



An International Response to the Workforce Crisis in Radiology Services in the UK

Robin Proctor FRCR, MRCGP, MRCP, MA(Cantab), DRCOG, DFFP, BM BCH(Oxon)

Consultant Radiologist, Morecambe Bay Hospital, UK

robin.proctor@nhs.net

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Why is there an issue?

Radiology essentially facilitates diagnostic decision making and treatment in almost all aspects of healthcare. There has been an expansion in demand for imaging, around 10% year on year in CT and MRI since the turn of the century. Patients are now surviving for longer with multiple co-morbidities as well as having a greater expectation to be better informed and involved in their healthcare decisions. These changes have led to a shift towards more complex imaging. Many older style imaging has been replaced by newer technologies higher technical equipment and expertise to interpret. Finally there are some factors such as following up incidental findings or public screening for early detection of diseases which require serial imaging.

Aren't we going to be moving to AI?

Artificial intelligence and machine learning will benefit patients in medical imaging and radiologists who use this technology may replace those who don't but this is some distance off and radiologists to oversee the processes will still be required. There remains a gap in interpreting images for cancer and other similar pathologies in almost every trust in the land. (Only 2% of trusts meeting current demand through radiologists' contracted hours alone.)

What about radiographers reporting?

Radiographers are also a shortage group and are already busy managing the increase in images being acquired. Radiographers make a further valuable contribution by taking on specialist roles including reporting, but is insufficient to meet the demand and a medical training remains necessary to interpret and guide treatment for many patients.

What is the Global Fellows Programme?

This provides Radiologists with an opportunity to work in England as a Global Fellow for a period of 3 years. Global Fellows perform a mixture of independent service work (60%) and develop their skills in a subspecialty (40%). Completion of [CESR](#) is at their discretion and early experience is that this is popular both as a credential and for future career planning. The three year Global Fellowship is a placement, not a migratory programme. This scheme is delivered



through a partnership between [Health Education England](#), [The Royal College of Radiologists](#), [Apollo Radiology International](#) (ARI) and [University Hospitals of Morecambe Bay NHS FT](#) (UHMB). Following a successful pilot at UHMB (4 radiologists, all still in post), a larger group of Global Fellows have accepted posts at other trusts across England and are in the final stages of induction before taking up their jobs in the UK. (24 offers made in this cohort) The scheme is being further expanded across the country. An anticipated further 50+ radiologists will become available in January 2020 after a bespoke sitting of the [FRCR examination](#) and placements are currently being sought and assessed for them.

What is required of the radiologist?

Technically the scheme requires independent competence in general radiology and is open to radiologists who have completed [Fellowship of the Royal College of Radiologists](#) (FRCR a PLAB-exempt route to [GMC registration](#)). The key personal attributes are an understanding of the programme, a wish to experience [NHS](#) working life and a willingness and ability to adapt and learn the professional and interpersonal skills to support this. The induction runs in Hyderabad, India and assumes previous training or practice in radiology within India.

What do trusts need to do?

A Trust would need to be able to sponsor a [Tier 2 visa](#) provide mentorship, opportunities for learning and discussion with colleagues and practical help with accommodation, schooling and other pastoral support. The specialist interests of the Global Fellow are matched with the requirements of the trust during the recruitment process. Global Fellows go through a central recruitment process assessing professional values and transferable skills. They will be appointed with individual contracts of employment with host trusts and information packs to facilitate trusts delivering this are provided as part of the scheme. Experience suggests there are benefits to small cohorts so preference is given to trusts who wish to appoint a number Global Fellows.

There is a multi-phase induction for a month in duration, hosted by [Apollo Radiology International](#) in Hyderabad. This will support them through the various language, [General Medical Council](#) (GMC), [Tier 2 visa](#) and acculturation requirements. Their technical competence has been demonstrated through the [FRCR](#) qualification and although learning around multi-disciplinary team (MDT)s, drivers for imaging in the [NHS](#) and reporting style are covered the induction is predicated on them already being a technically competent radiologist.

What are the arrangements for pay?

Trusts would be expected to pay the [Global Fellows' salary](#). The UK's experience of radiology being a shortage specialty is not unusual and there is a global market. Local negotiation and consideration of experience may be necessary although to be competitive, a point on the [staff and associate specialist \(SAS\) scale](#) just less than the starting point of the consultant scale is typical.

**How is this different from locum consultant posts?**

Global Fellow posts are for radiologists who, although experienced and competent outside the UK, are not on the specialist register and consequently are not consultants. Many agencies would like to place similar candidates in a consultant post in return for hefty commission but this disenfranchises those who are on the specialist register, does not develop the radiologist in a supportive way and exposes patients to potential harm. Although not initially on the specialist register and still developing many of the soft skills of being an NHS consultant the programme is educational and it is likely that many will finish their posts at a similar level to a consultant. As above, [CESR](#) is optional.

Is there a clash with trainees?

In almost all cases there is more than enough work to go around. Global Fellows may be experienced in teaching and with suitable training and accreditation could support sustaining trainees within a department which would otherwise be unable to do so.

What about efficiency?

The scheme developed from a wish to have a more cohesive, self-supporting and sustainable team and the principal justifications are in terms of quality and sustainability. Modelling demonstrates that this scheme is cost efficient in comparison to the alternatives of more expensive locums and outsourcing of image reporting.

Questions or want to get involved? global.fellows@mbht.nhs.uk