

**Department of Health consultation on expansion of undergraduate medical education  
Cancer Research UK response: June 2017**

Cancer Research UK supports the Government's ambition to increase workforce capacity in the NHS in England through the increase of student places at medical schools in England. We also recognise the effort to encourage widening participation into the medical profession. However, we are concerned about the length of time it will take for this expansion to improve workforce figures. We are also concerned about the potential impact of these places on research in the NHS.

Due to these concerns, we would strongly encourage that the outcomes of this consultation are shared and the research sector is continuously engaged in further discussions. We would also recommend communicating these changes to equivalent structures in Scotland, Wales and Northern Ireland – it is crucial they do not lose high performing students while medical student numbers are being increased in England.

**Key messages**

- As well as long-term increases, the Department of Health and Health Education England must implement short-term solutions to dealing with current staff shortages
- The Department of Health must also consider the impact of these changes to the international nature of science and research

**Impact on workforce capacity**

The National Audit Office reported that there is a gap of around 50,000 clinical staff in the NHS<sup>1</sup>. Several medical professions that are key for the diagnosis and treatment of cancer remain on the Shortage Occupation List, including nurses, radiographers and radiologists. The issue will be exacerbated by increasing demand for cancer care. Our ageing population and efforts to improve early diagnosis means that more people will need to have their symptoms investigated in the future. Research shows that 500,000 people will be diagnosed with cancer every year in the UK by 2035<sup>2</sup>.

We know that the earlier a person's cancer is diagnosed, the better chance they have of successful treatment. We also know that many patients are experiencing delays in diagnosis as the 62 day cancer waiting time standard is being missed. The services which deliver cancer tests are struggling to keep up with existing demand mainly due to workforce constraints and we need urgent action to deal with these shortages. Cancer Research UK has undertaken research on the capacity and demand for diagnostic services, including Imaging<sup>3</sup>, Endoscopy<sup>4</sup> and Pathology<sup>5</sup>. These reports show we will need to train and employ more health professionals involved in delivering and interpreting cancer tests.

Although we support the ambition to improve workforce capacity through increased medical student places, Cancer Research UK has concerns about the current workforce deficit which will

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<sup>1</sup> National Audit Office (2016) *Managing the supply of NHS clinical staff in England*.

<sup>2</sup> Cancer Research UK (2016), *Cancer incidence and mortality projections in the UK until 2035*, <http://www.nature.com/bjc/journal/v115/n9/full/bjc2016304a.html>

<sup>3</sup> 2020 Delivery (2015) *Horizon Scanning: An evaluation of imaging capacity across the NHS in England*. Cancer Research UK [https://www.cancerresearchuk.org/sites/default/files/horizon\\_scanning\\_-\\_final.pdf](https://www.cancerresearchuk.org/sites/default/files/horizon_scanning_-_final.pdf)

<sup>4</sup> Health Services Management Centre, University of Birmingham and Strategy Unit, NHS Midlands & Lancashire Commissioning Support Unit (2015) *Scoping the Future: An evaluation of endoscopy capacity across the NHS in England*. Cancer Research UK: [https://www.cancerresearchuk.org/sites/default/files/scoping\\_the\\_future\\_-\\_final.pdf](https://www.cancerresearchuk.org/sites/default/files/scoping_the_future_-_final.pdf)

<sup>5</sup> 2020 Delivery (2016) *Testing Times to Come? An evaluation of pathology capacity in the UK*. Cancer Research UK [http://www.cancerresearchuk.org/sites/default/files/testing\\_times\\_to\\_come\\_nov\\_16\\_cruk.pdf](http://www.cancerresearchuk.org/sites/default/files/testing_times_to_come_nov_16_cruk.pdf)

continue until after 2030. The first cohort of additional medical students will graduate in 2023. These medical students will then either go through general practice training (5 years) becoming consultants in 2028 or specialty training (8 years) becoming consultants in 2031. We are therefore not likely to see any increase in consultant figures until after 2030.

As well as long-term increases, the Department of Health and Health Education England must consider the short-term solutions to dealing with these shortfalls in staff. This should include:

1. Considering international recruitment options for clinical radiology: ensure there are at least 100 more consultant clinical radiologists working in the NHS per year by 2020.
2. Secure a supply of endoscopists so that at least 750,000 more endoscopies can be done each year in the NHS from 2020.
3. A strategic approach to workforce planning to deal with current shortages<sup>6</sup> is needed. This must include reviewing how skills mix can be optimised to improve how cancer services are delivered both now and in the future. This must include considerations of how the current plans to expand medical school places are sustainable – guaranteeing there will be enough high qualified workforce after 2030.

Furthermore, more medical students mean that the existing workforce will need additional capacity to educate and train these additional students. However, we are concerned about the lack of training time available for clinicians to develop the future medical workforce. For example, recent research by NCRI showed that the increases in the pathology workforce have not kept pace with growing activity, which has meant that “they are spending less time non-reporting or supporting professional activities, such as teaching”<sup>7</sup>.

### Impact on research

We also have concerns about the unintended consequences that efforts to make the NHS ‘self-sufficient’ with ‘home grown’ doctors could have on the vital research carried out to improve cancer outcomes.

CRUK funds postgraduate students and researchers from an international pool to ensure that we are working with the very best minds to conduct the highest quality research. Non-UK nationals are a significant and valuable part of our workforce dedicated to beating cancer sooner: 46% of our PhD students and half of our research fellows are from outside of the UK<sup>8</sup>. The mix of UK, European and international researchers within our research community is vital for the sharing of best practice, expertise and skills. The flow of talent globally is an essential part of the research environment and international movement is a feature of most researchers’ careers and professional development. 72% of UK-based researchers spent time at non-UK institutions between 1996 and 2012<sup>9</sup>.

We therefore believe that any consideration to increased medical student places must also consider how this will impact the international nature of UK science.

For more information, please contact Ziede Mesonyte, Policy Assistant, on email: [Ziede.mesonyte@cancer.org.uk](mailto:Ziede.mesonyte@cancer.org.uk) or tel: 0203 469 8469

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<sup>6</sup> Health Foundation (2016) *Fit for purpose? Workforce policy in the English NHS*.

<sup>7</sup> Experimental Cancer Medicine Centres (2015) *Research capacity and attitudes in UK Cellular Pathology*  
<http://www.ecmcnetwork.org.uk/sites/default/files/CM-Path%20NCRI%20poster.pdf>

<sup>8</sup> The PhD student figure is based on data from Researchfish, a self-reporting tool for researchers, including those receiving CRUK funding

<sup>9</sup> Elsevier, International comparative performance of the UK research base, 2013

**About us**

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. It supports research into all aspects of cancer and this is achieved through the work of over 4,000 scientists, doctors and nurses. In 2015/16, we spent £432 million on research in institutes, hospitals and universities across the UK. We receive no funding from the Government for our research and are dependent on fundraising with the public. Cancer Research UK wants to accelerate progress so that three in four people survive their cancer for 10 years or more by 2034.