

Written evidence submitted by Anonymous (EPW0072)

Thank you for inviting written submissions to the panel on the issue of workforce. My responses relate to my position and experience as a consultant radiologist.

Questions:

- *One of the Government commitments we looked at pledges to ensure staffing levels meet the needs of the service. Do you think this commitment is currently being met?*

No. The current workforce across all disciplines involved in medical imaging (principally radiologists, radiographers and medical physicists) is far short of what is required to meet current demand for medical imaging. The minor expansion which has been delivered to date has in no way kept up with predictable increases in demand over the past decade. Professional bodies have been warning of this shortfall for at least 15 years and could provide evidence of this if required.

- *We are interested to hear more about your experiences of workforce planning as part of the strategy in your workplace. Does anyone have any comments on this? Is there a systems and partnership approach to workforce planning within the strategy?*

Medical workforce planning has completely failed to deliver the workforce needed to meet the requirements of the service. With specific reference to the consultant radiologist workforce I believe that there are three main reasons for this:

1. Workforce planning for the consultant workforce has been operated as a form of “zero sum game” – the total number of specialty training posts has effectively been fixed so that the only way to expand radiologist training, for example, is to reduce the number of trainees in another specialty eg surgery or anaesthetics. With pressures increasing across all disciplines, such a contraction in any speciality has been very hard to achieve and would in any case have been inappropriate.
2. The ability to outsource the reporting of medical images to teleradiology companies has provided a short term (and very expensive) solution and has allowed decisions about expansion to be deferred from year to year. Prior to the pandemic this was costing the NHS about £120 million per annum – far more than would have been required to train the necessary workforce to prevent the need for outsourcing at all.
3. Some NHS leaders and workforce planners have had a hopelessly optimistic view of the speed with which Artificial Intelligence and machine learning will make a useful contribution to the radiology workload. It is increasingly clear that whatever the role of AI may be in the future, we cannot simply wait for computers to take over the work of radiologists (or radiographers). This is addressed in Sir Mike Richards’ recent review *“Diagnostics: recovery and renewal”* which sets out precisely what is required and should be implemented without delay.

Thank you for considering this contribution to the Panel’s review.

June 2022