



## **BMUS Position Statement on NHS Ultrasound Services**

A recent editorial in the European Journal of Ultrasound (Who's doing your scan? A European perspective on ultrasound services)<sup>1</sup> has resulted in a large volume of correspondence questioning the validity of ultrasound services that are predominantly performed and reported by sonographers.<sup>2,3,4,5,6,7,8</sup> The purpose of this statement is to confirm the position of the British Medical Ultrasound Society (BMUS) which strongly supports this practice, when undertaken within a framework of suitable training, support and clinical governance. Such services deliver cost-effective and high quality ultrasound examinations that are essential to service delivery in the National Health Service (NHS) in the UK.

In the UK there is a longstanding and worsening shortage of consultant radiologists. A recent workforce census by the Royal College of Radiologists<sup>9</sup> reveals that 9% of consultant radiologist posts are currently unfilled and that the UK has the third lowest number of radiologists per head of the population across Europe. In 2015 consultants in clinical radiology were added to the NHS Employers shortage occupation list.<sup>10</sup> The pressure on radiologists has, for many years, led to delegation of the majority of ultrasound examinations to appropriately trained non-medical ultrasound practitioners, most commonly sonographers holding a post-graduate qualification in medical ultrasound. Unlike many other European countries, in the UK only a small amount of diagnostic ultrasound is undertaken by clinicians (< 1%). Given the pressures on the NHS it is very unlikely that either radiologists or clinicians will have any further capacity to undertake more diagnostic ultrasound examinations in the future.

The demand for imaging services in the UK is rising at a high rate with an increase of 32.7% in diagnostic tests between 2011/12 and 2017, this includes a rapid rise in complex imaging (CT and MRI) placing further stresses on a limited consultant radiology workforce. During this period the number of non-obstetric ultrasound examinations has increased by 24%.<sup>11</sup>

In previous position statements<sup>12</sup> BMUS has supported the practice of delegation of ultrasound to sonographers where this improves services for patients but emphasises that the overall quality of the service must remain paramount. BMUS also believes that the acquisition and reporting of an ultrasound examination should not be separated. Ultrasound service providers must however ensure that sonographers have readily available access to senior colleagues and medically trained ultrasound experts for a second opinion and support wherever necessary. BMUS has collaborated with the National Ultrasound Steering Group (NUSG), a subgroup of the National Imaging Board, and issued recommendations for ultrasound clinical governance within NHS ultrasound services.<sup>13</sup> It is recommended that NHS ultrasound providers establish local ultrasound Clinical Governance Boards to oversee all aspect of the service, this encompasses maintenance of standards of training, supervision and audit to assure high levels of competence, performance and patient safety.

BMUS will continue to endorse and encourage sonographer performed and reported ultrasound when implemented in line with BMUS and NUSG recommendations. Patient safety and examination quality remain the highest priority for ultrasound service provision and all ultrasound practitioners should be working in an environment with adequate training, skill-mix, continuing professional development and audit. Under this framework, patients and referrers can be assured of protection from practitioners with inadequate training in ultrasound, poorly specified or maintained ultrasound equipment and without clinical audit of their performance. BMUS believes that the expertise of sonographers, other specialist ultrasound practitioners, clinicians and radiologists are complementary rather than competitive and that the highest quality service will result when these professional groups work collaboratively.

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<sup>1</sup> Edwards HM, Sidhu PS. Who's doing your scan? A European perspective on ultrasound services. *Ultraschall in Med* 2017;38:479-482

<sup>2</sup> Heling K-S. Statement from the DEGUM board regarding the editorial entitled "Who's Doing Your Scan? A European Perspective on Ultrasound Services." *Ultraschall in Med* 2018;39:11-13

<sup>3</sup> Edwards H. Reply to Dr Seitz. *Ultraschall in Med*. 2018;39:94

<sup>4</sup> Arning C. High-level carotid ultrasound must be performed by a physician. *Ultraschall in Med* 2017;38:1

<sup>5</sup> Degiorgio D, Mifsud M, Wolstenhulme S. Letter to the editor: Who's doing your scan? A European perspective on ultrasound services by Edwards and Sidhu. *Ultraschall in Med* 2018;39:93

<sup>6</sup> Dixon H, Deane C. High quality vascular ultrasound by non-physicians is established and effective: the UK perspective. *Ultraschall in Med* 2018;39:95

<sup>7</sup> Seitz K. Who's doing your scan? The German perspective on ultrasound services: Ultrasound is more than a technique, it's a medical art. *Ultraschall in Med* 2017;38:1-3

<sup>8</sup> Strobel D, Meng S. Diagnostic ultrasound performed by a physician as a dialog. *Ultraschall in Med* 2018;39:251-252

<sup>9</sup> [https://www.rcr.ac.uk/sites/default/files/cr\\_census\\_2016\\_key\\_messages.pdf](https://www.rcr.ac.uk/sites/default/files/cr_census_2016_key_messages.pdf)

<sup>10</sup> <http://www.nhsemployers.org/news/2015/04/shortage-occupation-list-updated-april-2015>

<sup>11</sup> <http://researchbriefings.files.parliament.uk/documents/CBP-7281/CBP-7281.pdf>

<sup>12</sup> <https://www.bmus.org/policies-statements-guidelines/position-statements/>

<sup>13</sup> <https://www.bmus.org/static/uploads/resources/ClinicalGovernanceInUltrasound-061108.pdf>