MAPC Impact Statement – September 2026

Turning priorities into action

The Membership and Prioritisation Council (MAPC) helps IPEM focus its expertise and resources on areas where we can make the greatest difference for members, the professions and patients. Since our last update in June, significant progress has been made across MAPC's priority areas. In several areas, work has moved from development into delivery, while IPEM's evidence and member expertise are increasingly informing national discussions and decisions.

Priority	Progress since June	Impact	Next steps
NHS workforce planning across the UK	IPEM has continued detailed engagement with NHS England Diagnostics and Workforce Modelling teams. IPEM workforce survey, vacancy and establishment-shortfall evidence has informed revisions to workforce modelling assumptions. Current modelling indicates significant growth in the DR&RP workforce will be required over the next decade, while IPEM has highlighted that current training capacity will not meet projected demand. Shortages of MPEs, RPAs and RWAs have also been escalated through national structures. Engagement is developing across Scotland and Wales to strengthen workforce intelligence and planning.	**IPEM evidence is helping shape the national understanding of future workforce requirements.** It is also strengthening the case for increased training capacity, alternative routes into the professions and action to address fragile services.	Continue engagement as national workforce plans develop; strengthen four-nation workforce intelligence; and use IPEM evidence to advocate for increased training capacity and sustainable workforce solutions.
Supporting Clinical Engineering	The Clinical Engineering Manifesto has been developed following extensive engagement and will launch at STEF 2026. A UK-wide Clinical/Medical Engineering Service Survey has also been developed with IHEEM for launch in October. Relationships with national partners and organisations' have strengthened, including engagement with UKAS.	**Clinical Engineering is gaining a stronger, more coordinated national voice.** The Manifesto and survey will provide both a clear statement of ambition and stronger evidence about workforce, services, governance and professional recognition.	Launch the Manifesto and UK-wide survey; agree future national leadership arrangements; and use the evidence gathered to develop specific workforce, service and policy asks for 2027.
Strengthening the Medical Physics network	The Heads of MPCE network is now established as a quarterly senior leadership forum, chaired by the VP Medical Physics. Direct engagement has been established with national Healthcare Science leadership and stronger links developed with structures including the National Clinical Imaging Board and Radiotherapy Board.	**Heads of services now have a stronger route into IPEM's national influencing work, helping ensure that workforce pressures, fragile services, quality issues and operational concerns can be identified and escalated.**	Continue to develop the network as a two-way route between MPCE service leaders, IPEM and national decision-makers.
MRT dosimetry, coding and sustainable services	Following introduction of the new MRT dosimetry coding in April, IPEM has focused on supporting implementation and improving understanding of coding, costing and funding. A national webinar with NHS England takes place on 30 September, with more than 130 registrations. Work is also exploring options to support MRT dosimetry and improved national mapping of MRT provision.	**The work is moving beyond identifying the problem towards practical implementation.** Better recording and coding of activity will help build the evidence needed to understand costs and support future sustainable funding of MRT dosimetry.	Use webinar feedback and implementation evidence to inform further work on coding, costing and funding; continue work on provision mapping and potential regional dosimetry hubs.
Supporting expert roles and professional development	The MPE support programme has moved under EPSC oversight, with work developing learning resources, e-learning, certification guidance and supervisor support. Supervisor training has launched, with IPEM working to identify gaps and reduce duplication. Development of updated non-medical referrer training is also underway.	**Members will have clearer and better coordinated support to develop into expert roles, while closer working with partners should make better use of existing provision.**	Continue development of MPE support and modular learning opportunities and respond to opportunities arising from the wider national review of training.

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Bone densitometry training	A detailed delivery and financial model has been developed for an 18-month training scheme. Demand remains strong, with more than 240 expressions of interest. A phased model is proposed to manage delivery and financial risk.	**The programme responds directly to an identified workforce and training need, with substantial evidence of demand from the community.**	Complete programme development with a target launch in early 2027.
Statutory regulation of Clinical Technologists	IPEM and the RCT have significantly strengthened the evidence base supporting statutory regulation of Clinical Technologists, including direct engagement with the Professional Standards Authority. Wider support has been built through engagement with employers, professional bodies and other stakeholders, while the case for regulation has also been raised with the APPG for Patient Safety. IPEM has also strengthened engagement with IR(ME)R inspectorates across all four UK nations, highlighting the role and recognition of Clinical Technologists within regulated services. Alongside this, work continues to develop additional RCT scopes and pathways, supporting wider professional recognition of the Clinical Technologist workforce.	**The case for statutory regulation is gaining greater visibility and a stronger evidence base, centred on patient safety, public protection and professional recognition.**	Continue PSA and political engagement; strengthen the evidence base and stakeholder coalition; and progress the case through the next stage of national consideration.
Representing our academic community	Dr Mohammad Al Amri has been appointed VP Academic, providing dedicated leadership for this priority. Work is focusing on stronger links between academia, clinical services and industry, alongside greater visibility for academia and innovation through IPEM communications and continued programme accreditation activity.	**IPEM is strengthening the voice of its academic community and recognising the importance of academia to innovation, research and development of the future workforce.**	Develop a clearer programme of activity for the academic community during 2027 and strengthen connections between academia, clinical practice and industry.
Radiopharmaceutical production	Following review, MAPC agreed that other organisations are better placed to lead this work and that IPEM should adopt a supportive rather than duplicative role.	**Prioritisation also means knowing when not to lead.** This allows IPEM to focus member and staff capacity where it can add greatest value.	Close as a MAPC-led project while continuing to support relevant work led by others.

Looking ahead

MAPC will continue to review progress and identify where IPEM can make the greatest difference. The focus for the remainder of 2026 is increasingly on turning evidence and engagement into delivery and influence - launching new initiatives, strengthening national networks and ensuring the experience of members reaches the people making decisions about our professions and services.