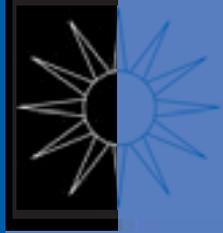


THE COLLEGE OF
RADIOGRAPHERS



RADIOGRAPHY

**Report of a
WORKSHOP
on the use of
OCCUPATIONAL
STANDARDS
for the practice of
DIAGNOSTIC
ULTRASOUND**

Archive

THE SOCIETY OF
RADIOGRAPHERS



R A D I O G R A P H Y

**Report of a WORKSHOP on the use of
OCCUPATIONAL STANDARDS for the
practice of DIAGNOSTIC ULTRASOUND**

The College of Radiographers

207 Providence Square
Mill Street
London SE1 2EW

Telephone: 020 7740 7200

Facsimile: 020 7740 7233

E-mail: info@sor.org

Website: www.sor.org

Produced for the NHS Executive South and West and
The College of Radiographers by
The University of Hertfordshire and Prime R&D Ltd

Archive

OVERVIEW

Occupational Standards for the Practice of Diagnostic Ultrasound were developed by a process of practitioner consensus and were published by the College of Radiographers in June 1998. The standards formalise and document what happens in the performance of diagnostic ultrasound examinations irrespective of who performs the examination. They are designed to be a resource, a tool to encourage managers and practitioners to improve the quality of the ultrasound service provided.

The workshop was held on 4 June 1999 in London. It formed part of Phase 2 of the development of Occupational Standards for Diagnostic Ultrasound and was funded by the South and West NHSE regional office and the College of Radiographers. Phase 2 involved a survey and a workshop with practitioners to discuss the current levels of implementation of the standards. Consideration was also given to strategies for the future promotion of these standards.

The outcomes of the workshop indicated that there is:

- evidence that implementation has occurred in radiology departments
- evidence that the Standards are being enthusiastically accepted as a positive initiative
- a need for a strategy to encourage dissemination amongst health care professionals (HCPs) from disciplines other than radiography
- evidence that practitioners require more guidance on the use of the standards and therefore a need to initiate a third phase to the project. Phase 3 would include an Implementation Pack consisting of an explanation of the standards and guidance on usage together with a series of funded case studies of application.

SURVEY

The aim of the survey was to elicit information on awareness of the occupational standards, availability of copies of the standards and implementation of the standards. The survey was undertaken by telephone over a three week period in March/April 1999, approximately 10 months after the official launch of the standards at Radiology 1998. A structured questionnaire was administered by a telephone interview. Those practitioners who responded to the invitation to take part in the consultation phase of the original development were the target population and an incidental sampling technique was used to sample from this population. These were considered to be the group most likely to be aware of and interested in using the standards. A total of 288 practitioners who gave a work/institution address had an equal chance of partaking. A total of 370 calls were made and 75 (26%) of the target population were contacted personally. Seventy four individuals were willing to answer the questionnaire. One individual declined. Figures 1, 2 and 3 give an indication of the variety of health care personnel who responded, their originating department and the regional distribution of respondents respectively.

Eight percent had not heard of the existence of occupational standards for diagnostic ultrasound and twenty seven percent had not received an abridged copy of the standards.

Fourteen percent of the target population had used the standards in some way. The standards have been applied in a variety of ways including job descriptions, job appraisal, continuing professional development needs and training and education. The greatest use so far has been in the areas of job descriptions and training and education. Many respondents said that they were planning to use the standards to update existing protocols and guidelines but had not got around to it as yet.

Only four per cent felt that the document was not useful or too long and wordy for practical use.

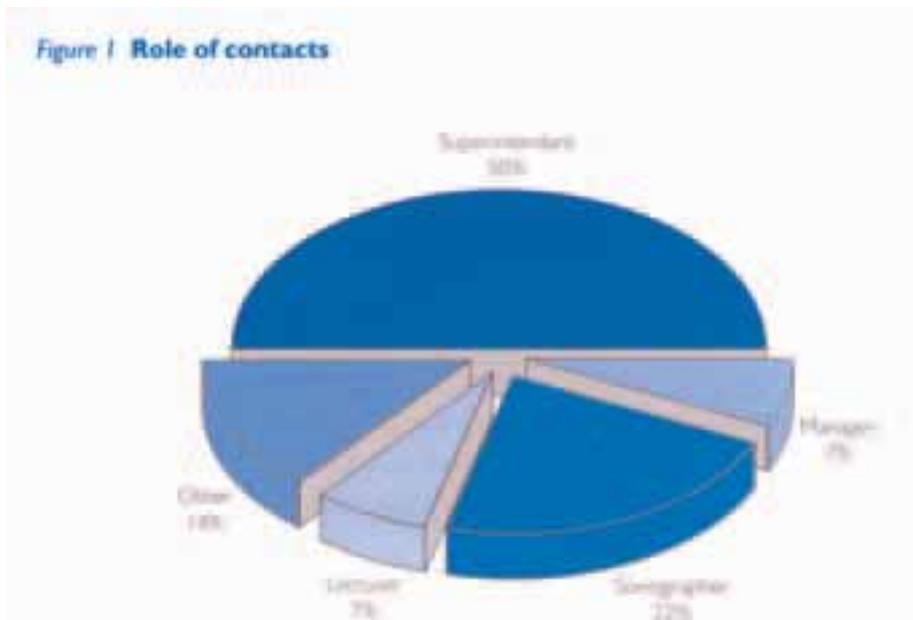


Figure 2 Department contacts

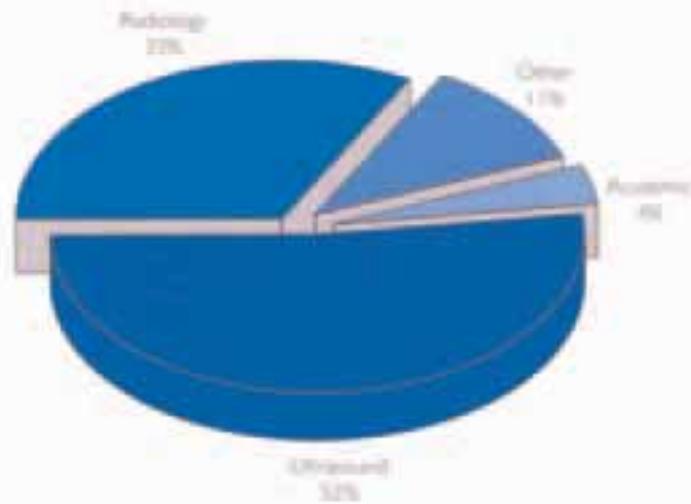
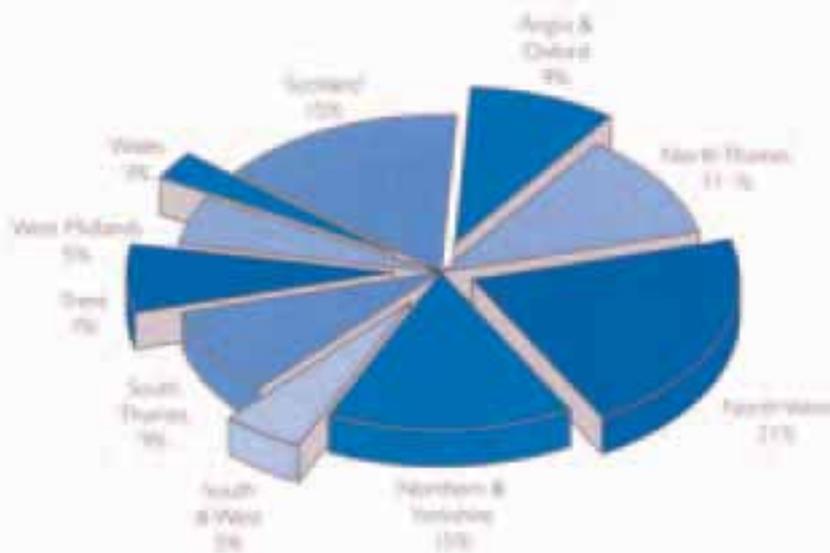


Figure 3 Regional distribution of respondents



Workshop

The aim of the workshop was to report the results of the survey, further promote the standards by providing some examples of how the standards are being used and to consider strategies for wider practice and dissemination of the standards. The workshop was attended by 63 delegates involved in diagnostic imaging and health care management and education. The morning session included speakers who have been involved in the development of the standards. Steve Annandale (Education and Training Policy Manager, South & West NHSE) introduced the session outlining the importance of Occupational Standards in a modern health care system. Lindsay Mitchell (Director, Prime Research & Development) gave an overview of Occupational Standards, their development and uses in a variety of public sector areas including health. Regina Fernando (Lecturer, University of Hertfordshire) introduced some examples of how Occupational Standards for Diagnostic Ultrasound could be used for recruitment, clinical and education purposes. Neil Prime (Lecturer, University of Hertfordshire) presented the results of the survey after which there was a question and answer session.

The afternoon session began with some real life examples of the standards in practice which had been uncovered by the survey. Ken Read (Superintendent Sonographer, Colchester General Hospital) outlined how he had used the standards to update all the protocols for his department and how the standards had prompted consideration of areas likely to cause problems. Regina Fernando described a range of other initiatives from institutes in Suffolk, Hampshire, Leeds, and Mid Glamorgan.

'Working with the Standards' workshops followed. The themes for the workshops were

1. Job descriptions
2. Job appraisal
3. Protocols
4. Training programmes (in-house)
5. Barriers to implementation.

These were facilitated by Neil Prime, Linda Miller (Lecturer, University of Hertfordshire), Sandy Mather (Professional Support Officer, College of Radiographers), Regina Fernando and Lindsay Mitchell respectively. Feedback from each workshop at the plenary session enabled wider dissemination of strategies for use and implementation.

The workshop came to a close with an encouraging look at the way forward for this initiative by Professor Michael Pittilo (Dean, Faculty of Healthcare Sciences, Kingston University and St George's Hospital Medical School).

Issues arising from Phase II

Issues arising from the survey and workshop were similar and will be summarised below by theme.

1. Current status of implementation

It is clear that in the short time since publication Occupational Standards have had some impact on the practice of diagnostic ultrasound. The outlook for future use is promising since it is generally accepted that it takes around 5 years for any new technology to be diffused. In this situation an additional factor is that, in the very near future, managers of departments will have to demonstrate a response to the clinical governance initiative in the White Paper 'The new NHS' (DOH, 1997). This may encourage uptake and use of the standards since they will provide a useful tool for those managers who have a responsibility to demonstrate their commitment to monitoring and enhancing the quality of ultrasound services.

Those surveyed appear to have taken on board the idea of using the occupational standards as a resource. In some cases, particularly in the areas of education and training, detail needs to be added to inform particular situations. The standards refer to professional standards and guidelines, as well as to local protocols, to inform a deeper level of specific description. The standards have also helped to inform local protocols in cases where certain guidelines required review. For example, one respondent said that whilst they were pleased to find that their existing protocols were in fact similar to those documented in the abridged version, the standards identified an area for improvement in their working practice, that of 'introducing patients and their companions to everybody present and confirming the identity and role of everyone'. This is an area, often forgotten in high quality technical establishments, which can greatly enhance the service as seen from the patient's perspective.

Feedback from the workshop delegates indicated that they valued the opportunity to hear about the practical applications of the standards and the state of current implementation. However, it was clear that although they were aware of the existence of the standards some participants had never used or even seen the standards. In some cases this prevented active participation in the workshops although the delegates found them an informative and useful learning experience.

2. Dissemination of the standards

There is concern regarding the dissemination of the standards. This was considered to be the biggest barrier to a more widespread implementation of the standards. Eight percent of the sample surveyed had not heard of the existence of these standards and twenty seven per cent of those surveyed had not received a copy of the abridged version of the final standards document. Just under half of these respondents were from a non-radiographer background and the rest were radiographers. Workshop participants were particularly interested in how the standards would be disseminated to health care practitioners other than radiographers. The involvement of the College of Radiographers in the early dissemination has not encouraged ownership of the standards by HCPs from other disciplines. Further strategies for more widespread dissemination particularly amongst the non-radiographer practitioners of diagnostic ultrasound are required.

The standards were developed by a multiprofessional team for all professions practising ultrasound. They separate occupational purpose from occupational status. Therefore, regardless of professional status, all those who practice ultrasound should be aiming to give a similar level of good quality service to the patient. It was suggested that a more neutral body such as the NHSE would be a more acceptable disseminator of the standards.

An abridged copy of the standards was sent to all members of the Society of Radiographers who hold ultrasound qualifications. Copies of the abridged standards document were also sent to all ultrasound course leaders, all ultrasound superintendents and all those registered with the SoR as having an interest in ultrasound. Copies of the full standards document were sent to the National Health Service Executive (NHSE) Regional Occupational Standards Advisers, chairs of the Consortium for the Accreditation of Magnetic Resonance Education (CACMRE), the Consortium for the Accreditation of Nuclear Medicine Education (CANME), the Consortium for the Accreditation of Sonographic Education (CASE), the Forum of Radiography Education Directors (FRED) and all special interest groups as well as to the Presidents of the Royal Colleges of Radiologists, Obstetrics & Gynaecology, Midwives, Nursing, GPs and the British Medical Ultrasound Society.

3. Making the standards accessible

There was some discussion on how the standards could be made more accessible. It was suggested that an Implementation Pack be developed based on the needs identified during the workshop. The Implementation Pack would consist of an explanation of the standards and guidance on usage. This would form part of Phase 3 of the project together with a funded series of case studies of application.

4. Status of the Standards

Whilst workshop delegates themselves accepted and understood the need for these standards they felt that a more powerful strategy was required to ensure wider acceptance amongst other HCPs. Many delegates questioned the status of the standards. It was clear that some would like to use them as a stick to beat the noncompliant into submission rather than a carrot to encourage a quality service. The question of status is an evolving issue and the more the standards are accepted and used in practice, the more likely they will be used as benchmarks to support legal cases. One excellent example of the way in which the use of standards could be encouraged and accepted across professional groupings was given by a delegate from a Birmingham hospital Trust. The Chief Executive of the Trust had given the Radiology Department responsibility for writing a working policy for all ultrasound examinations conducted within the Trust, regardless of the department responsible for the service. This task was directly related to the clinical governance initiative - the patient was to receive the same care regardless of where the ultrasound examination took place. The Radiology Department were using the Occupational Standards for Diagnostic Ultrasound document to inform their policy. Steve Annandale emphasised the commitment of the NHSE to promoting occupational standards and initiatives are currently underway to suggest that these standards are endorsed as being National Occupational Standards. This would certainly raise their status.

Summary and Conclusions

The survey and workshop demonstrated that the standards have made some impact on the practice of diagnostic ultrasound. There is a need for more widespread dissemination of the standards amongst HCPs not associated with radiography. The standards appear to be a useful tool but further work is needed to make them more accessible to practitioners, increase the level of implementation and link them directly to current policies and future strategies for the practice of diagnostic ultrasound.



The College of Radiographers

Limited company registration number 1287383

Registered charity number 272505

Archive

The College of Radiographers

207 Providence Square
Mill Street
London SE1 2EW

Telephone 020 7740 7200

Facsimile 020 7740 7233

E-mail info@sor.org

Website www.sor.org