

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Materion Allanol a Deddfwriaeth Ychwanegol | External
Affairs and Additional Legislation Committee
Y goblygiadau i Gymru wrth i Brydain adael yr Undeb Ewropeaidd|
Implications for Wales of Britain exiting the European Union
IOB 16
Ymateb gan Coleg Brenhinol Y Radiolegwyr
Evidence from Royal College of Radiologists

1. The Standing Welsh Committee of the Royal College of Radiologists welcomes the opportunity to comment on the consultation on the implications for Wales of Britain exiting the European Union.
2. Although our comments relate primarily to the medical specialties of Clinical Oncology and Clinical Radiology, they are also broadly applicable to the wider fields of clinical and academic medicine, and to the operational and strategic functioning of NHS Wales.

3. Staffing the Diagnostic Radiology service and the Cancer service in Wales.

3.1 Wales is fully part of the UK for medical training and recruitment. There is a UK wide shortage of consultant Clinical Oncologists¹ and Clinical Radiologists². The UK is not training enough specialists to fill existing vacant posts, replace projected retirements over the next few years, or to cater for the projected need for service expansion due to increasing workload and specialisation^{3,4}. This problem is well recognised in Wales for Clinical Radiology⁵. Recruitment difficulties are worse in the UK peripheries such as Wales. Within Wales, recruitment to consultant posts is uneven, and there is a severe and chronic problem of unfilled consultant posts which is particularly marked outside South East Wales⁶. This affects the quality of the service which NHS Wales delivers to its population.

3.2 One of the principal means of increasing the chance of successful recruitment is through international recruitment of EU and other non UK colleagues who have earned equivalence and certification. Any bureaucratic hurdles that make international recruitment more difficult will very likely affect NHS staffing and service provision throughout the UK, but with an enhanced adverse effect in the UK peripheries, including Wales.

3.3 The magnitude of this effect is hard to quantify, though it will almost certainly exacerbate existing recruitment problems. Given the numbers of existing EU and other non UK consultant staff working to provide core services in Clinical Oncology and Clinical Radiology in NHS Wales, this is a consideration that should be taken very seriously.

3.4 In addition, the uncertainty surrounding Brexit is in itself a disincentive for EU and non UK specialists who may otherwise consider applying for posts in Wales. It is also a serious concern for those international colleagues who are already in post in Wales.

4. Training and Education

4.1 Professional medical training and education is international. The UK is closely linked to pan-European and other international professional bodies for highly specialised training courses and meetings, where we are both consumers and active participants. Emerging techniques and best practice are shared: for example the current Welsh interest in the Danish model for early cancer diagnosis.

4.2 UK trainees, including those in Wales, expect to be able to undertake placements, diplomas, and fellowships overseas: when they return, this benefits the service locally. Similarly, we should be able to offer this facility to overseas colleagues: it enhances our own practice and prestige, develops networks, and generates revenue.

4.3 There is uncertainty as to how these structures and opportunities will be affected post-Brexit.

5. Medical Research and Academia

5.1 The comments made in paragraph 4 apply equally to medical research and academia. Academic separation of the UK from the EU threatens informal personal networks which take years to establish. The value of these is significant, though difficult to quantify. Collaborative professional and academic networks cannot be simply be switched off and on again. They are dynamic structures which develop distinct identities, and they wither if they are not used.

5.2 Biomedical science is an academic and commercial growth area in Wales. It generates jobs, income, and the development of local expert clusters. Research into cancer and diagnostics are key components of this. EU monies have been used for infrastructure development, and EU research grants are key.

5.3 Brexit casts a shadow over much of this.

5.4 There have been vague assurances that post-Brexit, equivalent research grants and investment etc. will be provided from within the UK. It is difficult to see how this can be fairly achieved.

6. Professional Culture

6.1 The points made above relate mainly to economics and strategy. There is a wider cultural issue when thinking about recruitment of doctors from the EU and further afield. The medical profession is cosmopolitan. Parochialism is damaging. Non-British doctors are not simply employed to fill gaps in the rota: the profession in Wales is greatly enriched by overseas recruitment in all spheres. This is one of its great strengths, and it is something that Wales should be proud of. The tone of much of the current public and political discourse is a worrying threat to this.

7. Conclusion

7.1 The potential implications of Brexit for the UK health services and for the medical profession are uncertain but profoundly worrying. Where Brexit causes problems for England, there are good reasons to think that these same problems will be magnified in Wales. A priority for the Welsh government should be to develop local solutions to mitigate the concerns discussed in this response.

Please do not hesitate to contact us if you require any further information.

Sincerely,

Dr Martin Rolles

Chair Standing Welsh Committee
Royal College of Radiologists

Dr Toby Wells

Secretary, Standing Welsh Committee
Royal College of Radiologists

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