

Sonographer scope of practice for GP direct access pathways

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207 Providence Square
Mill Street, London
SE1 2EW, UK

020 7740 7200
info@sor.org

www.sor.org



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Introduction

The introduction of general practitioner direct access (GPDA) to imaging services aims to streamline the referral process for patients with concerning symptoms that do not meet urgent cancer referral pathway criteria.¹ Sonographers play an important role in these pathways, and the Society of Radiographers (SoR) states that they must work within their scope of practice, defined as the areas in which they have “appropriate knowledge, skills and experience” to practise safely and effectively.^{2,3}

This guidance sets out the core principles for sonographers’ scope of practice when working within nationally defined GPDA pathways, ensuring safe onward referral while allowing sonographers to focus on their clinical duties.

Before implementing new GPDA pathways, services should undertake full consultation with imaging staff, assess the impact on existing pathways and identify and appropriately plan for required changes. Safe systems must be in place for receiving referrals, issuing results and escalating to specialist care, supported by clearly defined local protocols. A robust business case is also essential to address the financial, workforce and capacity implications, including the need for adequate information technology (IT) infrastructure, administrative support and training. Specific consideration and agreement of effective onward referral processes should form part of that planning and should be agreed before a pathway is implemented.

Core principles

1. Onward referral pathways must fall within the sonographer’s scope of practice

Clear pathways or standard operating procedures (SOPs) should support sonographers in making onward referrals. Sonographers should work within their established scope and local protocols to produce actionable reports in line with Royal College of Radiologists (RCR) guidance.⁴ There should already be appropriate arrangements to support sonographers within their scope of practice, including clear agreed mechanisms for discussion with their senior colleagues and to obtain a medical opinion from a radiologist where required.

All imaging service providers should already have systems to flag abnormal findings to referrers and confirm that reports have been accessed.^{5,6} With GPDA, this must be extended to provide a similarly robust process for onward referral. Ideally this process should be automated, or supported by administrative staff where automation is not possible.

As part of the examination and consent process for GPDA investigations, sonographers should inform patients of any possible onward referral pathways, to support patient understanding and manage expectations when results are discussed.

2. Administration time for onward referrals should be considered separately from scan times

NHS England (NHSE) requires that local pathways must include clear escalation routes “so that patients with results indicative of a malignancy are referred via an urgent suspected cancer pathway”.¹

Where possible, to reduce the administrative time after the scan, referrals to specialist care within GPDA pathways should be automated, or managed by a patient care navigator rather than by the sonographer.

Onward referral should follow NHSE guidance in terms of full appropriate history, an actionable ultrasound report and associated images.¹

3. The responsibility for acting on results remains with the referrer

The referrer retains responsibility for reviewing results and taking appropriate action until a specialist has formally received the referral via the GPDA pathway. Appropriate IT facilities can assist with tracking.

4. Reports to GPs must state when an automatic referral has been made

If a patient is automatically referred to specialist or urgent suspected cancer pathways in line with local protocols, this must be clearly communicated in the report sent to the GP.

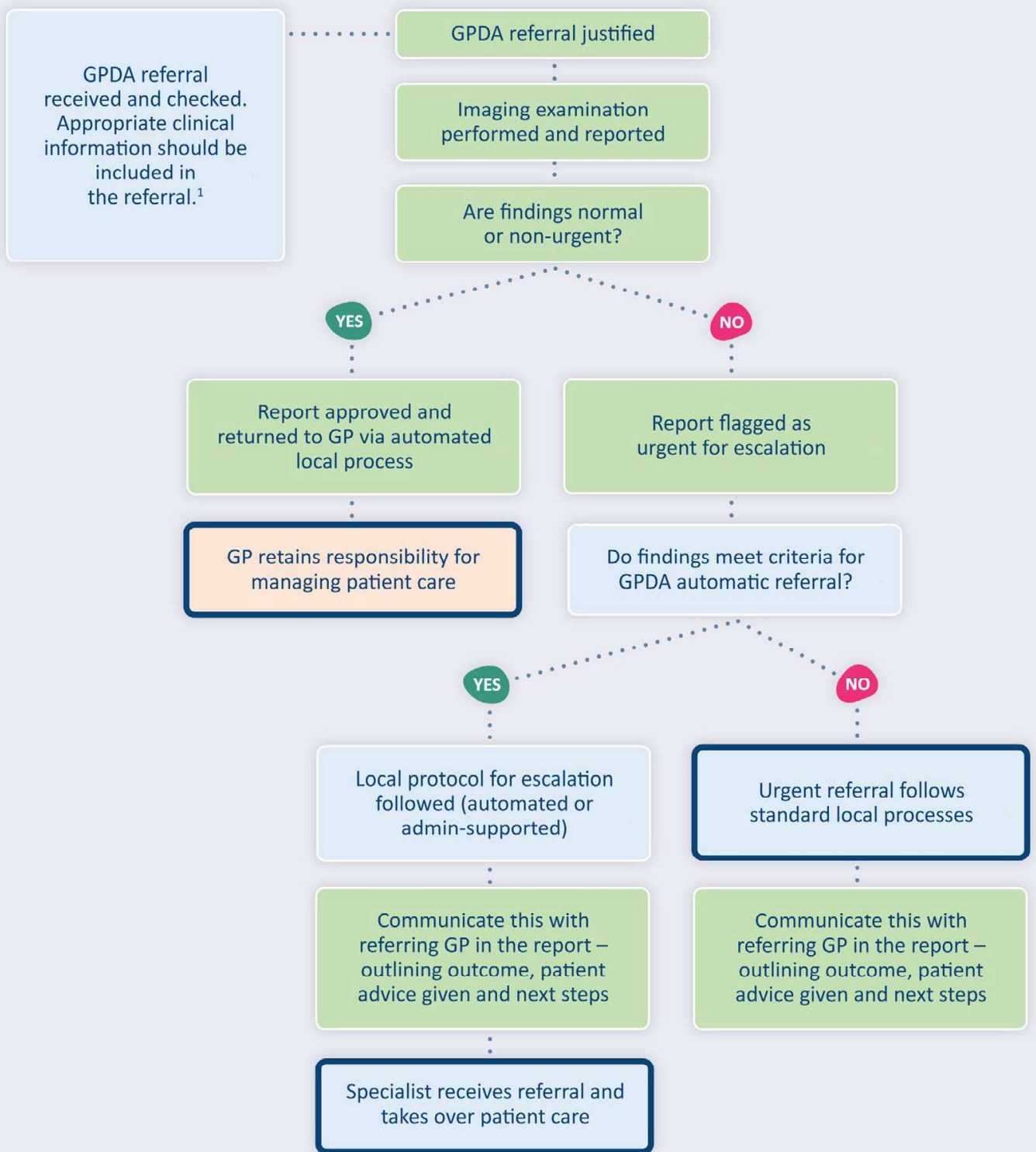
5. Access to expert advice is essential

An agreed local escalation mechanism should be in place for clinical support and review, as highlighted in core principle 1.

6. Only agreed GPDA pathways allow automatic onward referral

Automatic referral applies only to scan findings covered by the defined GPDA pathways. Local pathways should support sonographers to escalate any findings requiring urgent clinical assessment, including those unrelated to the original referral on the GPDA pathway.

GP direct access for imaging



Roles and responsibilities

GP/primary care referrer

Secondary care

Sonographer/ultrasound practitioner

Figure 1: GP direct access for imaging – flowchart.

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GPDA report example wording

When the patient is on a GPDA pathway, clarity about the management of the patient is needed in the sonographer's report. These guidelines provide some example wording that can be adapted to meet local requirements and different findings.

It is important to follow normal local processes for any findings that require an alert, such as new cancer diagnoses or new recurrences, critical findings that are time-critical, and significant addenda that may alter clinical management.⁵

Example wording: Normal or non-urgent scan findings (discharged to GP)

As per the [XXX pathway, e.g. unscheduled bleeding on HRT pathway] no onward referral has been made.

The responsibility for acting on the content of this report remains with the referrer.

For any queries regarding the pathway a link can be found here [\[link to pathway guidance, e.g. for unscheduled bleeding on HRT pathway\]](#).

Example wording: Findings requiring specialist referral via the GPDA pathway

Two wording options are provided; their use depends on local protocols and pathways. In some cases, the sonographer may be using the two-week urgent suspected cancer (USC) referral pathway, whereas other policies might require the sonographer to flag the case as urgent for referral to a specialist clinician to triage.

Following an abnormal ultrasound finding, an automatic [speciality, e.g. gynaecology] urgent suspected cancer referral has been made for this patient, as per the [XXX pathway, e.g. unscheduled bleeding on HRT pathway].

No additional referral by the GP is required for this finding.

Any other findings outside the GP direct access pathway still require consideration by the referrer as they have not been acted on.

The patient has confirmed receipt of the patient information leaflet.

Following an abnormal ultrasound finding, onward referral to [speciality, e.g. gynaecology] to action has been made, as per the [XXX pathway, e.g. unscheduled bleeding on HRT pathway].

No additional referral by the GP is required for this finding.

Any other findings outside the GP direct access pathway still require consideration by the referrer as they have not been acted on.

The patient has confirmed receipt of the patient information leaflet.

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Authors

Nicki Davidson, Lead Sonographer at Worcestershire Acute Hospitals NHS Trust; member of SoR Ultrasound Advisory Group

Gill Harrison, Professional Officer for Ultrasound, Society and College of Radiographers

Dr Mark Pickering, Consultant in Obstetrics and Gynaecology at University Hospitals Dorset NHS Foundation Trust; clinical lead for unscheduled bleeding on HRT pathway for Wessex Cancer Alliance

Dr Robin Proctor, Medical Director, Professional Practice, Clinical Radiology at Royal College of Radiologists

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