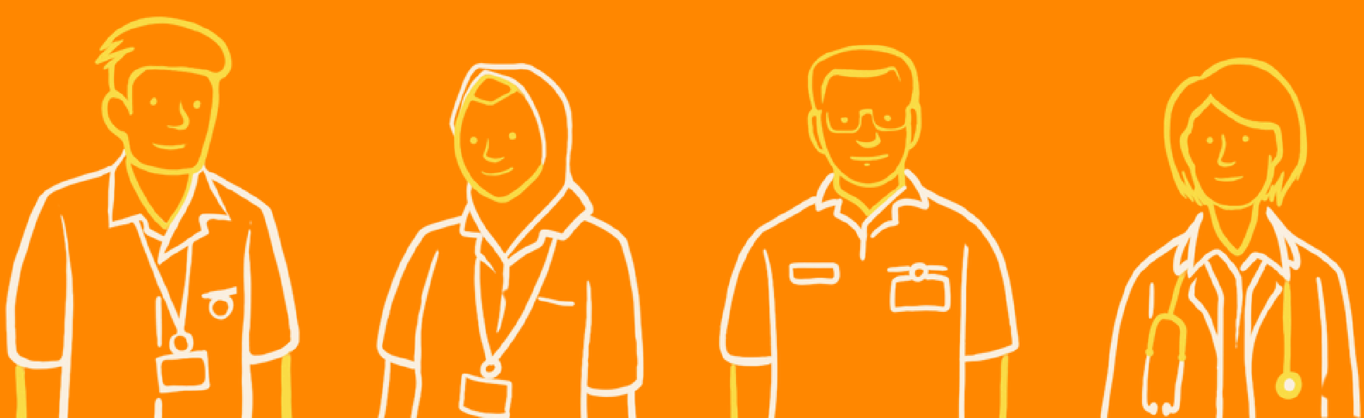
Radiotherapy UK

IPEM Institute of Physics and Engineering in Medicine

Radiotherapy UK Workforce Survey 2024



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FOREWORD

The delivery of high-quality cancer care in radiotherapy depends not only on advanced technology and clinical excellence but also on the dedication and wellbeing of the professionals who make it all possible.

This Radiotherapy Workforce Survey Report provides an essential snapshot of the current state of our radiotherapy services and the professionals who work in it—highlighting both the strengths we can build upon and the challenges we must urgently address.

As demand for radiotherapy services continues to grow, understanding the experiences, pressures, and aspirations of our workforce is critical. This survey captures the voices of therapeutic radiographers, medical physics staff, engineers, clinical oncologists, and support staff across the sector, offering valuable insights into the current environment for patients and the workforce.

We are deeply grateful to all those who participated in the survey. Your time and honest feedback are instrumental in helping highlight the issues faced and some of the recommendations and solutions. We also extend our thanks to the survey team and all those who contributed and made this report possible.

We hope this report will serve as a catalyst for meaningful dialogue and informed action—ensuring that our radiotherapy services are overlooked no more: remaining robust, responsive, and patient-centred in the years ahead.

Professor Pat Price
Chair of Radiotherapy UK

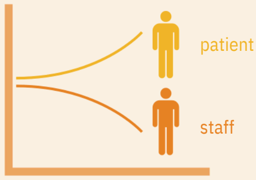
Radiotherapy UK Workforce Survey 2024

KEY STATISTICS

A threadbare service is leaving patients vulnerable. Over five hundred radiotherapy professionals gave their anyonymous views to our 2024 workforce survey. Here's the headlines:

Not enough capacity

71% of managers do not have the workforce to meet current patient need.



81% of managers do not have the workforce to meet future patient need.

61% of the general workforce reported not enough machine capacity to meet current need.

Pressure is crushing potential

73.5% of all respondents the biggest barrier to innovation is lack of staff resource.

56% of all respondents stated clinical workload so high no room for innovation.

59% of the general workforce had considered leaving the profession.

Outdated funding

87% of managers said payment systems did not support them to deliver World class radiotherapy.

The Positives

69% of the general workforce said they were able to access funding for CPD to support professional development.

Conclusion

63% of managers said that improving equality of access to radiotherapy across the UK requires central funding and investment.

EXECUTIVE SUMMARY

Radiotherapy UK's 2024 Workforce Survey highlights an overarching need for the establishment of a National Radiotherapy Advisory Group to provide strategic oversight, ensure accountability, and drive effective implementation of a world-class radiotherapy service. This group should comprise of frontline healthcare professionals, clinicians, and radiotherapy experts. Its core responsibilities would be to develop and implement a nationwide strategy for radiotherapy, based on data-driven evidence and equitable implementation of advanced treatment options for all patients.

In this summary we outline the key challenges faced by the radiotherapy workforce categorised into four main themes; workforce capacity, equipment, IT & infrastructure, and payment systems. It also presents practical recommendations put forward by the workforce themselves to address these issues. These insights should form the foundation of the work undertaken by those making national decisions about the delivery of radiotherapy services.

1. Workforce

The Challenge:
In their responses, the radiotherapy workforce reported major challenges posed by inadequate pay, unclear career progression, high vacancy rates (6–20%), and insufficient training capacity.

Solutions:
Delivery of a Fully funded national workforce plan that;

- Aligns workforce funding with service demand and the expansion of apprenticeships across all radiotherapy professions, funded outside existing budgets.
- Establishes clear career pathways and support for advanced practice and investment in CPD, training infrastructure, and practice educator roles.
- Streamlines recruitment, parental leave backfill, and retention incentives, and removes radiotherapy roles from recruitment freezes.

2. Equipment

The Challenge:
The radiotherapy workforce advise that the main challenges faced with equipment are aging machines, inconsistent access to modern technology, and lack of strategic planning.

Solutions:

- Ring-fenced, multi-year capital investment for equipment replacement including a national procurement framework to reduce inefficiencies.
- Standardised equipment specifications and service requirements.
- Develop national strategies for equitable access and future service growth. e.g. Investment in satellite centres and planning capacity.

3. IT and Digital Infrastructure

The Challenge:
The radiotherapy workforce reported a shortage of dedicated IT staff, outdated infrastructure, and fragmented systems.

Solutions:

- Dedicated IT and data science roles within radiotherapy teams to address workforce shortages in IT support.
- Ring-fence IT funding for radiotherapy. Investment in IT systems AI, workflow automation, and patient-focused technologies (e.g., e-PROMs) and sustainable funding for essential software (OIS, TPS, QA, AI).
- Develop a national IT strategy for modernisation and sustainability. e.g.modernisation of servers, storage, and cloud integration.

4. Payment Systems

The Challenge:
Radiotherapy managers highlighted a major issue with payment systems which no longer reflects modern radiotherapy techniques or costs.

Solutions:

- A review of the current payment systems ie. block contracts England
- Ensure all payments systems enable;
    - Inclusion of modern techniques (e.g., SGRT, online adaptive radiotherapy).
    - supports innovation
    - reflects inflation and complexity
    - incentivise efficient, evidence-based treatments.

SURVEY OVERVIEW

Survey method

The survey was conducted by Radiotherapy UK between 27th November and 22nd December 2024 to better understand the current issues being faced by the workforce delivering radiotherapy services. The survey was conducted using Microsoft Forms and contained a mix of quantitative and qualitative questions.

The survey asked the 'general workforce' and 'managers' (managers, heads of department, operational delivery network managers (ODN's)) both collective and specific questions. The survey was distributed to radiotherapy professionals via the charity's Radiotherapy Daily News emails, through social media (LinkedIn, Facebook, and Instagram) and via professional networks.

The responses contained details of a respondent's profession, how long they had practiced and geographical area of working, but individuals and departments could not be identified.

The analysis focused on 550 participants, representing 9% of the UK's total radiotherapy workforce (approx. 6,400).

- 88% of respondents work in the NHS.
- 78.7% were Therapeutic Radiographers.
- 18.5% within medical physics departments, including four engineers.
- 2.2% were clinical oncologists.

KEY THEMES

This section of the report presents the main themes identified through the survey, along with the specific issues raised by respondents – the radiotherapy workforce, detailed in the sections that follow. To enrich the findings, we have included direct quotes and commentary from the frontline workforce, providing valuable context and firsthand perspectives.

1. Workforce Morale

We asked the general workforce if the current environment in radiotherapy services had led them to consider leaving the profession. Out of 428 respondents, 59% said they had considered it. While this initially appears alarming, as it represents over half of the radiotherapy workforce, it may indicate a positive trend. Previous surveys have posed similar questions, and although not identical, the results suggest a decrease in the number of people contemplating leaving. In the 2022 and 2023 surveys, 87% and 80% respectively reported that they or a colleague had considered leaving the profession. In fact, this is the lowest percentage of respondents in the series of surveys where a similar question has been asked.

For those who considered leaving, we asked why?

- 35.9% Not enough staff.
- 22.3% Poor pay and working conditions.
- 20.5% Lack of career development.
- 15.8% Burnout.

"There's too little acknowledgement of the work therapeutic radiographers do and their importance in the NHS."

"Stressful, nothing seems to get better. Not enough staff. Late home every day. Not able to spend adequate time with patients, linacs feel like a conveyor belt. I will leave the profession within the next year."

Respondents felt undervalued, unsupported, not listened to.

Many commented on the lack of competitive salary making it difficult to recruit engineers, clinical scientists and dosimetrists.

Understaffing

84% of the general workforce felt they lacked sufficient staff to meet current patient needs, rising to 91% when thinking of future patient needs. 71% of managers indicated a need for more staff to meet current demand. This rose to 81% when considering staff required for the increased future demand. More than 1 in ten managers had experienced a recruitment freeze and respondents noted modern radiotherapy needs more planning time and skilled staff. Highlighted was the crisis in staffing for linear accelerator (linac) engineering.

Issues raised:

- 63% of managers mentioned the increased demand on the service.
- 24% Difficulty in recruitment.
- 21% No workforce plan
- 13% Recruitment process outdated and slow.
- 11.3% Retention issues in all professions.
- 9% Recruitment freeze.
- 7.5% Lack of training capacity

Respondents noted the lack of a national workforce plan and plan for the future, unfavorable working conditions and uncompetitive salaries.

"The patient load rising rapidly and has now reached the staffed capacity of the linacs."

"Recruitment freezes...prevent backfilling roles. In many cases maternity cover is often delayed or not approved, leading to major staffing gaps."

"Staff retention is a big challenge, with staff leaving due to private sector pay, childcare costs, and workload pressures."

"The service needs to be looked at and workforce model redesigned to ensure correct skill mix taking into account the changes in workload now and what the future looks like."

"Radiographers are filling gaps in the clinical oncologist workforce, which is reducing the numbers available for taking on the traditional roles."

69% of the general workforce indicated they could access funding for training and CPD, suggesting a majority can further their education if they choose. Those that answered negatively (17%) said there was a lack of funding, lack of staff to cover and no time available. 84% of the whole workforce attributed staff resources as the main barrier to technique development, closely followed by limited non-clinical time on the machines due to high patient workload.

"The department lacks funding for training and conference attendance. Individuals must cover these costs themselves."

"We have been told several times that there is no longer a budget to support (significant) external training."

"Trust does not have the budget to cover cost of training for all staff."

"No time for training or development due to staff shortages - we have to spend all work time treating patients."

"The patient load is rising rapidly and has now reached the staffed capacity of the linacs."

2. Equipment

The themes of workforce and equipment are hard to separate. Staff need machines and machines need staff.

Growing demand, older machines, no national replacement programme, and no UK-wide rollout on new technology were all raised as issues. Many stressed the lack of capital funding and issues with short-term planning in the NHS making it difficult to commit to large capital expenditures; and the need for more planning capacity, not just Linacs.

- 70% Managers need more future treatment capacity.
- 62% Managers unable to replace ageing machines.
- 61% Not enough machines to meet current patient need.
- 36% No guaranteed capital funding or replacement plan for old equipment.
- 15.6% Bureaucracy getting in way of replacing equipment.
- 15% Business cases a barrier.

"Our local ICB and the Trust Capital Committee are not willing to invest in radiotherapy. Our IT Equipment is almost all >10 years old, our linacs are 9 years old, we have no SGRT, we have no access to MRI for radiotherapy planning. I get told that radiotherapy is too expensive, even though the costs compare very favorably with other cancer therapies."

"England-wide procurement of new linacs, CT, TPS, OIS etc. Appropriate budgets and staff resources to handle this seamlessly with local input. Faster rollout of the latest technology and a long-term view of service needs for at least the next 10 years."

"Out of date CT scanners limit the ability to plan high-quality modern treatment."

3. Appropriate IT & Digital infrastructure

IT remains a source of frustration and inefficiency. There is no funding for AI tools like auto-contouring and paperless solutions.

More than 1 in ten managers specifically mentioned SGRT (Surface-Guided Radiotherapy) being underfunded nationally, despite being standard in more than half of UK centres. Online adaptive radiotherapy remains inaccessible due to the higher costs and lack of reimbursement.

- 89% Managers commented on delays and risks caused by IT.
- 69% Outdated IT infrastructure impacting on services.
- 57% Lacked appropriate IT & technology infrastructure.
- 25% Software challenges, lack of licensing and system integration
- 17% Lack of IT support and understanding for Radiotherapy services.

"A lack of software licenses for essential oncology information systems (OIS) and treatment planning systems (TPS) which allow multiple users."

"A need for dedicated radiotherapy IT staff and support, with hospitals deprioritising IT as a "non-clinical" service."

"Off-site access is inefficient, with consultants waiting 20 minutes to open a patient file remotely."

4. Payment Systems

Many radiotherapy departments in England are still on block contract payments and the tariff for radiotherapy payments to providers has not been updated since its introduction in April 2014, despite significant advances in radiotherapy during this time. 87% of managers do not believe the tariff in England supports the delivery of a World-class service.

"The current NHSE tariffs do not reflect current and future technological advancements, funding is often based on outdated costs from 10+ years ago."

THE POSITIVES: WHAT'S WORKING WELL

Departments continue to provide high-quality, patient-centred care despite considerable pressure. It was highlighted that staff wellbeing is prioritized within departments, with strong team cohesion, peer support, and flexible working arrangements contributing to morale. The adoption of new technologies and advanced techniques promotes staff development and improves treatment efficiency. Training and advanced roles are emphasized, again positively affecting staff retention and morale.

Delivering high quality and patient-centred care was the top theme mentioned by 26% of the whole workforce.

- 26% Delivering great patient-centred care.
- 19% Praised staff wellbeing efforts.
- 17% Embracing new techniques like SBRT, SRS, AI and SGRT.

"Providing a high standard of care to patients, but I feel that we are putting ourselves under immense pressure and stress in order to do this."

"Despite the issues we face on a daily basis, we do pull together."

33% of managers indicated that they were still able to implement new techniques despite the staffing challenges.

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PREHABILITATION AND LATE EFFECTS SERVICES

Awareness and Access to Prehabilitation Programmes

Prehabilitation programmes have been proven to alleviate the adverse effects associated with various medical treatments like radiotherapy, while simultaneously contributing to improved quality of life. By preparing individuals before treatment, prehabilitation helps mitigate side effects and supports better recovery outcomes. This proactive approach has been shown to reduce the severity of side effects but also promote functional independence and well-being during and after treatment.

We asked respondents to comment on what prehab support was available to patients in their area.

Only 27% of respondents reported being aware of specific prehabilitation programmes with 73% indicating either a lack of awareness or the absence of such programmes altogether. This highlights a significant gap in access to prehabilitation support for patients.

Approximately 11% of respondents expressed that they are working under considerable pressure with limited resources. Despite these constraints, staff remain committed to enhancing patient care, particularly in areas such as late effects management and service improvement.

Support for Late Effects of Treatment

Supporting patients after radiotherapy treatment with late effects should be a natural part of the support pathway for all patients. However, we know the support in this area varies greatly across the country.

The survey explored what services were available and how they were being managed.

Survey responses revealed that support for managing late effects of treatment is primarily provided by Review Radiographers (210 responses). This is followed by dedicated late effects services (181 responses), general practitioners and community care (161 responses), and support groups (125 responses).

Notably, over 100 respondents were unsure of what late effects support was available to their patient population, and 30 respondents stated that no such service existed at all.

Research states the importance of both prehab and late effects support - this needs to be part of the pathway for ALL patients.

FURTHER FINDINGS

Workforce concerns

The survey responses from the general radiotherapy workforce highlighted several recurring challenges:

- 35.3% – Staffing shortages
- 30.1% – Inadequate funding and low pay
- 21.0% – Issues with hospital management
- 18.3% – Workforce gaps
- 15.0% – Poor work-life balance

These concerns were echoed in direct quotes from respondents:

"Increased capacity and a drive to cut wait times currently ensures I work overtime on 80% of all late shifts, which long term is not an incentive to stay in the industry."

"Our skills and expertise do not reflect how much we earn."

"Many qualified staff move abroad for far better wages than offered in the UK."

Management concerns

Managers shared overlapping but distinct concerns, focusing more on systemic and structural issues:

- 38.9% – Staffing issues
- 33.3% – Financial and resource constraints
- 33.3% – Need for structural reform within services
- 27.8% – Lack of understanding and support for radiotherapy services at higher levels

"In my 35 years, this is the most challenging of times - financially and in terms of workforce."

"We need a national conversation around the role, strategy and funding of radiotherapy. NRAG 2.0 with guarantee of sufficient funding to allow delivery of the vision/strategy."

"The benefit Radiotherapy gives to patients is still not recognised by Trusts and everything is such a fight, wasting time and resources of senior staff."

IN-DEPTH ANALYSIS & RECOMMENDATIONS

Overview

Delivering high quality radiotherapy depends on advanced technology and clinical excellence delivered by a valued, highly skilled and motivated workforce. This Radiotherapy Workforce Survey Report provides an essential snapshot of the current situation in radiotherapy services from the professionals who work in it.

Radiotherapy cures cancer and is the most cost-effective cancer treatment. It is needed by 1 in 2 cancer patients and contributes to cure in 40% of cases. Radiotherapy is personalised to each patient, is extremely cost-effective, technologically advanced, innovative and incredibly versatile – being used anywhere in the cancer treatment pathway from curative treatment of early disease, to reducing pain as part of palliative care. In the UK, radiotherapy has high training standards and high degrees of quality and safety.

In 2021, on average only 35% of cancer patients in England received radiotherapy as their primary treatment, which is significantly lower than the recommended international consensus of 53%. The range of access across the country from 29.8% to 40.7% (in 2021) highlights the regional disparity. More and more of us are getting cancer and by 2040, the number of people in the UK with cancer is estimated to increase by one third.

As demand for radiotherapy services continues to grow, understanding the experiences, pressures, and aspirations of our workforce is critical. This survey captures the voices of therapeutic radiographers, medical physics staff, engineers, clinical oncologists, and support staff across the sector, offering valuable insights into the current environment for patients and the workforce.

We hope this report will serve as a catalyst for meaningful dialogue and informed action—ensuring that radiotherapy services across the UK are robust, responsive, and patient-centred in the years ahead.

The survey was conducted by Radiotherapy UK between 27th November and 22nd December 2024 to better understand the current issues being faced by the workforce delivering radiotherapy services. The survey asked the 'general workforce' and 'managers' (managers, heads of department, operational delivery network managers (ODN's)) both collective and specific questions.

This report centers on the key themes identified in the responses and the recommendations put forward by the survey participants – **the radiotherapy workforce.**

Workforce Development and Planning in Radiotherapy

There is a pressing need for greater recognition of the radiotherapy profession and the critical roles involved in the delivery of radiotherapy services. This includes acknowledging the complexity and specialist nature of the work, and ensuring remuneration reflects the level of expertise required. The findings of this report indicate a strong consensus that current pay structures are inadequate, particularly in comparison to similar roles outside the NHS, especially within the engineering sector. Addressing this disparity is essential to remain competitive and attract new talent.

Currently, there is a lack of defined career pathways and insufficient support for workforce development. To support workforce sustainability, clear and structured career progression pathways must be established. These should include opportunities for professional development, such as fully funded continuing professional development (CPD), training, and access to development resources. Flexibility within the working environment is also necessary to allow staff time for study and skill advancement.

A new radiotherapy workforce model is needed—one that fosters innovation, supports career growth, and meets increasing service demands. In many radiotherapy departments, service demand already exceeds workforce capacity, placing additional strain on staff and limiting service delivery.

"The service needs to be looked at and workforce model redesigned to ensure correct skill mix taking into account the changes in workload now and what the future looks like."

A national radiotherapy workforce strategy must address the following key areas:

Pay and Retention: Immediate review of pay structures, particularly for engineering roles, to reflect market rates and improve recruitment and retention. Retention strategies should include bonuses, flexible working arrangements, childcare support, and clear career development opportunities.

'Staff retention is a big challenge, with staff leaving due to private sector pay, childcare costs, and workload pressures."

Apprenticeships and Training: Expand apprenticeship schemes to support the training of more therapeutic radiographers and to include healthcare science workforce and engineers. These must be fully funded outside of existing staff budgets to avoid further strain on departments. Apprenticeship pathways should be reformed to accelerate time to competence, supported by increased numbers of practice educators to ensure quality training without overburdening clinical staff.

Recruitment and Staffing:
Streamline recruitment processes and exempt critical radiotherapy roles from recruitment freezes. Parental leave must be automatically backfilled to maintain service continuity. Workforce planning should be based on actual service demand rather than outdated budget caps, with funding allocated for additional posts where justified.

"Recruitment freezes...prevent backfilling roles. In many cases maternity cover is often delayed or not approved, leading to major staffing gaps."

Support Roles and Advanced Practice:
Increase staffing across all roles supporting the radiotherapy pathway, including planners and technicians. There is a significant gap in support for career progression into advanced and consultant-level practice, which is essential to complement and support the clinical oncologist workforce.

Training Capacity and Innovation:
Expand training capacity through creative partnerships, including collaboration with the private sector, to meet future workforce demands. The lack of funding for CPD for some professionals, including the Medical Physics workforce, training infrastructure and the loss of experienced staff to more attractive offers elsewhere highlight the urgent need for a long-term, well-funded workforce plan.

"No time for training or development due to staff shortages - we have to spend all work time treating patients."

Call to Action for Policymakers

To ensure the future sustainability and growth of radiotherapy services, the following actions are essential:

- Establish a fully funded national workforce plan for radiotherapy.
- Expand training places and apprenticeship schemes across all radiotherapy professions, funded independently of current staffing budgets.
- Establish ringfenced funding for training and development across all professional groups.
- Conduct a comprehensive pay review to ensure competitiveness and fairness.
- Remove radiotherapy roles from recruitment freezes and ensure critical posts are protected and supported.

Radiotherapy Equipment

Outdated radiotherapy equipment poses a significant barrier to delivering modern, effective cancer treatment. Older machines are more prone to breakdowns and often lack the capability to support advanced treatment techniques, limiting the number of patients who can benefit from the latest innovations.

Despite £70 million being allocated in the 2024 Budget for radiotherapy equipment in England, this funding is expected to replace less than half of the machines currently past their recommended life-span of ten years.

Respondents consistently highlighted the need for an accountable, centralised approach to equipment funding and procurement through a national, ring-fenced fund for radiotherapy equipment replacement, where it is not already in place. This must be supported by a long-term, multi-year capital investment strategy. This would enable effective planning and avoid last-minute funding crises and ensure continuity of high-quality care for patients.

Many departments operate equipment well beyond its recommended lifespan, negatively impacting both patient care and departmental efficiency.

National procurement frameworks would reduce inefficiencies, enable better negotiation for new technologies, and ensure that public funds are used effectively and equitably.

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Beyond replacement, all four nations in the UK must adopt a forward-looking radiotherapy strategy that prioritises continuous technological advancement.

Other key ways to address these issues were proposed by the workforce;

- Standardised equipment specifications and service requirements to ensure consistency and equity.
- Mandated minimum standards of care, such as requiring that at least 50% of linear accelerators (linacs) in a department are capable of delivering advanced treatments.
- Satellite radiotherapy centres to improve access and increase capacity, particularly in underserved areas. These centres must be fully supported to deliver modern techniques effectively.

The workforce also expressed concern about the lack of planning for future demand. As cancer incidence rises, radiotherapy capacity must grow accordingly. This includes not only equipment but also the infrastructure and staffing needed to deliver high-quality care.

"Investment in planning capacity and staffing must accompany equipment upgrades, as machines cannot operate without the appropriate workforce."

Call to Action for Policymakers

- In nations where a replacement programme is not already established, set up a ring-fenced, accountable centralised fund for radiotherapy equipment replacement, supported by a long-term, multi-year capital investment strategy.
- Establish national strategies for machine replacement to improve equality and highlight areas of most need.
- Implement standardised equipment and service requirements across England to eliminate regional disparities as highlighted in NHS England's Cancer Data - Radiotherapy data-set.

Digital Infrastructure and IT Support in Radiotherapy

Radiotherapy services are increasingly reliant on complex digital systems, yet analysis of this survey indicates a severe shortage of dedicated IT personnel to support these critical functions. Managers reported significant delays in response times from hospital IT support, which directly impact clinical efficiency and patient care.

"It is not a cost-effective use of a consultants time to wait 20 mins to log on and for files to open or for remote working not to be efficient."

There is a clear and urgent need to:

- Establish dedicated radiotherapy IT teams, including data scientists and computing specialists, to support the modernisation of infrastructure and ensure seamless service delivery.
- Modernise IT infrastructure across departments, including up-to-date servers, secure storage solutions, and cloud integration as standard practice.

"NHS IT infrastructure is outdated and inadequate, impacting efficiency and service delivery."

- Secure sustainable funding for essential software licenses, such as Oncology Information Systems (OIS), Treatment Planning Systems (TPS), Quality Assurance (QA) tools, and AI applications. These should not require repeated business cases for renewal.

"Additional licences for various aspects of Aria workflow- trust will not fund. Trust will not fund quality management system upgrade, insufficient server space, the list is endless!"

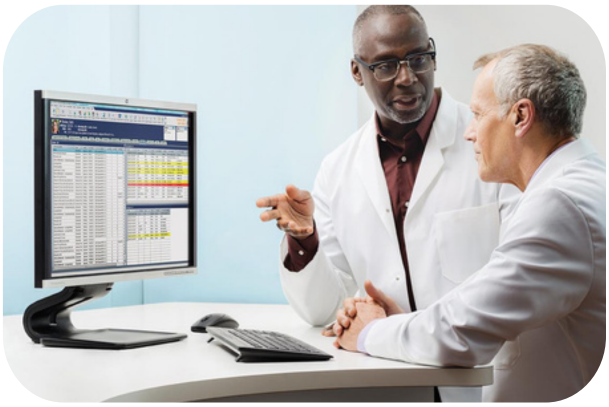
- Invest in AI-driven solutions—including auto-contouring, workflow automation, and clinical decision support—to enhance efficiency and accuracy.

"AI tools (e.g., auto-contouring) and paperless workflow solutions are underfunded."

- Improve interoperability between systems to reduce administrative burden and streamline clinical workflows.
- Prioritise patient-focused technologies, such as electronic Patient-Reported Outcome Measures (e-PROMs), in-vivo dosimetry, and Surface Guided Radiotherapy (SGRT).

The radiotherapy workforce emphasised the importance of partnership working between vendors and trust IT teams, with planned software and hardware updates integrated into the product lifecycle. Dedicated IT roles within radiotherapy teams are essential to manage the implementation of new technologies and ensure long-term sustainability.

"There is a lack of and need for dedicated radiotherapy IT staff and support, with hospitals deprioritising IT as a "non-clinical" service."



"Prioritise investment in patient-focused technology (e.g., PROMS, e-PROMS)."

Call to Action for Policymakers

- Ring-fence IT funding specifically for radiotherapy services.
- Invest in SGRT, AI, online adaptive radiotherapy, and patient-focused technologies to enhance care quality.
- Address IT workforce shortages through dedicated roles and long-term recruitment strategies.
- Develop a national strategy for radiotherapy IT modernisation and sustainability.

Payment Systems.

Many radiotherapy departments in England are still on block contract payments and the tariff for radiotherapy payments to providers has not been updated since its introduction in April 2014, despite significant advances in radiotherapy during this time.

"The current NHSE tariffs do not reflect current and future technological advancements, funding is often based on outdated costs from 10+ years ago."

Key issues include:

- Outdated cost models that fail to account for advanced techniques such as SGRT, online adaptive radiotherapy, and stereotactic body radiotherapy (SABR).

"Ongoing block contracts do not support the expansion of the provision of radiotherapy into more advanced techniques and innovative treatments. The radiotherapy planning CT is already past its 10 year replacement age and both linacs are approaching this with no clear replacement plan in place."

- Disincentives for innovation, as the current systems do not adequately compensate for the increased planning and delivery effort required for modern, shorter-course treatments.

"Tariffs need revising. No incentive to innovate and excel in a tight financial environment."

- Lack of alignment with inflation and service growth, limiting the ability of trusts to invest in new technologies and infrastructure.

Managers called for a comprehensive national review of payment systems:

- Reflects the true cost and complexity of modern radiotherapy.
- Encourages innovation and adoption of evidence-based, efficient treatments.
- Includes dedicated tariffs for advanced technologies, such as SGRT and online adaptive radiotherapy.
- Has built-in flexibility to accommodate future developments and service needs

Call to Action for Policymakers

- Update payment systems to:
  - Reflect inflation and current service costs.
  - Include modern techniques and their complexities.
  - Encourage innovation and adoption of advanced technologies.
  - Support long-term and sustainable infrastructure and service development.

SUMMARY & STRATEGIC CALL TO ACTION

This report, based on survey responses from radiotherapy professionals across the UK, highlights an urgent need for national-level intervention to ensure equitable, high-quality access to local radiotherapy services. The challenges and priorities outlined in this document are consistent with findings from the past three years of RTUK workforce surveys, underscoring the persistence and urgency of these issues

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Key Insights:

- **Workforce**: Chronic staffing shortages, inadequate pay, and limited training capacity are undermining service delivery. Fully funded national workforce plans are essential to support recruitment, retention, and professional development.
- **Equipment:** Many departments rely on outdated machines, limiting access to modern treatment. For those nations that do not have it, a ring-fenced, multi-year capital investment strategy is needed, alongside national equipment standards to ensure consistency and equity.
- **IT Infrastructure**: Radiotherapy services lack dedicated IT support and modern digital infrastructure. Investment in IT personnel, AI tools, and patient-focused technologies is critical to improving efficiency and care quality.
- **Payment Systems:** In England payment systems are outdated and fail to reflect the complexity and cost of modern treatments. A comprehensive review is required to support innovation and sustainable service delivery.

Strategic Vision

To address these systemic challenges, all four nations should establish National Radiotherapy Advisory Groups to provide strategic oversight, ensuring accountability, and lead implementation of national strategies. Expert planning and implementation saves lives, and ensuring radiotherapy has independent, high-level representation, led by clinical experts is a proven way to drive cancer outcomes in the right direction.

"We need a national conversation around the role, strategy, and funding of radiotherapy. National Radiotherapy Advisory Group #2.0 with a guarantee of sufficient funding to allow delivery of the vision/strategy."

Conclusion

By addressing the workforce, equipment, IT, and payment system issues outlined through strategic investment, and policy reform, the UK can build a more sustainable, effective, and accessible radiotherapy service.

Listening to the frontline radiotherapy workforce is key and acting on their recommendations is essential to ensure that all cancer patients—regardless of geography—receive the highest standard of care.

ACKNOWLEDGEMENTS

Radiotherapy UK would like to acknowledge the efforts of those from the frontline radiotherapy workforce who took part in the survey working party for their contributions, analysis and ongoing support.

Our thanks also go to each radiotherapy professional who took the time to respond to this survey, and previous surveys.

The findings of this survey will be shared with decision makers through our parliamentary and campaigning work.

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