

**SRTP Conference 14th June 2018
Sustainable Radiologist Workforce Workshop Outputs**

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Overview

The aim of the workshop was to understand the current recruitment challenges for Consultant Radiologists and to brainstorm ideas for how to improve capacity in the short, medium and long term.

There were 5 discussion topics:

1. Consultant Job Design Guidance
2. International Recruitment
3. Retired Radiologists
4. Specialty Fellowships
5. Specialty Doctors

Discussion points for each are summarised below and will be used to shape and inform the associated projects.

Thank you to everyone who participated in the workshop.

Topic	Aim/Overview	Discussion Points
Consultant Job Design Guidance	Create attractive job designs for Generalist Consultant Radiologists working in rural settings and hard to fill specialities.	<p>Training</p> <ul style="list-style-type: none"> • In order to fill posts in rural places, train and recruit people who were raised locally and want to live in these areas. Australia/Alaska proved this could work. • Training locally is a good idea but there were questions around how can this be achieved and where people would be trained. Rural areas have limited resources therefore could training take place elsewhere e.g. consider an academy model? • Staff find it more challenging to develop specialist skills in rural Boards. Option could be given to allow e.g. 1 day a week to focus on their sub specialities. <p>Incentives</p> <ul style="list-style-type: none"> • Incentivise people, be it lifestyle or financially • Financial incentive – good idea but cannot breach the MSG T&Cs. This was done in Forth Valley many years ago but not in recent times. In England, Trusts make local decisions, Scotland can't change what has been agreed by MSG • Recruit in pairs (couples) • Cover relocation costs <p>Environment</p> <ul style="list-style-type: none"> • Technology / working environment can be used to encourage people. Provide them with a nice clean office with the latest equipment to work on.

		<ul style="list-style-type: none"> • Offer working from home options. Although have to be careful that the hospitals remain manned as well. When running at e.g. 1/3 capacity it is not possible to have people working from home • Radiology academy that is also a reporting hub. This would save on excess travel to rural locations. In Wales they have seen people come to work at the model academy because they can get more work done and they can benefit from expertise within the academy • Poor network and connection speeds prevent staff wanting to work from home. • Filter phone calls coming into hospitals so staff are only interrupted for relevant reasons. <p>Additional point – Language</p> <ul style="list-style-type: none"> • The term interruption is sometimes discussed with a negative connotation. Interruptions are clinical interactions and are a necessary part of the job. We must be careful about the language being used.
<p>International Recruitment</p>	<p>To work across a number of boards to recruit Radiologists from overseas to fill vacancies in Scotland.</p> <p>The project has facilitated recruitment of substantive and locum posts and developed a process that could be used again for Radiology or adopted by other specialities who wish to recruit from abroad.</p>	<p>Incentives</p> <ul style="list-style-type: none"> • Financial incentives – other areas of the world offer higher salaries than Scotland and rest of the UK. • Improving language skills – offer help to sharpen up English skills <p>Fellowships/Training</p> <ul style="list-style-type: none"> • Other specialties seem to offer International fellowships – we should do the same, perhaps targeting English speaking countries or those within the Commonwealth if it is easier to instigate working in the UK. • Create hubs/partners around the world e.g. Cape Town, Sydney, Wellington, Vancouver and allow trainees to work there for periods during their training. Scottish radiologists could also train/promote Scotland as a place to work/live/fellowships • Help with achieving the GMC to allow people to work in Scotland • Some people no longer want jobs for life. Develop a scheme that allows people to work in one place for a defined length of time e.g. 2-5 years and encourage movement/learning/development within their careers elsewhere. This could be a national/Scottish option and not necessarily limited to those from outside the UK.
<p>Retired Radiologists</p>	<p>To benefit from the experience and potential capacity of retired radiologists to help with the shortfall in service within the lifespan of the project</p>	<p>Simplifying the process/bureaucracy of working as a retiree</p> <ul style="list-style-type: none"> • Have a central resource take the time/stress away from filling out paperwork for retirees to simplify the process for those who want to work after retirement • Simplify the appraisal and re-validation process and make the process clear before retirement • Protect locums discretionary points • Count work done rather than time taken. E.g. pay for 100 scans rather than 4 hour session to enable people to work to times to suit them • Retirees tend to want to work more in winter than summer. Option for a 'rainy day' contract? <p>National work 'passports'</p> <ul style="list-style-type: none"> • Offer 'one' Scotland contract – call them National or Regional Passports that allow radiologists to work anywhere in Scotland • Passport training would also cover the basics e.g. hand wash, patient handling so people are not required to do the same training

		<p>in different boards</p> <p>Environment/logistics</p> <ul style="list-style-type: none"> • Reporting workstations situated in a variety of locations (e.g. community hospitals) as close to home working more attractive than a lot of travel • Retired people would prefer to come in to the hospital environment for the company! Change the way of thinking around – instead of retirees doing the reporting, they could be the duty radiologist and the non-retirees can do the reporting • Parking is a real issue in some places. Provide venues with easy parking or alternative solutions to parking. E.g. Consider ‘park and ride’ for patients to free up parking space close to the hospital/reporting hub for staff • Could introduce regular bus services from a nearby Park & Ride to the hospital with NHS kit & staff on board to check people into clinics in real-time e.g. using TrakCare on iPads
Speciality Fellowships	To recruit UK radiologists who have their CCT but want to specialise prior to taking up a consultant post.	<p>General</p> <ul style="list-style-type: none"> • Highland doesn’t have the same prestige as places abroad e.g. USA, Canada therefore need to be creative in our thinking • Could offer ‘excellence’ specialist fellowships abroad – 1 year here then 1 year in another country
Speciality Doctors	To recruit doctors who are not qualified to consultant level who specialise in Radiology and are able to perform a proportion of consultant tasks	<p>General</p> <ul style="list-style-type: none"> • The service could use more staff grade doctors to cope with the demand and reduce the pressure on consultants • There is a risk that they would be on call too often so may discourage staff • Cross speciality doctors – allow them to authorise and report on their own studies for plain films.