

Chief Executive Officer  
Richard Evans OBE



**CoR**  
THE COLLEGE OF  
RADIOGRAPHERS

**MINUTES OF THE ULTRASOUND ADVISORY GROUP (UAG) HELD ON WEDNESDAY  
6<sup>th</sup> JUNE 2018, AT THE OFFICES OF THE SOCIETY OF RADIOGRAPHERS, 207  
PROVIDENCE SQUARE, LONDON SE1 2EW**

**PRESENT:**

- Alexandra Drought {AD}
- Karen Hammett {KH}
- Marc Harder {MH} {Guest}
- Gill Harrison {GH} {Chair}
- Catriona Hynes {CH}
- Sandra Morrissey {SM}
- Crispian Oates {CO}
- Helen Ong {HO}
- Morag Stout {MS}
- Jacquie Torrington {JT}
- Lorraine Walsh {LW}

**1. WELCOME AND INTRODUCTION**

- 1.1 NT welcomed everyone to the meetings and round table introductions were made, especially for the benefit of Marc Harder {MH} who attended today's meeting to give a presentation.
- 1.1.1 MH from the Stillbirth & Neonatal Death Charity (SANDS) who is leading the National Bereavement Care Pathway gave a presentation to the group. Following a Q&A session MH encouraged members to keep in touch. He will forward his presentation to NT who will distribute to the group.

**Post meeting note: Received by NT and sent to group.**

**2. APOLOGIES FOR ABSENCE**

- 2.1 Apologies for absence were received from Sally Hill, Michael Purdon, Steve Savage and Sue Webb.

**3. MINUTES OF MEETING HELD ON 2<sup>nd</sup> NOVEMBER 2017**

- 3.1 The minutes of the meeting held on 2<sup>nd</sup> November 2017, were approved as a true and accurate record.

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#### **4. MATTERS ARISING NOT OTHERWISE ON THE AGENDA**

##### **4.1 FASP Red Flags (minute 9.1)**

NT advised the group that JT and NT attend FASP 'Ultrasound and Lab' group meetings. The next is on July 17<sup>th</sup> 2018. If anyone has had any problems with changing the red flag threshold from 0.4mm deviation from the FMF reference curve to 0.3mm to please let us know. Also, please do advise if there are other FASP issues you would like us to raise.

***ACTION: GROUP***

#### **5. BREAKING BAD NEWS POSTER**

5.1 LW updated the group on the 'breaking bad news' poster which she designed and asked for their feedback. LW indicated that many departments have been publicising the poster in their departments. BMUS to yet to come back to her with their opinion of the poster's content. Following a lengthy discussion the group felt that the poster was very well put together with relevant information and would be a good source for newly qualified sonographers and for teaching students.

5.1.1 There was the question of whether SCoR would endorse this poster so that their logo could be added to it. NT agreed to speak to Charlotte Beardmore {CB} Director of Professional Policy to find this out when all complete with regards to the poster design. Finally, LW asked the group to send her any comments they may have so that she can amend and send final draft onto NT.

***ACTION: LW, NT & GROUP***

#### **6. NORTHERN IRELAND ISSUES**

6.1 HO has concerns around the way dating scans are carried out in Northern Ireland and the fact that some staff have not had any formal training, and wanted some advice and guidance on how she can move forward on this. In Northern Ireland, doctors undertake the majority of dating scans even though they do not have formal training in ultrasound scanning. Radiographers and sonographers are mainly involved in anomaly scanning, but as of the beginning of July, midwives are going to be performing the dating scans, which has been in the planning for about two years.

6.1.1 HO was informed just a few days ago that some of the midwives will be doing training to obtain a crown rump length (CRL) a few days before the beginning of July. It appears that they are going to date the pregnancy by LMP if there is a discrepancy of more than 5 days with the CRL. Sonographers have also been asked to establish an EDD at the fetal anomaly scan if there is a discrepancy with the dating scan.

6.1.2 HO would like to find ways in which to help the midwives but she is not sure what can be done. NT informed her that if the SCoR is to be involved this issue will need to come in also via the National Officer. NT will speak to Charlotte Beardmore tomorrow, and get back to HO with an update and further advice on procedure.

***ACTION: HO & NT***

## **7. HEALTH EDUCATION ENGLAND UPDATE AND PROGRESS (HEE)**

- 7.1 NT updated the group on the proposed changes for ultrasound led by HEE. The proposed changes to ultrasound education and training have effects on many organisations, sonographers, policies and documents. There is a considerable amount of work going on at present led by HEE with stakeholder (including SCoR) involvement. This follows the large meeting for interested parties at the Kia Oval on November 28<sup>th</sup> 2017 where early feedback was obtained.

The following are all on-going:

Three main HEE workstreams reporting to HEE's Integrated Imaging Workforce Development Group which has SCoR representation. One is investigating training capacity, one the sonographer career framework and education routes and one preparing a new bid for statutory sonographer registration. The SCoR is involved with all three.

A review led by Skills for Health of the National Occupational Standards (NOS) for ultrasound. Skills for Health are a key group as in addition to the NOS they have published information on NHS career levels.

CASE are drafting an 'Assertions of the standards to be met with/through sonographic education' document to set the parameters and rationale for the accreditation of ultrasound courses at various academic levels. There will also be a separate over-arching position statement setting out the context for the new routes and how sonography relates to wider service provision and other professional groups.

The medical ultrasound apprenticeship trailblazer (mid-Yorkshire employers/Sheffield Hallam University) has been waiting for HEE developments to progress and are working with them. The apprenticeship route will be aligned with the HEE proposals. It is expected that the apprenticeship 'Standard' will be available for consultation by August 2018. This will be a level 6 (BSc, Hons) apprenticeship.

The HEE '200' project which is within HEE Maternity Services workstreams and commissioned by the Secretary of State for Health is proceeding. The intention is to provide 200 more professionals who can undertake obstetric growth scans. They will attend CASE focused courses or obtain a PgC. The majority of those undertaking the training have been from a midwifery background.

The RCR are now involved with the above where relevant.

## **8. RCR REPORTING STANDARDS <https://www.rcr.ac.uk/publication/standards-interpretation-and-reporting-imaging-investigations-second-edition>**

- 8.1 NT presented the RCR document entitled 'Standards for Interpretation and Reporting of Imaging Investigations, 2<sup>nd</sup> edition' and a discussion followed. To note that a second edition of the joint RCR/SCoR 'team-working' document is currently being drafted.
9. Included in agenda item No 8. Typographical error on agenda.

## **10. GENERAL DATA PROTECTION REGULATIONS (GDPR)**

- 10.1 NT updated the group about the new GDPR changes that came into effect on 25<sup>th</sup> May 2018. It will take time to settle down before full implications identified. Some expert witnesses have been contacted and asked to sign forms acknowledging their role as data processors or controllers along with other requirements.
- 10.2 There was discussion around the implications for patients having access to pregnancy scan images.

## **11. SCoR DIAGNOSTIC IMAGING ADVISORY GROUP**

- 11.1 NT spoke to the group about the Diagnostic Imaging Advisory Group (DIAG) and asked for a volunteer from the group to attend DIAG meetings and report back to this meeting. Therefore, anyone who is interested should please contact NT.

**Post meeting note:** no volunteers yet, if a member would take this up it would be very much appreciated.

***ACTION: GROUP***

## **12. UAG MEMBERSHIP AND RETIREMENT FROM GROUP**

- 12.1 It was noted that several members have come to the end of their tenure, namely, Sally Hill, Crispian Oates, Jacquie Torrington and Steven Savage. NT thanked them for all their hard work whilst on the group. VA will draft thank you letters in the first instance.

***ACTION: VA***

## **13. FUTURE STUDY DAYS**

- 13.1 NT asked the group for help with a study day next year, sometime in March/April 2019. Please send in their ideas to him as soon as possible as he will need to give the conferences manager a minimum of 6 months' notice. It is likely to be a 'Professional Issues' study day and it would be good for members to speak at the event if possible.

***ACTION: GROUP***

## **14. RECENT CONSULTATIONS**

- 14.1 Recent consultations (since last meeting) and circulated to the group.

RCOG consultation on updating of guidance on placenta praevia, placenta accrete and vasa praevia. Closed.

NICE, diagnosis and management of AAA s. Open. **NT asked for comments to be sent to him by 25/6.**

<https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0769/consultation/html-content>

HEE consultations continuing  
National Bereavement Care Pathway: continuing.

**Also-** new consultation. NIPE hip ultrasound. Consultation on proposed changes to indications and referral times. Closes 27<sup>th</sup> June 2018

<https://phescreening.blog.gov.uk/2018/05/16/were-consulting-on-proposed-changes-to-the-nipe-hip-screening-pathway/>

NT will send this consultation out to the group and would like comments please.

## **15. ANY OTHER BUSINESS**

- 15.1 AD had a query around plotting of obstetric growth charts and wanted to know if any other group members had been asked to stop plotting fetal biometry at the growth scans. The obstetricians have requested that sonographers no longer plot fetal biometry measurements but to plot EFW only, which is a change in practice. These changes are linked to the GROW protocol. AD felt that not plotting fetal biometry from 28 weeks could be detrimental and potentially result in early FGR being missed and microcephaly and skeletal dysplasia potentially remaining undiagnosed. A discussion followed.
- 15.2 NT queried the time allotted for a standard obstetric growth scan from the group members. Times varied from 15 minutes to 30 minutes with 20 minutes being the most common. There is no nationally agreed protocol. The time allowed for obstetric growth scans can be an issue in many Trusts.

## **16. DATES OF FUTURE MEETINGS**

- 16.1 Dates of future meetings have been agreed as:
- Thursday 1<sup>st</sup> November 2018
  - Tuesday 18<sup>th</sup> June 2019
  - Thursday 5<sup>th</sup> December 2019 (may need to be reviewed once date of BMUS conference is known)