

Chief Executive Officer
Richard Evans OBE



SCoR
THE SOCIETY & COLLEGE
OF RADIOGRAPHERS

LETTER SENT BY EMAIL

Wendy Reid
Executive Director for Education and Training & National Medical Director
Health Education England
Second Floor, Stewart House
32 Russell Square
London
WC1B 5DN

Wednesday, 28 November 2018

Dear Wendy

Re: Summary of the rationale for the statutory registration of sonographers.

I am writing on behalf of the six Member Organisations of the Consortium for the Accreditation of Sonographic Education (CASE).

We have been working with Samina Malik and Peter Scott at Health Education England (HEE) for over a year to submit a new bid to the Department of Health (DoH) for the statutory registration of sonographers. We consider this essential if the public is to be protected.

We understand that a report will now be prepared by the Professional Standards Authority (PSA) and that they will be forming a Panel to review the evidence. A report will then be prepared by them for HEE.

We would like to take this opportunity to present the following summary of what we believe is the compelling case for statutory registration for sonographers.

We would be grateful if you could forward along with the HEE submission to the PSA. We have also sent directly to the PSA as they requested direct contributions.

Yours sincerely,

Sue Webb
President, UK Council
Society and College of Radiographers

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Member Organisations of the Consortium for the Accreditation of Sonographic Education (CASE).



A handwritten signature in black ink that reads 'Simon Freeman'.

Simon Freeman
President
British Medical Ultrasound Society



A handwritten signature in blue ink that reads 'Alex MacKenzie'.

Alex MacKenzie
Chair of Council
Chartered Society of Physiotherapy



A handwritten signature in black ink that reads 'Paul Chadwick'.

Paul Chadwick
Clinical Director
The College of Podiatry



A handwritten signature in black ink that reads 'Mark Tooley'.

Mark Tooley
President
Institute of Physics and Engineering in Medicine



A handwritten signature in blue ink that reads 'Sue Webb'.

Sue Webb
President, UK Council
The Society and College of Radiographers



A handwritten signature in black ink that reads 'Sara Causley'.

Sara Causley
Executive Committee, President
The Society for Vascular Technology of Great Britain and Ireland

STATUTORY REGISTRATION FOR SONOGRAPHERS – A SUMMARY TO ACCOMPANY SUPPORTING HEALTH EDUCATION ENGLAND EVIDENCE

November 20th 2018

1. INTRODUCTION

Sonographers have a critical role in the patient diagnostic and treatment pathway. They are healthcare professionals who independently undertake, interpret and analyse ultrasound examinations taking into account the clinical details provided. They also then issue actionable clinical reports on the findings of the examination. Due to the real time nature of ultrasound examinations where the diagnosis is made from the appearances during the examination, only the sonographer performing the examination can take responsibility for the report. Reporting from static images post-examination by a third party is not recommended and is deemed unsafe.

The range of examinations undertaken by sonographers is wide and includes general abdominal, early pregnancy, obstetrics, (including high risk pregnancy monitoring), fetal anomaly screening, vascular, gynaecological, paediatric and musculo-skeletal examinations. The ultrasound examination is therefore completely dependent on the skills and competence of the sonographer, they are not 'protocol' scans such as CT or MRI scans.

Sonographers as part of their wide scope of practice also perform interventional ultrasound procedures such as biopsies, intra and extra cavity drainages, fine needle aspirations, amniocentesis and examinations requiring ultrasound contrast agent injections.

Sonographers are often required to give difficult and/or unexpected news and how this is delivered can have major implications for the well-being of the patient. This is for example the case in the national fetal anomaly screening programmes where the sonographer will be the first person to identify that there is a fetal abnormality or that all is not well. They are responsible for initially conveying the difficult and/or unexpected news and ensuring onward referral. There is a requirement for the sensitive use of communication, empathy and compassion.

Sonographers therefore provide critical person-centred care with a high level of autonomy. Sonography was recommended for statutory registration by the then Health Professions Council to the Secretary of State for Health in 2009 but did not proceed at that time.

<http://www.hcpc-uk.co.uk/aboutregistration/aspirantgroups/newprofessionsprocess/>
(Scroll down to bottom of the page).

There is a national shortage of sonographers¹ and demand for ultrasound examinations is growing on a year on year basis. Amongst its many applications ultrasound is a key primary imaging modality for early cancer diagnosis. It is important that new educational pathways can be developed to allow the numbers of qualified professionals to increase and meet this demand. This will in due course then also allow sonography to be removed from the Migrations Advisory Committee Tier 2 visa list of shortage occupations.²

2. THE COMPELLING CASE FOR STATUTORY REGISTRATION OF SONOGRAPHERS

2.1 Statutory registration has a number of important benefits including the ability to protect commonly used professional titles, set consistent national standards and to take effective action when professionals fall below those standards.³

2.2 Statutory registration protects the public via a regulator with full legal powers.

2.3 Statutory regulators have published codes of conduct and standards of proficiency that apply to all registrants.

2.4 The ultrasound examination and report are critical to the patient pathway. Poor training and/or sonographic practice can result in errors or omissions in diagnosis, leading to inappropriate referral, delays or inappropriate treatment.

2.5 Statutory registration allows for a central record to be kept by a body with full statutory powers which can be referred to by employers and the public. If there have been any fitness to practice annotations these will be clearly visible to all viewing that registration record.

2.6 Concerns about registrants can be made to a regulator with full statutory powers. This allows for investigation under published Fitness to Practise procedures. A range of sanctions including removal from the register are available. A statutory regulator will be informed of any criminal convictions or cautions by courts and the police, a voluntary register must rely on self-disclosure.

2.7 It is important to move to a position whereby all those who practise sonography are subject to statutory regulation. The current picture is mixed. Practitioners who integrate diagnostic ultrasound into their registered practice as another regulated healthcare professional (e.g. as a diagnostic radiographer, physiotherapist, podiatrist or midwife) come under statutory regulation. However, those who practise exclusively as a sonographer do not come under statutory regulation, and with the use of 'sonographer' as a professional title neither protected nor restricted.

This lack of consistency needs to be addressed through regulating those who practise exclusively as sonographers. This needs to be done without restricting those who can practise diagnostic ultrasound (obviously providing that all registered practitioners, of whichever profession, have the scope of practice and competence to do so safely and effectively).

2.8 As an example, sonographers who are registered as radiographers have been subject to investigation by the Health and Care Professions Council (HCPC). Sanctions have ranged from a caution through to striking off orders. Had they not been registered as a radiographer, no investigation would have been possible. This is currently the case with unregistered practitioners practising as sonographers. This means that the public interest is not served, and patients are put at risk and have no recourse to action if they have concerns about the service they receive.

2.9 Under the Ionising Radiation Regulations sonographers who do not hold statutory registration cannot act as a referrer for examinations using ionising radiation.⁴ This is an important part of the sonographer's role for some areas of practice such as gynaecology and abdominal ultrasound and could lead to delays in the patient journey. Depending on departmental protocols and procedures sonographers who are statutorily registered are able to refer patients for further X-ray examinations, including CT scanning. This is especially important with regards to early cancer diagnosis pathways.

2.10 Sonographers who do not hold statutory registration cannot use Patient Group Directions for the administration of drugs or contrast agents.⁵ They also cannot train to become supplementary or independent prescribers. The National Institute for Health and Care Excellence (NICE) guidelines recommend contrast enhanced ultrasound (CEUS) for the further assessment of liver lesions.⁶ Non-statutorily regulated sonographers are unable to perform such examinations without access to an independent prescriber which adds unnecessary complexity/cost/delays into the pathway.

2.11 New educational and training pathways are urgently needed to alleviate the considerable sonographer shortage.¹ Lack of statutory registration significantly hinders the development of new routes to producing the sonography workforce, such as Bachelor's degrees and degree apprenticeships. Employers, higher education institutions and many practising sonographers are concerned about the lack of any central register or the ability to refer to a regulator when there are competence or other professional issues that cannot be adequately dealt with by an employer.

2.12 Statutory registration would allow all courses leading to qualification as a sonographer to be approved and monitored by the regulator. This will help ensure and maintain threshold educational and professional standards.⁷ Accreditation of courses by the Consortium for the Accreditation of Sonographic Education (CASE) is not mandatory, there have been concerns that some courses stating that they lead to qualification as a sonographer do not meet their requirements. There have also been recent instances where courses have had CASE accreditation withdrawn due to concerns over delivery. Statutory registration will ensure all courses leading to registration as a sonographer will also need to be approved by the statutory regulator.

2.13 Statutory registration is a basic requirement for career advancement to Advanced Practitioner and Consultant roles. Work in diagnostic ultrasound is becoming more complex with many clinical drivers, including the requirement for earlier diagnosis of cancer.⁸ Advanced practitioner and consultant sonographers will be required to accommodate this increase in complexity. Without statutory registration, it will be difficult for a sonographer who does not hold this to move forwards in their career and will make the development of new educational pathways and the provision of ultrasound services problematic. Health Education England's 'Multi-professional Framework for Advanced Clinical Practice' refers to statutorily registered health and care practitioners. The Advanced Clinical Practice apprenticeship Master's degree already requires statutory registration to be held.^{9,10, 11,}

2.14 Sonography is listed as a Tier 2 visa shortage occupation by the Migrations Advisory Committee.² It is very difficult for employers to assess the ultrasound qualifications of those who trained overseas and there is no regulatory home for them.

2.15 Standards of proficiency in English as set for the Tier 2 visa application may be less than those required by the Health and Care Professions Council.¹² As sonographers communicate ultrasound findings verbally to patients and in writing to referring clinicians this is of concern. Any misinterpretation of written ultrasound reports, due to poor written English could lead to serious consequences for patient care.

2.16 Sonographers holding statutory registration must as a requirement hold or have access to professional indemnity insurance and declare this is held at registration renewal.¹³

2.17 A professional who is statutorily registered cannot remove themselves from the register if there is an active complaint against them, this can be a problem area for voluntary registers.

2.18 Continuing Professional Development (CPD) or revalidation is mandatory for the statutory regulators and can be required to be evidenced at renewal of registration.¹⁴

2.19 Sonographers are involved with patient management and intimate procedures such as scrotal, breast, groin (deep vein thrombosis), trans-rectal (internal) and trans-vaginal (internal) scans. The latter in particular are widely used in gynaecology, obstetrics and early pregnancy. Very high levels of professionalism are required.

2.20 As there is no protection of title the term, 'sonographer' can be used by those who hold no qualifications. The title may be used inappropriately. There are some high-street 'souvenir' baby scanning and private 'MOT' screening centres who do not employ fully qualified sonographers. Without statutory registration, the public cannot easily check who is undertaking the scan.

2.21 Sonographers are often working alone with vulnerable patients (with a chaperone as necessary) and may be the first to identify patients with safeguarding issues. Statutorily regulated healthcare professionals also have a mandatory duty to report cases of female genital mutilation in under 18 year olds to the police, this is particularly relevant due to the obstetric and gynaecological ultrasound examinations they perform.¹⁵

2.22 The Public Voluntary Register of Sonographers,¹⁶ which is administered by the Society and College of Radiographers (SCoR), is not accredited by the Professional Standards Authority and the SCoR has no plans to apply for this due to the costs and risks involved. The governing Council of the SCoR has agreed to the renewal of the voluntary register for a further two years from March 2019 (HCPC procedures for biennial renewal are followed) but cannot commit beyond that.

3. Conclusion

In conclusion, the role of the sonographer is a highly complex one. It demands high standards and expertise. Practitioners work with high levels of autonomy in areas where there is a high risk for litigation and which have a critical effect on the patient pathway. Their work demands high levels of professionalism, sensitivity and compassion. We believe that to protect the public and ensure the very best of patient-centred, safe and effective care it is now essential that sonographers progress to become statutorily-regulated professionals and that the case for this is as summarised above is compelling.

4. References

All links accessed 20th November 2018

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