Radiotherapy UK

IPEM
Institute of Physics and Engineering in Medicine

Radiotherapy UK Flash Survey

2023

Executive Summary

The radiotherapy workforce plays a crucial role in UK cancer care, and it would be a grave mistake to ignore this and fail to act on the warnings highlighted in this report. To do so would jeopardise the care of many thousands of cancer patients.

Therapeutic Radiographers, Medical Physics Teams, Engineers, and Clinical Oncologists form a highly specialized and technical workforce. Remarkably, despite their small numbers—only 6,400 professionals— they deliver **160,000** courses of life-saving treatment every year. That means a patient in the UK is treated with radiotherapy every 15 seconds. They are the foundation of successful cancer treatment.

> "We need to keep the staff and prevent them from leaving the profession. Staffing levels are so low in my department, (which is huge), we have closed one CT scanner and one linac."

Radiotherapy is needed in half of all cancer patients and involved in 40% of cures. Personalized to each patient, radiotherapy can help people at every stage: from early disease treatment to palliative care. It is effective, incredibly cost-efficient and often overlooked – the 'Cinderella' of cancer treatment. Why? Possibly because it has neither the money of the pharmaceutical industry to promote it, nor the immediacy of surgery in the nation's consciousness.

> "Please highlight how unhappy staff are to the government. Our staff are struggling so much more than ever before. We are burnt out and this needs to be addressed before we no longer have an effective workforce."

Each year since 2020 Radiotherapy UK has invited radiotherapy professionals to take part in a flash survey – a chance to share the reality of providing frontline health services. The most recent survey, launched in late 2023, had responses from more than 10% of the entire UK workforce, marking the highest response rate.

The aim is to dig underneath the deeply concerning statistics indicating chronic radiotherapy shortages to find out the impact of continuing underinvestment in this crucial life-saving cancer treatment.

This Executive Summary shares the headline findings, the body of the report contains the data and the detail, and our conclusion points to the urgent need for change.

Personalized to each patient, radiotherapy can help people at every stage: from early disease treatment to palliative care.

This survey is the sixth of its kind since 2020 and shows a worrying trend that the situation is worsening. Three key themes stand out:

1. **Capacity**

   The annual survey consistently reveals a deep concern about the lack of treatment machines and staff to meet current patient needs. This concern increases when respondents are asked to think about higher future demand. The scarcity of clinical oncologist time is a recurring theme, leading to delays in patients' starting their radiotherapy treatment. With cancer cases set to rise by 33% by 2040, radiotherapy is ill equipped to cope with current or growing need.

2. **IT & Innovation.**

   Adopting technological advancements in radiotherapy faces significant challenges due to a lack of the basics in connectivity and IT infrastructure. Even when state-of-the-art equipment and software are available, poor investment in staff training and workforce growth is stopping patients from getting the benefits of modern radiotherapy.

3. **Morale.**

   This survey shows the persistent morale challenges faced by our workforce, emphasizing the urgent need for improved working conditions. A poignant statement— "The service is very much run on good will". This underscores the strain experienced by staff, who are now more burnt out than ever before. Addressing this issue is crucial to maintaining an effective workforce.

> "With cancer cases set to rise by 33% by 2040, radiotherapy is ill equipped to cope with current or growing need."

Despite these challenges, the survey also highlights positive efforts. Innovation continues to thrive, with a focus on enhancing the patient experience, maintaining patient-centered care, and achieving patient satisfaction. Remarkable teamwork persists even under immense pressure.

However, relying solely on goodwill is not enough to serve the thousands of cancer patients who depend on radiotherapy. We urgently require support and investment in the radiotherapy workforce through a sustainable National Plan for Radiotherapy.

Thousands of patients miss out on this essential pillar of cancer treatment due to inadequate investment and focus from the government. Radiotherapy, a proven method for curing cancer, is cost-effective (at only 4-7K per patient) and leverages cutting-edge science and technology.

It's time to bridge the care gap and prioritize radiotherapy services and the dedicated workforce delivering life-saving cancer treatment.

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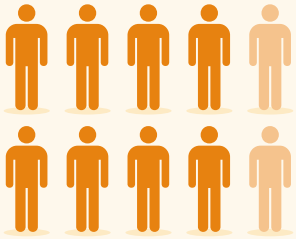
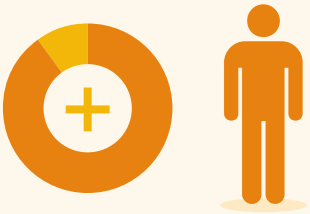
The key findings of this survey include

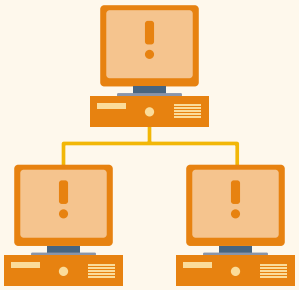


80% of respondents did not feel that they had the staff to meet current patient needs.

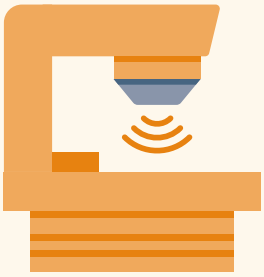


90% of respondents did not feel that they had the staff to meet future patient needs.

80% of respondents noted that they or a colleague had considered leaving the profession.



36% of respondents said they did not have access to appropriate IT and technology infrastructure.



42% of respondents did not feel that they had the machines to meet current patient needs.

69% of respondents did not feel that they had the machines to meet future patient needs.

Introduction

Radiotherapy is delivered by a multi-disciplinary, highly-skilled workforce of 6,400 that deliver an estimated 160,000 life-saving treatments each year.

Clinical oncologists, therapeutic radiographers, medical physics teams, dosimetrists and engineers work together to ensure that the treatment delivered is safe and effective. The workforce face chronic shortages across all disciplines, with recruiting and retaining skilled staff a key challenge for the service.

Reports from the three professional bodies representing the main radiotherapy workforce; Institute of Physics and Engineering in Medicine (IPEM), Royal College of Radiologists (RCR) and Society of Radiographers (SoR) highlight the breadth of these challenges.

- **The latest RCR census report** states a 15% shortfall of clinical oncologists requiring an additional 185 doctors to deliver safe and effective patient care. By 2028, they project that this shortfall will rise to 21%.
- **The latest SoR census report** the therapeutic radiography workforce has seen a decrease by 152 WTE (3.8%) in the last year alone with 316 positions currently vacant.
- **IPEM's most recent Workforce census** indicates an average vacancy rate of 8% across the Radiotherapy Physics group. Combined with a predicted training capacity shortfall and a large proportion of staff approaching retirement age, workforce vacancies across medical physics and clinical engineering are expected to increase further if appropriate measures are not taken.

The APPG-RT 2024 report: **World-class radiotherapy in the UK: Right Patient, Right Treatment, Right Time** has estimated the current radiotherapy workforce gap at 600, with the warning that to meet the increasing number of cancer patients forecast by 2040, the workforce would need to increase by a third or about 2,000 professionals.

The report emphasizes the need for an immediate plan to close the existing workforce deficit and advocates for a fully funded, comprehensive 10-year radiotherapy-specific workforce strategy. Such a plan would create a sustainable and adaptable workforce capable of harnessing advances in healthcare delivery systems.

This Workforce Survey explores the detail behind these concerning statistics. As the charity's sixth workforce survey, it provides valuable insights from over 10% of the workforce—offering an unfiltered frontline perspective on delivering radiotherapy services. Some questions have remained consistent across the five previous surveys, providing rich longitudinal data, while others have been adapted to reflect the current radiotherapy service environment.

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Survey Method

The survey was conducted by Radiotherapy UK between 29th August and 12th September 2023 to better understand the current issues being faced by the workforce delivering radiotherapy services. The survey was conducted using Google Forms and contained a mix of 20 quantitative and qualitative questions. The survey was distributed to radiotherapy professionals via the charity's Radiotherapy Daily News emails, through social media (Twitter, Facebook, and Instagram) and via professional networks over 15 days. A total of 787 radiotherapy professionals responded to this flash survey. The responses contained details of a respondent's profession and geographical area of working, but individuals and departments could not be identified.

Results

Survey Respondents

Q1-4 provided information regarding respondent's profession, geographical location, NHS or private employment.

The survey conducted within the radiotherapy sector has yielded significant insights into the workforce distribution. After excluding 17 respondents not affiliated with radiotherapy services, the analysis focused on 787 participants. This sample size accounts for over 10% of the estimated 6,400 individuals in the UK's radiotherapy workforce, marking the highest response rate for this survey series to date.

A substantial majority of 94% of respondents are employed by the National Health Service (NHS), with a smaller fraction of 4% working in the private sector. This distribution highlights the NHS's predominant role in providing radiotherapy services in the UK.

The professional breakdown of the respondents is also noteworthy, with 62% identifying as Therapeutic Radiographers. The Physics workforce, which encompasses engineering roles, represents 27% of the respondents. Clinical Oncologists, who are responsible for the medical aspect of cancer treatment, make up 2.7% of the survey participants. The remaining 8.3% of respondents was made up of academics, lecturers and radiotherapy nurses.

There was representation from all four devolved nations in the UK with 90% of respondents from England, 3% Northern Ireland, 4% Scotland, and 3% from Wales. This indicated a split of responses from across the country, with the highest number of respondents coming from Greater London (19%) and the North West (17%), the least number from the North east (5%).

> "Such surveys are crucial for understanding workforce dynamics and for informing policy and operational decisions within the healthcare system."

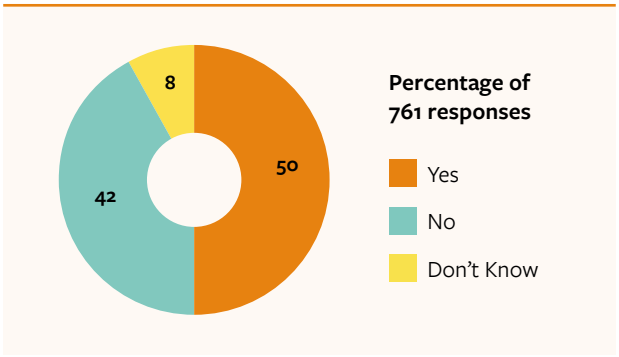
These statistics not only reflect the composition of the radiotherapy workforce but also underscore the engagement and willingness of these professionals to contribute to sector-wide assessments. Such surveys are crucial for understanding workforce dynamics and for informing policy and operational decisions within the healthcare system.

Radiotherapy Capacity

Machine and Workforce Capacity

Machine Capacity:

Q5. Does your department have the machine capacity required to meet current patient need?



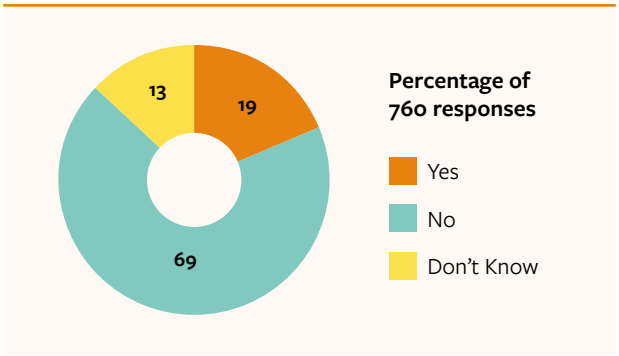
The responses indicate a concerning trend in lack of machine capacity for meeting patient needs.

42% of respondents reported a lack of capacity, reflecting a 7% increase from the 2022 survey responses.

50% believe they do have capacity, down from 59% in the 2022 survey.

This suggests that, despite technological advancements, radiotherapy facilities are facing challenges in scaling up their infrastructure to keep pace with patient demand. It's crucial for healthcare providers to investigate the underlying causes of this reported deterioration and seek solutions to ensure that patient care does not suffer due to inadequate machine capacity.

Q6. Do you think your department has the machine capacity required to meet patient needs when more patients come through from the backlog and future demand?



The results indicate a growing concern among respondents regarding machine capacity to meet future demands.

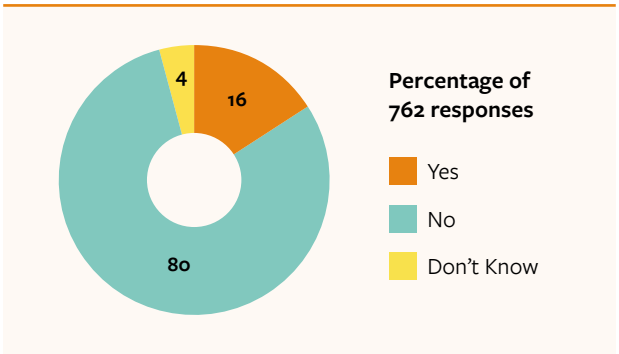
69% responded that they do not think they have the machine capacity to meet future needs, up from 65% the previous year.

The data also shows that 19%, do not share this concern, while 13% are uncertain.

This suggests the NHS need to explore ways to increase machine capacity and efficiency improvements to prepare for anticipated needs. Highlighting inequality and possibly different levels of preparedness or optimism about future technological advancements and capacity planning throughout departments.

Workforce capacity:

Q7. Does your department have the workforce capacity to meet current patient need?



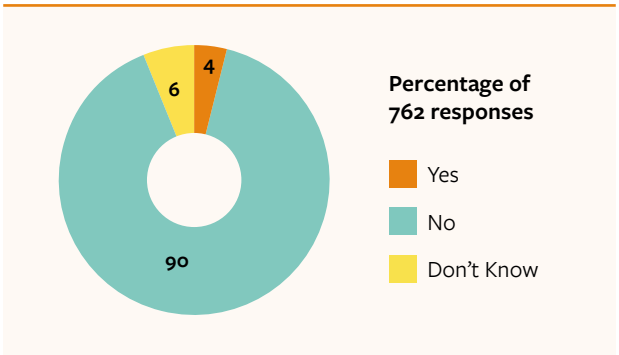
80% believe there is not enough workforce to meet current patient needs. This represents a marginal improvement from the workforce survey conducted in 2022, where 84% reported a lack of necessary workforce.

16% of the participants have confidence their current staffing levels are adequate, and 4% were uncertain about their workforce capacity.

This data suggests a slight positive trend in workforce capacity, though there is still a large majority indicating a significant gap in meeting patient demands.

> "Resource allocation and workforce management remain significant challenges."

Q8. Do you think your department has the workforce capacity required to meet patient needs when more patients come through from the backlog and future demand?



90% of respondents thought there was a lack of workforce to meet future patient needs. This is a marginal improvement from the previous year's figure of 93%.

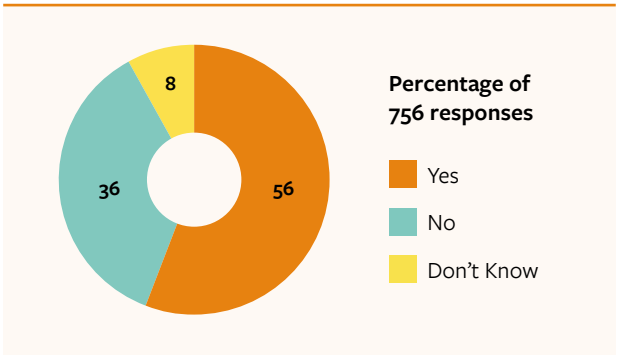
Only 4%, believe that their current workforce capacity is sufficient for future demands. This further highlights the need for better forecasting methods to inform workforce planning, professional training and improve staff retention.

The data emphasises the urgency of strategic planning and investment in radiotherapy workforce capacity. It also underscores the importance of improved forecasting methods for workforce planning, professional training, and staff retention. Resource allocation and workforce management remain significant challenges. Systemic changes are essential to address workforce shortages, including increasing the number of healthcare professionals and enhancing their training, support, and working conditions to ensure sustainable healthcare delivery in the future.

Technology & Innovation

IT & Technology Infrastructure:

Q9. Do you have access to the appropriate IT and technology infrastructure to support the delivery of the most up to date techniques?



56% of respondents said they have the appropriate IT and technology infrastructure to support the delivery of the most up-to-date techniques

36% said they didn't and 8% don't know.

This is exactly the same response as in last year's survey indicating no widespread improvements in this area.

The survey results indicate a stagnation in the improvement of IT and technology infrastructure within radiotherapy. The 36% negative response rate highlights a considerable portion of the workforce and their departments still face major challenges. This data indicates a need for organisations to invest more in their IT capabilities in radiotherapy to keep up with evolving technological demands. There are many underlying factors preventing improvement in IT that vary across organisations that need to be identified and addressed to facilitate better outcomes.

Q10. As a follow up to this question, we asked the open question "What do you need which you do not have?" 236 responses

IT Support and connectivity (63%): Increased investment in IT support and connectivity was the major need noted. The impact of not having appropriate IT systems in place for service efficiency was clear – ranging from the basics.

> *"Our computers are too old, and they are slow. This is preventing work from being done efficiently."*

to impacting on the ability to take advantage of upgrades

> *"Need to upgrade Treatment Planning software but cannot as hardware is outdated."*

> *"SGRT project also taking far too long to implement - had the kit over a year, but have been unable to implement due to local ICT barriers."*

Machines and upgrades (47%): Respondents highlighted a need for more radiotherapy machines and upgrades to existing machines, with 4% expanding on the current procurement/ funding programme as not working.

> *"Capital replacement programme does not work. We have 3 linacs in clinical use > 10 years old with no guarantee of funding for replacement."*

Training and workforce (18%): IT and technology infrastructure cannot be delivered without training and increasing workforce capacity.

> *"More staff is key though, if we get more equipment without more staff we can't commission it."*

29% of responses highlighted within their comments that they did not have the ability to deliver SGRT and / or adaptive techniques.

The survey reveals challenges related to IT infrastructure, equipment, workforce capacity, and the need for strategic planning to ensure sustainable and effective radiotherapy services.

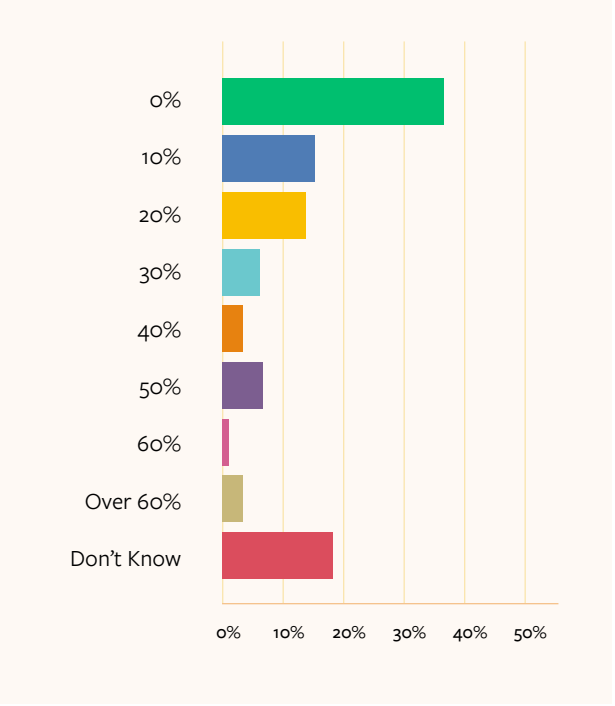
Q11. In your department what percentage of LINACs are over the 10 year recommended life-span?

743 responses

Acknowledging the limitations of this question is important. It is not expected that many of the workforce will know or have access to information about the age of LINACs in their department. Unfortunately, without publicly available categorical data, assessing individual machine ages remains challenging. However, despite these constraints, understanding LINAC age remains an important inquiry for informed decision-making.

The survey data provided indicates that a majority of the respondents, 37%, have LINACs within the recommended lifespan of 10 years. However, a significant portion, 26%, have 10-20% of their LINACs exceeding this lifespan. A smaller group, 11%, reported having over half of their LINACs outdated, with 3% of this group having as much as 60% of their equipment outdated.

The data also highlights a notable degree of uncertainty, with 19% of respondents unsure about the age of their LINACs.



In summary, while a significant number of departments appear to have LINACs within the recommended lifespan, there is an indication that a portion of the equipment is outdated. This can mean slower treatments, more treatment interruptions with breakdowns, lack of image-guided facilities and lack of capability to undertake modern radiotherapy techniques.

The lack of publicly accessible data to ascertain how many treatment machines are older than the recommended 10 years makes it challenging to understand service delivery locally and nationally.

Waiting times

Q12. At the time of the survey nearly 1 in 2 people are waiting too long for their cancer treatment. In your opinion, what immediate or innovative solutions can be implemented in radiotherapy to improve this for patients.
570 responses

KEY THEMES:

Workforce Initiatives (66%): Respondents emphasized improving workforce conditions, advocating for flexible schedules, better pay, and opportunities for advanced practitioners. To alleviate the planning bottleneck, many advocated for the delegation of certain tasks to dosimetry staff and the integration of AI tools, which could expedite simpler planning processes and free up clinical oncologists for more complex cases.

Addressing the issue of low staff morale, particularly post-COVID-19, respondents proposed financial incentives to boost morale and retain staff. Encouraging the pursuit of careers in radiotherapy through student bursaries and enhanced training support was also recommended.

> *"More delegation of advanced practice roles to radiographers and medical physics staff will help us bridge the short term staffing crisis."*

Advanced Techniques (25%): Mentioned techniques like PACE, SGRT, SABR, and hypofractionation play a key role in improving capacity and planning.

> *"Ongoing investment in new technology e.g. SGRT/ automated transit dosimetry will enable the quality of radiotherapy to be increased without huge workload implications."*

> *"SABR/HYPO for more sites- we are only doing lung SABR and Breast Fast Forward. More sites will definitely improve wait times especially Prostate."*

These insights highlight a multifaceted approach to improving patient wait times, encompassing both workforce initiatives and technological advancements.

Technical Infrastructure (16%): Calls for increasing radiotherapy machines and upgrading existing equipment were made. This included the need for strategic planning for machine replacement and the additional treatment capacity development needed to manage the influx of cancer referrals from community diagnostic centres.

> *"Build more treatment capacity. The introduction of community diagnostic centres is sending a barrage of cancer referrals into the care system. Radiotherapy (and other downstream specialties) have not been equipped to cope, nor has this increase been considered...It shows a distinct lack of joined up thinking."*

> *"Learn from countries who have tighter treatment targets... Have a proper national plan for the implementation."*

AI Adoption (14%): Some suggested the adoption of AI as a potential solution to improve treatment wait times.

> *"Expand the use of AI without having to go through local business cases that put WTE budgets at risk."*

Q13. NHS England data shows fewer cancer patients are receiving their first radiotherapy treatment within the 31 day target from decision to treat to first radiotherapy treatment. Why do you think this is? 597 responses

KEY THEMES

Workforce Shortages (68%): Over two thirds of respondents identified workforce shortages as the primary challenge. It was noted that Clinical Oncologists, in particular, require additional professionals to enhance and expedite the treatment pathway.

> *"Consultant availability - Rad-oncs are having to do chemo clinics due to a lack of med-oncs. This then leaves them with less time to see radiotherapy patients and complete planning tasks."*

> *"Everyone's working harder for less and quite frankly, we've all had enough. No one wants to work extra shifts."*

Treatment Capacity (26%): A significant portion highlighted insufficient treatment capacity. Despite increasing episode numbers and complexity, capacity hasn't kept pace.

> *"The number of episodes is increasing, and the average complexity of each episode is increasing, but the capacity has not increased in line with these changes."*

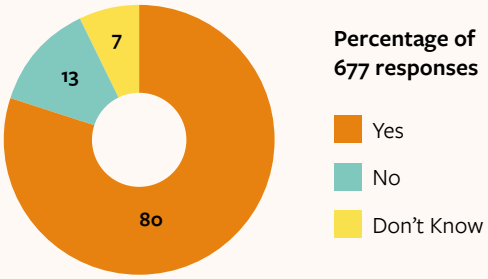
Complexity and Demand (11%): Some respondents attributed the lack of treatment capacity to more complex planning and treatment requirements. Additionally, increased patient demand necessitates additional time and resources.

> *"More complex treatments are also being requested - DIBH, 4DRT, VMAT for Palliatives as Radiotherapy technology has advanced - these also take additional resources for planning and delivery."*

> "To alleviate the planning bottleneck, many advocated for the delegation of certain tasks to dosimetry staff and the integration of AI tools, which could expedite simpler planning processes and free up clinical oncologists for more complex cases."

Workforce

Q14. Has the current environment in radiotherapy services caused you or any of your colleagues to consider leaving the radiotherapy profession?



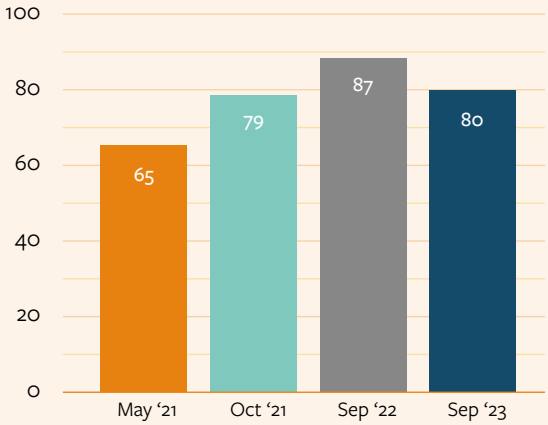
80% of respondents indicated that they or a colleague had considered leaving. 13% responded no, and 7% were unsure.

The survey results indicate a significant level of dissatisfaction among the workforce, with a large majority considering leaving their positions. Despite a slight improvement, the persistence of high numbers responding yes show that underlying and persistent issues remain unaddressed.

> 'I love my job but am finding it incredibly difficult at the minute and am having to consider leaving the profession for the sake of my mental and physical health.'

Percentage of respondents who themselves have considered leaving the profession or know a colleague who has considered leaving.

Trend analysis of last four years.



Graph showing trend over 4 most recent surveys

"The service is very much run on goodwill. Can we work more hours? Can we work weekends? Can we work bank holidays? Can we work late in the evening? Staff need a better work/life balance, fairer pay for the stress that the job entails."

"I'm seriously considering early retirement due to burn-out."

"I love my job but am finding it incredibly difficult at the minute and am having to consider leaving the profession for the sake of my mental and physical health."

Q15. Despite the current environment and pressures what are you and your team delivering that is working well and is having a positive impact? 515 responses

KEY THEMES

Innovation and Quality Treatment (29%): As an example, respondents highlighted projects such as implementing Surface Guided Radiotherapy (SGRT) and going tattooless for future patients. SGRT improves treatment times, accuracy, and patient comfort.

Patient-Centered Care (28%): Respondents emphasised their commitment to delivering the best care possible to their patients and advancing practice to support their needs and improve their experience of treatment.

> *"Introduction of radiotherapy late effects clinic (currently funded by Macmillan Cancer charity)."*

> *"Patient experience survey results show once patients are on treatment they feel well supported by a knowledgeable, friendly and caring team of staff."*

Teamwork and Motivation (15%): Some respondents focussed on their work fostering good teamwork and creating a supportive environment among staff

Unsustainable goodwill (11%): Staff are over-stretched, facing pressure, and struggling with staffing shortages. Despite these challenges, they continue to deliver high-quality treatment but the responses show this is an unsustainable way to continue delivering services.

> *"We try to not show how much stress there is in the system. We deliver a good service to our patients. We work flexibility often having to extend days to fulfil the service."*

> *"We deliver first class treatment despite the pressure on the system, however, this is often used against us. The harder we go the more work gets piled on top. It's relentless."*

These insights highlight the extensive efforts to improve radiotherapy services while acknowledging the existing difficulties.

"Patient experience survey results show once patients are on treatment they feel well supported by a knowledgeable, friendly and caring team of staff."

WORLD-CLASS RADIOTHERAPY IN THE UK

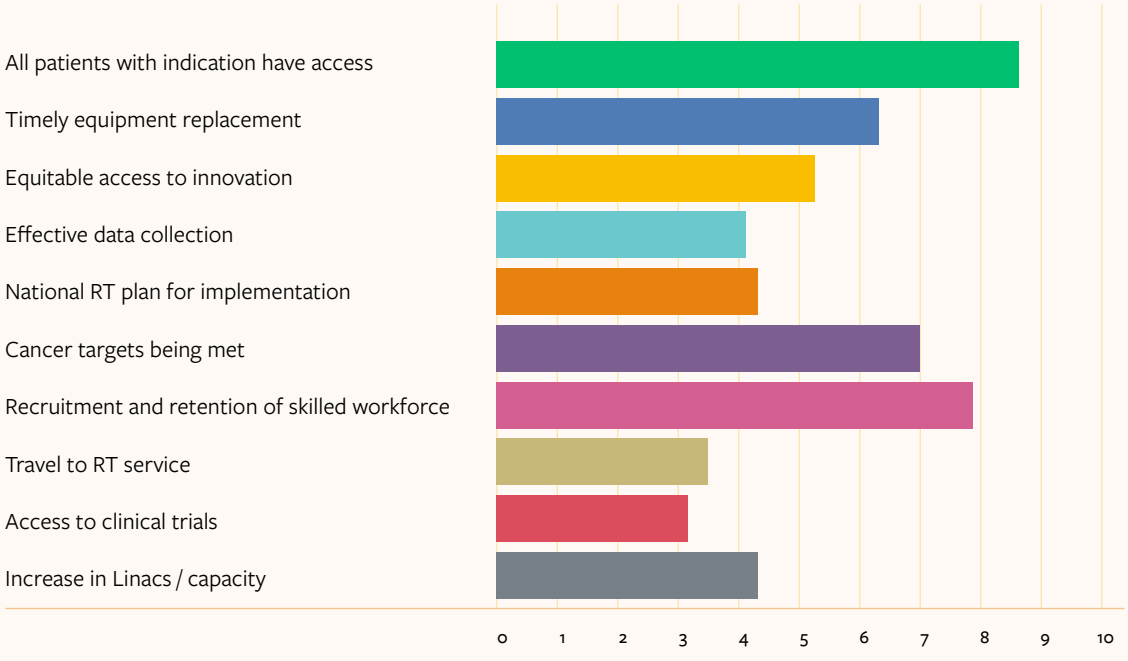
In Summer 2023 Radiotherapy UK were commissioned by the APPG-Radiotherapy to facilitate a report outlining the necessary changes to achieve world-class radiotherapy in the UK. The report, titled 'World-class radiotherapy: Right Patient, Right Treatment, Right Time' was officially launched in Westminster in February 2024. It was the result of extensive collaboration with patients, frontline workforce, experts, researchers, charities and professional organisations. Insights from questions 16 – 18 in the 2023 Flash Workforce survey were instrumental in shaping the report's content.

The full report can be read here. >

Q16. What do you think are the benchmarks of a world-class radiotherapy service? 606 responses

The top three benchmarks selected by the majority of respondents were

1. All patients who have an indication for radiotherapy as part of their treatment should be able to easily access the services
2. Recruitment and retention of skilled workforce
3. Cancer targets being met with all patients accessing treatment on time.



Q17. Please share any further thoughts or comments about the benchmarks in Q.16 172 responses

KEY THEMES AND COMMENTS

Quality of care

"In my mind a world class radiotherapy service would be all patients having access to new technologies as well as having lots of clinical trials. A lot of the benchmarks, such as replacing old equipment and achieving the targeted times should be the minimum requirement for a standard service."

"A world class radiotherapy service should first and foremost ensure all who will benefit has access to it in a timely fashion. Standardisation across the country is essential in reducing health inequalities. It also should lead research, implementing findings as soon as practicable."

"Consistent standard treatments from all centre's removal of the postcode lottery. All treatment modalities to be available to all. The 5- or 10-year survival rates, a much better follow up of patients outcomes following treatments would show how effective the Radiotherapy has been."

Coordinated investment in staffing and equipment is essential.

"Lots of money has gone into the detection of Cancer using diagnostics but if there are not enough machines to treat the cancer or staff to run the machines patients will become very anxious knowing that they have an untreated cancer that is growing."

"Sufficient quality staff and equipment for the present are a priority for ensuring all patients can access cancer treatments, then looking for future improvements, staffing levels, specialists, innovative technologies, advanced equipment etc can be pursued as there would be a solid base for standard care."

"At this time it is the lack of workforce combined with old outdated equipment that are the major factors affecting our ability to deliver the right care in the right location on time."

Workforce recruitment and retention

"Staffing is our biggest issue, without this we cannot deliver a world-class radiotherapy service."

"Technological innovation is fine, as is research. However, without the workforce, no one gets treated. Biggest challenge is retaining staff in the NHS and attracting new staff into it."

"The most important benchmark should be a full workforce. Not enough universities offer the course and since the course became self funded the quality of students has deteriorated due to universities being less reluctant to lose money by failing students."

Leadership and government backing

"Without staff and a team to lead or co-ordinate a national plan everything else is not going to happen. But I would like to add that any national group that is developed to lead a national plan need to ensure a plan is achievable and not filled with bureaucratic red tape and that the government will fully fund everything that is required to deliver it. Without substantial government funding as well as ensuring that they pay decent salaries to those on the front line, we will still be answering these same questions in 2033!!"

Q18. Thinking about your top 3 benchmarks in Q16, what needs to change to allow you to provide a radiotherapy service that delivers on these? Eg. Out-dated equipment = National procurement, rolling funding.

From 333 responses we analysed comments relating to the 3 highest ranking bench marks as below.

3 highest ranking benchmarks from Q16

1) Access to radiotherapy
2) Recruitment and retention of workforce
3) All patients accessing treatment on time

1) Access to radiotherapy

The need to have a better understanding of access rates was highlighted as key, and the need for research into why rates are so low and what actions could be taken to increase referrals.

"Research needs to be conducted on why RT isn't accessible. Is it location, and patients don't want to travel. Is it lack of understanding of what RT can do to help the individual?"

"In-depth pathway analysis of why these patients are not receiving radiotherapy."

"Improve staffing levels to allow RT representation at MDT and clinical discussions."

2) Recruitment and retention of workforce

Incentives, enhancing NHS benefits and focusing on career progression were key recommendations outlined to increase staffing levels and improve workplace morale.

"Incentives – remove pay walls \| career ceilings– lose highly skilled and experienced staff when they reach their career 'ceiling' and leave for general management roles."

"We need to improve benefits of working in the NHS so people want to stay."

"We need to increase the recommended number of staff per linac. There has to be time for CPD, further training, development."

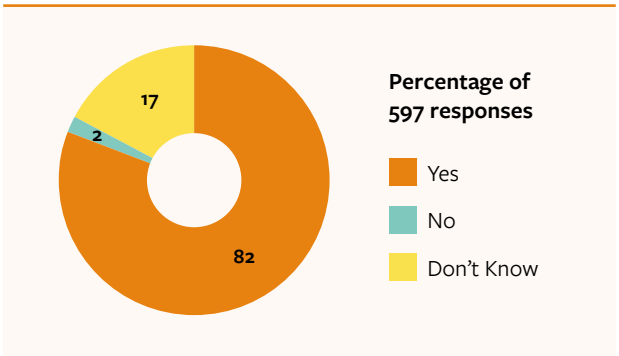
3) All patients accessing treatment on time

Streamlined treatment pathways, enhanced communication and efficiency improvements were indicated as solutions to improving timely treatment

"Established shorter cancer treatment pathways."

"Short term - temporarily enhanced overtime pay, looking at making days more efficient i.e. hiring radiotherapy assistants to help machines run smoother so we can make appointment slots shorter and fit more people in."

Q19. Would you support a national radiotherapy plan?



The survey results show robust support (82%) for a national radiotherapy plan, indicating consensus on the need for coordinated services. The low opposition at 2% and 17% being undecided suggests that there may be a general agreement on the benefits of such a plan. The reasons behind the uncertainty are not captured within this survey.

Q20. Is there anything else you would like to share?

133 responses

Over one third of respondents emphasised the need for more workforce support;

> *"The mass exodus of staff leaving the profession due to poor pay and conditions. Staff suffering with burnout and lack of flexible working. Unable to recruit into roles as the staff aren't simply out there leading to further staff pressure and burnout."*

> *"Unless the government start listening to us we are going to end up with a depleted workforce in the future that is burned out and unable to cope with the demand."*

One fifth expanded on the need for a National Radiotherapy Plan with 14% highlighting the necessity of government funding and backing to deliver.

> *"The principal for a national RT plan sounds great but this should either come with funding assigned to be able to locally align with the national plan or the national group should be able mandate the need for Trusts to fund changes as this is one of the blockers - local Trust funding prioritisation!"*

> *"Needs to have high backing in government, adequate resources, and funding. Would help to improve national access, national waiting times and equipment monitoring."*

Other areas noted were the need for better awareness around radiotherapy and the professions involved, improved pay for the workforce and the adoption of national protocols to ensure equality of access.

Conclusions

These findings underscore the critical need for investment in the radiotherapy workforce.

By supporting our existing workforce and developing sustainable recruitment initiatives for the future, we can enhance cancer treatment and improve patient outcomes - bringing the UK's cancer survival rates inline with those of comparable countries - ultimately saving more lives.

A world-class radiotherapy service hinges on empowering our staff with the tools to leverage cutting-edge machinery and technologies, ultimately improving patient quality of life.

In many departments, challenges for the workforce persist due to inadequate IT connectivity and infrastructure. For instance, outdated computer systems hinder the use of advanced software for planning and AI auto contouring. These applications and many others offer cost-effective, low-risk, hi-tech, digital solutions that can be implemented quickly. They have the potential to transform radiotherapy services and the cancer infrastructure improving cancer survival both now and in the future.

Additionally, equipment replacement remains a critical issue. While it's a standard service benchmark, many centres struggle to achieve it.

Notably, 82% of respondents support a National Radiotherapy Plan. This long-term strategy would transform services, improve patient outcomes, and create a flexible, sustainable workforce.

Urgent investment is needed to meet rising demand driven by increased cancer incidence, early diagnosis, and complex techniques. While modernisation and efficiencies play a role, investing in staff is crucial. Neglecting workforce investment risks delays, burnout, and compromised care. Prioritizing our dedicated professionals will save lives and resources in the long term.

By supporting our existing workforce and developing sustainable recruitment initiatives for the future, we can enhance cancer treatment and improve patient outcomes - bringing the UK's cancer survival rates inline with those of comparable countries - ultimately saving more lives.

Our thanks to everyone who took the time to complete this survey in light of your demanding workloads and mounting pressures. Radiotherapy UK pledges to keep advocating for better working conditions and investment in the dedicated radiotherapy workforce.

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