A virtual HBV pathway can deliver safe, evidence-based and timely surveillance with a high degree of patient engagement and satisfaction.

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 earn, 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.

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
In addition, the comments from the trainees suggested being ‘undervalued’, ‘forgotten about in hospital wide conversations relating to learning/change’, and ‘felt junior doctors are left to get on with it’.

The Network features
- Trainee leads from each specialty
- All network members in contact via email and WhatsApp
- Periodic newsletters with opportunities at the trust, circulated by the network members
- Extra training slots were generated to facilitate trainees in existing training workshops, such as in finance and management.
- Allows for cross specialty collaborations in projects, and also a direct access for trainees to the trust leaders.
- Trainees could share other opportunities available to them, such as committee reps.

The network is growing with increasing numbers of volunteers to take up the lead roles. We hope this is a step in the right direction in finding our future leaders.

Low morale among junior doctors has been attributed to a loss of the ‘firm’ or feeling of belong to a team as well as an increasingly demanding job, reduced resources and significant rota gaps. Improved teamwork is also associated with improved clinical outcomes. It is essential that we invest in and prioritise teambuilding for clinical staff in order to improve their wellbeing and to improve outcomes for patients. We developed an interactive, educational team-building workshop delivered in the form of an escape room, as a two-hour session including an extensive debrief and time for reflection. The Aims of the session are a) for participants to build inter-personal relationships with their colleagues b) to gain an understanding of their own role in a team. We obtained feedback from participants immediately, and nine months after the session in the form of survey data and qualitative responses. Immediate and long-term feedback were extremely positive and suggested that the training had significant improved participants’ knowledge and understanding of working in a team. All participants reported that they were able to get to know their colleagues better, and that the session was enjoyable. Participants reported an improved understanding of team dynamics, a deeper awareness of their own role within a team, an increased knowledge of common team challenges and reported feeling more prepared for managing team conflict and delegating tasks. Feedback from participants after nine months particularly emphasised how the training had helped them prioritise effective communication with their team. An escape room scenario provides a novel, fun and effective way to both build a team and to improve understanding of teamworking. Participants were able to learn in a fun, innovative way, and feedback indicated that the training was successful. This is an affordable, innovative intervention which can be used for improving morale among clinical teams.