

Introduction

The Society of Radiographers is the professional body and trade union for all those working in diagnostic imaging and radiotherapy. The Society of Radiographers (SoR) represents over 34,000 members, most of whom work in the NHS across all 4 nations, at all grades across clinical imaging and radiotherapy.

Radiographers actively support nine out of every 10 patients. Our members are the keystone to the NHS having capacity to diagnose and treat earlier and to reducing waiting lists – the benchmark tests for renewed public confidence in the NHS.

We welcome the opportunity to share our perspective on the Select Committee's Inquiry. Our evidence will demonstrate a clear, unequivocal political choice – put in place a coherent long-term workforce plan that will support a sustainable reduction in critical NHS waiting times for diagnosis and cancer treatment; or alternatively, continue with the proposed approach to immigration, which is already having a negative impact on workforce capacity in this critical area. You simply cannot do both. They are in fundamental conflict.

This Inquiry is in this regard very timely and welcomed. The SoR are supportive of the Government's stated long-term plan to re-shape our health and social care systems in line with the 10-Year Plan published following the Darzi Review. This was further energised recently, by the Prime Minister setting the goal to create a new Social Care Model.

Lord Darzi's report identified a toxic and demoralised working environment in too much of the NHS. The Covid-pandemic Inquiry reports will highlight parallel challenges in Social Care. Therefore, with a fundamentally different approach needed, it is timely to ask some of the big questions about how we build workforces to deliver a sustainable, modern, joined-up health and social care system fit to support a modern economy and healthy society in the 21st century.

Delivering on this ambition will require sustained investment and a political consensus - founded upon and maintained by genuine partnership working with all those committed meeting these ambitions. This will be essential not just over the coming months but over the coming decade, to shift the culture inside both the NHS and social care systems, so that a healthier, safer and sustainable working environment can take root and flourish. So how people are treated in the meantime, and the signposts towards what this "new environment" will be like are critical to maintaining support on the long road to change.

Our evidence will highlight clearly how one of the biggest and most critical early choices involves the Government's approach to its Internationally Trained workforce, especially in radiography.

This is an area where Britain has been competing reasonably successfully in a global marketplace. We need to because of the under-investment relative to rising demand over the first two decades of this century. We have waiting lists largely because we are playing catch-up in regard to under-investment in early diagnosis and treatment.

Equally, part of the culture change needed in the NHS is a move towards less short-termism – exemplified by new graduate diagnostic and therapeutic radiographers being unable to start their post-graduate careers because of short term recruitment freezes in all four devolved nations this year.

The investment in internationally trained radiographers is an area that shows outstanding return on investment. There has been a huge growth in the number of internationally trained radiographers registered with the HCPC and interested in working in the UK since 2018, and especially since 2022. Without them there could be no progress against waiting lists – and indeed, that agenda would already have sunk.

This is in stark contrast to disappointing progress in growing a domestic workforce. The continued absence of any national NHS Workforce Plan is re-enforcing uncertainty and helping entrenching career development barriers – from limited apprenticeships and development pathways for a support workforce through to a critical shortage of advanced practitioners, such as sonographers.

Our evidence argues we need a renewed commitment to and increased accountability around delivering on complimentary strategies that:

- a) accelerate the sustained growth of a domestically trained professional radiography workforce;
and
- b) protect, develop, and enhance the experience of internationally trained radiographers recruits already in the system.

It cannot be one of the other. We cannot move from where we are and deliver a) if we fail to achieve b).

The Reliance on Internationally Trained Radiographers Ever increasing demand.

As stated above nine out of ten patients are now actively supported by radiographers in their treatment pathways, from diagnosis through to treatment. As well as the treatment and support our therapeutic radiographer members provide to rising numbers of cancer patients, advances in diagnostic imaging technologies continue to fuel a rising demand for diagnostic tests. For example, in 2008, there were around 1m diagnostic tests conducted in a month across England. In June 2026, there were a record number of diagnostic tests carried out in England's NHS - 2,654,700. This was 191,500 more than June 2025.

Demand exceeding capacity has led to waiting lists. The latest published figures show 1,827,200 people waiting for a diagnostic test in England. That figure will almost certainly pass 2 million in this financial year. With the HCPC data (see more below) showing no significant growth in the workforce, productivity continues to increase. For example, in August 2026, there were 95,000 more diagnostic images taken in England than in the previous August. However, diagnostic waiting lists grew by 149,500 compared to the year before.

The NHS Constitution requires no more than 1% of patients to wait more than 6 weeks for a diagnostic scan. This hasn't been met since November 2013. The stated goal is currently to reach an interim target of 5% - or 1 in 20 patients. In the last 12 months the figures have ranged between 1 in 4 (24.9% in April) to 1 in 5 (20.3% in February). The latest figures show 451,008 waiting more than 6 weeks for a diagnostic test.

Against this backdrop, we have become increasingly reliant on Internationally trained radiographers joining the UK workforce.

Reliance on Internationally Trained Radiographers

More than 1 in 4 current HCPC registered radiographers are internationally trained. Both diagnostic and therapeutic radiography have long been established on Government shortage profession lists.

Between January 2018 and January 2026 HCPC data shows a 22% growth in the total number of registered diagnostic radiographers (DRADS) and a 32% growth in the number of registered therapeutic radiographers (TRADS). However, in the same period there was a 241.4% increase in the number of internationally trained DRADS on the register and an 85% increase in the number of TRADS. About a 1/3 of the total growth in HCPC registered radiographers since 2018 has been from internationally trained radiographers joining the register looking to work in the UK.

This growth accelerated dramatically between January 2022 and January 2024, with the NHS heavily investing in recruitment to try and overcome the impact of the pandemic. In this period the number of internationally trained registered DRADS more than doubled from 6683 to 12814. The number of internationally trained TRADS increased from 482 to 794.

In short, the NHS relied on this internationally trained workforce to start to tackle its post pandemic waiting list crisis. Those who were successfully recruited came with clear expectations, including an understanding of the requirements at that time regarding accessing permanent settled status for them and their families.

It is important to recognise who these professionals that we rely upon are. As with UK, trained radiographers are predominantly young professionals with global options. Most are also, as in the UK, women and so it is natural to expect them to prioritise where they can settle with family, including children. Especially for those in countries like Nigeria and India, where much of their training is in English, the UK is a competitive option – especially where there is a wider established diaspora from their home nations to link in with and, at the time, clear expectations around the right for them and their families to settle in the UK after 5 years hard work and commitment.

Moving to work in a new country, especially at the start of your professional career, is not an easy choice to make and few make it without already demonstrating a high level of commitment to making their move to the UK a long-term success. They have also had to compete for posts, as well as navigate the complex visa and residency processes. We have numerous stories of radiographers moving here to start work ahead of children and family members being able to join them for fear of losing their job opportunity. There is no credible evidence of any problems relating to this group of workers in relation to integration, community engagement or commitment to their new communities.

It is also important to note and understand the difference between registering with the HCPC and being employed. HCPC registration is a mandatory first step to being able to apply for and secure a visa if you are an internationally trained overseas radiographer or Allied Health Professional (AHP). In 2026, approx. 30% of those who were registered were identified by the HCPC as working in the UK.

HCPC figures show that in May 2026 there were 35315 registered radiographers working in England. This is an increase of 5360 since May 2021. However, there was an increase of only 160 since May 2025. Across the rest of the UK the number of working radiographers increased by 20.

Of these registered radiographers working in England 28250 were trained in the UK, with 7065 trained internationally. In May 2021 the comparison numbers were 25030 and 4925. However, the number of internationally trained radiographers working in England had fallen by 110 since May 2025. 43% of the number of radiographers working to help tackle the post-pandemic waiting list crisis had come from overseas – and the impact of these policies is already impacting. In the last 12 months we have seen a fall in the number of both internationally trained registrants and a fall in the number of those who are working in the UK.

Meanwhile, we are not ready to fill the gap even if this was desirable.

Domestic Crisis

There is a severe concern about the UK's continuing failure to establish credible workforce development pathways in radiography and other Allied Health professions (AHPs). There is no doubt that part of the increased reliance on International trained radiographers has been the failure of the UK system to grow enough of our own. That is not to say we haven't increased the numbers entering under-graduate programmes – but not by close to enough to meet the long-term demand.

Rapidly expanding the programme is difficult – not least needing to find the placement opportunities and support needed to rapidly expand training, especially when the workforce itself is stretched. However, the medium-term damage of graduates not finding roles for the first time in a generation as a result of the short-term job freezes remains to be seen over the coming few years as potential graduates choose their options guided in part by future earnings. The lack of progress in addressing uncompetitive graduate entry pay in Allied Health Professions will be a further challenge. The Society of Radiography has also long been a champion of expanding earn-to-learn apprenticeship schemes. However, these have as yet not caught on. There is not a single apprentice radiography programme in the devolved nations. Numbers remain small and geographically concentrated in a few regions, such as the South-West. These show what is possible but from where we are now it is almost impossible to see a pathway to meeting current known forecastable demand from only our domestic supply chain – let alone factor in any need to grow the workforce further and faster to meet on-going rising demand.

Therefore, there is a serious double risk in the current proposals to encourage internationally trained radiographers to leave in the meantime. Firstly, the strain on the current workforce will increase and make expanding these programmes significantly more difficult. Secondly, the number needed at the end will be increased for each internationally trained radiographer who leaves. Indeed, if the number of international recruits only fell to 2021 levels (and the Government's ambitions go far lower than that) the current plans for funded graduate places would plausibly only fill the gap – no workforce growth over the next half decade will see demand drown the service and with it any aspirations around waiting lists.

Particular Issues around Sonography

The headline numbers and trends also fail to identify some specific areas of concern. The most relevant of these in this context are the particular challenges growing and retaining a sonography workforce.

35.3% of the total waiting list is in non-obstetric ultrasound. This is intrinsically linked to a chronic shortage of sonographers. Whilst radiography is still a younger than average profession, in the UK qualification to become a sonographer can only be achieved via post-graduate advanced study and practice. Vacancy rates are close to 20% in most areas and the 2025 Ultrasound Census reported 64% of sonographers reporting job vacancies. Many areas of the NHS now rely on agency sonographers earning more than twice the normal NHS rate (about £28 p/h), with payments of £80p/h not unusual. With the workforce pressures limiting release for advanced practice the UK is especially active in recruiting internationally.

However, not all are registered with the HCPC, as there is a loophole the SoR have long been calling on Government to close – in some countries it is possible for someone to train as a specialist

sonographer, without the full range of radiography skills and background and so these people don't qualify (or need to) register with the HCPC.

Accordingly, we do have examples of both some people being recruited to the UK in sonography where they are then unable to meet the requirements of the role, which includes elements of radiography they may not have been trained in. We have also seen examples of the loophole being exploited to recruit from red-list countries; pay well below the UK market rate on deeply worrying terms and conditions; and of NHS Trusts outsourcing work to companies employing sonographers who may not be registered with the HCPC, using little to no due diligence.

In assessing these matters, we would also therefore as the Select Committee to specifically recommend to Government to close this loophole and add sonography to the list of registered Allied Health Professions.

Summary Requests:

The SoR asks the Committee to recommend-

- **Withdrawing the proposed changes to right to remain and settlement for all radiographers and other Allied Health Professionals in currently identified shortage professions.**
- **In particular, honour the existing promise for all radiographers and Allied Health Professions who have come to the UK to work before the legislation passes.**
- **Continue to press Government to continue increasing investment in developing our domestic capacity through a range of means including wider use of apprenticeships and workforce reforms that support career development and advancement – whilst recognising this has to be in addition to and not instead of continuing to support international recruitment.**
- **Government close the sonography registration loophole without further delay.**

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