Diagnostic imaging is central to almost all diagnostic processes, particularly cancer care. Capacity for diagnostic imaging tests is one of the major limiting factors in the modern NHS and this is critically limited by a lack of radiologists. The UK has a sound subspecialty training structure in radiology but insufficient current workforce. Specialist Training places for radiologists, although over subscribed at ST1 with high completion rates, also do not provide sufficient supply to change the situation.

India is a country of c.1.3 billion people and trains a huge number of general radiologists to a high standard but offers more limited opportunities for structured higher training within a sub speciality. Thus there is a great wish to ‘learn and return’ - to develop a subspecialty and knowledge of the NHS.

This is the report of leading a successful pilot of recruiting and placing radiologists who can contribute to the workload in the NHS while up-skilling themselves and returning to India with greater subspecialty expertise. We also offer an early report of further progress: scaling up across England, working with Health Education England (HEE), the Royal College of Radiologists (RCR) and Apollo Radiology International.

By implementing this scheme more radiologists are being recruited, leading to better, quicker diagnosis: patients will have better access to more rapid and accurate diagnosis which can only improve satisfaction.

Acceptability to patients is a key component of the programme including aculturalisation of recruits to the NHS and other learning of NHS values making sure that patients are treated with respect and dignity in keeping with the NHS constitution.

We describe the challenges and successful strategies by which we have navigated them to deliver a truly cross-system project involving four organisations which could hardly be more different: an NHS trust, an arm’s length body, a Royal College and a commercial company based in India.

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There were many training opportunities in leadership, management, finances and trust-wide projects which were under-utilized by doctors.

It was apparent that most of the Junior doctors were not aware of such opportunities, nor how to access them.

The inspiration to start this network began from my journey in exploring leadership. I was unaware of ample opportunities at our trust, and felt I needed to explore externally, I wasn’t alone in this thinking.

By involving local leadership trainers, we explored ways to disseminate the information better.

We carried out a survey to assess the trainee’s perception of the trust, as well as how much knowledge they have of the opportunities available:

- Only 54% had any understanding of the learning opportunities available to them
- Only 26% felt it was easy to access relevant information from the trust
- Only 43% felt supported in exploring new ideas and lead change
- Only 37% felt enthusiastic about their future role in the NHS