



## **STATEMENT ON ULTRASOUND REFERRALS AND PROFESSIONAL INDEMNITY ARRANGEMENTS**

### **1 Introduction**

The purpose of this guidance is to consider current ultrasound referral practice against existing professional indemnity arrangements for members of the Society of Radiographers who are practising sonographers.

This guidance also applies to those individuals who are members of the Society for Vascular Technology of Great Britain and Ireland (SVT) and who obtain professional indemnity insurance through the Society of Radiographers. In particular, this guidance identifies the practice requirements of the Society of Radiographers in order for individuals to remain within the terms of the professional indemnity provided.

The Council of the Society of Radiographers approved this document on 8<sup>th</sup> November 2006. It applies with immediate effect and is additional to existing guidance on the Society's professional indemnity member benefit (Summary of Professional Liability Insurance Policy April 2005. Available to download at: [www.sor.org/members/membershipcentre](http://www.sor.org/members/membershipcentre)).

### **2 Context**

The Society and College of Radiographers has a duty to review its professional guidance documents regularly so that they reflect both the needs of members and the prevailing healthcare environment. Review following similar guidance published in November 2005, the continuing and significant changes in health service delivery; the ever widening number and range of service providers, including the increasing integration of independent and voluntary sector providers with the NHS, and the widespread use of 3D and 4D ultrasound technology for social scanning purposes in obstetrics has made it necessary to revise yet again the guidance issued last year.

It is evident that as a result of the widespread availability of ultrasound, sonographers are finding that both service users and referrers are requesting a much broader spectrum of ultrasound examinations. This has meant that the Society & College of Radiographers is frequently asked to clarify the professional indemnity cover of individual members regarding ultrasound referrals and scans performed for 'reassurance', therapeutic purposes, research or as part of a private patients assessment.

Current professional indemnity provision requires the Council of the Society of Radiographers to review periodically the Scope of Practice of Radiographers and, when this changes to record that formally within the minutes of a Council meeting. Provided that Council has agreed that a particular practice is recognised as being within the Scope of Practice, it is included within the professional indemnity provided.

Accordingly, during 2005, Council convened a small expert group to advise on whether the significant changes taking place in ultrasound practice were proper to be included within the Scope of Practice. As a result, guidance was published in 2005, and further consultation has taken place in the year since.

### **3 Ultrasound safety**

Statements from the FDA<sup>1</sup>, AIUM<sup>2</sup>, WFSUM<sup>3</sup>, BMUS<sup>4</sup> all stress that, although there is no evidence currently to suggest that diagnostic ultrasound can cause harmful effects to human fetuses and the general use of ultrasound for medical diagnosis is considered safe, ultrasound energy has the potential to produce biological effects. These may result from scanning for a prolonged period, inappropriate use of color or pulsed Doppler ultrasound without a medical or clinical indication, or excessive thermal or mechanical index settings.

Therefore, ultrasound exposure should always be kept to a minimum by adhering to the ALARA principle (as low as reasonably achievable) and should only be practiced by properly trained individuals.

It should also be noted that, with advancing technology in equipment design, the acoustic output of modern equipment is generally much greater than that of the earlier equipment, and research into the possibility of subtle or transient effects is still at an early stage.

### **4 Purpose of ultrasound examinations**

The Society and College's existing policy, 'Guidance for Obstetric & Gynaecology Ultrasound Departments'<sup>5</sup> on the purpose of an ultrasound examination states that:

*'Ultrasound examinations must be requested for medical diagnostic purposes only and there must be no extension of exposure time for the purpose of providing prospective parents with images.'*

This is consistent with advice from the Chief Medical Officer<sup>6</sup> that:

*"all ultrasound exposures should be justified, and limited to the minimum necessary for the diagnostic purpose".*

### **5 Referrers for ultrasound examinations**

#### **Referrals from non-medically qualified staff**

PII/Ultrasound guidance/Revised/November 2006

The policy of the Society and College of Radiographers on referrals, 'Clinical Imaging requests from non-medically qualified staff',<sup>7</sup> is explicit. It states that:

*'It is the policy of The Society and College of Radiographers that it is perfectly in order for radiographers to accept requests from non-medically qualified referrers provided that they are adequately trained and competent to do so and provided that there are local agreements and protocols'*

### **Self referrals**

The Council of the Society of Radiographers agreed that it was proper for radiographers to accept self-referrals for ultrasound examinations, and undertake scans for reassurance and therapeutic purposes, as well as for research and as part of the health status assessment of a private client or patient.

In recognising the above as part of normal ultrasound practice and so within the Scope of Practice of Radiographers, the Society expects that:

- the scan occurs with a recognised care management framework within a medical or clinical setting.
- where sonographers are undertaking such scans within their personal scope of practice, the scan must be performed to the same standard as that required for standard obstetric and non-obstetric scans as performed in NHS facilities.
- it is recognised explicitly that there is potential for clinically relevant information to be discovered during the scan and as such both the sonographer and the patient accept this responsibility. Both also accept that it is the sonographer's duty to record the findings and take subsequent action as deemed appropriate.
- the examining sonographer informs the client to be scanned that clinical information/ data will be obtained during the scan and that all adverse and abnormal findings will be detailed in written form in the care record, supplemented by appropriate images and discussed with appropriate personnel.
- the examining sonographer makes an entry into the patient's care record, identifying the purpose of the scan, and that the client was informed as set out above

## **6 Non-Medical/Non-Clinical ultrasound scans, including 3D AND 4D scanning\***

*\* please note that these do NOT include scans where an image or recording is provided to the patient during a diagnostic/screening scan with no significant extension to scanning time.*

Occasionally, sonographers are asked to carry out what might be considered to be purely 'social scans', usually from self-referrals; i.e. scans with no medical or clinical justification. PII/Ultrasound guidance/Revised/November 2006

These scans are normally done for the sole purpose of providing a real time recording and images of a baby or babies for parents and family.

Where such scans have no valid, justifiable clinical indication or make no contribution to the management of the pregnancy or the woman, the expert advice given to the Council of the Society of Radiographers is that these are outside of any currently recognised care management framework. As such, therefore, they fall outside of the Society's current general professional indemnity provision.

Individuals who wish to undertake scans of this nature are advised that they should obtain additional professional indemnity cover. It may be possible to negotiate this as an individual extension for a member and those wishing to consider this option should contact the Society of Radiographers to discuss their practice and requirements in detail.

Scans that appear to be for 'social' purposes may also be referred by legitimate referrers, for example, obstetricians or midwives. Where a sonographer receives such requests, they may be assured that a care management framework is in place. Nevertheless, sonographers receiving such requests must assure themselves that the request is justified on medical or clinical grounds before accepting the request and carrying out the scan. They must also ensure that the scan is not prolonged beyond the time required to address the medical or clinical needs.<sup>8</sup>

## 7 Use of Disclaimers in Social Scanning

The use of disclaimers is becoming more common. These are documents which individuals are asked to sign to accept that the scan to be undertaken has no medical or clinical purpose or value, and no guarantees can be given as to whether the scan is normal or shows an abnormality.

As with all disclaimers, the mere inclusion of a disclaimer, even if properly drafted and placed, does not often provide legal protection. The most a disclaimer can accomplish in this respect is to *reduce the responsibility* of the practitioner<sup>9,10</sup>. The Society of Radiographers does not advocate the use of disclaimers. Rather, it emphasises that sonographers must at all times use their judgments to assess the risk/benefit of all requests, whether from referral or self-referral source; and ensure that their use of ultrasound is prudent.

<sup>1</sup> Food and Drug Administration (FDA)2004 [http://www.fda.gov/fdac/features/2004/104\\_images.html](http://www.fda.gov/fdac/features/2004/104_images.html)

<sup>2</sup> American Institute of Ultrasound in Medicine.(AIUM) (1999).Prudent Use. Laurel, MD: American Institute of Ultrasound in Medicine;

<sup>3</sup> American College of Obstetricians and Gynecologists. Commercial Enterprises in Medical Practice.( 2004). In: Ethics in Obstetrics and Gynecology. Washington, DC: American College of Obstetricians and Gynecologists;

<sup>4</sup> Ter Haar G, Duck FA (eds). 2000. The Safe Use of Ultrasound in Medical Diagnosis, BMUS/BIR, London.

- 5 Calman, K., 1994: "CMO's Update 4. A Communication to all doctors from the Chief Medical Officer": DOH
- 6 SCoR (1995) Guidance for Obstetric & Gynaecology Ultrasound Departments.
- 7 SCoR (2005) 'Clinical Imaging requests from non-medically qualified staff',
- 8 ASUM (2005) Statement on the appropriate use of diagnostic ultrasound equipment for non-medical ultrasound
- 9 Hogle L. Claims and disclaimers Med Anthropol F (2002) July-Dec 21 (3-4) 275-306
- 10 Hoffman I (2001) Disclaimers <http://www.ivanhoffman.com/disclaimers.html> accessed 01/11/06

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