

# **Professional development and research are being neglected: a commentary on the 2019 RCR Radiologists' Supporting Professional Activities (SPA) survey**

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When the NHS acquired a statutory duty of care for quality in 1998, clinical governance became a mandatory and intrinsic part of modern medicine. Defined as “a framework through which NHS organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish” [1], the vehicle for NHS Consultants to enact clinical governance was Supporting Professional Activity (SPA). All activities that underpin direct clinical care (DCC) are encouraged during SPA time, including professional development, research, audit, teaching, clinical management, appraisal, and job planning [2,3]. Adequate time for SPAs alongside DCC is therefore crucial for NHS Consultants to maintain excellence in clinical care [3].

The recently published Royal College of Radiologists (RCR) Survey on Radiologists' SPA [4] has demonstrated three recurring themes which are widely recognised to be growing concerns for our specialty.

First, NHS Trusts typically offer insufficient SPA time for all supporting activities. Most consultants do not receive the 2.5 SPA per week advised by the NHS [2], with the 2018 RCR Clinical Radiology Workforce Census [5] reporting that full-time NHS consultant radiologists had an average of 2 SPAs (i.e. eight hours equivalent per week) in their job plans. The latest SPA survey shows that this average has already dropped further to 1.8 SPAs, with newer consultants often getting less than 2 SPAs. Furthermore, this worrying trend means that 40% of respondents had only 1 SPA per week, and many part-time respondents (25% of respondents) had no SPA time at all.

Second, that most radiologists spend their SPA time managing clinical commitments, i.e. on activities which are actually considered to be DCC. The survey reveals that most radiologists' SPAs are spent responding to emails due to inadequate

administrative support, second opinion work or organising individual patient care and logistics, and preparing for or attending clinical meetings. The minimal time spent on departmental service planning and audit, as well as job planning, only serves to reinforce the expanding administrative burden placed on the individual consultant, compounded by lack of administrative support staff.

Third, that these factors in combination severely limit the time and opportunity available for NHS clinicians to be involved in research. It is widely recognised that providing high quality patient care is dependent upon the inherent ability of medical practitioners to participate in clinical trials, to evaluate new diagnostics, drugs and other therapeutics, and improvements in prevention, and also to participate in good research governance [6,7]. Without the evidence to support new diagnostic and treatment strategies, the NHS will fall behind other service providers in evidence-based healthcare, particularly in the most technologically-driven specialty of Clinical Radiology [8].

The current inadequate level of SPA time has directly contributed to a distinct lack of research involvement or leadership, as well as an inconsistent approach to quality improvement and education, at a time when advances in imaging methodology and delivery are becoming even more critical to healthcare improvements. Whilst there will naturally be less research capacity in the most clinically under-resourced specialties, we are particularly concerned that over half the respondents were not involved in research in any capacity over the last year, and only 10% of non-academics reported spending more than an hour each week on research. Of those who *are* involved, most are supporting research by other specialties, often funded by NIHR or other charitable sources, rather than leading studies themselves. The main barriers to research involvement are shortages: of time (not lack of interest), of funding, of research infrastructure and of academic mentorship outside of specialist centres, all further compounded by workforce shortages.

The survey's findings and its implications are symptomatic of the larger challenges the NHS faces in training, growing and maintaining a healthy and efficient workforce. Clearly, balancing clinical service provision with year-on-year growing demands and workforce shortages is not easy. With an estimated 10% vacancy rate in UK radiologist consultant posts [5], continuing pension taxation and Brexit uncertainty will further compound the challenges the NHS already has in looking after its existing workforce [9]. Inadequate SPA time contributes to stress and burnout, leading to a high proportion of radiologists opting for career breaks and early retirement, which will only further exacerbate the problem.

We recognise that the balance between service and research provision is heavily and increasingly skewed towards the former. Individual NHS Trusts, the Royal Colleges and individual consultants taking up new posts all need to be aware of the implications of reduced SPA time on the future of our speciality and delivery of patient care. Short term solutions of reducing SPAs and reducing administrative staff may lead to short term cost savings, but have led to a breach of the statutory duty of care for quality, and the long-term damage to the NHS will likely be very costly to repair. In our specialty, we must ensure that a sufficient number of well-rounded radiologists can maintain the excellence in clinical care that underpins crucial NHS workflows and processes in years to come.

A co-ordinated strategy involving all stakeholders is required to resolve these critical issues. NHS Trusts should commit to providing protected SPA time, financial support of academic activity within Clinical Radiology posts, and the development of clinical academic posts. The RCR should not approve consultant posts with insufficient SPA time allocated. The launch of the new RCR Research Foundation will provide restructuring of the financial support available to radiology research, as well as appropriate academic mentoring for research active radiologists at all levels.

Funders such as the National Institute for Health Research (NIHR) need to be made aware of the high barriers radiologists face in supporting and delivering imaging research. They need to recognise that Radiology is a shortage speciality, especially those in lead research roles. Those that succeed in getting there frequently take less conventional routes (often involving career breaks and FRCR exam considerations),

which need a more flexible, inclusive attitude and greater support than may be required for other specialties. Whilst NHS trusts and funding bodies continue to overlook (or fail to prioritise) radiology, and radiologists are neither given adequate time nor opportunities to prepare or deliver radiology-led clinical research, the fundamental problems shown in this survey will continue.

Further work is clearly needed to foster a supportive research culture and provide the necessary infrastructure, tailored to the needs of clinical imaging, in order to facilitate research activity in Radiology. The work of the NIHR Imaging project and NIHR Clinical Research Network imaging steering group, led by Professor Steve Smye, is a start but still a “drop in the ocean” [8]. Only through high-level strategic support from all funding bodies and actively looking to promote imaging-led activities - either through infrastructure support, consultant- or scanner-time - will this be tackled in the short term. Investment now will help to identify and develop high impact research projects which will reap future rewards. Research-active trainees coming through the RADIANT network and NIHR integrated academic training schemes will be looking forward to continuing and developing research activities in their consultant appointments, and we should not disappoint them.

## References

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