

# Radiology and Clinical Oncology Workforce Census

## The state of the diagnostic imaging and cancer care workforce in Scotland

**Shortages of doctors responsible for diagnostics and cancer care are causing potentially harmful delays to patients across the UK.**

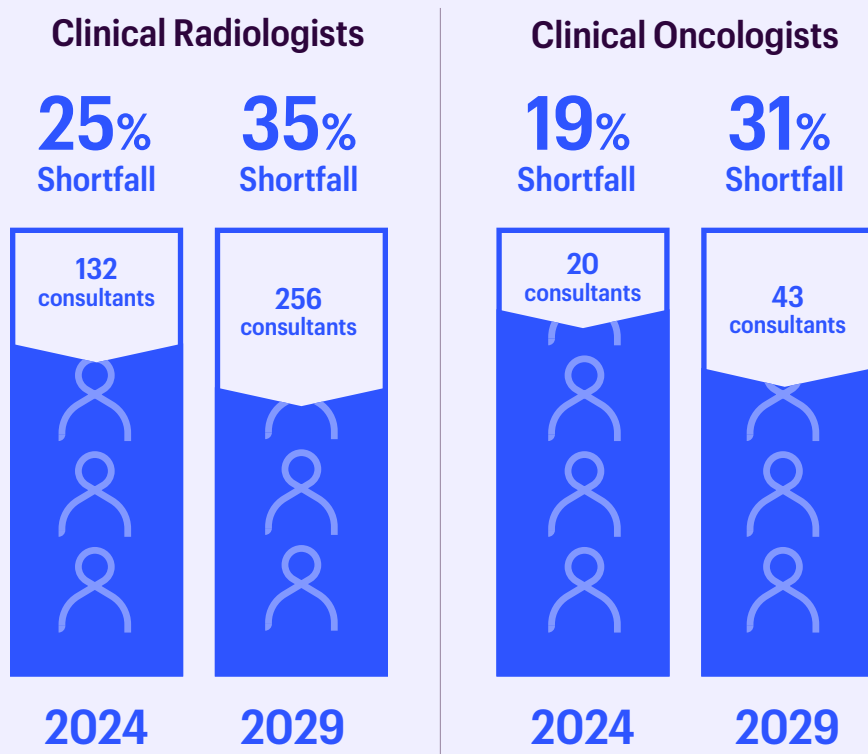
The Scottish government must take urgent action to increase the number of speciality training places available in radiology and oncology to ensure that we have the workforce that we need to meet future demand.

We strongly support the calls for productivity initiatives and embracing technological advances, but these can only close the shortfall so much. We need to save money in the long-term by properly investing in the workforce now.

Without this, waiting times and delays will continue to be commonplace and patients will wait far too long for potentially life-saving treatment.

**We are calling on Members of the Scottish Parliament to support this call and write to the Cabinet Secretary for Health urging immediate action to future proof the workforce.**

## Workforce Shortfalls










**Demand for diagnostic imaging and cancer care is rising and outstripping workforce growth in Scotland. Without urgent action to reduce the shortfalls, clinical leaders warn that backlogs and delays will only get worse.**

In 2024, **there was no growth** in the WTE consultant radiologist workforce in Scotland, far below the UK average of a 5% growth of radiologists. Yet the 2023 Diagnostic Imaging Workforce Plan for Scotland projects a year-on-year increase in CT and MRI demand of between 7-9% and 7-11% respectively.

In the same year, the clinical oncology workforce **grew by just 1%**.

# Regional shortfalls


There are drastic regional disparities in the radiology and oncology shortfall numbers showing a particular issue of recruitment and retention of doctors in the North of Scotland and highlighting a postcode lottery for diagnostic services and cancer treatment in Scotland.

Clinical Radiology	2024	2029	Clinical Oncology	2024	2029
 North of Scotland	47% (34 Doctors)	45% (46 Doctors)	 North of Scotland	19% (6 Doctors)	43% (18 Doctors)
 East of Scotland	39% (29 Doctors)	40% (41 Doctors)	 South East Scotland	13% (4 Doctors)	11% (4 Doctors)
 South East Scotland	9% (9 Doctors)	21% (29 Doctors)	 South West Scotland	22% (10 Doctors)	30% (18 Doctors)
 South West Scotland	23% (65 Doctors)	37% (146 Doctors)			

# Workforce Retention

The NHS in Scotland is also struggling to retain its workforce.

Consultants are leaving the workforce at an earlier age than ever before. Senior doctors leaving the workforce means, among other things, that we are losing valuable expertise.



50  
years

is the average age of radiology consultants leaving the workforce over the last 5 years

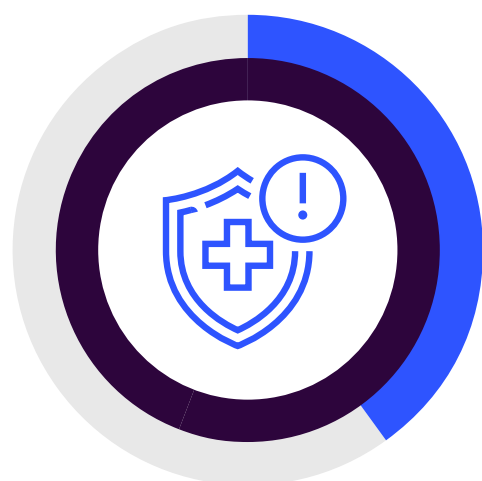


52  
years

is the average age of clinical oncologists leaving the workforce since 2019

# Patient Safety

Clinical leaders are worried about their ability to deliver safe and effective clinical care as a result of staff shortages...



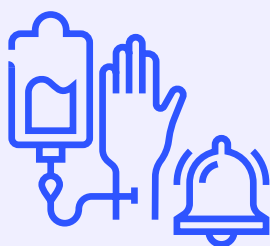
**40%**

of Cancer  
Centre leaders,  
and

**100%**

of radiology  
department leaders

say they are  
concerned  
about the  
safety and  
effectiveness  
of their  
services as  
a result of  
workforce  
shortages.



**80%**

of cancer centres  
reporting delays in  
patients accessing their  
SACT (chemotherapy)  
treatment.



**100%**

of radiology department  
clinical directors are  
concerned that backlogs  
and delays are affecting  
patient care.



**100%**

of cancer centres  
reporting delays in  
access to radiotherapy.



**100%**

of clinical directors say  
they do not have sufficient  
staff to meet reporting  
requirements.

# Financial impact

Staff shortages are not only unsafe, but they are also costly.

In the financial year 2023/24, radiology departments in Scotland spent £20 million to manage shortfalls using methods such as outsourcing to private firms, ad hoc locums and overtime payments to existing staff. Over the past 5 years, there has been an **average increase in this spending of 6.9% each year.**

To manage shortfalls in the  
financial year 2023/24,  
radiology departments  
in Scotland spent

**£20m**



# What can you do?

We are calling on members of parliament to:



Take a look at our recommendations for government on pages 4–5 of this document



Table questions in parliament on our behalf to help us raise awareness for these vital specialities.



Write directly to the Cabinet Secretary for Health and Social Care, urging him to consider the findings of the RCR census reports and calling for an urgent increase in the number of speciality training places in radiology and clinical oncology.

Please do get in touch with us at [publicaffairs@rcr.ac.uk](mailto:publicaffairs@rcr.ac.uk). We are more than happy to give you suggested text for parliamentary questions, set up meetings and offer further briefings as required.

# What needs to happen?

The Scottish government must take urgent action to recruit, train and retain the workforce we need. This must start with an increase in the number of specialty training places available in radiology and clinical oncology.

## Our recommendations

We are urgently calling on the Scottish government to carefully consider the following recommendations, when developing the next iteration of their workforce plans:

### Recruit

1. The NHS in Scotland and Scottish government should increase the baseline number of specialty training posts for clinical radiology and clinical oncology to maintain strong workforce growth and progressively eliminate the shortfall.
2. Health boards or hospitals not meeting national diagnostic waiting times or cancer performance targets should not adopt nor be placed under recruitment freezes
3. The NHS should support health boards and cancer alliances to develop local and regional, long-term workforce plans to meet the demand they face.
4. NHS Scotland should work with trusts and health boards to agree multi-year plans for the number of new consultant posts they each commit to.
5. Radiology networks across Scotland should redouble their efforts to ensure radiology departments are able to work more innovatively and collaboratively to ensure the provision of continuous care. This would serve to support those smaller radiology departments which are struggling to recruit and retain staff.
6. Cancer alliances across Scotland should redouble their efforts to encourage larger centres to work more innovatively and collaboratively with their smaller counterparts to ensure provision of continuous care. Cancer alliances should also work to address local issues, such as consultant shortages.





## Retain

7. Trusts must create working environments that support radiologists and oncologists to feel valued, remain in the NHS, and work to the best of their ability.
8. Trusts and health boards should ensure basic staff support and wellbeing measures are in place.
9. NHS Scotland should monitor hospitals' performance against providing these basic wellbeing measures, and provide targeted support to hospitals struggling to provide these measures.
10. Health Boards should ensure all doctors, including SAS doctors and those working LTFT, have sufficient SPAs protected in their job plans and the number of SPAs must realistically reflect individuals' roles and responsibilities.
11. Hospitals should conduct exit interviews with all doctors leaving the NHS to understand their reasons for departure. This data should be compiled nationally and used to inform workforce planning and policies to boost retention.
12. NHS Scotland must ensure that their long-term workforce planning includes actions to preserve radiology expertise across all special interest areas and site specialty expertise of common cancers so that patients in all regions can access the care they need quickly and easily.



## Train

13. NHS Scotland should explore the allocation of specialty training places by WTE numbers, rather than by headcount.
14. Health boards must ensure there is sufficient time in consultants' job plans to deliver training to junior staff.
15. Where their skills and experience allow, staff groups including SAS and locally employed doctors, senior residents, and advanced health practitioners should be enabled and encouraged to assist consultants in the delivery of specialty training.

---

### Clinical Radiology

16. Training should be delivered in all settings and at every opportunity, including in hospitals and community diagnostic centres.
17. Health boards should ensure sufficient space for radiology training, including sufficient office spaces, radiology workstations and PACS access.
18. To mitigate the cost associated with NHS-trained doctors pursuing careers in teleradiology, NHS Scotland should explore how teleradiology could contribute to specialty training of radiology resident doctors.

---

### Clinical Oncology

19. Medical schools across the UK should increase the training students receive in oncology to encourage more of them to consider the specialty, given its national importance.
20. Statutory education bodies and local deaneries should likewise increase exposure to clinical oncology at foundation and internal medicine training, respectively.



## About the Royal College of Radiologists

The Royal College of Radiologists (RCR) is a charity and leading membership body for clinical radiologists and clinical oncologists across the UK.

**Clinical Radiologists** are experts in interpreting medical images such as MRI and CT scans, and delivering minimally invasive procedures, including treatment for strokes. They are responsible for the majority of diagnoses made in the NHS.

**Clinical Oncologists** sit at the heart of cancer treatment, planning and overseeing the delivery of chemo- and radiotherapy.



The Royal College of Radiologists

63 Lincoln's Inn Fields  
London WC2A 3JW  
United Kingdom

**rcr.ac.uk**  
+44 (0)20 7405 1282  
publicaffairs@rcr.ac.uk