

Our Experience of overseas recruitment of echocardiographers

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Over the past three years, the diagnostic team at Xyla Elective Care have recruited a permanent team of geographically dispersed echocardiographers, to support contracts and bank staff. We became acutely aware of the workforce challenges across the UK and looked for an opportunity to not only grow our team of echocardiographers but also add to the wider, national workforce.

In 2022, we opened recruitment to echocardiographers based outside the United Kingdom. Overseas recruitment in healthcare is not a new concept and within our organisation we can collaborate with colleagues to support talent acquisition and VISA applications for candidates from abroad. To date, we have recruited and developed five echocardiographers from overseas, all of whom have successfully completed BSE and/or EACVI accreditation. However, both from a business and personal perspective, there have been challenges. Our approach and processes require regular review and adaptation. The key learnings can be divided into four groups: recruitment and talent acquisition, arrival and adjustment to working and living in the UK, clinical supervision and development, and long-term career opportunities.

Recruitment and talent acquisition

Due to the number of people interested in relocating to work in the UK, we found advertising on our group website and LinkedIn channels sufficient to generate enough interest. We specify minimum requirements on the job advert, in particular applicants should be working in echocardiography, have a local echocardiography accreditation, and have a degree in a related subject.

We received a high volume of applications, which proved to be time-consuming to review and evaluating the level of experience from limited information on a CV and application letter can be difficult. Also, many applicants do not meet our minimum requirements even though they are clearly stated in the advertisement.

One of our biggest challenges initially was the need to interview everyone who applied with the required qualifications and make offers, in a very quick timescale. We took this opportunity to develop a greater organisational understanding of our requirements when recruiting echocardiographers into substantive roles, by delivering webinars about the profession and working closely with our talent partners when reviewing applications.

Due to the international spread of applicants, the interview process is carried out using virtual methods, such as Microsoft Teams and Zoom. This presents further challenges including our ability to assess someone's clinical knowledge, connectivity limitations and language barriers. We have made multiple modifications to the interview process over time, including introducing a theory test to be completed before the interview, more and varied clinical cases to review, a clearer explanation of our expectations and the role, and how we work as a company and with our clients.

Once an offer is made and accepted, the candidate is handed over to our central team to support their VISA application. This can take anything from a couple to several months, so

it can be difficult to plan a start date. The time delays are largely dependent on how quickly the candidate can provide the necessary documentation for the VISA application to be submitted. This introduces challenges around maintaining engagement with the candidate, so they do not drop out of the process and opportunity.

On average, we estimate 3-4 months from the offer to the start date. As a third-party provider, we must also determine a suitable location for the new team member to relocate to, both for work and home. If they have a location preference, due to family already living in the UK, we will always try to accommodate that preference. It has been clear having family nearby who are familiar with life in the UK has made relocation easier both for the new team member and our teams supporting them. Determining a working location for colleagues from overseas has consistently been one of our biggest challenges.

Early in the project, our contracts team reviewed contract wording to ensure clients are aware overseas echocardiographers may have a professional qualification different to BSE or EACVI accreditation. Our governance team also supported us in reviewing our group insurance policy to ensure these new team members would be covered in the same way as colleagues with BSE or EACVI accreditation.

We must have the acceptance of both the client we are supplying services to and our local team of echocardiographers who will support the new worker's practical training and development.

Arrival and adjustment to working and living in the UK

Once the VISA application is granted our Clinical Operations team liaises closely with the new team member to plan a start date, travel, and initial accommodation in the UK.

A challenge for both the person relocating to the UK and the permanent team that we had not fully appreciated to begin with,

was the need for personal, as well as professional support if the new employee had no extended family residing in the UK. This has included meet and greet at the airport, transfer to their initial accommodation, supporting them exploring the local area and accessing daily necessities (including but not limited to food shopping, furnishing a home, banking, navigating public transport, collecting work permits).

After our new team member has arrived in the country and had a chance to settle into their accommodation, workplace inductions and initial competency checks are carried out by our local echocardiographers. We have a permanent, national clinical team and coaching overseas echocardiographers was not part of their usual remit. Now we are more aware of the levels of support required and the timescale to develop someone moving from overseas, planning for the supervision required is much simpler. As a third-party provider, we have limited control over clinic structure, so we are reliant on our NHS department partners being flexible and open to this approach to recruitment. Also, our clinics are usually booked 4-6 weeks in advance, so delays with VISA processing present challenges for adjusting clinics to allow for competency assessments and development.

Clinical supervision and development

Individuals who start working at Xyla as echocardiographers initially spend two weeks completing our corporate induction program before starting any clinical placement. This period helps them become familiar with life in the UK, Xyla policies and guidelines, and complete all mandatory training required to work at Xyla and in a healthcare setting. All overseas recruits come with an international echo accreditation, either ARDMS, EACVI or CCI certification, but need to complete BSE accreditation in TTE to work fully independently. This induction time also allows our clinical team to begin creating a bespoke development plan, enabling everyone to work towards BSE accreditation, and the timeline required to achieve this. Some individuals have completed the theory aspect of the BSE exam through online proctoring before starting their employment with us, which has helped streamline the accreditation process. Other individuals with EACVI certification were exempt from needing to sit the theory examination and could book directly onto a practical examination. In all other cases, individuals were required to complete both the theory and practical examinations once they had undertaken their employment in the UK.

The main priorities are for individuals to gain competency in performing and reporting echocardiograms according to BSE standards. This is assessed through internal competency assessments and by the individual completing the BSE level 2 transthoracic echo accreditation. Until both objectives are achieved, individuals are supervised during their clinical sessions. Initially, they are supervised directly by experienced, BSE accredited echocardiographers who will be with them in clinic and will finalise the echo reports on the same day. Once the team is satisfied with an individual's skill level in terms of scanning, reporting, and recognising key pathology, they progress to being supervised remotely via a cloud based PACS system. This PACS system allows real-time, remote supervision, so if additional images or measurements are required the remote supervisor can feedback to the individual in clinic while the patient is still present. This has allowed our wider pool of national echocardiographers to be involved with training and supervision and has reduced the strain on local staff to directly supervise every session. However, supervision is not always possible remotely, and in some cases, the clinical team continues to supervise in person. This has led to some challenges in certain parts of the country, as it has required frequent and lengthy travel from the supervising staff member. Where possible, we always try to locate someone close to supervising staff to help with mentoring and support

during clinic. Either in person or remote supervision continues until the individual has achieved full BSE accreditation. All our supervisors are highly experienced, BSE accredited echocardiographers.

Our overseas echocardiographers have faced some challenges in collecting the BSE logbook and viva cases, as well as completing the BSE process in a timely manner. Some clinics are in a community setting with referrals from primary care, making it difficult for individuals to be exposed to a high number of 'acute' cases typically seen in an inpatient setting, such as infective endocarditis, suspected pulmonary embolism, acute MI and intracardiac masses. In some cases, after approval by the BSE accreditation team, individuals have used a very small proportion of cases from previous employment for proof of scanning the less common types of cases described above. Sites have also allowed staff to rotate from outpatient clinics to scan inpatients to collect more varied cases and we can adjust working schedules to ensure a mix of clinics at acute hospitals as well as community centres. For the viva cases, many individuals are using portable echo machines and acquiring images within the confines of a normal clinic. We have relied on good relationships with clients to facilitate scanning specific patients who may potentially have good echo windows or rarer pathology.

Fortunately, our permanent echocardiographers are very experienced with the standards for BSE accreditation and have provided invaluable feedback, support, and guidance to make the accreditation process smoother. We have been successful in developing and mentoring five individuals recruited from overseas to become BSE and/or EACVI-accredited echocardiographers, which has contributed to the national pool of qualified professionals. We understand the challenges that come with transitioning from a supervised role to finalising reports independently, and we offer support to individuals during this post-accreditation period. For the first months after accreditation, they continue to be supported in-person by a BSE accredited colleague. This direct supervision is reduced gradually over a period agreed between the individual and their supervisor. When they begin to work more independently, we carry out regular audit reviews in line with the BSE quality framework, to ensure their work continues to meet our expected levels of performance. As part of our routine quality assurance process, we initially audit a higher number of studies and gradually reduce this to the same level as all other team members. We believe that accreditation is not the end of the training and development process, and we continue to provide support to our team members through peer review and opportunities for Continuing Professional Development (CPD). The variety of organisations we work with allows individuals to work in a variety of clinics, combining community and acute work to ensure confidence scanning and reporting a wide variety of patients and pathologies. Our team regularly attend courses and conferences, and we provide internal training on clinical case review, updated guidelines, and other important topics.

Long-term career opportunities

In our experience, the majority of echocardiographers relocating to the UK are looking for better career options and development opportunities. As our contracts are to provide adult transthoracic echocardiography, it is a challenge for us to fulfil those aspirations long-term. We have considered including clauses in employment contracts to restrict resignation within a specified time period but have discovered these are hard to enforce and financial penalties difficult to impose. However, ultimately if someone leaves and takes a role in an NHS department to further their career, we have achieved our aim of growing the UK workforce for echocardiography.

A statement from Godfrey Kimani, who joined Xyla Elective Care in 2022: *"My journey to the UK from Kenya commenced*

when I reached out to an American echo technician via a Facebook post, which ultimately led me to apply with Xyla Elective Care as a highly specialised echocardiographer.

The recruitment process was challenging, including two interviews. The clinical interview was particularly difficult, but it gave me the opportunity to demonstrate my expertise in echocardiography. I was very grateful for being selected for the position of Highly Specialised Echocardiographer and receiving a conditional offer.

The immigration process was remarkably smooth and straightforward and to streamline this process, the company enlisted the services of a reputable firm in the UK. I appreciated the opportunity to work in my preferred city of Portsmouth, as having some family members residing in Portsmouth provided invaluable support. Fortunately, arriving during the summer offered favourable weather, albeit with noticeably longer days than nights!

Upon commencing work, I needed time to adapt to working in the UK, particularly in adhering to the BSE minimum dataset and protocol. I found the 45-minute slots proving particularly challenging and worked with colleagues to refine my image acquisition and timekeeping skills. I eventually progressed to working more independently with a remote review of my studies from my senior colleagues.

Finally, the accreditation process loomed ahead. Senior colleagues provided invaluable mentorship and support throughout the EACVI accreditation process. I was afforded ample time off work to study and prepare for the written exam, and I successfully passed my EACVI certification within my first six months with the company and more recently, I attained my BSE accreditation.

Working in the UK has been an immensely rewarding

opportunity. Collaborating with a company that values and fosters personal growth has elevated my career to heights I once only dared to dream of."

Key takeaways:

- Although there are several equivalent echo qualifications, echocardiographers with experience working in certain countries (for example the USA) are likely to have skills more aligned to UK echocardiography. Taking this into consideration can result in overseas recruits completing BSE accreditation and being competent to work independently more quickly.
- Relocating to the UK from overseas without either family members relocating at the same time or family already resident in the UK makes the move more challenging for both the individual and their employer. Consideration must be given to supporting individuals' welfare, both professionally and personally.
- You need to have the buy-in of your entire team, as the support required can put additional pressure on everyone involved.
- It is important to ensure the correct resources are in place to support training and development, and realistic timescales are set to achieving accreditation and becoming an independent practitioner.
- A cost versus benefit analysis can help to demonstrate when your new team member will be revenue generating, so you can make informed decisions on salary, for example.
- In our experience as a third-party provider, it can be challenging to offer career development opportunities, however, we can increase the national workforce of echocardiographers.

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