

## Commissioned research brief: Non-surgical oncology workforce July 2016

### Summary

- The Policy Development Team would like to commission research on the UK's non-surgical oncology treatments workforce. This includes the current and future capacity and demand as well as providing potential solutions such as new models of care and changes to education and training programmes.
- The findings will input into our current policy development on workforce in all four nations and be used to inform our evidence and recommendations to Health Education England's review of the cancer workforce in early 2017.
- We would like the study to start October 2016 with the view to complete by end of March 2017 and publish around end of May 2017.
- Please send your submission by **5pm on 1<sup>st</sup> September 2016** to Helen Beck, Policy Research Manager, [helen.beck@cancer.org.uk](mailto:helen.beck@cancer.org.uk)

### Background

Delivering world-class cancer outcomes relies on a vast array of health professionals. Staff are crucial at all stages of an individual's journey, ranging from GPs offering smoking-cessation advice to the therapeutic radiographers and clinical nurse specialists involved in cancer treatment.

Cancer Research UK has previously commissioned research to understand the surgical and diagnostic capacity (including [imaging](#), [endoscopy](#) and pathology (yet to be published)) which has included aspect of the workforce, and we would now like to commission research regarding the non-surgical oncology treatments workforce. By the non-surgical oncology treatments workforce, we mean medical and clinical oncologists, nurses, therapeutic radiographers, medical physicists, dosimetrists and pharmacists. Consideration of other professions which would be impacted by workforce changes, such as clinical psychologists and social workers, would be welcome. We are also open to suggestions for further inclusion of professions.

Understanding and optimising the cancer workforce is a priority across the four nations of the UK. In July 2015, the Independent Cancer Taskforce published 'Achieving world-class cancer outcomes: a strategy for England 2015-2020'. NHS England subsequently published their plan for implementing this strategy in May 2016<sup>1</sup>. The strategy and implementation plan referenced the need for Health Education England to review the cancer workforce<sup>2</sup>. In March 2016, the Scottish Government

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<sup>1</sup> NHS England (2016) *Achieving World-Class Cancer Outcomes: Taking the strategy forward*. Available here: <https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf>

<sup>2</sup> "Building on the Taskforce report, HEE will **baseline the current state of the cancer and related workforce**, identifying current gaps and drivers for those gaps, reporting in June 2016. We will use the baseline, along with a projection of the future planned workforce based on current demand, to address capacity issues by developing an action plan by September 2016, including any plans for international recruitment. We will develop a vision by March 2017 for the **future shape and skills mix of the workforce** required to deliver a modern, holistic patient-centred cancer service, in particular focussing on the workforce needs highlighted in the review."

published their new cancer strategy which committed a £11m investment over 5 years to support training and an additional radiotherapy staff<sup>3</sup>. The Government in Wales will be updating their cancer plan in the coming months and there are calls for the Government in Northern Ireland to develop their own cancer strategy. Both of these will include information and recommendations on the cancer workforce.

### **Main aims and objectives**

The research is aimed at improving our knowledge of the current and future capacity and demand of the non-surgical oncology treatments workforce and identifying ways to optimise this workforce.

We would like to commission this research to feed into four areas of interest. The research will:

1. Inform and shape our policy on the required and desired cancer workforce in all four nations
2. Inform our evidence and recommendations to Health Education England's review of the cancer workforce (their published timelines: reporting current gaps in June 2016, action plan in September 2016 and vision for future workforce by March 2017)
3. Further develop our understanding of how the Scottish cancer plan can best be delivered
4. Influence the updated Welsh cancer plan and the new cancer strategy for Northern Ireland.

Due to the significance of Health Education England's review of the cancer workforce, it is essential that any project brief for this commissioned research outlines how they will work with HEE to ensure our research can be most beneficial. Cancer Research UK can facilitate access to the key contacts within HEE to enable this and will be linking up with HEE ahead of the project to ensure that the research is useful to their review. The HEE review is distinctly different from our research as it focuses on the cancer workforce as a whole, including diagnostics and surgery, whereas our research is focusing specifically on one section of the patient pathway.

It is anticipated that the research objectives will include:

- Identifying current non-surgical oncology workforce capacity
- Identifying numbers of staff needed by 2021 and beyond and what actions are required to achieve this, including the age profile of the current workforce and projected retirements
- Outlining changes needed to education and training programmes
- Considering new models of care for task-sharing and skills-mix and how these can be introduced to optimise the non-surgical oncology workforce
- Identifying potential solutions and making recommendations for how to achieve them, which includes consideration of financial, human and other resources.
- Horizon scanning for future developments that will impact the demand of cancer services, e.g. increasing number of patients with recurrent cancers and developments within immunotherapy

### **Research questions**

1. What current skills and personnel gaps exist in the non-surgical oncology treatments workforce? What is the likely future demand and areas of skills gaps?
2. What is the impact of projected trends for cancer incidence and burden of disease on the future workforce and how can we ensure that the workforce development and planning consider this?

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<sup>3</sup> Scottish Government (2016) *Beating Cancer: Ambition and Action*. Available here: <http://www.gov.scot/Resource/0049/00496709.pdf>

3. How can new models of care be utilised to:
  - a. Mitigate current and future workforce gaps
  - b. Encourage innovative ways of working, such as the lead provider model
  - c. Shape education and training needs/programmes of the current and future workforce?
4. What resources (financial, human and others) is needed to implement the recommended changes to the workforce?

This is not an exhaustive list and is meant to be further developed by those responding to the brief.

### **Potential methodology**

We are open to hearing your proposal for how best to approach this research but it is likely your methodology will include:

- Analysis of publicly available statistical data and review of existing literature
- Interviews/surveys with key stakeholders to identify challenges and good practice from a range of different types of services
- Modelling current demand/capacity and projected growth

Please bear in mind that there will be varying access to data on the workforce across the four nations, and different methodologies for how the workforce numbers are calculated.

### **Timelines**

- Please respond with expressions of interest by 22<sup>nd</sup> August 2016
- Questions on the project should be submitted via email to Helen Beck, Policy Research Manager, [helen.beck@cancer.org.uk](mailto:helen.beck@cancer.org.uk) (Helen does not work Wednesdays)
- A full proposal giving a detailed methodology and budget breakdown should be submitted by 5pm 1<sup>st</sup> September 2016
- All proposals will be independently peer reviewed in September 2016
- A shortlist of applicants will be invited for interview on 12<sup>th</sup> and 13<sup>th</sup> September 2016
- A decision will be made w/c 19<sup>th</sup> September 2016 and all applicants notified.

### **Outputs**

The project would be expected to commence in October 2016. Outputs are expected to be submitted to Cancer Research UK in March 2017. We expect:

- An interim report
- An executive summary of key findings
- A final full report, including a summary of the methodology and its strengths and weaknesses and a full account of all the research findings

This list is not exhaustive and additional outputs may be considered.

Due to the significance of the research findings to influence HEE's review of the cancer workforce, we expect interim findings for England to be available by the end of this year. There is more flexibility around the interim findings for the devolved nations and the final full report.

### **Budget**

We would appreciate different options for this research and the budget implications for each of these options. Any costings must include VAT if applicable.

**Submission information required**

Please include the following in your submission:

- **An introduction/background**
- **A detailed methodology**
- **All intended outputs**
- **Timelines**
- **Breakdown of the budget.** Please include VAT where applicable, costs attributed to named staff members, other itemised costs (such as travel, subsistence and fieldwork) and prices for potential extras if applicable.
- **Expertise of staff working on the project.** Please include CVs, an explanation of their proposed roles and responsibilities and the experience and roles of any sub-contractors to be used on the project.
- **Governance structures at the lead organisation**
- **Perceived risks** and the mitigation steps that will be taken

**Please send your project proposal by 5pm on 1<sup>st</sup> September 2016** to Helen Beck, Policy Research Manager, [helen.beck@cancer.org.uk](mailto:helen.beck@cancer.org.uk)