

The RCR response to the Professional Standards Authority Assessment of Sonographers

The requirements of the role:

- Sonography is a complex imaging modality which requires the acquisition of an appropriate diagnostic imaging data set in order to ensure that all pathology is identified and accurately documented for future review.
- Interpretation is undertaken by the practitioner. They must have a comprehensive knowledge of the anatomy, as well as the potential pathological processes and ultrasound manifestations of these processes within the body systems relevant to their scope of practice.
- The role demands that the ultrasound practitioner is able to analyse complex clinical information and correlate ultrasound findings with other imaging and pathology tests. If this is outside their competence then immediate and unrestricted access to a senior colleague, radiologist or clinician is required.
- The individual who undertakes and interprets a study is responsible for providing an accurate, actionable report.

It is also worth noting that new sonographers who have not been able to obtain statutory regulation are not able to undertake advanced clinical practice¹.

The context sonographers are working in:

- Sonographers generally work in teams with other sonographers and consultants, usually radiologists.
- Workforce issues within radiology and ultrasound departments mean that direct or indirect supervision, mentoring and support for newly qualified sonographers may be lacking.
- Shortages of radiologists, who provide expertise across the whole of diagnostic imaging, will put sonographer services at risk.
- Sonographers may act as solo practitioners when sonography services are outsourced to GP practices or in the private sector.

Risks arising from the practice of sonographers:

- Expansion of the role of sonographers and the replacement of medical practitioners with ultrasound experts increases the risks associated with a lack of medical oversight and support in the process of rescanning or reviewing images and reports.
- Sonography delivered in community settings may be completely unsupported.
- Pathologies may be missed or misinterpreted, and its importance not recognised. Missed pathology can lead to false reassurance, delayed diagnosis and worse patient outcomes. Misdiagnosis can lead to further unnecessary investigations, surgery or treatment.
- Descriptive reports can leave referring clinicians unclear as to the significance of findings, requiring them to seek clarification or carry out repeat or alternative imaging tests.
- A sonographer's lack of background medical knowledge may impact their ability to appropriately assess a clinical referral or the urgency of a test, and may limit their ability to determine the appropriateness of ultrasound or other imaging modality according to clinical presentation, age or patient condition. This lack of background knowledge may also result in inadequate or inappropriate onward referral.
- Interventional procedures, such as the injection of medications carry higher impact risks. These include missed diagnosis (in the case of biopsy), incorrect site marking, morbidity, adverse reactions and death.
- The use of patient group directions (PGDs) to govern use of medicines by sonographers - as is current practice - is now considered to be undesirable and individualised prescription is recommended. This will undermine a sonographer's ability to undertake contrast enhanced

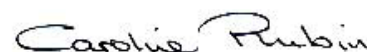
ultrasound or the injection of therapeutic agents, with the potential to reduce the sensitivity and specificity of ultrasound examinations and the delivery of timely therapy.

Necessary mechanisms to mitigate risks:

- Sufficient consultant radiologists with special interest in ultrasound to support training, mentoring and governance structures
- Within every provider of NHS ultrasound services there should be an adequate skill mix, including experienced sonographers and consultant radiologists with special interest in ultrasound in order to ensure patient safety.
- There should be supported 'solo working', with a low threshold for case review and repeat imaging.
- Audit of practice
- Learning meetings
- Serious incident review and dissemination of lessons learnt

Ultrasound is a medical procedure and all studies should be accompanied by an actionable report. **The RCR considers that sonographers should be regulated to the same standards as medical practitioners undertaking ultrasound.**

Thank you for asking me to respond on behalf of the Royal Collage of Radiologists.



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References

1. NHS, *Multi-professional framework for advanced clinical practice in England*. Accessed at: https://www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/advanced-practice/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf.