



**MINUTES OF THE ULTRASOUND ADVISORY GROUP (UAG) HELD ON THURSDAY 24TH
NOVEMBER 2011, AT THE OFFICES OF THE SOCIETY OF RADIOGRAPHERS, 207
PROVIDENCE SQUARE, LONDON SE1 2EW**

PRESENT:

- Julie Burnage {JB}
- Jean Carter {JC}
- Elizabeth Chapman {EC} {Chair}
- David Cole {DC}
- Gerry Johnson {GJ}
- Vivien Gibbs {VG}
- Alison Hall {AL}
- Crispian Oates {CO}
- Suzanne Poulton {SP}
- Michael Purdon {MP}

IN ATTENDANCE:

- Audrey Paterson {AP}
- Nigel Thomson {NT}
- Valerie Asemah {VA} {Minutes}

1. WELCOME AND INTRODUCTION

1.1 The Chair welcomed everyone to the meeting and round table introductions were made.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Trish Chudleigh and Wendy Williams.

3. MINUTES OF THE MEETING HELD ON 12TH MAY 2011

3.1 The minutes of the meeting held on Thursday 12th May 2011, were approved as a true and accurate record.

4. MATTERS ARISING OTHERWISE NOT ON THE AGENDA

4.1 Planning the 2011 study day (minute 4.1)

NT informed the group that this was a very positive day (MSK ultrasound, Bristol, 16/11/11) with 24 delegates attending. Claire Brown, SCoR Conference manager received feedback indicating that the day was very successful.

4.2 RCOG training (minute 4.2)

VG and AP gave a report of the meeting they attended at the RCOG on 16th May (NT could not attend) which was an information gathering and fact finding process with presentations following group discussions. The results of a survey the SCoR had undertaken on gynae ultrasound provision were presented at the RCOG meeting.

The SCoR is playing an active role on the RCOG ultrasound advisory group. Input from sonographers is very much welcomed by the RCOG

4.3 Groups direction and impact (minute 8.1)

NT reminded the group that this is an advisory group rather than a policy making one but its views and recommendations are taken very seriously by Council. The group should aim to have as high a profile as possible.

4.4 Expected DH document on quality assurance in ultrasound (minute 1.1)

NT informed the group that the DH document has not progressed to full consultation since the group last met and there is uncertainty as to whether the document will be published by the DH.

4.5 Intimate examinations/chaperone policy/direct and indirect indiscrimination (minute 11.1)

NT informed the group that this document is available at SCoR document library.

4.6 Second opinion/comment on reports (minute 14.1)

Nothing further to report, NT has not received any comments from the group. Still pending.

4.7 Any other business (minute 17.1)

At the last meeting VG queried whether there would be a report on the 'Kinghorn' meeting in London in March on the prevention of Musculo-skeletal disorders. NT reported that nothing has been published directly in Synergy or Synergy News but Tom Brown has published a report of this meeting in the BMUS newsletter and this is widely available.

4.8 Any other business (minute 17.5)

At the last meeting NT queried whether anyone had yet had a look at the new NICE guidelines on ovarian cancer and if so to send comments to him but it appears that no one has commented. AP reported that in England Professor Mike Richards is close to publishing guidance on ovarian cancer, and NICE guidelines will be embedded in it. This guidance should be ready by the time this group next meets.

5. INDUSTRIAL ACTION BALLOT

- 5.1 Following a query from JC on the industrial action ballot AP gave an update stating that society news is updated very regularly and gives advice. Around 80% of members voted in favour of strike action and the expectation is that members who voted for strike action should adhere.

6. CASE ACCREDITATION/ULTRASOUND COURSES

- 6.1 JB queried the process of accrediting courses. NT clarified that courses are accredited by the Consortium for the Accreditation of Sonographic Education (CASE) after meeting their criteria. Some courses are also accredited by the Approval and Accreditation Board (AAB) of SCoR. Some courses have no accreditation.

JB was concerned with comments from nurses who have done a 3 day short course who were then expected to carry out scanning in termination of pregnancy clinics. They felt that although they had done this 3 day course they were not confident that they are capable enough.

AP suggested that if they felt that they were not confident enough they should speak to their employer outlining their concern that they do not have enough training to carry out scanning prior to a termination. . If statutorily registered staff they have a professional duty to do so. Anyone can set up an unaccredited course and maybe CQC also have a role with this as far as staff qualifications are concerned. NT also pointed out that there are a few well regarded institutions who have never sought CASE accreditation.

7. CASE CLINICAL COMPETENCY PROJECT DRAFT GUIDELINES

- 7.1 NT tabled the CASE Clinical Competency consultation which he asked the group to read and send any comments back to him.

ACTION: ALL

8. THE PUBLIC VOLUNTARY REGISTER OF SONOGRAPHERS - UPDATE

- 8.1 NT updated the group on what is currently happening with the public voluntary register of sonographers. SCoR has taken legal advice looking at various options. It is not going to be possible to take on a formal disciplinary/complaints role due to possible exposure to expensive litigation and the resources required could not realistically be provided. It is still hoped to upgrade the register shortly but it will not be to the level of an assured voluntary register, which would require a formal disciplinary and complaints procedure.

9. REPORT FROM THE WORKING PARTY ON AFI AND DOPPLER

- 9.1 JC updated the group informing them that this report started off with the NICE guidelines on hypertension in pregnancy and uncertainty over best practice for umbilical artery Doppler and liquor volume assessment. The Society commissioned the University of Hertfordshire to compile a report researching these topics and the final report should be out this week. Phase 1 of possibly 3 is completed – slightly slower than hoped.

10. SONOGRAPHER SHORTAGE

- 10.1 There was discussion around a statement by a health minister who has anecdotally been reported as saying that there was not a shortage of sonographers in the UK. The group felt that this statement was clearly wrong as fewer new sonographers are being trained. Sonographer shortage estimated by NT to be between 10% and 15% nationally. Numbers are in any event difficult to monitor as sonography is not a recognised profession and the term 'sonographer' is not protected. It is a shortage specialty on the MAC tier 2 list for immigration into the UK. On-going changes to the Health Service in England are not helping. NT/AMP to discuss re-issuing Workforce Development guidance from 2 years ago. The SCoR will continue to draw attention to the shortage of sonographers whenever it has an opportunity. JC suggested writing to MP's. All ideas from group welcomed. NT/AP also to discuss further. There are no easy or quick solutions.

ACTION: GROUP, NT & AP

11. DQSS FLAGS

- 11.1 NT spoke to the group about DQASS flags which the group then discussed. Concerns have been expressed by sonographers about the flag system and why so many sonographers are under-measuring. Is it just down to sonographer technique or is there a problem with the reference curves as well? Has this general under-measurement been a surprise to FASP? Is the technique now being taught the same as the one used to compile the reference curves? Concern has also been expressed that the FASP DQASS data does not always match the sonographer's own records. The situation will be monitored; it is still too early to be sure. The overall flag status of a department is known to commissioners and a poor flag status for the sonographers can also impact on a Trust's insurance rating. It may be possible to invite a FASP representative to the next meeting of the group.

ACTION: NT & AP

12. UKAS GUIDELINES – NEW EDITION PLANNING

- 12.1 The UKAS guidelines were last published in 2008 and it would be nice to review and update for 2013 (5 years). It will be an on-line document if possible so as to allow for active web links. NT indicated that any volunteers would be greatly appreciated. JB, JC, VG, GJ and EC volunteered; if others are interested please do contact NT.

13. NICE CG19 MULTIPLE PREGNANCY Link <http://www.nice.org.uk/CG129>

- 13.1 This recent NICE document was discussed and some concerns were expressed about the scanning times recommended for the anomaly scan although these are the same as in the 18w to 20w 6d standards document. No specific action with respect to this document.

14. STUDY DAYS

- 14.1 It was noted that the MSK Study day has just gone and now is time to start planning for the 2012 study days. Birmingham was suggested as the location and June the preferred month. NT has discussed with SP. CO mentioned the possibility of a vascular study day in October, possibly linked with the SVT. NT will discuss further with CO.

ACTION: NT & CO

15. BMUS LIAISON MEETING

- 15.1 A reminder that a BMUS Liaison meeting has not yet been arranged. NT to follow up.

ACTION: NT

16. RECENT/CURRENT CONSULTATIONS (since last meeting)

16. All recent consultations and SCoR surveys were noted but not specifically discussed.

NICE thrombo-embolism management closes 6/12

<http://guidance.nice.org.uk/CG/Wave21/5/Consultation/Latest>

FASP risk calculation software, closes 8/12

<http://fetalanomaly.screening.nhs.uk/riskcalculationsoftwareconsultation>

FASP T18/T13 closes 12/12 <http://fetalanomaly.screening.nhs.uk/news.php?id=11423>

CQC fees (2012) Closes 28/12 <http://www.cqc.org.uk/public/sharing-your-experience/consultations/regulatory-fees-scheme-consultation>

CQC Scope of Practice - now closed.

FASP T21 National Standards – now closed.

NICE chronic renal disease, updating of existing guidance-closed (very limited reference to ultrasound, no change from current practice. Response via Rachel Harris).

NT will be attending a FASP cleft lip/palate pathway discussion day in Birmingham on 6/12

17. ANY OTHER BUSINESS

- 17.1 JB informed the group that the Antenatal Care Scoping Guidelines has just been published and she will send the link to the group to enable them to view it and send any comments they have onto NT.

ACTION: JB & GROUP

- 17.2 SP raised the issue of eyesight tests for sonographers. It was noted that sonographers should be aware of their professional responsibilities with respect to their eyesight and should have them tested as necessary. They are classed as VDU users. NT noted that advice on this subject will be published as part of an article in the December issue of Synergy News.

- 17.3 NT reminded the group that the RCOG is keen for sonographers to participate in its international training. Please contact him although details have been on the website and previously circulated.
- 17.4 NT informed the group of a government proposal on 'Any Qualified Provider' which has had very short deadlines (sometimes less than 24 hours) which meant he was unable to circulate to the group. Basically, Plymouth PCT was asked to provide a template for non-obstetric ultrasound contracts that can be used throughout England. This is part of the government's reform plans for the Health Service. This potentially may apply to any organisation bidding for a contract, including Trusts. England only. There are quite extensive audit and other requirements within.
- 17.5 In answer to a question from GJ, NT described the recent work with the RCOG and other members of its advisory group to produce an urgent statement following the publication of articles relating to the diagnosis of early pregnancy failure, and their associated press release. GJ commented that it was good that the SoR was able to so quickly distribute the agreed statement to individual sonographers on the database.

18 DATE OF NEXT MEETING

- 18.1 The date of the next meeting was confirmed as Thursday 10th May 2012, to be held at the Society of Radiographers, commencing at 1.00pm (sandwich lunch available from 12.30pm).