

Comprehensive Spending Review (CSR) Submission

The [Society of Radiographers](#) is the trade union and professional body for radiographers and all non-medical members of the workforce in diagnostic imaging and radiotherapy in the UK. It is responsible for their professional, educational, public and workplace interests.

The College of Radiographers is the charitable subsidiary of the Society and it exists for the benefit of the public. The College's objects are directed towards education, research and other activities in support of the science and practice of radiography.

Together, the Society and College (SCoR) represent in the order of 30,000 members, shaping the healthcare agenda and lead opinion on a wide range of professional issues. We set the standards that become the policies adopted and acclaimed by governments and health professionals worldwide. In the workplace, we pioneer new ways of working and ensure that imaging professionals work in a safe and fair environment.

There are two sections to our submission

1. Diagnostic Radiography workforce
2. Therapeutic Radiography workforce

Section 1 Diagnostic radiographers deliver services during the diagnostic phase and some treatment phases of the vast majority of patient pathways. They use medical imaging techniques to look inside the body to diagnose, treat and monitor diseases. Diagnostic radiographers work across all medical specialties and many public health screening programs caring for patients from before birth to after death. Diagnostic radiographers are supported by a crucial support workforce of nonregistered staff

Clinical imaging cannot be delivered without a multidisciplinary approach - a huge range of professionals are included but in addition to Diagnostic Radiographers, core to service delivery are Radiologists and Physicists.

We support the submission made by the Royal College of Radiologists. Our submission will only focus on the provision of additional information about the diagnostic radiography workforce.

In November 2019 there was an average 10.2% average shortfall in the diagnostic radiography workforce.¹ In England the Diagnostic radiography workforce is around 13,000. Growing the workforce to close this immediate gap is essential. In addition to meet the pre-covid-19 demand national work led by Professor Sir Mike Richards estimated an overall growth of over 5000 Diagnostic Radiography staff to meet the increasing demand and the growing activity for diagnostic services. This workforce growth is required to enable the NHS is to meet the targets set for it in cancer and other long-term conditions plan, and to support the increasing capacity requirements as a result of Covid-19. Imaging is core to the majority of diagnostic pathways and essential in supporting treatment pathways for patients. Imaging services are being transformed and organised into networks and transformation includes new Community Diagnostic Hubs.

There are many new developments, together with the need to decrease waiting time for existing techniques that are 'likely to increase demand on services, such as Lung Health Check, Rapid Diagnostic Centres and improving access to mechanical thrombectomy for patients who have experienced a stroke'²

To improve patient outcomes by decreasing the time to get a diagnosis the Treasury must

Fund increases in the diagnostic radiography workforce to support the 4000 workforce increase identified by Professor Sir Mike Richards' work, and to close the gap in workforce numbers across all the devolved nations. For Wales HEIW identified an additional requirement of over 1450 by 2025.

To achieve the workforce numbers needed to meet the expected demand the Treasury must invest in:

An increase in substantive headcount across all levels of the diagnostic radiography workforce within the NHS, to ensure those training are employed within the NHS

Investment in the workforce that delivers education and training, supporting development of practice educators and clinical academic roles

Invest in technology that supports practical education and training away from clinical workplace e.g. simulation and virtual reality radiography education suites to support the essential growth in workforce numbers

Invest in the education of the support workforce, creating roles for Assistant Practitioners within the NHS, including access to apprenticeships

Invest in continuing professional development to make sure diagnostic radiographers have the agility to adapt and adopt new technologies and techniques, and are retained in the NHS

Invest in higher education Masters level programs to support advanced and consultant level practice that supports service and workforce transformation.

Invest in staff wellbeing and morale as advocated in the people plan to support retention of the workforce in the NHS.

References

1. Diagnostic Radiography Workforce UK Census 2019 (2020). Available at: https://www.sor.org/sites/default/files/document-versions/diagnostic_workforce_census_2019.pdf [Accessed September 23, 2020].
2. Transforming imaging services in England: a national strategy for imaging networks (2019).

Section 2 Therapeutic Radiographers

Radiotherapy is a core treatment option for people diagnosed with cancer and the provision of high quality equitable care is the priority for therapeutic radiographers working with the multidisciplinary team.⁶ It is estimated that over 50% of patients with cancer will receive radiotherapy at some point in their cancer pathway. The incidence of cancer is rising².

Therapeutic radiographers are responsible for the planning and delivery of accurate radiotherapy treatments using a wide range of sophisticated and technical equipment, they have unique expertise and skills¹ required to care for patients before, during and after radiotherapy.¹

Therapeutic Radiographers comprise over 50% of the workforce within the radiotherapy service and work closely with Clinical Oncologists and Medical Physicists, and other professional groups across the wider cancer care pathway.²

To underpin the NHS Long Term Plan and improve outcomes for patients with cancer the Treasury must fund increases in the Therapeutic Radiography workforce through investment in:

- An increase in substantive headcount across all levels of the clinical therapeutic radiography workforce to meet the current vacancy rates in our annual census⁶
- The total NHS radiotherapy radiographic workforce is 3455.9 whole time equivalent (WTE) comprising 3384.2 WTE therapeutic radiographers and 71.7 WTE assistant practitioners and trainee assistant practitioners
- The current vacancy rate varies by UK country: England 7%, Northern Ireland 10%, Scotland 3% and Wales 10%.
- In 2016, Cancer Research UK published data² showing a best practice workforce projection model, taking account of the increases in cancer incidence, would require a significant growth by year 2022, in the total UK Therapeutic Radiography workforce to a total of 4,400. This is a growth of 1000 Therapeutic Radiographers from the current baseline.
- HEE estimated a similar growth would be needed in 2017, stating a 45% increase in Therapeutic Radiography workforce would be required. Investment is urgently required in the therapeutic radiography pipeline in order to close this gap.
- Evidence to support this funding request is available - robust quantitative and qualitative data is available in Cancer Research UK, Full-team ahead report¹. This report clearly identifies skill mix and transformative approaches being a positive development to pathways of care Page 72. Figure 19

In addition, funding is required to support

- Growth in practice educators and clinical academic roles to support the required growth in the workforce
- Investment in simulation equipment to support the required growth in clinical training capacity for both pre-and post-registration education and training
- Investment in post registration Continuing Professional Development and formal Masters level education and training to support workforce transformation

- Evidenced changes in skill mix will implicate therapeutic radiographers working at advanced and consultant levels of practice, in turn adding a significant need for postgraduate training
- Staff wellbeing and morale
- Central funding to enable implementation of the apprenticeship model

Adequacy of current and future radiotherapy provision across the UK

Projections from recent 'Cancer Research UK' document² approximately 422,000 new cases equates to a total increase of 18% in the annual number of new diagnoses over 8 years. This does not include the potential impact of the variety of efforts to increase the number of people diagnosed at an early stage which will have an impact on the treatment needed and the diagnostics models of the future. This will in turn impact upon the workforce skills and numbers of that workforce which will be required. It is important to recognise the need to provide additional workforce to account for increasing complexity with respect to pre-treatment imaging, treatment protocols within pathways of care while accounting for time with respect to patient engagement and the patient experience.

Impact of new screening programmes

The recommendations to increase screening of the population (in various areas) will increase numbers of patients requiring treatments at an earlier stage- this is positive but numbers of patients will increase and this should be planned for.

Covid RT: a NCRI CTRad initiative in partnership with the RCR, SoR and IPEM³

During the COVID-19 peak, radiotherapy services across the UK continued to treat cancer patients, often in challenging circumstances. The NCRI CTRad initiative in partnership with the RCR, SoR and IPEM, work will help provide a robust evidence base, capturing changes made to treatment regimens, will help understand the impact on patients and upon radiotherapy service delivery. Even with a significant shift in novel hypo fractionation treatment schedules the impact of increased complexity requires increase in workforce numbers.

Clinical staff across the country, via a comprehensive survey have identified current staff shortages as a barrier to providing efficient cancer treatments and excellent patient experience.¹ This results in:

- Competition for scarce staff numbers in the local labour market, and growth in ISP provision
- Reduced patient throughput
- Missed opportunities for service improvement
- Downgrading of patient experience
- Decreased staff wellbeing and morale
- Workforce shortages limiting the capacity of services to plan for the future
- Insufficient capacity to undertake clinical research
- Inefficient use of the workforce skills and experience

Investment requirements:

- Investment for additional workforce capacity is of key importance
- Quality assurance and trials – excellent groups exist and ongoing national support is required, for example RTTQA and NCRI CTRAD to enable efficient research and effective implementation of new radiotherapy treatments

References

1. SCoR Achieving World-Class Cancer Outcomes: The Vision for Therapeutic Radiography, 2016 Available at: <https://www.sor.org/learning/document-library/achieving-world-class-cancer-outcomes-vision-therapeutic-radiography>
2. Cancer Research UK – Full Team Ahead: Understanding the UK non-surgical cancer treatment workforce, 2017 Available at: <http://www.cancerresearchuk.org/about-us/we-develop-policy/our-policy-on-cancer-services/non-surgical-cancer-treatments-workforce>
3. Covid RT: a NCRI CTRad initiative in partnership with the RCR, SoR and IPEM, Clinical Oncology, September 2020 Available at: <https://www.sciencedirect.com/science/article/pii/S0936655520303575>
4. Cancer Research UK- Advancing Care, advancing years: improving cancer treatment and care for an ageing population, 2018 Available at: https://www.cancerresearchuk.org/sites/default/files/advancing_care_advancing_years_full_report.pdf
5. NHSe, Cancer Research UK- Vision for Radiotherapy 2014-2024, 2014 Available at: https://www.cancerresearchuk.org/sites/default/files/policy_feb2014_radiotherapy_vision2014-2024_final.pdf
6. The Society & College of Radiographers (2020) Radiotherapy Radiographic Workforce UK Census, 2019 Available at: <https://www.sor.org/learning/document-library>

