

# Gynaecological ultrasound survey analysis

THE SOCIETY AND  
COLLEGE OF  
RADIOGRAPHERS



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## Executive Summary

In March and April 2011, the Society and College of Radiographers (SCoR) surveyed ultrasound departments in the UK. The aim of the survey was to understand which health professionals are performing gynaecological ultrasound and what are the local reporting and support arrangements. Nearly 50 ultrasound departments responded to an online questionnaire covering a range of questions about gynaecological ultrasound practice. This document presents the results of this survey and the following bullet points highlight the main findings.

- Nearly 90% of responding departments have a standard appointment time for gynaecological ultrasound examinations of approximately 15 or 20 minutes.
- Around two-fifths of responding departments allocate extra time on gynaecological lists for teaching. Of those departments who allow extra time during an appointment for teaching, around four-fifths allow approximately 15 minutes or less extra time.
- The majority of gynaecological ultrasound examinations are carried out by sonographers in the responding departments: Almost 90% of responding departments state that sonographers carry out more than four-fifths of gynaecological ultrasound examinations
- The majority (nearly 90%) of responding departments selected 'An independent (free text) report is produced and verified by the sonographers' as the best description of their reporting practice.
- In around two thirds of the responding departments, sonographers have the support of a radiologist or gynaecologist who is actively involved in gynaecological ultrasound and scans, for any reporting or clinical queries.
- Respondents were asked if they had any general comments to make about the provision of gynaecological ultrasound in their department. The following themes were mentioned by three or more departments:
  - There are high workloads within departments.
  - There is concern over the threat of musculoskeletal disorders to sonographers.
  - There are gynaecological ultrasound examinations carried out in other departments within the same organisation.

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## 1. Introduction

In March and April 2011, SCoR surveyed ultrasound departments in the UK. The aim of the survey was to understand which health professionals are performing gynaecological ultrasound and what are the local reporting and support arrangements. For the purposes of this survey gynaecological ultrasound refers to examinations of the female pelvis performed to address a clinical question and where pregnancy is not suspected.

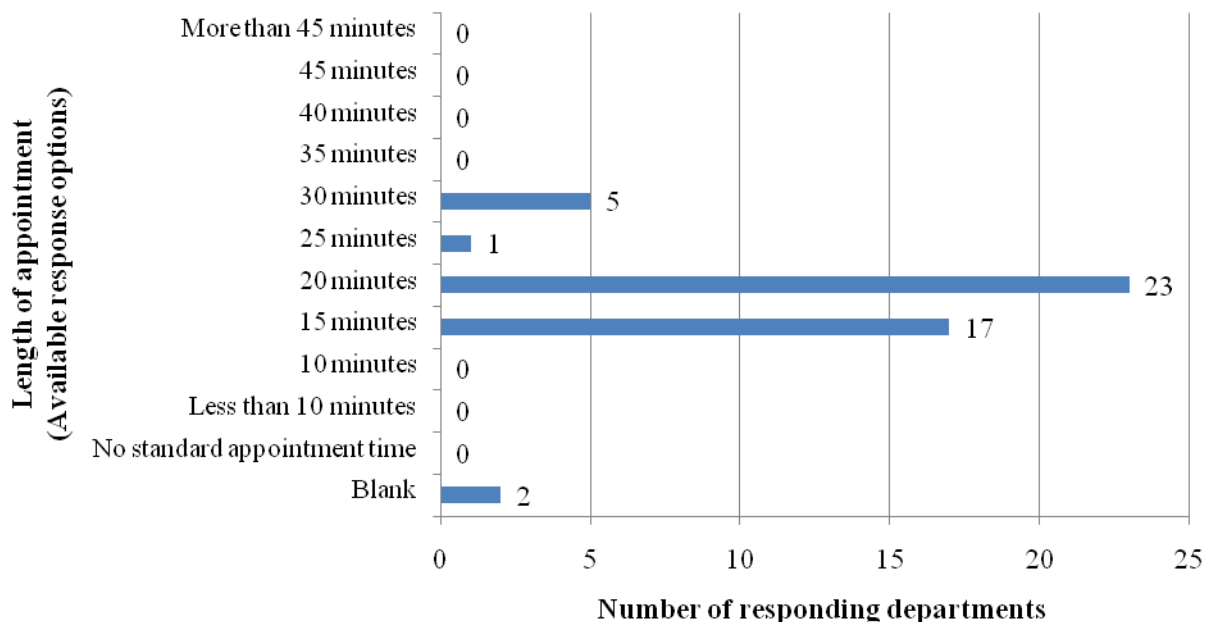
An email containing a link to an online questionnaire was sent to approximately 180 lead ultrasound practitioners asking them to answer the questionnaire on behalf of their departments. 48 ultrasound departments (27%) responded to the survey, answering a range of questions about the nature of gynaecological ultrasound practice in their department. 42 of the responding departments (88%) are within NHS health boards or trusts; 5 (10%) are within the independent/private healthcare sector; and 1 (2%) is a university. Two of the responding departments do not carry out gynaecological ultrasound as defined for this survey and so did not answer the majority of the survey questions. None of the questions were mandatory so different questions may have different response rates.

## 2. Appointment lengths

### 2.1 Length of standard appointment time for gynaecological ultrasound examinations

40 responding departments (87%) have a standard appointment time for gynaecological ultrasound examinations of approximately 15 or 20 minutes.

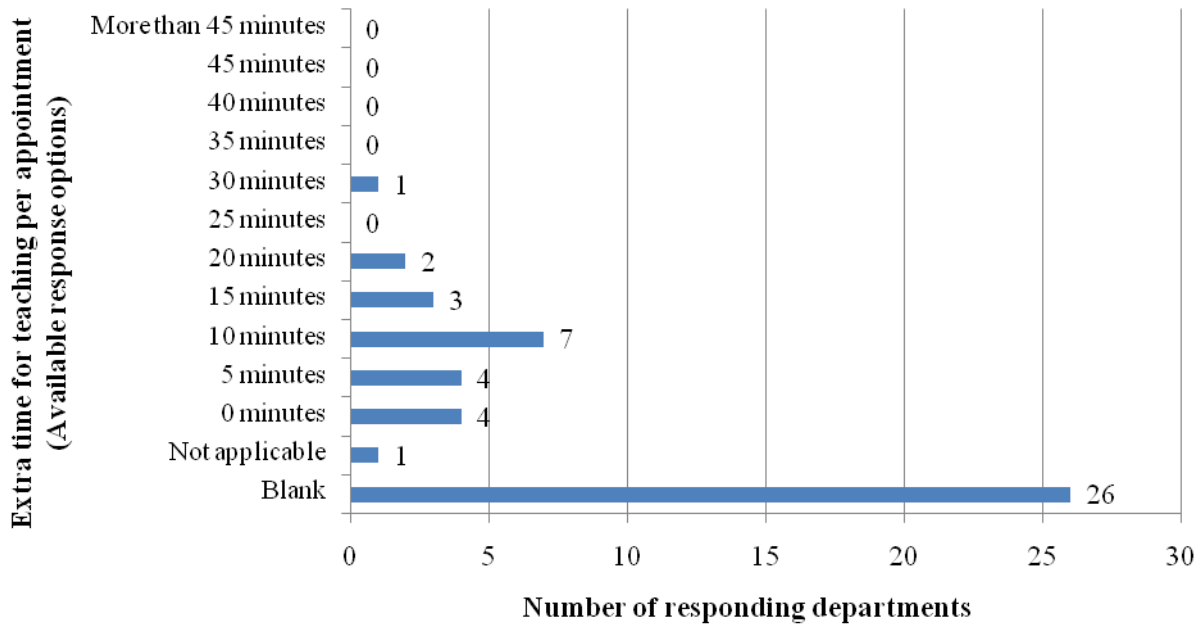
Approximately, how long is your standard appointment time for gynaecological ultrasound examinations?



**2.2 Additional time for training**

15 responding departments (38%) allocate extra time on gynaecological lists for teaching. Of those departments who allow extra time during an appointment for teaching, 14 (82%) allow approximately 15 minutes or less extra time.

**Approximately, how much extra time per appointment do you allow for teaching?**

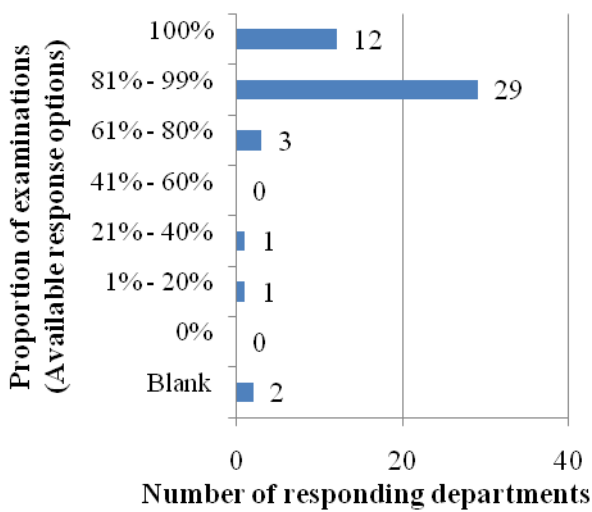


### 3. Practitioners carrying out gynaecological ultrasound examinations

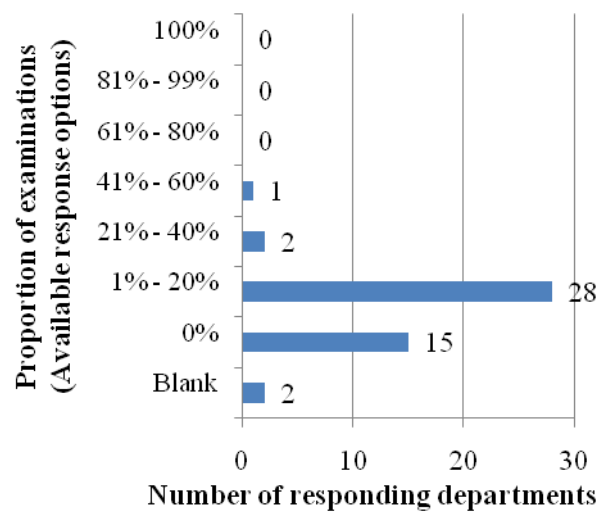
The majority of gynaecological ultrasound examinations are carried out by sonographers in the responding departments: 41 responding departments (89%) state that sonographers carry out more than 80% of gynaecological ultrasound examinations. Most responding departments reported a small proportion of examinations carried out by radiologists, gynaecologists or other professional groups. (The ‘other professional groups’ specified by respondents were gynae nurse for termination of pregnancy clinic; gynae registrars; midwives; and nurse/sonographers.)

**What proportion of gynaecological ultrasound examinations are undertaken by the following practitioners?**

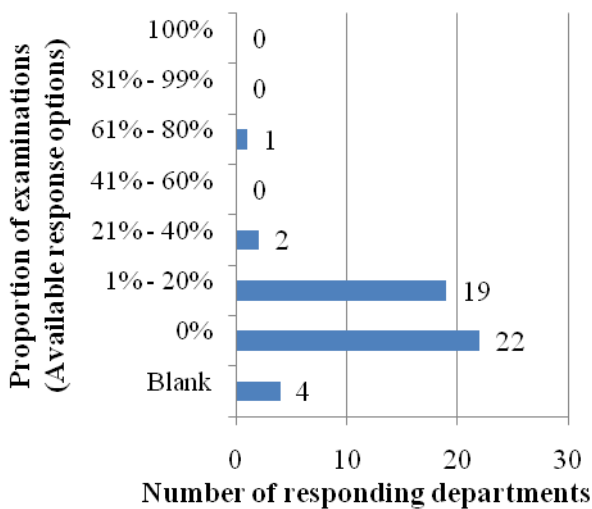
**Sonographers**



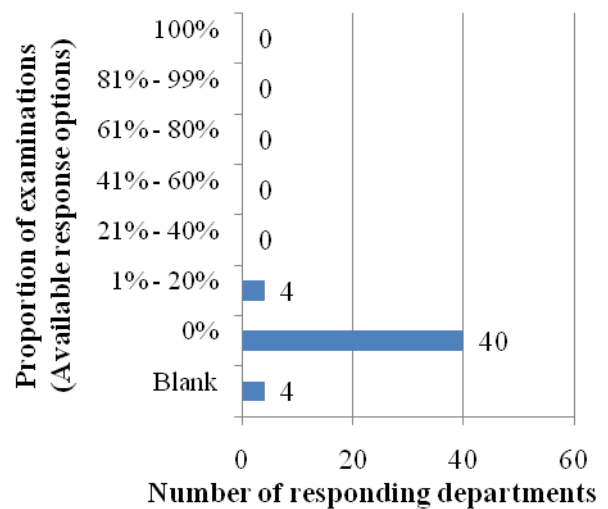
**Radiologists**



**Gynaecologists**



**Other professional groups**

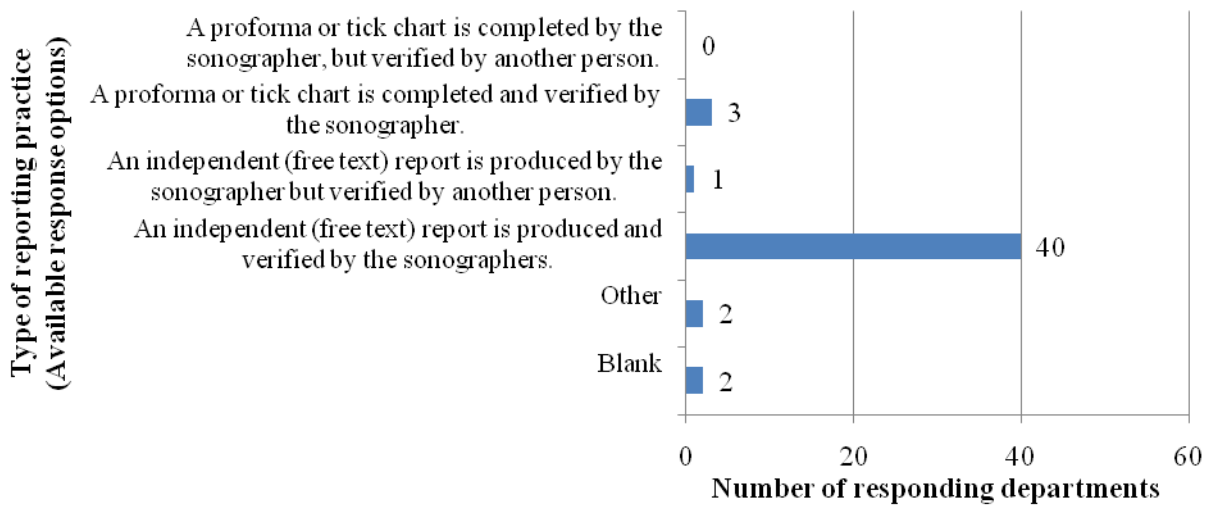


### 4. Reporting Practice

40 responding departments (87%) selected ‘An independent (free text) report is produced and verified by the sonographers’ as the best description of their reporting practice. The two departments who selected ‘other’ described their reporting practice as:

- A proforma is used to compile an independent report which is verified by the sonographer doing the scan; and
- Viewpoint system which has pre-set text with the ability to add free text. Sonographer reports and verifies.

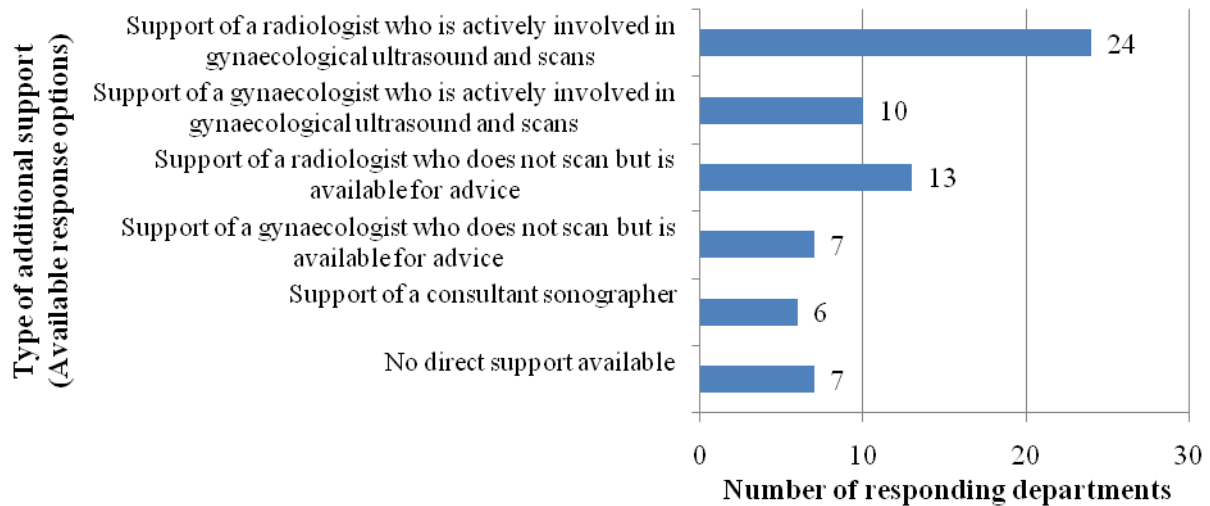
Which of the following best describes your reporting practice?



### 5. Additional Support

Sonographers in 30 responding departments (65%) have the support of a radiologist or a gynaecologist who is actively involved in gynaecological ultrasound and scans, for any reporting or clinical queries.

What additional support is available to the sonographer for any reporting or clinical queries? (Select all that apply.)



## 6. General comments

Respondents were asked if they had any general comments to make about the provision of gynaecological ultrasound in their department. The responses are extremely varied in nature. However, the following themes do emerge:

- There are high workloads within departments. (This is mentioned by 4 respondents.)
- There is concern over the threat of musculoskeletal disorders to sonographers. (This is mentioned by 3 respondents – referred to as WRMSK, WRMSD or RSI.)
- There are gynaecological ultrasound examinations carried out in other departments within the same organisation. (This is mentioned by 3 respondents.)
- In reference to the previous question about support [see section 5], sonographers also provide support to each other. (This is mentioned by 2 respondents.)
- Departments undertaking gynaecological ultrasound examinations contribute to Multi-Disciplinary Team (MDT) reviews. (This is mentioned by 2 respondents.)

**All the general comments made by the respondents to the survey are given below in full:**

- A small proportion of appointments are allocated 20 minutes to keep in time the gynae oncology clinic which runs at the same time.
- After much discussion, we have chosen to provide transabdominal pelvic scans as a routine starting point. With the option of proceeding to transvaginal at the discretion of the sonographer. We have found that this suits most patients.
- All lists are allocated an HCA [health care assistant] for chaperone purposes. All staff are invited to MDT for CPD [continuing professional development] purposes
- Gynae ultrasound is one of the most abused areas in ultrasound. Requests are frequently made by GPs or clinicians to reassure patients, or to let them feel 'something is being done'. Often the scan contributes nothing to patient management (for example, scanning a patient with pelvic pain and no palpable mass will “never” yield a positive US, and is merely wasting resources.) The rate of false positives is high, as many sonographers are reluctant to commit to a report of normal appearances in the presence of physiological cysts. Like obstetric US we generate enormous anxiety for NO patient benefit. Gynae ultrasound demand is not aggressively managed, frequently does not contribute to pt management, and has become a drain on valuable sonographer resources as well as a contributory factor in WRMSK [work-related musculo-skeletal] disorder.
- I will not reduce scan times as sonographers scan 10 sessions per week and occasionally have to scan at the weekend to keep up with the waiting times. We all know the risks of WRMSD [work-related musculo-skeletal disorder].
- PCT [Primary Care Trust] service in community - sonographers are self employed.
- Sonographers also provide support to each other.
- Sonographers would be happy to undertake ALL gynae scans, but high obstetric workloads prevent this from happening.
- Sonographers get advice and support from each other. Feedback obtained from PAS [patient administration system]. Cases reviewed and discussed regularly.
- Split site
- The Gynaecology department also does some scanning and have their own small US department but I am unsure of exact set up over there and how much scanning they do. We only really perform scans for GPs. This can cause confusion as the patients often are asked to attend for scans at both departments but this is becoming less of a problem with better communication between Radiology & Gynaecology. We also have an efficient direct onward referral pathway to Gynaecology for GP referred patients that are scanned in Radiology and have suspected ovarian malignancy. For many years Radiology and Gynae have had poor communication but this has made significant improvements in recent years.

- The question relating to ultrasound by gynaecologists - they do TV [transvaginal] scans in clinic but we have no record of the number of scans they perform.
- There is a steadily increasing demand which is a more rapid increase than in the general medical demand, this means that more lists are exclusively gynae scans increasing the risk of RSI [repetitive strain injury] due to repetitive TV scanning.
- This survey is filled out for a Sonographer lead clinic where there is not direct support present but support may be sought from gyn. There are other gynae scans being performed.
- We find it hard to keep up with demand. Gynae requests really seem to have escalated recently. Some EPU [early pregnancy unit] and PMB [post menopausal bleed] scanning is undertaken by poorly trained gynaecology registrars on substandard equipment. We are trying to control/stop this at the moment but it is very difficult to get to grips with.
- We have a policy of performing both transabdominal and transvaginal scans where appropriate routinely.
- We have a radiologist who specialises in gynae imaging but does not have any regular gynae ultrasound sessions. We also have a gynaecologist who does some EPAU [early pregnancy assessment unit] scanning.
- Were unsupported until arrival of radiologist with gynae scanning and MR [magnetic resonance imaging] background and gynaecologist with scanning experience. We instigated Benign Gynae MDT which helps with teaching and review of interesting cases. Also gynae protocols set up which all groups involved with gynae scanning follow so that the same patient pathways are followed. These are currently being revised to incorporate RSNA 2010 audit and our own audit results.

**Appendix A – Survey questionnaire (pdf version only)**

The questionnaire was designed by Nigel Thomson (SCoR Professional Officer for Ultrasound) and Claire Dumbleton (SCoR Knowledge Manager).



# Gynaecological ultrasound

Thank you for participating in this gynaecological ultrasound survey by the Society and College of Radiographers. It should take between 5 and 10 minutes to complete. Please be assured that your individual department responses will be kept confidential.

If you have any questions about this survey contact Nigel Thomson at [nigelt@sor.org](mailto:nigelt@sor.org).

Click on Next to start the survey.

*For the purposes of this survey gynaecological ultrasound refers to examinations of the female pelvis performed to address a clinical question where pregnancy is not suspected.*

## Does your department undertake gynaecological ultrasound examinations?

Yes

No

## Approximately, how long is your standard appointment time for gynaecological ultrasound examinations?

Less than 10 minutes

10 minutes

15 minutes

20 minutes

25 minutes

30 minutes

35 minutes

40 minutes

45 minutes

More than 45 minutes

No standard appointment time

## Do you allocate extra time on gynaecology lists for teaching?

Yes

No

# Gynaecological ultrasound

**Approximately, how much extra time per appointment do you allow for teaching?**

- 0 minutes
- 5 minutes
- 10 minutes
- 15 minutes
- 20 minutes
- 25 minutes
- 30 minutes
- 35 minutes
- 40 minutes
- 45 minutes
- More than 45 minutes
- Not applicable

**What proportion of gynaecological ultrasound examinations are undertaken by SONOGRAPHERS?**

- 0%
- 1% - 20%
- 21% - 40%
- 41% - 60%
- 61% - 80%
- 81% - 99%
- 100%

**What proportion of gynaecological ultrasound examinations are undertaken by RADIOLOGISTS?**

- 0%
- 1% - 20%
- 21% - 40%
- 41% - 60%
- 61% - 80%
- 81% - 99%
- 100%

## Gynaecological ultrasound

### What proportion of gynaecological ultrasound examinations are undertaken by GYNAECOLOGISTS?

- 0%
- 1% - 20%
- 21% - 40%
- 41% - 60%
- 61% - 80%
- 81% - 99%
- 100%

### What proportion of gynaecological ultrasound examinations are undertaken by OTHER PROFESSIONAL GROUPS?

- 0%
- 1% - 20%
- 21% - 40%
- 41% - 60%
- 61% - 80%
- 81% - 99%
- 100%

Please specify other professional group(s)

### Which of the following best describes your reporting practice?

- A proforma or tick chart is completed by the sonographer, but verified by another person (e.g. a radiologist).
- A proforma or tick chart is completed and verified by the sonographer.
- An independent (free text) report is produced by the sonographer but verified by another person.
- An independent (free text) report is produced and verified by the sonographers.

Other (please describe)

## Gynaecological ultrasound

**What additional support is available to the sonographer for any reporting or clinical queries? (Select all that apply.)**

- Support of a radiologist who is actively involved in gynaecological ultrasound and scans
- Support of a gynaecologist who is actively involved in gynaecological ultrasound and scans
- Support of a radiologist who does not scan but is available for advice
- Support of a gynaecologist who does not scan but is available for advice
- Support of a consultant sonographer
- No direct support available

**Which sector best describes your organisation**

- NHS Trusts or Health Boards
- Private/Independent healthcare
- Charitable healthcare
- Self-employed

Other (please specify)

**Do you have any general comments to make about the provision of gynaecological ultrasound in your department?**

As your department does not carry out gynaecological ultrasound examinations you have automatically skipped the majority of questions in this survey.

**Which sector best describes your organisation**

- NHS Trusts or Health Boards
- Private/Independent healthcare
- Charitable healthcare
- Self-employed

Other (please specify)

**Your name**

**Your department & hospital name**

## Gynaecological ultrasound

*We, the Society and College of Radiographers (SCoR), ask for the name of your department so we can check we get no more than one response from each department. We may store these details to contact you in future about your answers. We will not publish the details requested on this page. Any personal data which the SCoR collects, records or uses in any way will have appropriate safeguards applied to ensure compliance with the Data Protection Act.*

*The questionnaire is hosted by Survey Monkey who are based in the United States. Survey Monkey are listed as a "Safe Harbor" organisation by the US Department of Commerce. The "Safe Harbor" list is designed to list US organisations complying with the European Commission's Directive on Data Protection. Data is collected and stored by Survey Monkey, but only made available to the account holder (The SCoR). All information collected is kept confidential and secure and is not shared with any third-parties by Survey Monkey.*

*By completing this questionnaire you are giving your consent for the personal data you provide to be processed by Survey Monkey and the SCoR.*