

Progress update

Update on Phase 1 of the Cancer Workforce Plan



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Introduction

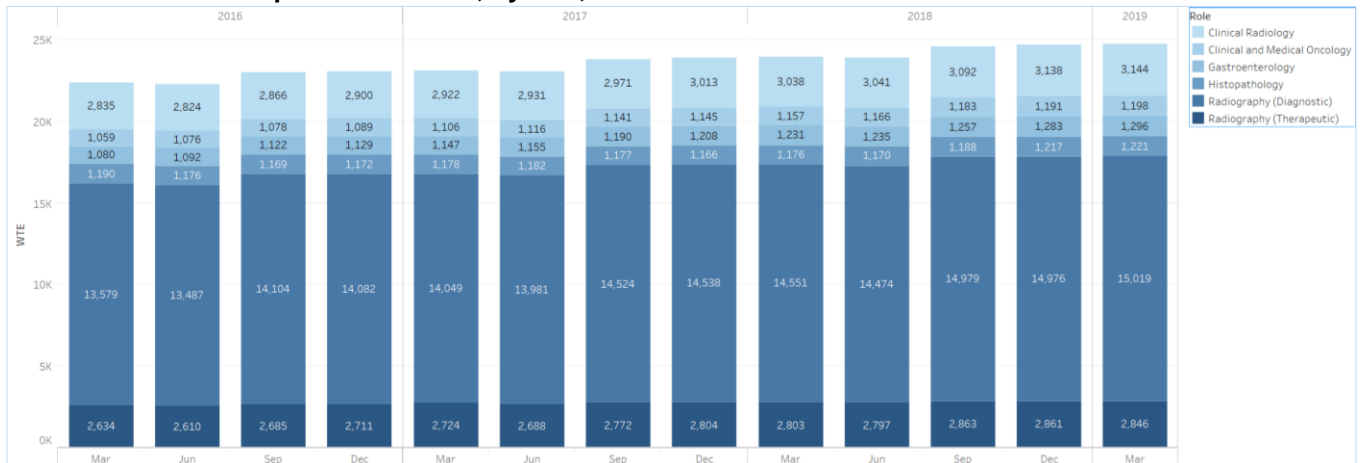
Phase 1 of the Cancer Workforce Plan was clearly defined with a focus on seven key professions within the wider cancer workforce. This paper details progress towards ambitions described by the Cancer Workforce Plan (Phase 1 to 2021).

HEE has been working with Cancer Alliances, NHS England and NHS Improvement, and other partners on the development and delivery of plans to deliver against these ambitions. Cancer Alliances are the system leaders for cancer, HEE regional leads have worked with them to develop regional workforce supply plans with ambitions to increase supply across the key professions. HEE regions have supported this through additional expertise, investment and alignment with LWABs and Workforce Development offers. Nationally, HEE invested an additional £9m in 2018/19 to support the cancer workforce, and Cancer Alliances are investing elements of transformation funding in workforce schemes. Development of projects and initiatives within regional delivery plans is ongoing.

Cancer Workforce Plan - Phase 1 Progress Headlines

Key developments have been made to increase supply through speciality training, to create new routes into the cancer workforce and to upskill existing staff. Of note, the system has seen an increase in staff in post across the key professions over and above the ambitions articulated in the Cancer Workforce Plan.

Chart 1: WTE Staff in post time series, by role, from March 2016 to March 2019.

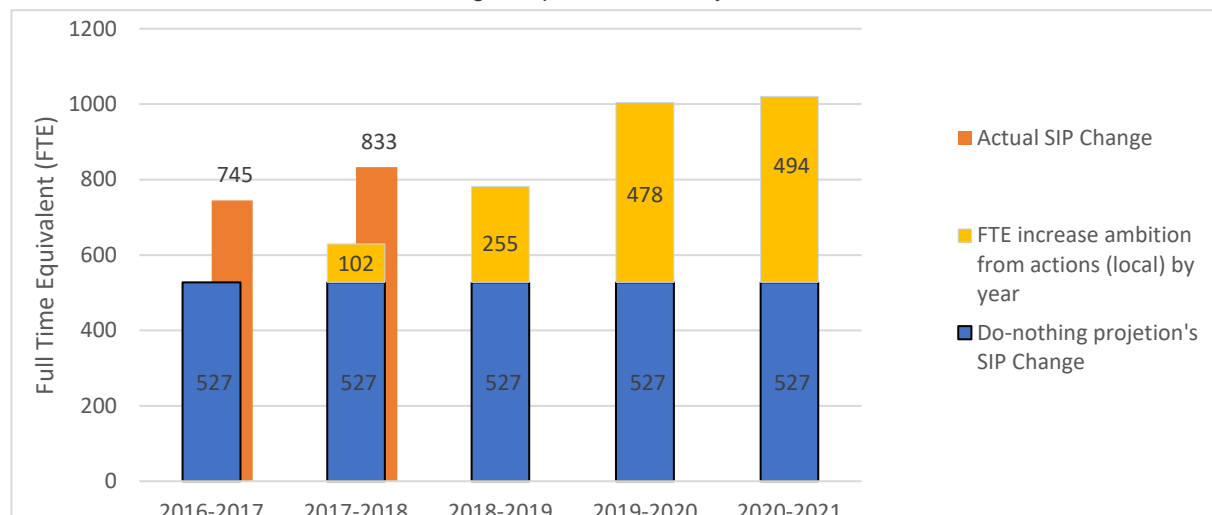


Source: HEE quarterly Staff in Post dashboards for the key cancer professions.

Utilising data from ESR, modelling indicates that actions have begun to improve the participation within the priority professions. Growth in the professions has been reported as an increase of 745 FTE between 2016-17 and 833 between 2017-18 (that is a total growth of 1,578 between 2016-18). Between March 2017 and March 2018, the observed staff in post growth was higher than the combined do-nothing projected increase and the WTE increase ambitions from local actions for the same period.

Chart 2: Observed staff in post change (2016-2018) vs Do-nothing and local ambitions (2016-2021)

Source: HEE 2017 Medical Model; HEE Regional plans; HEE analysis of ESR data.



Good progress has been made through a range of initiatives including:

Postgraduate medical education and training

- Clinical Radiology - HEE has sustained the Cancer Workforce Plan ambition to expand clinical radiology by 35 programmes up to 2021, leading to a 31% increase in posts since 2013. Fill rates for clinical radiology in England over the last 7 years have always been 100%.

Table 1: Increase in accepted Clinical Radiology post numbers, by recruitment year.

2013	2014	2015	2016	2017	2018	2019
183	186	212	212	226	234	240

Source: HEE

- Progressing the recommendations from the 2017 Radiology Academies review to optimise training capacity, share best practice, and establish academies in other areas of workforce need.
- Supporting the initiation of a pilot by the RCR and NBIA (National Breast Imaging Academy) to credential breast clinicians. The curriculum has been signed off and recruitment to the 10 posts, across seven hosting trusts has commenced.
- Introduction of a post-CCT fellowships in breast radiology through the NBIA. This programme is set to run for three consecutive years with an intake of ten fellows per year. Recruitment to the first 6 posts has been completed and Fellows will commence in post from September 2019.
- Supporting the GMC curricula review for Clinical and Medical Oncology including exploring options to update and align the curricula to meet evolving patient need.

Increasing capacity through international recruitment

- The key professions have been included in HEE's Global Health Programme with an initial focus on recruiting 120 clinical radiologists from overseas through a Global Fellows scheme, partnering with the Royal College of Radiologists and Apollo India.

- Expressions of interest have been received for 89 clinical radiology posts, these are now being reviewed to ensure placement capacity and standards are met.
- HEE will continue to have a leadership role in further international recruitment ensuring opportunities are maximised and barriers to recruitment overcome. We will be exploring opportunities for international recruitment of 89 diagnostic radiographers, 24 therapeutic radiographers, 20 histopathologists and 12 gastroenterologists.

Upskilling to increase workforce capacity to support earlier diagnosis of cancer

- Increasing the number of clinical endoscopists: as at April 2019, 218 trainees have completed or are in training. HEE is aiming to commence training up to a total of 400 by end 2021.
- Increasing the number of radiographers trained in image interpretation and reporting: as at April 2019, 150 additional radiographers have completed or are in training. HEE is aiming to train up to a total of 300 by end 2021.
- HEE was already planning to invest in 1,447 more diagnostic radiographers by 2021. The Cancer Workforce Plan identified system wide actions to secure a further 780, producing a total of 2227 FTE more diagnostic radiographers by 2021.
- Diagnostic radiographer staff have increased from 13,579 WTE (March 2016) to 15,019 WTE (March 2019) – a 10.6% increase.
- To support the expansion in reporting radiographers, HEE developed an associated project to define and agree national multi-professional standards for reporting. Working with the Royal College of Radiologists and the Society and College of Radiographers, common standards for education and assessment of reporting standards will apply irrespective of professional background. This will support the standardisation of radiographers reporting across the country. This has initially been piloted for reporting MSK radiographs, a public consultation on the framework closed May 2019.

Creating new routes into the cancer workforce

- Apprenticeships will provide new training routes into the cancer workforce, including enabling existing staff to remain in employment whilst training for new roles. HEE has facilitated the development of several apprenticeship standards:
 - Level 4 in breast imaging (mammography associate) which is now live and being delivered. HEE provided support for Trusts to be part of the first cohort of 18 which started in January 2019.
 - Level 6 in diagnostic radiography and therapeutic radiography which are now approved for delivery.
 - Level 6 in sonography (awaiting final approval).
 - Level 7 in Advanced Clinical Practice (nursing and AHPs) also now live.
- HEE held a successful stakeholder event March 2019 to promote regional collaborative approaches to implementing apprenticeships in the imaging and oncology workforce. Approximately 150 people attended including clinicians, service managers, HEIs, ALBs, Cancer Alliance workforce/transformation leads and regional managers. Subsequent discussions are ongoing to align further activity with the NHS People Plan.

Genomics

- HEE, commissioned by the NHS England and NHS Improvement Genomics Programme Board, has undertaken an initial scoping and assessment of the genomics workforce using data and intelligence from ESR and locally sourced quantitative and qualitative data i.e. from Genomic Laboratory Hubs, Genomic Medicine Service (GMS), and clinical genetics departments. The outcomes will be presented back to the NHS England and NHS Improvement Genomics Programme Board.
- The scoping outcomes included some key points:
 - Supply across the main professions based on historical trends and in a “do nothing” scenario predicts growth, with the exception being nursing. It is not however anticipated that this will satisfy new demand.
 - Vacancy rates average 13% across the range of roles.
 - Lack of career pathway reducing retention in some roles.
- The shortfall areas articulated both by data and local intelligence include:
 - The urgent need for more genomic counsellors.
 - A significant impact of an increasing MDT workload for all professions.
 - The immediate need for broader genomics education for staff in the system and new entrants as well as for specialist education i.e. MSc.
- HEE, through the Genomics Education Programme and wider programmes, continue to address the known and emerging workforce challenges, for example delivery of training and education as part of its Genomics programme and engaging with stakeholders to understand and address these issues.
- A second phase of workforce scoping is recommended to contribute to the above and focus on the genomic workforce delivering service for common cancers. Together this will provide a current position of the workforce directly delivering the GMS within the NHS. This will enable better forecasting of the growth required to meet increased activity in genomics as specified in the Long-Term Plan and inform commissioning of training places. Longer term, HEE will also monitor how the service and workforce is changing.

Breast Imaging

- HEE has invested £4.63m over four years, in a National Breast Imaging Academy (NBIA), based in the north west of England. In addition to the PGME and apprenticeship activity outlined above, the NBIA is developing careers/recruitment materials, multi-professional e-learning resources and will provide protected clinical learning spaces. All workstreams are progressing well with good engagement and commitment from their host, Manchester University NHS Foundation Trust, and the wider breast imaging professional community, including Trusts, Public Health England, and professional bodies.

Progress highlights from the North

A wide range of projects have been implemented in the north which between them represent all five domains of workforce transformation. Examples include:

- **Leadership** – additional leadership capacity supported (in the form of a Clinical Leadership Fellow), to examine reasons why trainees choose not to enter certain specialties with a view to increasing supply to priority areas.
- **New roles** – assistant practitioner role development in diagnostic radiography to release capacity within the practitioner workforce for the ‘more complex’ work.

- **New ways of working** – development of an academic module to enable sonographers to perform head and neck biopsies.
- **Supply** – future workforce engagement event to showcase recruitment opportunities in the region with specific focus towards Clinical Radiologists.
- **Upskilling** – ‘First Surgical Assistant’ project to train theatre staff in robotic techniques to support delivery of more surgical lists for prostate procedures.

Progress highlights from the Midlands and East

- **Working together** – a new Workforce Action Group created to address identified workforce issues and progress the delivery of workforce plans across all 6 STPs in the East of England.
- **New ways of working** – addressing multiple new pathways including lung, prostate, colorectal, breast, cancer care in the community and risk stratification.
- **Upskilling** – utilising the existing reporting radiographer programme and the clinical endoscopy accelerated programme to increase focus in STP geographies with the greatest vacancy concerns.
- **Research** – quantifying the workforce required to deliver radiographer-led services, including reporting and non-reporting radiographers, assistant roles and radiologists.

Progress highlights from London

HEE supported various activities led by cancer alliances to contribute to delivery of the Phase 1 Cancer Workforce Plan for London, including:

- The **North Central and East London Cancer Alliance** and service leads developed a local best practice model for radiographers reporting x-rays. HEE worked with leads to model the future requirement for staff under this model, enabling trusts to develop better recruitment and training plans. Trusts will be able to plan their investment in radiography and radiology services better in the future.
- Three Communities of Practice (COP) have been developed as part of the **South East London Cancer Alliance** workforce development agenda, utilising three domains: patient involvement, rehabilitation and personalised care and operational teams. Key deliverables of the COP were: an increase in knowledge and learning about cancer, increase in confidence and capability in cancer care, promotion of service innovation and pathway redesign capability. This should lead to improved retention and ability to attract high calibre candidates to SEL.
- **RM Partners Cancer Alliance** worked with two providers of therapeutic radiography services to define a therapeutic radiography e-learning preceptorship training pathway on HEE’s e-Learning for Healthcare platform. Additionally, open days were held in Radiotherapy Departments to introduce young people to the career opportunities. This framework will encourage people to undertake a career in Therapeutic Radiography and enable better retention when they are in post.

Progress highlights from the South

- **Straight to test triage nurses (Upper GI and Lung)** – two band 6 nurses working with the established CNS team. They will triage all 2-week wait referrals for the appropriate pathway. Under set criteria, they will establish what key investigations are required and ensure the patient undergoes the investigations prior to the consultant appointment,

within the 2-week wait. This will improve 62-day performance, patient experience and outcomes.

- **Template Biopsy Training** – as part of the transformation of the South West Prostate Cancer Diagnostic Pathway. Training delivered for consultant surgeons and advanced practitioners. This included a one-day MRI fusion prostate biopsy workshop with expert talks and hands on session delivered by the British Medical Ultrasound Society (BMUS).
- **Outreach model** – from acute cancer nursing teams to support primary and community care services. This workforce development project involves designing, introducing and evaluating an acute cancer nursing outreach service that will support primary care teams through the provision on direct patient care, staff training and development

Phase 2

HEE intended to publish a Phase 2 of the Cancer Workforce Plan taking a longer term look at the future cancer workforce. Due to announcements made around the development of the Long Term Plan (LTP), the draft Phase 2 report was not shared widely with stakeholders but did feed into NHS England and the National Cancer Transformation Programme work on development of the cancer chapter of the LTP.

The unpublished Phase 2 document was intended as a framework for discussion, setting out assumptions and emerging hypotheses about where further action and investment might be needed to inform decisions on growth of the cancer workforce over the next ten years.

There had been significant engagement and interest from stakeholders in this work through a formal 'call for evidence' and consultation process. There has been continued interest in ensuring this work is not lost, but rather is used to inform the development of future plans, including the NHS People Plan. In addition, the Topol review has also now clarified some key areas of the potential scope, scale and timeframes for impact of technological innovation.

HEE will align the past, and current activity, with development of the overarching long-term People Plan to ensure this work continues to be useful.

Next steps

HEE will work with the NHS England and NHS Improvement National Cancer Programme around priority service areas to identify and develop the workforce, education and training requirements of new service models as they are identified. Most importantly, HEE will continue to ensure that all partners continue to deliver Phase 1, maintain momentum around the actions in the Interim People Plan and crucially focus conversations and plans around the emerging workforce requirements of the NHS Long Term Plan and NHS People Plan.