

SOCIETY AND COLLEGE OF RADIOGRAPHERS (SCoR)

ASSISTANT PRACTITIONERS AND ULTRASOUND SCANS FOR FETAL GROWTH MONITORING AND ASSESSMENT

POSITION STATEMENT

SEPTEMBER 2015

1. Background

- 1.1. There is a shortage of sonographers in the UK estimated by the last SCoR survey in 2014 to be in the order of 18%¹. Demand is increasing on a year on year basis. The SCoR has been asked to advise on whether Assistant Practitioners (APs) could undertake ultrasound examinations for fetal growth monitoring and assessment purposes in the second and third trimesters.
- 1.2. Specifically, there have been proposals that there should be a pilot study to ascertain whether APs can perform these scans. If successfully implemented, devolution of this aspect of ultrasound practice to APs has the potential to alleviate to some extent the very severe workforce shortage within ultrasound.
- 1.3. This has now been discussed by the SCoR's Ultrasound Advisory Group (UAG) on June 4th 2015 where concerns were raised. A report arising from the UAG discussions was available for the July SCoR UK Council meeting. Following further discussion UK Council requested a formal position statement on Assistant Practitioner practice in relation to fetal growth monitoring and assessment with ultrasound. This is presented below in section 7.

2. Current policy

- 2.1. The SCoR's current policy as it relates to APs can be found at <https://www.sor.org/learning/document-library/scope-practice-assistant-practitioners>
- 2.2. A sub-section specific to ultrasound can be found at: <https://www.sor.org/learning/document-library/scope-practice-assistant-practitioners/scope-practice-assistant-practitioners-specific-areas#assistant-practitioners-in-ultrasound>

3. Growth Scans for fetal monitoring purposes

- 3.1. These scans require considerable training and experience and include critical and often difficult to obtain measurements such as the fetal head circumference, abdominal circumference and femur length. Estimated fetal weight is derived from these measurements which are also displayed on a growth chart. Sonographers are also required within standard examination protocols to assess liquor volume, fetal presentation/lie and placental position. Operators need to be alert to any possible anomalies and Doppler ultrasound assessment will usually be included.
- 3.2. The whole ultrasound examination for growth assessment requires a 'holistic' assessment by the sonographer; it is not just a case of obtaining measurements. Interpretation of fetal growth profiles and decisions over onward referral are also required. Good communication skills are essential.
- 3.3. Obstetrics in general and the provision of accurate monitoring and diagnostics within pregnancy in particular are recognised to be high risk areas of practice². Legal proceedings

arising from errors during pregnancy are frequently distressing, complex and costly to both complainants and to the NHS.

4. APs in the AAA Screening Programme

- 4.1. Comparisons have been made to the successful Abdominal Aortic Aneurysm (AAA) screening programme which makes extensive use of APs.
- 4.2. This screening programme was planned, piloted and established in close collaboration with SCoR.
- 4.3. SCoR believes that there is no real comparison between AAA screening and obstetric ultrasound with respect to the complexity of the examinations.

5. Note on the Nature of Supervision in Ultrasound

- 5.1. Due to the nature of ultrasound the person undertaking the examination should be the person reporting it.
- 5.2. In current practice a sonographer will not sign off or report the work of another and cannot accept responsibility for a scan they have not performed themselves or been directly involved with supervising.

6. The case for Development of Scopes of Practice

- 6.1. The SCoR supports the development of new roles and is conscious that existing advice may need to change with time and circumstance.
- 6.2. This was the case when AAA screening was introduced.
- 6.3. As a professional body the SCoR is supportive of developing practice and innovation in order to deliver improved patient services and outcomes.
- 6.4. SCoR wishes to be engaged and involved as key stakeholders in both national and local pilot projects and programmes developing the workforce across ultrasound. This is particularly evident as a member organisation of the Consortium for the Accreditation of Sonographic Education (CASE) where SCoR has encouraged CASE to engage with all stakeholders seeking help and support with development of direct entry programmes either at Masters or primary degree level. The SCoR has previously published a policy document on ultrasound education³ and a briefing document on undergraduate (BSc) level entry to sonography.⁴
- 6.5. It is undoubtedly true that the shortage of sonographers and the context of ever increasing clinical demand are making service delivery difficult.
- 6.6. It is appropriate to consider carefully all options to manage this serious problem, including whether Assistant Practitioners could perhaps fill part of the gap.
- 6.7. With regard to obstetric ultrasound, there is likely to be a considerable increase in the numbers of serial growth scans requested. This is due to Royal College of Obstetrician and Gynaecologists Guidelines⁵, NICE Guidelines⁶, and the general initiative to try and reduce the numbers of stillbirths in the UK which are relatively high compared to other developed countries.⁷ The current workforce will not be able to cope with that increased demand if solutions to the workforce crisis are not found.

7. Position Statement

- 7.1. Growth scans for fetal monitoring and assessment purposes currently fall outside of the SCoR's Assistant Practitioner scope of practice for the reasons given in section 3.
- 7.2. The SCoR supports practice development which depending on circumstance may need to be innovative. The use of well governed and planned pilot studies is appropriate in exploring innovations and developments in the scope of practice.
- 7.3. In order to support pilot studies the SCoR requires full details of any proposals including the project plan; proposed competence framework; clinical and supporting education; job description for trainees; job description proposals for prospective practitioners on completion; training, inclusion and exclusion criteria; length of study; supervision arrangements and evaluation criteria.
- 7.4. Confirmation that local capacity exists and that sonographers who will be required to take part have been fully consulted will also be required. Sufficient time will be needed for the pilot study proposals to be effectively reviewed by the SCoR and for a final Council decision to support or otherwise to be made.
- 7.5. SCoR cannot and will not support pilots or service developments that compromise either the safety of service users or the professionalism of members.

References.

1. Sonographer workforce analysis. SCoR , June 2014
<https://www.sor.org/learning/document-library/sonographer-workforce-survey-analysis>
2. <http://www.nhs.uk/safety/Documents/Ten%20Years%20of%20Maternity%20Claims%20-%20An%20Analysis%20of%20the%20NHS%20LA%20Data%20-%20October%202012.pdf>
3. Developing and growing the sonographer workforce: education and training needs. SCoR, 2009
<https://www.sor.org/learning/document-library/developing-and-growing-sonographer-workforce-education-and-training-needs>
4. Direct entry undergraduate ultrasound programmes (with competency to practice): a briefing from the SCoR. 2013
<https://www.sor.org/learning/document-library/direct-entry-undergraduate-ultrasound-programmes-competency-practise-briefing-society-and-college>
5. The investigation and management of the small for gestational age fetus. Greentop guideline No: 31. RCOG, 2014
https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_31.pdf
6. Hypertension in pregnancy: the management of hypertensive disorders during pregnancy NICE CG 102, 2010
<https://www.nice.org.uk/guidance/cg107>
7. Association between reduced stillbirth rates in England and regional accreditation training in customised fetal growth assessment. BMJ, 2013
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