikely to be included in data elsewhere in this report).

The backdrop to this census is a UK therapeutic radiographer workforce under significant pressure. A snapshot survey from June 2022¹ reports high vacancy rates impacting patient care and staff morale. Over 95% of services leads responded to the snapshot survey which also highlighted:

- The number of WTE posts vacant are at least 30% higher than the number of new graduates expected to qualify this year;
- There are concerns around the high numbers of staff working out their notice period and on parental leave:
- Half of departments report needing to reduce capacity due to staff shortages;
- There are insufficient confirmed new starters to fill vacancies and expected delays in HCPC registrations are likely to exacerbate the issue.

¹ Therapeutic Radiographer UK wide staffing position 1st June 2022: Data collated and analysed by Carol Scott; NHSE Radiotherapy CRG Clinical Member and Radiotherapy Services Manager Oxford University Hospitals NHSFT.

2 Methodology

The 2021 workforce census captures data about the UK radiotherapy radiographic workforce at a census date of 1 November 2021. Data collection was performed between November 2021 and February 2022 by means of a Alchemer® online questionnaire distributed to radiotherapy service managers. The census asked for the total numbers of therapeutic radiographers, APs, TAPs and clinical support workers delivering radiotherapy (together referred to as the 'radiotherapy radiographic workforce' in this report) within the budgetary control of the radiotherapy service manager. Radiotherapy helpers and administration staff are not included in the numbers. Note that clinical support workers were not included in previous editions of this census.

Respondents were asked:

- Their contact details and job title
- The name of the radiotherapy provider on whose behalf they were responding
- Establishment numbers by AfC band WTE and job titles
- Numbers in post by AfC band WTE, headcount and job titles
- Vacancy WTE numbers by AfC band current and three-month and job titles
- WTE establishment by site and career progression level
- Long-term absence headcount numbers by AfC band career break, long-term sickness absence and parental leave
- Headcount predicted to retire in the coming year, subsequent year and further 3 years by AfC band
- Headcount of leavers in the previous year by AfC band and reasons for leaving
- Job titles in use
- Recent and planned international recruitment by AfC band
- Support of return to practice radiographers, apprenticeships and students
- Use of agency therapeutic radiographers
- Therapeutic radiographers employed in dosimetry and other cancer services not within the budgetary control of the radiotherapy service manager

Two questions were added this year relating to the number of commissioned radiotherapy treatment machines and daily hours of external beam radiotherapy. Due to inconsistencies in responses, the data are not published. However, the responses will be used to reword the questions for future censuses.

This report assumes that numbers reported in AfC band 3 refer to clinical support workers delivering radiotherapy or TAPs, numbers reported in AfC band 4 refer to APs and numbers reported in AfC band 5 and above refer to therapeutic radiographers. The inclusion of clinical support workers for the first time affects comparisons with previous year's data. However, the effect is judged to be small.

This report excludes the physics and engineering radiotherapy workforce and clinical oncologists. Enquiries about the physics and engineering workforce in radiotherapy should be directed to the Institute of Physics and Engineering in Medicine. Enquiries about the clinical oncology workforce should be directed to the Royal College of Radiologists.

Links to the full set of questions for the 2021 census and a spreadsheet with a breakdown of the principal data by radiotherapy provider can be found in the Downloads section of this report.

Of the 61 NHS providers of radiotherapy services in the UK, 58 submitted data to the CoR census. In addition, six private (non-NHS) providers of radiotherapy services responded (out of a maximum of ten), giving a 90% response rate overall.

Radiotherapy services provided at Colchester Hospital and Ipswich Hospital are counted as two separate services in this edition of the census. Although the two trusts have merged to form East Suffolk and North Essex NHS Foundation Trusts, separate responses were received from Colchester and Ipswich and so are reported as two separate radiotherapy services for the purposes of this census. Similarly, HCA International provided three responses from the three branches of their radiotherapy provision and Rutherford Cancer Centres provided one response from one of their four branches. These are counted as separate respondents.

Where data are not available from a provider for a question, data from the previous census date of 1 November 2020 are used in section 4 where available. The number of respondents whose data is being used in each question is shown by the 'n' value below tables and figures. This 'n' value is the number of respondents to the question in the current census edition plus the number of non-respondents whose data from the previous census is being used.

3 Profile of respondent workforce size

Figure 1 shows the distribution of the 64 respondents to the 2021 census in terms of the size of their radiotherapy radiographic workforce WTE. Around four-fifths of the NHS respondents to the survey have fewer than 80 radiotherapy radiographic workers WTE. All six of the non-NHS respondents have fewer than 40 radiotherapy radiographic workers WTE.

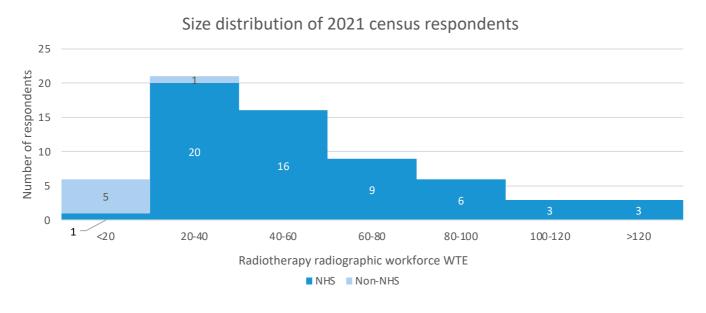


Figure 1 Radiotherapy radiographic workforce WTE size distribution of 2021 census respondents (n=64)

4 NHS establishment and vacancies

4.1 NHS establishment and vacancies by UK country

Table 1 shows the total NHS WTE of 3640.3 broken down by country. The vacancies and vacancy rate are also displayed.

Country	Workforce	Establishment WTE	Vacant WTE	Vacancy rate
NHS England	Therapeutic radiographers	2959.5	260.4	8.8%
	AfC bands 3 and 4	83.1	15.7	18.8%
	Total	3042.6	276.1	9.1%
NHS Northern Ireland	Therapeutic radiographers	128.7	7.6	5.9%
	AfC bands 3 and 4	0		
	Total	128.7	7.6	5.9%
NHS Scotland	Therapeutic radiographers	279.8	4.4	1.6%
	AfC bands 3 and 4	3.8	0	0.0%
	Total	283.6	4.4	1.6%
NHS Wales	Therapeutic radiographers	185.4	16.8	9.0%
	AfC bands 3 and 4	0		
	Total	185.4	16.8	9.0%
NHS UK	Therapeutic radiographers	3553.4	289.2	8.1%
	AfC bands 3 and 4	86.9	15.7	18.0%
	Total	3640.3	304.9	8.4%

Table 1 NHS radiotherapy radiographic workforce establishment WTE, vacant WTE and vacancy rate by UK country (n=61)

Note on Table 1:

 Vacancy numbers were not received from one of the two Northern Irish radiotherapy providers and two of the three Welsh radiotherapy providers. Numbers from the 2020 census were used for these missing providers instead. So, the vacancy rates for Northern Ireland and Wales should be treated with caution.

4.2 NHS England by radiotherapy network partnership

Table 2 shows the situation in England by radiotherapy network partnership. Each network includes at least two NHS radiotherapy providers and is aligned to cancer alliance(s). The Thames Valley / Wessex network has the highest current vacancy rate at 14.8%.

Radiotherapy network partnership aligned to cancer alliance(s)	WTE	Vacant WTE	Vacancy rate
East Midlands	243.5	26.2	10.8%
East of England	277.6	24.6	8.8%
Humber, Coast and Vale West Yorkshire South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	282.4	21.3	7.5%
Lancashire and South Cumbria Greater Merseyside Cheshire and Merseyside	429.5	22.9	5.3%
North Central and North East London	286.7	36.0	12.6%
North East and Cumbria	144.8	9.0	6.2%
North West and South West London Surrey and Sussex	307.1	21.8	7.1%
Peninsula Somerset, Wiltshire, Avon and Gloucestershire	297.9	16.4	5.5%
South East London Kent and Medway	192.6	23.3	12.1%
Thames Valley Wessex	311.3	46.0	14.8%
West Midlands	269.3	28.6	10.6%
NHS England	3042.6	276.1	9.1%

Table 2 NHS radiotherapy radiographic workforce establishment WTE, vacant WTE and vacancy rate by English radiotherapy network partnership (n=51)

4.3 NHS workforce size trend

Figure 2 shows that the NHS radiotherapy radiographic workforce grew by 788 WTE (28%) between 2012 and 2021.



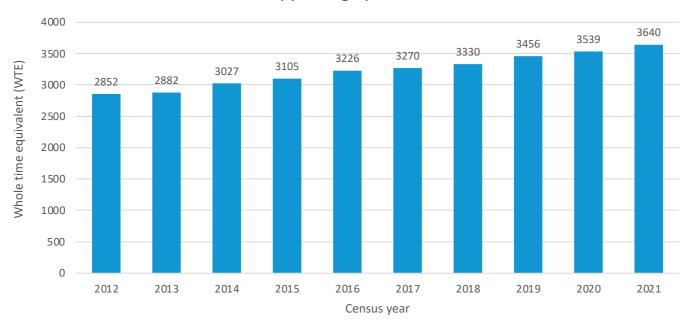


Figure 2 Size of the UK radiotherapy radiographic workforce WTE 2012 to 2020 (n=61)

4.4 NHS vacancy rate trend

Figure 3 shows that the current vacancy rate for the NHS radiotherapy radiographic workforce is 8.4%.

This is the highest recorded vacancy rate since we began collecting data in this format in 2012. The rate has grown from 6.1% in 2018 to 8.4% in 2021.

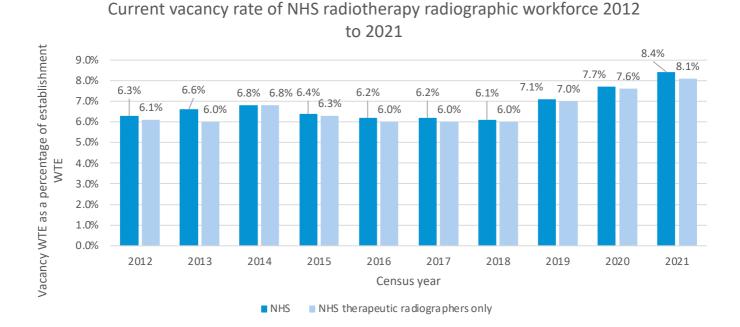


Figure 3 Current vacancy rate of NHS radiotherapy radiographic workforce 2012 to 2021 (n=61)

Respondents to the census also reported the number of posts which had been vacant for three months. The results show a three-month average vacancy rate of 5.5% for the NHS radiotherapy radiographic workforce. This is an increase on the 2020 census three-month vacancy rate of 4.3%.

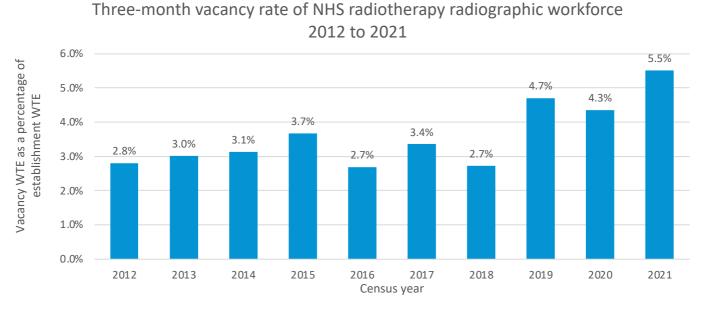


Figure 4 Three-month vacancy rate of NHS radiotherapy radiographic workforce 2012 to 2021 (n=61)

4.5 NHS provider vacancy rate distribution

Figure 5 shows the distribution of NHS provider current vacancy rates. Four NHS providers have current vacancy rates above 20%.

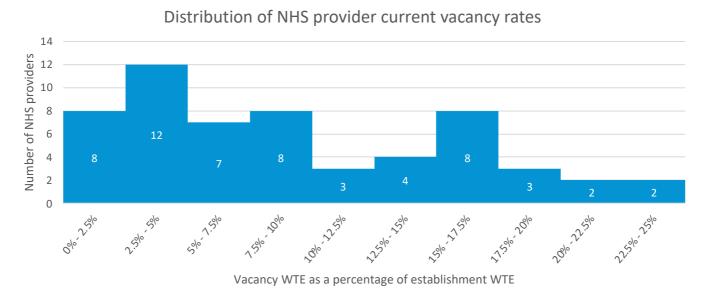


Figure 5 Distribution of NHS provider current vacancy rates (n=57)

4.6 NHS workforce by Agenda for Change (AfC) band

Table 3 and figure 6 illustrate that 86% of the NHS radiotherapy radiographic workforce is in AfC bands 5 to 7.

AfC band	3	4	5	6	7	8a	8b	8c	8d	9	Total
NHS radiotherapy radiographic workforce (WTE)		39.3	878.8	1296.2	964.6	283.4	100.2	28.2	2.0	0.0	3640.3

Table 3 NHS radiotherapy radiographic workforce WTE by AfC band (n=61)

Average radiotherapy radiographic workforce WTE per provider by Agenda for Change band (NHS)

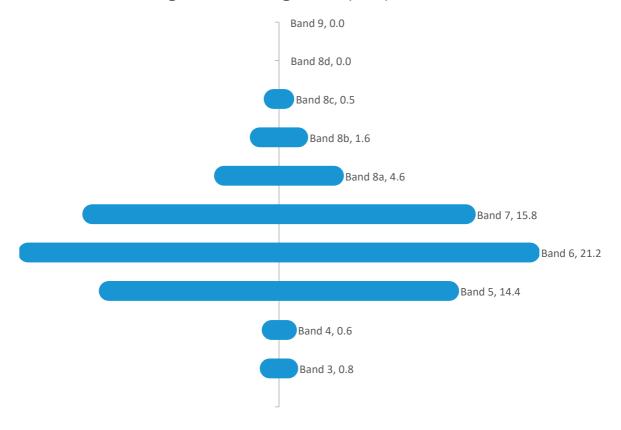


Figure 6 Average radiotherapy radiographic workforce establishment WTE per NHS provider by AfC band (n=61)

5 Radiotherapy radiographic workforce in non-NHS radiotherapy providers

There are five non-NHS radiotherapy companies in the UK, of whom four submitted data to the CoR census this year. Separate responses were received from the three branches of HCA Healthcare UK; they are counted separately for the purposes of this census. One response was received from one of the four branches of Rutherford Cancer Centres. In total, six out of a possible ten responses were received.

Due to the missing four responses, no attempt is made this year to provide an overall picture of the radiotherapy radiographic workforce in the non-NHS sector. The establishment (WTE and headcount) and vacancy (WTE) data provided by the non-NHS respondents are given in the data spreadsheet that accompanies this report.

From this point onwards, the analysis in this report incorporates the data from both NHS and non-NHS respondents.

6 Staff in post

The average ratio of the number of staff in post WTE to the number of staff headcount is 0.90 in the NHS. This number gives an indication of the numbers of staff who don't work full-time and can help in workforce planning.

Sector and Country	Workforce	Average staff in post WTE	Average staff in post headcount	Ratio
NHS England	Therapeutic radiographers	51.1	56.9	0.90
	AfC bands 3 and 4	1.4	1.6	0.88
	Overall	52.5	58.5	0.90
NHS Northern Ireland	Therapeutic radiographers	99.5	106.0	0.94
	AfC bands 3 and 4	0	0	
	Overall	99.5	106.0	0.94
NHS Scotland	Therapeutic radiographers	55.2	62.8	0.88
	AfC bands 3 and 4	0.6	0.8	0.75
	Overall	55.8	63.6	0.88
NHS Wales	Therapeutic radiographers	37.7	45.5	0.83
	AfC bands 3 and 4	0	0	
	Overall	37.7	45.5	0.83
NHS UK	Therapeutic radiographers	51.8	57.8	0.90
	AfC bands 3 and 4	1.3	1.4	0.87
	Overall	53.1	59.3	0.90
Non-NHS UK	Therapeutic radiographers	9.9	11.2	0.89
	AfC bands 3 and 4	0.2	0.2	1.00
	Overall	10.1	11.3	0.89

Table 4 Radiographic workforce average staff in post by provider – WTE and headcount (n=64)

7 Job titles

7.1 Job title establishment and vacancy frequency

There are 276 job titles in use in radiotherapy providers in the UK for the radiotherapy radiographic workforce. Table 5 shows the job titles used by two or more providers by AfC band. Refer to the accompanying spreadsheet to see the full list of job titles in use. Tables 6 and 7 show the job titles with current and three-month vacancies respectively.

AfC band	Job titles (number of providers using job title in brackets)
3	radiotherapy assistant (3)
4	assistant practitioner (20), radiotherapy assistant (6), radiotherapy assistant practitioner (4)
5	therapeutic radiographer (44), therapy radiographer (9), band 5 therapeutic radiographer (4), radiotherapy practitioner (3), band 5 radiographer (2), radiographer (2)
6	therapeutic radiographer (39), senior therapeutic radiographer (17), therapy radiographer (8), senior radiographer (6), senior therapy radiographer (6), team leader (5), band 6 therapeutic radiographer (4), band 6 radiographer (2), radiotherapy practitioner (2), senior radiotherapy practitioner (2), specialist practitioner (2), specialist therapeutic radiographer (2), team leader therapeutic radiographer (2)
7	therapeutic radiographer (23), advanced practitioner (20), team leader (17), review radiographer (11), specialist radiographer (7), quality assurance radiographer (4), superintendent radiographer (4), team lead (4), treatment superintendent (4), advanced practitioner therapeutic radiographer (3), clinical specialist (3), practice educator (3), pre-treatment superintendent (3), SABR [stereotactic ablative radiotherapy] radiographer (3), senior therapeutic radiographer (3), therapy radiographer (3), advanced practitioner: radiotherapy review (2), clinical specialist radiographer (2), lead review radiographer (2), Macmillan specialist (2), pre-treatment superintendent radiographer (2), radiotherapy advanced practitioner (2), radiotherapy team leader (2), team lead radiographer (2)
8a	therapeutic radiographer (15), lead radiographer (9), consultant radiographer (7), superintendent radiographer (7), technical lead (5), consultant therapeutic radiographer (3), expert practitioner (3), lead therapeutic radiographer (3), operational manager (3), pre-treatment superintendent (3), principal radiographer (3), principal therapeutic radiographer (3), technical lead radiographer (3), treatment superintendent (3), deputy manager (2), deputy radiotherapy manager (2), operational lead radiographer (2), quality manager (2), radiotherapy operational lead (2), radiotherapy operations manager (2), review radiographer (2), trainee consultant radiographer (2)
8b	radiotherapy services manager (11), head of radiotherapy (9), radiotherapy service manager (9), consultant radiographer (7), therapeutic radiographer (7), radiotherapy manager (6), consultant therapeutic radiographer (4), operational lead (4), consultant breast radiographer (3), deputy head of radiotherapy (3), head of therapeutic radiography (3), deputy head of radiotherapy services (2)
8c	head of radiotherapy (8), radiotherapy services manager (6), head of radiotherapy services (4), consultant radiographer (3)

Table 5 Job titles used by two or more radiotherapy providers by AfC band (n=62)

AfC band	Job titles (number of providers reporting current vacancies in brackets)
3	radiotherapy support worker (2)
4	assistant practitioner (5)
5	therapeutic radiographer (34), band 5 therapeutic radiographer (4), therapy radiographer (3), band 5 radiographer (2), radiotherapy practitioner (2)
6	therapeutic radiographer (25), senior therapeutic radiographer (11), therapy radiographer (5), senior therapy radiographer (5), senior radiographer (3), band 6 radiographer (2), band 6 therapeutic radiographer (2), specialist therapeutic radiographer (2), team leader (2)
7	therapeutic radiographer (14), team leader (10), advanced practitioner (7), advanced practitioner therapeutic radiographer (2), senior therapeutic radiographer (2), team leader radiographer (2)
8a	superintendent radiographer (4), therapeutic radiographer (4), expert practitioner (2), operational manager (2)
8b	radiotherapy services manager (3), consultant radiographer (2)
8c	radiotherapy services manager (2)

Table 6 Job titles with current vacancies reported by two or more radiotherapy providers by AfC band (n=62)

AfC band	Job titles (number of providers reporting three-month vacancies in brackets)
3	radiotherapy support worker (2)
4	assistant practitioner (2)
5	therapeutic radiographer (23), therapy radiographer (3), band 5 radiographer (2), band 5 therapeutic radiographer (2), radiographer (2)
6	therapeutic radiographer (12), senior therapeutic radiographer (5), senior radiographer (4), senior therapy radiographer (2), specialist therapeutic radiographer (2), therapy radiographer (2)
7	therapeutic radiographer (8), advanced practitioner (5), team leader (5), advanced practitioner therapeutic radiographer (2), senior therapeutic radiographer (2)
8a	superintendent radiographer (3), expert practitioner (2), operational manager (2), therapeutic radiographer (2)
8b	consultant therapeutic radiographer (2), radiotherapy service manager (2), radiotherapy services manager (2)

Table 7 Job titles with three-month vacancies reported by two or more radiotherapy providers by AfC band (n=62)

Notes on tables 5, 6 and 7:

Except for 'Radiographer' and 'Senior Radiographer', job titles may be counted more than once if they are also included within other job titles. For example, 'Advanced Practitioner: Radiotherapy Review' is counted once as 'Advanced Practitioner: Radiotherapy Review' and once as 'Advanced Practitioner'. However, 'Consultant Breast Radiographer' is only counted once as 'Consultant Breast Radiographer' and not again as 'Consultant Radiographer'.

7.2 Job title trends

Respondents were also asked whether they used specific job titles. These selected job titles are tracked across census editions for trends as illustrated in figure 7. They include the two protected titles within the radiotherapy radiographic workforce which are 'therapeutic radiographer' and 'radiographer'. (See the Health and Care Professions Council website https://www.hcpc-uk.org/about-us/who-we-regulate/the-professions/ for more information about protected titles.)

Notes on figure 7:

- Advanced clinical practitioner was added as an option in the 2020 census edition.
- Advanced therapeutic radiographer, consultant therapeutic radiographer and trainee advanced clinical practitioner were added as options in the 2021 census edition.

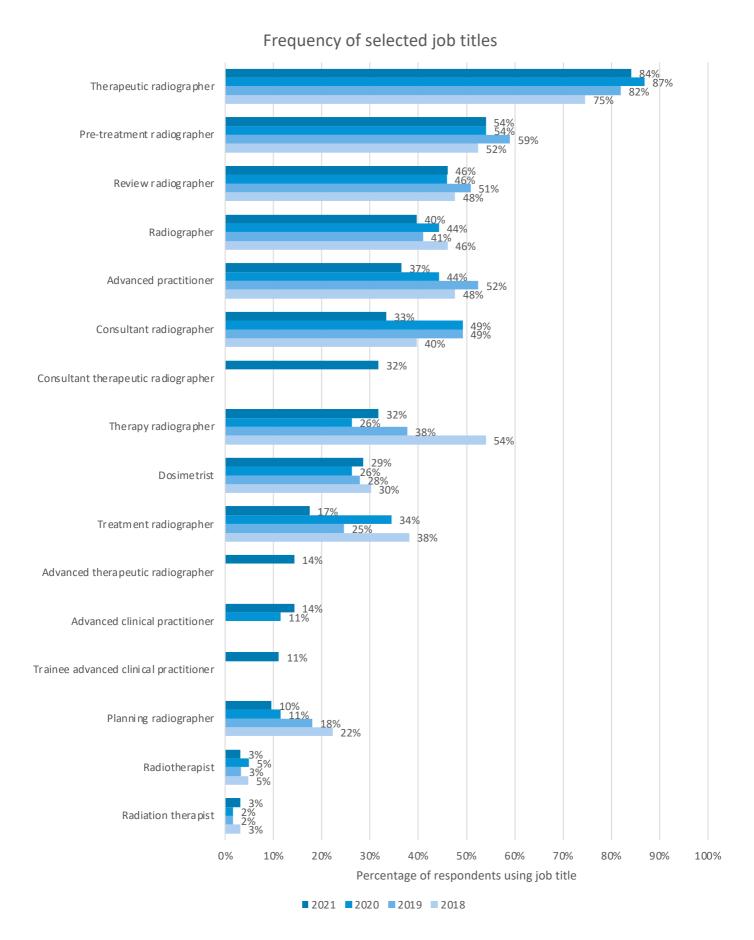
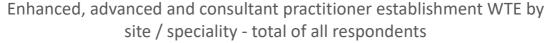


Figure 7 Frequency of selected job titles in the UK radiotherapy radiographic workforce (n=63)

8 Establishment by site / speciality

Respondents were asked to specify the number of radiotherapy radiographic practitioners by site at different career progression / qualification levels. This allows the comparative size of practitioners for each site / speciality to be calculated as shown in figure 8.

The five sites / specialities with the largest number of enhanced, advanced or consultant practitioners are breast; technical development; prostate; head and neck; and gynaecological.



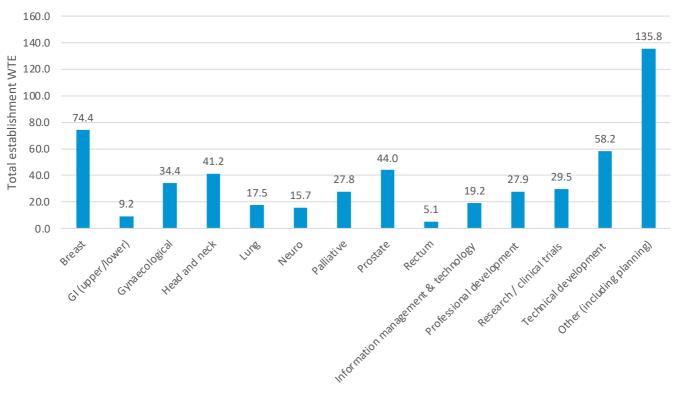
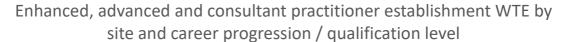


Figure 8 Total enhanced, advanced and consultant practitioner establishment WTE by site (n=59)

Figures 9 and 10 show the data from figure 8 broken down by career progression / qualification level. The sites / specialities with the most consultant practitioners are breast, palliative and prostate. For advanced practitioners, the most prevalent sites / specialities are technical development; head and neck; breast and prostate. The site with the largest contingent of enhanced practitioners is breast.

78% of enhanced practitioners and 76% of advanced practitioners have a Masters level qualification.



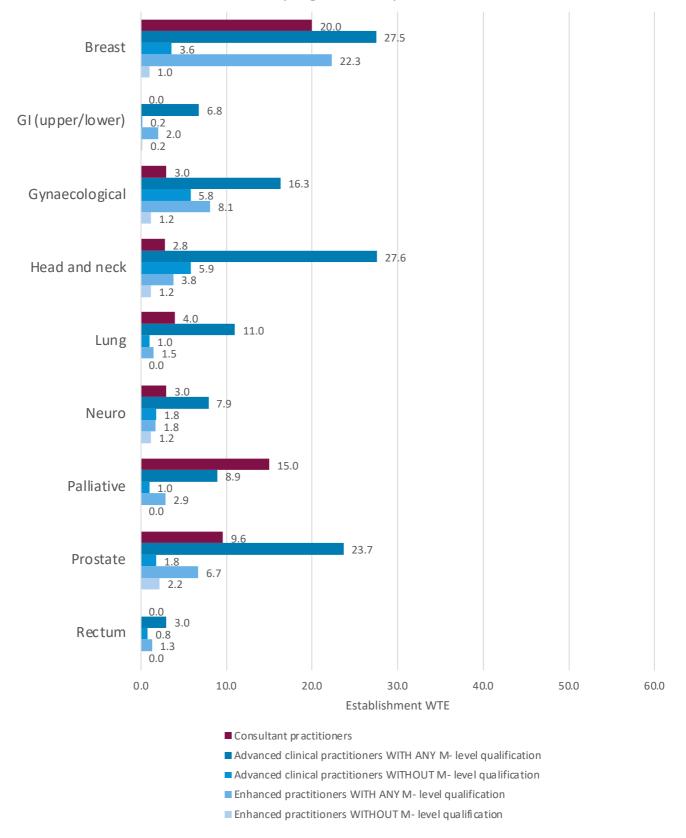


Figure 9 Enhanced, advanced and consultant practitioner establishment WTE by site and career progression / qualification level (n=59)

Enhanced, advanced and consultant practitioner establishment WTE by speciality and career progression / qualification level

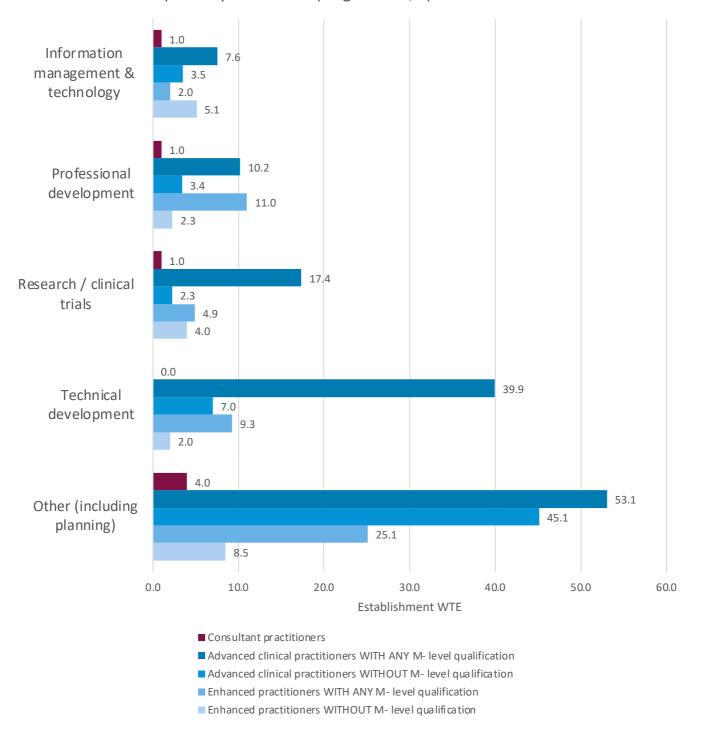
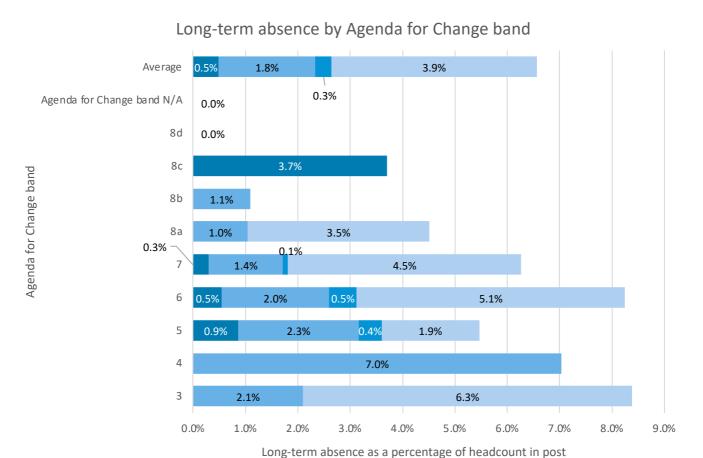


Figure 10 Enhanced, advanced and consultant practitioner establishment WTE by speciality and career progression / qualification level (n=59)

9 Long-term absence rate

The census asked about reasons for long-term absence: 17 post holders by headcount are on a career break (0.5%), 64 are on non-Covid-19-related long-term sickness absence (1.8%), 11 are on Covid-19-related long-term sickness absence (0.3%) and 136 are on parental leave (3.9%). In total, an average of 6.6% of post holders, by headcount, are absent long term due to career break, sickness absence or parental leave.



- Post holder on career break
- Post holder on non-Covid-19-related long-term sickness absence
- Post holder on Covid-19-related long-term sickness absence
- Post holder on parental leave

Figure 11 Long-term absence rate by AfC band (n=63)

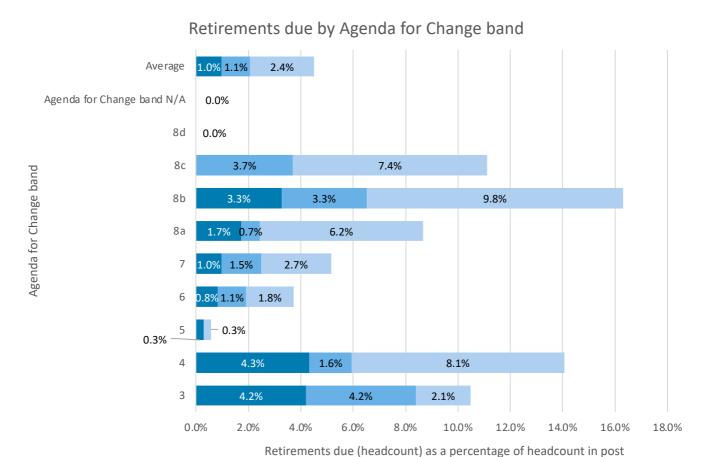
Other reasons for long-term absence given in the free text by respondents are:

- Unable to work clinically due to health issues (2 respondents)
- Working from home due to upcoming maternity leave (1 respondent)

10 Retirements

Respondents were asked the number of radiotherapy radiographic workforce posts with the post holder due to retire in the coming year, subsequent year and the following three years. Figure 12 presents the results stratified by AfC band.

For the 63 respondents to this question, 1.0% of their radiotherapy radiographic workforce by headcount is due to retire in the coming year, 1.1% in the subsequent year and 2.4% in the following three years. This gives an average retirement due rate in the next five years of 4.5%.



■ Retire between 1 November 2021 and 31 October 2022 (headcount)

- Retire between 1 November 2022 and 31 October 2023 (headcount)
- Retire between 1 November 2023 and 31 October 2026 (headcount)

Figure 12 Retirements due by AfC band (n=63)

Leavers

Respondents were asked for the number of radiotherapy radiographic workforce posts where the post holder has left since the last census date (1 November 2020). These responses are used to calculate percentage turnover, defined as:

$$Turnover = 100 \times \frac{Number\ of\ leavers\ in\ previous\ 12\ month\ period\ (headcount)}{Headcount\ in\ post}$$

Workforce turnover puts indirect pressure on resources by increasing the need for recruitment activities and induction training. The average turnover for the 63 respondents to this question is 10.5%. Figure 13 breaks this down by AfC band; the highest turnover rate of 20.9% is seen at AfC band 5.

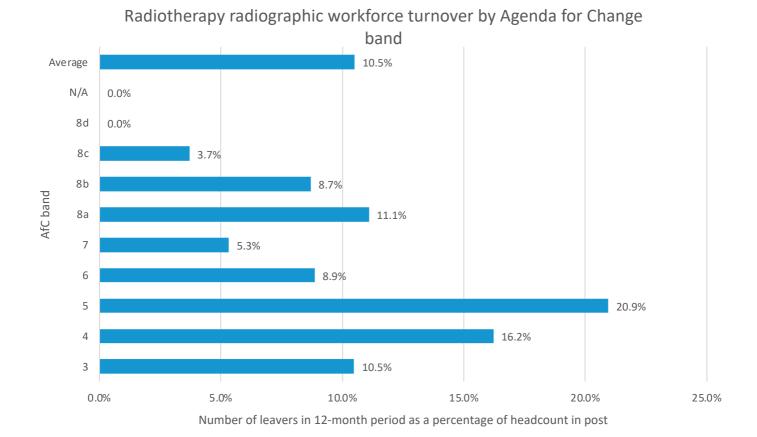


Figure 13 Radiotherapy radiographic workforce turnover by AfC band (n=63)

Figure 14 shows that the most common reasons selected by radiotherapy providers for therapeutic radiographers leaving posts are personal circumstances and promotion in another radiotherapy centre.

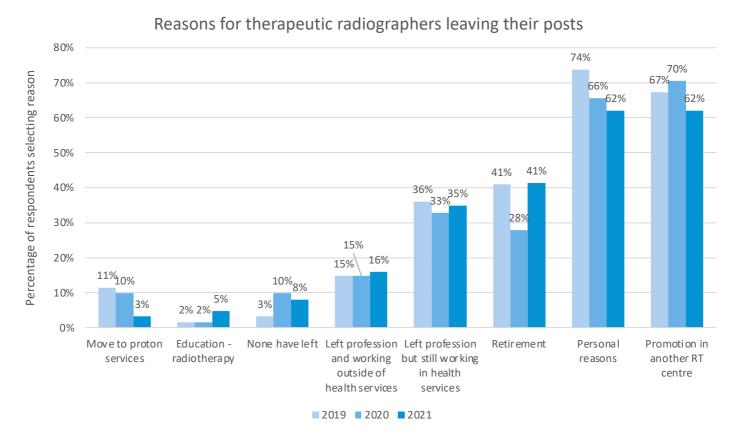


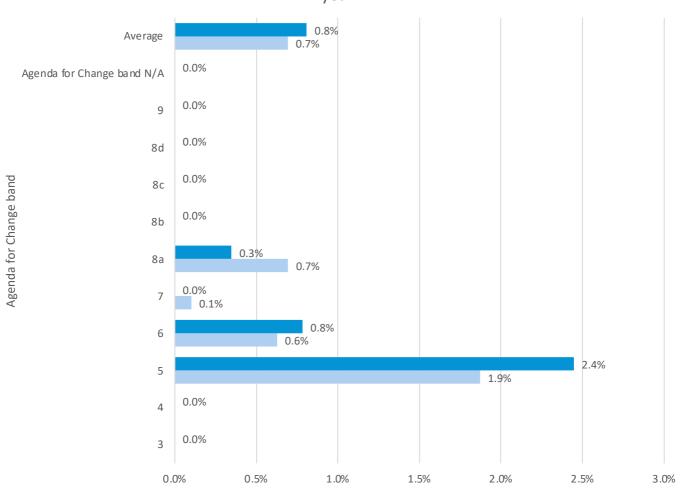
Figure 14 Reasons for therapeutic radiographers leaving their posts (n=63)

12 Recruitment

12.1 International recruitment

Respondents were asked the number of radiotherapy radiographic workforce posts that have been or are planned to be recruited internationally. Overall, respondents have recruited 0.7% of their headcount internationally over the past year and intend to recruit a further 0.8% in the coming year. The international recruitment drive is largely centred on AfC band 5. By headcount, 1.9% of band 5 staff were recruited internationally over the past year.





- Posts as a percentage of total headcount in post
- Planned international recruitment between 1 November 2021 and 31 October 2022 (headcount)
- International recruitment between 1 November 2020 and 31 October 2021 (headcount)

Figure~15~International~recruitment~during~previous~year~and~planned~for~coming~year~by~AfC~band~(n=63)

12.2 Return to practice

Fourteen (22%) of the 63 respondents to the return to practice question supported a return to practice radiographer in the year up to the census date.

12.3 Apprenticeships

Five (8%) of the 63 respondents to the apprenticeship question supported an apprenticeship opportunity in the year up to the census date.

12.4 Students

All 56 of the NHS and three of the six non-NHS respondents to the students question supported at least one student in the year up to the census date. An average of 19.7 students were supported at each provider: 6.7 in year one of study; 6.3 in year two; and 6.7 in year three.

Due to an error, the questionnaire did not allow the number of year four students to be recorded which affected responses from Scotland.

13 Use of agency therapeutic radiographers

As of the census date, 33% of respondents are using agency therapeutic radiographers. This compares with 36% in the 2020 edition of the census and 34% in the 2019 edition.

The reasons for using agency therapeutic radiographers are given in figure 16. The most frequently selected reason for using agency staff is existing vacancies in the therapeutic radiographer establishment. Under 'other', the reasons reported include: increased demand (two respondents), maternity leave cover (two respondents), Covid-19 (one respondent), current establishment too low (one respondent), secondment cover (one respondent), no agency staff available (one respondent).

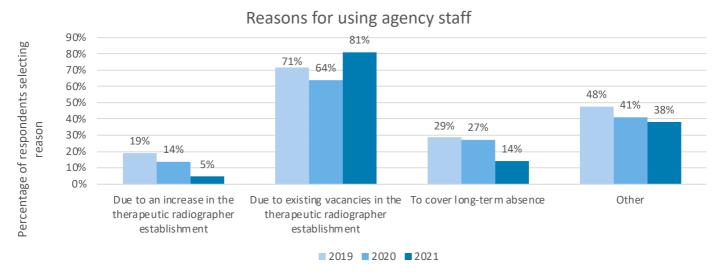


Figure 16 Reasons for using agency staff (n=21)

Figure 17 shows that most agency therapeutic radiographers are the equivalent of AfC band 6 or higher. There has been a downward trend in the number of agency therapeutic radiographers used since 2019: a 35% reduction. Overall, 87% of the agency therapeutic radiographers are trained in the UK.

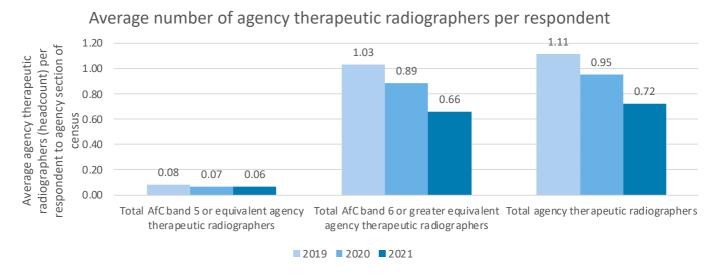


Figure 17 Average number (headcount) of agency therapeutic radiographers used (n=63)

14 Therapeutic radiographers employed in dosimetry

As of the census date, there are 314 therapeutic radiographers (headcount) working in dosimetry in the 63 providers who responded to this question. This is an average of 5.0 therapeutic radiographers working in dosimetry in each radiotherapy provider. These numbers include both those working within and those working outside the budgetary control of the radiotherapy service manager. They may not all, therefore, be included in the numbers given elsewhere in this report.

15 Therapeutic radiographers outside budgetary control of the radiotherapy service manager

The 62 providers responding to this question reported that 92 therapeutic radiographers (headcount) work in cancer services in the UK outside the budgetary control of the radiotherapy service manager. This is an average of 1.5 therapeutic radiographers per provider.

These numbers include therapeutic radiographers working in research, for example, at a radiotherapy provider, but exclude those working in dosimetry (which was covered in the previous section of this report). As they are outside the budgetary control of the radiotherapy service manager, they are unlikely to be included in the numbers given elsewhere in this report.

16 General comments

At the end of the census questionnaire, respondents were asked for any general comments relating to their submission. They were also asked if they are over-established at any AfC bands. Twenty-four respondents made comments, and themes mentioned by three or more respondents are listed below with an illustrative comment:

- Service is over-established (seven respondents): 'Over-established on paper but still underspent
 on staffing budget. Multiple radiographers doing acting-up roles to help fill gaps but difficult to
 demonstrate gaps in census.'
- Recruitment difficulties (four respondents): 'We have had our three vacancies open for a long time. We have offered the band 5 three times and been turned down three times due to distance from their home. This has been quite frustrating due to them all providing very valid reasons for applying to us at interview. There are no agency staff to fill our gaps.'
- Use of agency, locum or bank staff (four respondents): 'No agency staff available to help fill vacancies.'
- Feedback on the student question (four respondents): 'I could not answer the student question it is NHS England specific, our students study over four years. Also, the question needs more information about exactly what is required on how many students pass through. In a year? Including repeat visits? We share student placements across centres, and from more than one university.'
- Feedback on the site-specific establishment question (three respondents): 'For the establishment by site: In [provider name] we stopped using advanced practitioners when the

advanced clinical practitioners came in, so the people in enhanced are what we would have called advanced practitioners. With 'Any level M qualification' we have assumed that this is full Masters, rather than just Masters-level study. We don't have site specialist radiographers but our review radiographers are site specialist and we have only included the days that they do review for that site, rather than their WTE. In other, we have included molecular radiotherapy, imaging, brachytherapy, gamma knife, paediatric rectum included in GI.'

• Budgetary control of dosimetry (three respondents): 'Since last year the dosimetry team who were under my budgetary control moved under medical physics in line with the national picture. Six posts were transferred (all radiographers): one band 8a, three band 7, and two band 6. So, the turnover figures will look even poorer if these are not taken into account.'

17 Downloads

Accessible from:

https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/reports-and-surveys?searchTerm=radiotherapy&sort=Newest

- 2021 CoR radiotherapy radiographic workforce UK census infographic (PDF)
- 2021 CoR radiotherapy radiographic workforce UK census questionnaire (PDF)
- 2021 CoR radiotherapy radiographic workforce UK census spreadsheet (Excel)

18 References

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