

# Diagnostics and Cancer Care in NHS Scotland: A Workforce and Policy Review

## Contents

Context: Healthcare in Scotland .....	1
NHS Scotland – Performance against targets .....	2
Scottish workforce statistics: clinical radiologists .....	3
Scottish workforce statistics: clinical oncology .....	5
Training and Education .....	7
Scottish Government and NHS Scotland policies .....	8
Recommendations .....	9
RCR Scottish Standing Committee .....	10

## Context: Healthcare in Scotland<sup>i</sup>

Health in the UK is a devolved issue meaning that NHS Scotland is managed by the Scottish Government. There are 14 regional health boards in NHS Scotland, responsible for managing the health of the local population. These are supported by seven special non-geographic health boards, such as Healthcare Improvement Scotland and NHS Education for Scotland. All boards are supported by Public Health Scotland.

NHS Boards are funded by and report to the Health and Social Care Group (HSCG), which consists of members from several government directorates, including the chief medical officer, chief nurse, health workforce, and population health directorate. The HSCG report to Scottish Ministers, who are accountable to the public and in Parliament.

The Public Bodies (Joint Working) (Scotland) Act was passed in 2014 which enabled integration between NHS boards and local authorities, into a separate body known as an integration joint board (IJB). IJBs are local government bodies not NHS organisations – and report to NHS Board chief executives. In total there are 31 IJBs in Scotland.

The 2024/25 Scottish Budget allocated £19.7bn for the NHS Recovery, Health and Social Care portfolio, with capital being allocated £820m of that<sup>ii</sup>.

# NHS Scotland – Performance against targets

## Cancer waiting times<sup>iii</sup>

**Target: 95% of patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.**

This target has not been met since 2012.

FIGURE 1: PERCENTAGE OF PATIENTS WAITING FOR OVER 62 DAYS TO BEGIN THEIR FIRST CANCER TREATMENT, BY YEAR

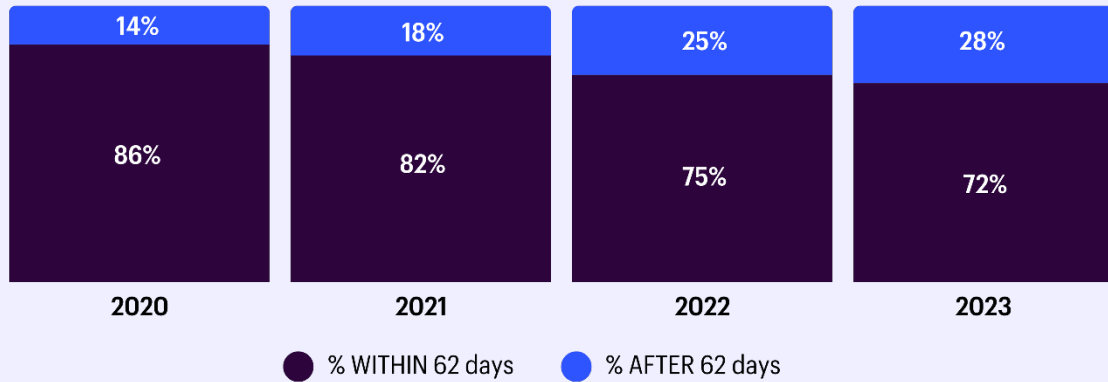
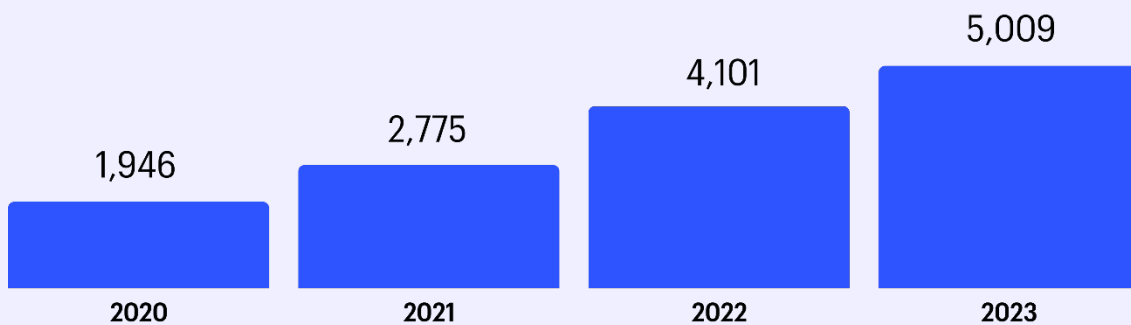


FIGURE 2: TOTAL NUMBER OF PATIENTS TREATED AFTER 62 DAYS, BY YEAR



**Target: 95% of patients should wait no longer than 31 days from decision to treat to first cancer treatment.**

FIGURE 3: PERCENTAGE OF PATIENTS STARTING CANCER TREATMENT WITHIN 31 DAYS, BY YEAR

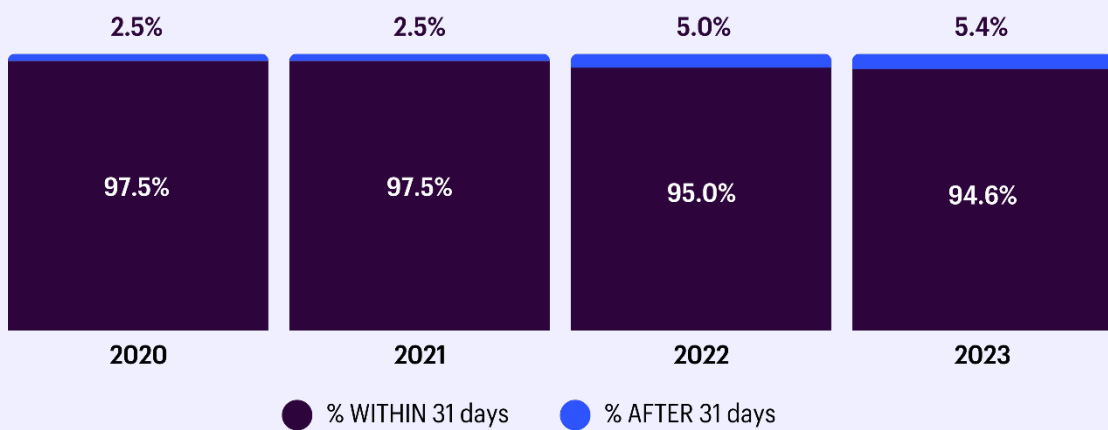
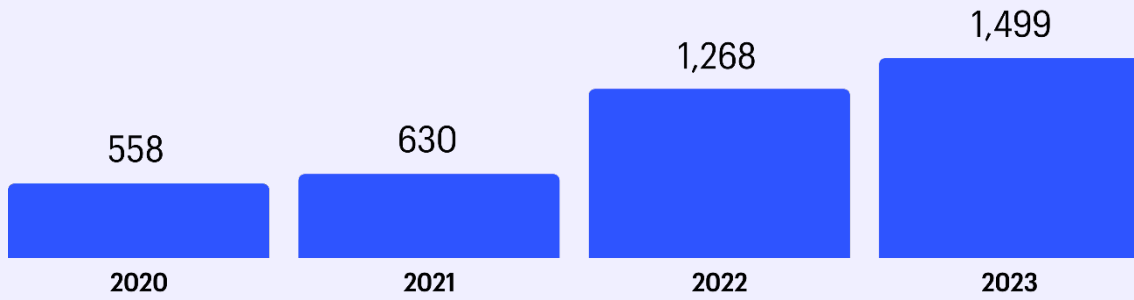


FIGURE 4: TOTAL NUMBER OF PATIENTS TREATED AFTER 31 DAYS, BY YEAR



This target was last met in Q2 of 2023.

### Diagnostic waiting times<sup>iv</sup>

**Target: Patients should wait no longer than six weeks for one of the eight key diagnostic tests.**

FIGURE 5: PERCENTAGE OF PATIENTS RECEIVING A DIAGNOSTIC TEST WITHIN 6 WEEKS, BY YEAR

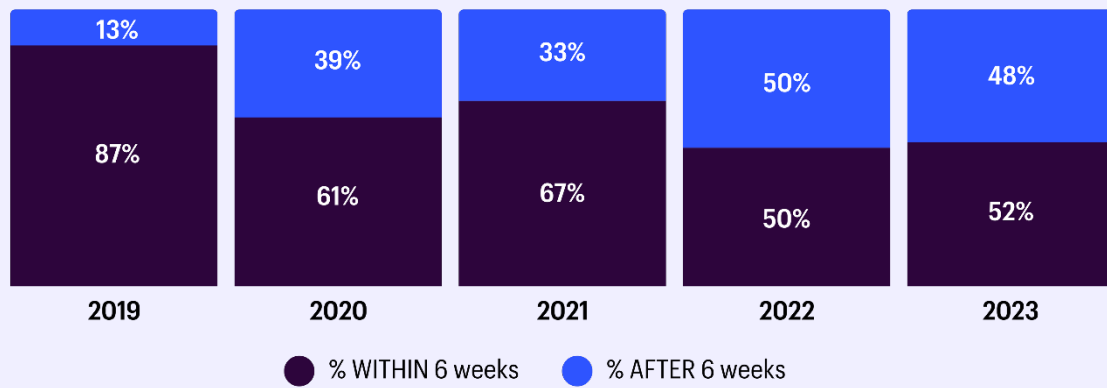
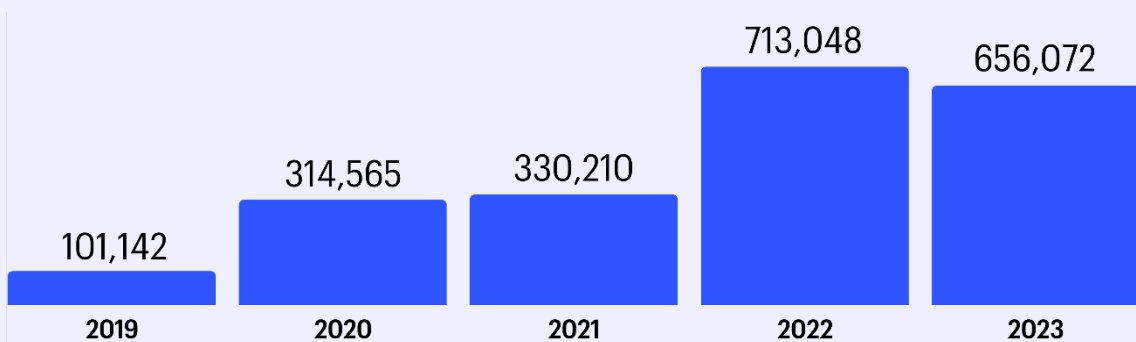


FIGURE 6: TOTAL NUMBER OF PATIENTS RECEIVING A DIAGNOSTIC TEST AFTER 6 WEEKS, BY YEAR



## Scottish workforce statistics: clinical radiology<sup>v</sup>

### Workforce shortfalls, 2023

- Across Scotland, there is a 26% shortfall of clinical radiologists (135 consultants), projected to rise to 36% by 2028 (263 consultants).

	CR consultant workforce shortfall (WTE)	CR consultant workforce shortfall %
<b>Scotland total</b>	<b>135</b>	<b>26%</b>
East of Scotland	28	40%
North of Scotland	32	40%
South East Scotland	4	4%
West of Scotland	74	27%

### Vacancies, 2023

- Across Scotland, there are 45 CR vacancies, representing a 10% vacancy rate. 64% of these have been open for 12+ months.

	Vacancies	Vacancy rate	Vacancies open for 12+ months
<b>Scotland total</b>	<b>45</b>	<b>10%</b>	<b>64%</b>
East of Scotland	2	5%	50%
North of Scotland	18	27%	100%
South East Scotland	0	0%	0
West of Scotland	25	11%	40%

### Backlogs and delays, 2023

- 100% of clinical directors were concerned that workforce shortages were causing patient delays and backlogs; 60% were highly concerned.

## Interventional radiology, 2023

An interventional radiologist (IR) is an essential specialist radiologist who performs minimally invasive image-guided procedures. Many IR procedures are lifesaving or life-altering. They can be used to remove the blood clot causing a stroke, drain infected organs or stop severe, life-threatening bleeding.

- There are 9.5 IR consultants per million population in Scotland, lower than the UK average of 11.6.
- 31% of health boards are operating with 'inadequate' IR services (less than a 1:6 rota or without formal networked arrangements to transfer patients). Comparatively in England, 53% offer inadequate IR provision.

## Regional spend on outsourcing for radiology - FY 2022/23

	Outsourcing	Insourcing	Ad-hoc locums	Total	Per head of population
<b>Scotland total</b>	£11,660,816	£4,774,697	£2,588,383	£19,023,896	£3.49
East of Scotland	£1,713,295	£795,962	£360,000	£2,869,257	£3.65
North of Scotland	£2,352,119	£732,362	£200,000	£3,284,481	£3.45
South East Scotland	£200,000	£395,962	£200,000	£795,962	£0.78
West of Scotland	£7,395,402	£2,850,411	£1,828,383	£12,074,196	£4.49

## Scottish workforce statistics: clinical oncology<sup>vi</sup>

### Workforce shortfalls, 2023

- Across Scotland, there is a 16% shortfall of clinical oncologists (17 consultants), projected to rise to 22% (29 consultants) by 2028. This is higher than the UK average of 21%.

	CO consultant workforce shortfall (WTE)	CO consultant workforce shortfall %
<b>Scotland total</b>	<b>17</b>	<b>16%</b>
North of Scotland	6	20%
South East Scotland	2	7%
South West Scotland	10	20%

## Vacancies, 2023

	Vacancies	Vacancy rate
<b>Scotland total</b>	<b>9</b>	<b>9%</b>
North of Scotland	4	14%
South East Scotland	2	6%
South West Scotland	4	9%

## Consultants per 100,000 older (50+) population, 2023

	CO consultants per 100,000 older (50+) population	CO & MO consultants per 100,000 older (50+) population
<b>Scotland total</b>	<b>3.9</b>	<b>5.9</b>
North of Scotland	3.7	5
South East Scotland	4.9	8.2
South West Scotland	3.5	5.2

## SPA deficit

Time for supporting professional activities (SPA) is critical to the development of services and doctors should have time protected to undertake these activities. The RCR's job planning guidance recommends that consultants should have a minimum of 1.5 SPAs in their job plan for revalidation. For other nonclinical work, including teaching, leadership and service development, doctors will need dedicated time on top of the standard 1.5 SPA.

- 39% of clinical oncologists have less than 1.5 SPAs in their job plan, compared to 23% in England.
- This limits time for service improvement, restricts training capacity, and contributes to burnout and poor retention.

## Managing shortfalls

To manage workforce shortfalls:

- 100% of centres used insourcing and goodwill (unpaid overtime), 80% used increased skill mix and locums, and 60% sent patients elsewhere for treatment.
- In England, less than a quarter of centres sent patients elsewhere for treatment.

## Training and Education<sup>vii</sup>

NHS Scotland centrally fund 100% of the costs of a specialty training post, with local systems required to pay for on call and any additional requirements. All trainee doctors are managed by NHS Education for Scotland.

The number of posts advertised by NES each year is determined by two factors: 1) the number of vacant posts created by trainees obtaining their CCT, and 2) whether any expansion posts have been created. The Scottish Shape of Training Transition Group (SSoTTG) are responsible for making recommendations to Scottish Ministers about whether expansion posts are needed to manage rising demand and changing working patterns.

### Expansion posts

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Clinical oncology		5					2		4	4
Medical oncology									3	3
Clinical radiology		4	6	8	10	10	10	10	10	
Interventional radiology	2	2	2	2			2			

In 2024, 153 expansion posts were recommended although did not include posts for clinical oncology or clinical radiology. 22 Internal Medicine Training posts were created, a pipeline for ST3 oncology applicants.

The SSoTTG is currently undertaking its annual review of medical training establishments and will be submitting recommendations later in the year for expansion taking place in 2025.

### Fill rates<sup>viii</sup>

In **clinical radiology**, 100% of positions are consistently filled, with high competition ratios.

#### Clinical oncology ST3:

	Posts available	Accepts	Fill rate %
2022	10	8	80%
2023	18	6	33%

## Scottish Government and NHS Scotland policies

### [National workforce strategy, 2022<sup>ix</sup>](#)

The strategy has 5 key pillars: plan, attract, train, employ and nurture.

1. **Plan:** Model projected workforce growth, with annual reviews. Also includes modelling of a sustainable cancer workforce, developing a separate Remote and Rural workforce strategy, and in the medium-long term, ensuring workforce modelling is used in all healthcare planning.
2. **Attract:** Increasing international recruitment efforts, promoting NHS Scotland as a good employer, and ensuring that pay, and terms and conditions remain competitive.
3. **Train:** Increasing the number of undergraduate medical school graduates by around 100 per year, expanding routes into the healthcare workforce including by apprenticeships, and upskilling the existing workforce including in digital skills.
4. **Employ:** Grow the workforce by 1% over the next five years, push for a more responsive immigration system, and support the development of the SACT and acute oncology workforce with up to £10m of funding.
5. **Nurture:** Investing in staff wellbeing, including through pastoral care, leadership development programmes, and continued equality measures.

The commitment to grow the workforce is welcome, and much needed in an environment of rising demand for cancer and imaging services. We await further detail on whether there will be a commensurate increase in foundation and specialty training places, which is urgent needed for these new medical school students to graduate into.

The plan is concerningly light on tangible measures to boost retention, which threatens to neutralise any positive outcomes that this strategy achieves. Senior doctors are critical to training the future workforce and for providing a level of expertise which more junior doctors will only reach in several years' time. We hope to see more detail for how the Scottish Government intends to stem the flow of expertise from leaving the system due to poor working conditions.

### [Cancer Strategy for Scotland 2023 – 2033<sup>x</sup>](#)

The cancer strategy has 11 priority ambitions, with the overall aim of enhancing cancer survival, and ensuring excellent, accessible care for all.

3-year action plans will be developed to drive forward progress against these 11 ambitions. These will be split to focus on the following themes: stabilise systems and services (2023-26), renew services and cancer control, and redesign services and embrace innovations.



The strategy includes ambitions to:

1. **Prevent more cancers**
2. **Achieve earlier and faster diagnosis:** including by expanding Rapid Diagnostic Services, developing diagnostic pathways for specific cancers (as has been achieved in lung), and further invest in services.
3. **Ensure the best preparation for treatment**
4. **Provide safe, realistic, and effective treatment:** including by delivering actions in the National Radiotherapy Plan, investing in radiotherapy replacement, increasing resourcing for SACT services and AOS, establishing and taking forward the actions of the Oncology Transformation Programme, and enhancing quality improvement.
5. **Offer excellent care and support post-treatment**
6. **Build a sustainable and skilled workforce**
7. **Ensure a person-centred care for all**
8. **Address inequalities**
9. **Include mental health in basic care**
10. **Encourage research and innovation**
11. **Implement intelligence-led services**

We welcome the ambition shown in the Scottish Cancer Strategy which is comprehensive in its commitments. In particular, the focus on early diagnosis, the recognition of the need for a skilled workforce and to recover SACT services is positive. However, there is little detail on what resource is being allocated to the implementation of this plan. We would welcome greater transparency on funding, and who will be responsible for driving forward these actions.

### Diagnostics policy

While there is no explicit diagnostics strategy, the value of early diagnosis or exclusion of cancer is recognised in the Scottish Cancer Strategy. Innovation and redesign of diagnostic imaging services is said to be required to facilitate timely access to tests, which will most likely come in the form of the wider roll out of Rapid Diagnostic Centres.

**The Cancer Strategy also refers to a planned launch of a Diagnostic Strategic Network**, which will provide the strategic direction to ensure diagnostic services are equipped to support pandemic recovery efforts.

## Recommendations

1. The Government should maintain yearly funding for the recent expansions of clinical radiology and clinical oncology training places.
2. To increase the number of applicants to oncology training places, NHS Scotland should fund a recruitment campaign, to be led by the Royal College of Radiologists in collaboration with the Association of Cancer Physicians.
3. Alongside the expansion of training places, NHS Scotland must deliver a corresponding plan for how they will expand training capacity to accommodate these new trainees. This should cover physical training space and consultant and educators' time to train and supervise.
4. The Government and NHS Scotland should prioritise workforce retention to stem the flow of expertise leaving the system. We need to better understand why consultants are leaving the service and introduce measures to prevent this.

5. NHS Scotland should provide greater clarity on what funding is available for SACT services in Scotland and how this money is being apportioned.

## RCR Scottish Standing Committee

The RCR has a Scottish Standing Committee, whose purpose is to ensure the RCR is represented in Scotland and, conversely, that relevant matters in Scotland are brought to the RCR's attention.

The current chair is Dr Judith Anderson and the Secretary, Dr Graeme Lumsden.

The Scottish Standing Committee can be contacted via the RCR governance team:

[governanceteam@rcr.ac.uk](mailto:governanceteam@rcr.ac.uk).

## References

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<sup>i</sup> Healthcare Financial Management Association. 2024. HFMA introductory guide to NHS Finance; Chapter 22- Scotland. Available at: [https://www.hfma.org.uk/system/files/2024-04/HFMA%20introductory%20guide%20to%20NHS%20finance\\_April%202024.pdf](https://www.hfma.org.uk/system/files/2024-04/HFMA%20introductory%20guide%20to%20NHS%20finance_April%202024.pdf)

<sup>ii</sup> Scottish Government. 2023. Scottish Budget: 2024 to 2025; Annex A.1 – NHS Recovery, Health & Social Care. Available at: <https://www.gov.scot/publications/scottish-budget-2024-25/pages/5/>.

<sup>iii</sup> Public Health Scotland. 2024. Cancer waiting times. Available at: <https://publichealthscotland.scot/publications/show-all-releases?id=20467>. [Accessed August 2024].

<sup>iv</sup> Public Health Scotland. 2024. NHS waiting times – diagnostics. Available at: <https://publichealthscotland.scot/publications/show-all-releases?id=20543>. [Accessed August 2024].

<sup>v</sup> The Royal College of Radiologists. 2024. Clinical radiology workforce census 2023. Available at: <https://www.rcr.ac.uk/media/5befglss/rcr-census-clinical-radiology-workforce-census-2023.pdf>.

<sup>vi</sup> The Royal College of Radiologists. 2024. Clinical oncology workforce census 2023. Available at: <https://www.rcr.ac.uk/media/j5jmhpju/rcr-census-clinical-oncology-workforce-census-2023.pdf>.

<sup>vii</sup> Scottish Government. 2024. Review Body on Doctors' and Dentists' Remuneration (DDRB): written evidence – 2024-2025 pay round; Annex A: Education and Training. Available at: <https://www.gov.scot/publications/scottish-governments-written-evidence-review-body-doctors-dentists-remuneration-ddrb-2024-25-pay-round/pages/12/>.

<sup>viii</sup> NHS England Workforce, training and education. Medical specialty recruitment, Fill rates. Available at: <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/fill-rates>. [Accessed August 2024].

<sup>ix</sup> Scottish Government. 2022. Health and social care: national workforce strategy. Available at: <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/>.

<sup>x</sup> Scottish Government. 2023. Cancer strategy 2023 to 2033. Available at: <https://www.gov.scot/publications/cancer-strategy-scotland-2023-2033/>.