

The logo for the British Medical Ultrasound Society (BMUS), featuring the letters 'BMUS' in a dark blue serif font, followed by a stylized icon of three curved lines representing sound waves in a lighter blue color.

BMUS

BMUS Preceptorship Endorsement Scheme

Produced by the British Medical Ultrasound Society

A solid dark blue horizontal bar spanning the width of the page, positioned below the text 'Produced by the British Medical Ultrasound Society'.

May 2023

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1.0 Introduction

In 2022, the British Medical Ultrasound Society published its Preceptorship and Capability Development Framework for Sonographers.¹ This work was commissioned by Health Education England (now part of NHS England) and is designed to support departments and individual practitioners wishing to benefit from a clear career progression pathway. The Quality Standard for Imaging guidance states that all new staff should have a supported preceptorship period.² Preceptorship is a vital part of every healthcare practitioner's career to ensure they are supported when transitioning into a new role. Individuals will need to develop confidence and skills required for every transition, be it from a student to newly qualified practitioner role or from one qualified position to another. Preceptorship is well-understood and embedded within nursing careers³ but, until recently, was less well-recognised by many ultrasound providers including traditional ultrasound departments within radiology, maternity ultrasound services and independent providers.

As a method to support uptake of the BMUS Preceptorship and Capability Development Framework for Sonographers, and to facilitate departments wishing to adopt the principles of the Framework, we have developed a step-by-step preceptorship package for use locally. Departments that meet the requirements of the package may apply to receive formal endorsement from BMUS, which will imply that high levels of support, aligned to BMUS standards, are in place. Staff recruitment and retention are a priority in the NHS,⁴ and may be affected positively in those ultrasound departments which offer appropriate preceptorship.⁵ Departments that are able to demonstrate processes in place to support their staff, through flexible and measurable goals and development opportunities in a well-maintained environment, will fulfil the robust check-list in the BMUS Preceptorship Endorsement Scheme.

While preceptorship frequently describes support for a first-post practitioner, BMUS acknowledges that more experienced individuals who are undergoing significant professional transitions will also require support. The BMUS Preceptorship Endorsement Scheme is therefore designed to assist departments which employ:

- i) newly qualified ultrasound practitioners
- ii) newly appointed ultrasound practitioners from other locations (new starters)
- iii) in-house ultrasound practitioners transitioning to a new position e.g. promotion, role extension or progressing to a higher level of practice
- iv) return to practice employees after extended absence

Endorsement will be valid for three years on evidence of compliance. Departments will receive confidential prompt feedback regarding any area requiring additional strengthening before endorsement is given, and may reapply free of charge within 12 months of the date of the first application.

The renewal process is three-yearly and applications are welcome any time within six months of expiry of current certification. BMUS will charge a nominal fee of £300 + VAT to cover the administration costs of departmental endorsement, which will be payable on submission of evidence. BMUS will invoice the department. Evidence will not be reviewed until payment is received. Fees are non-refundable once the review process has begun.

2.0 Requirements to Achieve BMUS Preceptorship Endorsement

Departments will be expected to meet all ten essential criteria listed below if BMUS endorsement is to be given. Departments may also meet the three desired criteria, and this will be acknowledged in our process and feedback.

2.1 Essential Criteria

- **A named mentor / preceptor for all new starters, transitioning staff and newly qualified staff**

This person will be an experienced member of the clinical or managerial team (but not the individual's manager) who will act as a 'critical friend' and will be expected to provide timely advice and may offer close or remote supervision as appropriate. Newly qualified ultrasound practitioners will require appropriate support throughout their preceptorship period.²

- **A local induction programme should be completed for all new starters, transitioning staff and newly qualified staff. This will comprise a check list, agreed timeframe, completion deadline and sign-off**

The programme should be clearly structured with clear objectives and outcomes that are set in advance and are dependent and tailored to the role into which the individual is transitioning. This includes realistic and measurable goals with timescales for when objectives need to be met.

- **A template for recording preceptor/preceptee meetings**

The template will be standardised, dated, require input and agreement from both parties, and offer an action plan to direct the next meeting. For guidance, see appendices B & C in [PC with CPF app A and explanatory notes FINAL Mar2023.pdf \(bmus.org\)](#)

- **A method in place to evidence that objectives set by the preceptor and preceptee have been met**

This may include observation of practice, case studies, audit of ultrasound image and report quality, personal reflective diaries, review of clinical incidents and formal taught sessions.

- **Contemporary, evidence-based and readily accessible policies and procedures**

These may be available in either electronic or paper format. The author(s) and date of issue must be included along with the date of the next scheduled review.

- **Regular time allocation for learning and reflection for all new starters, transitioning staff and newly qualified staff**

Ideally, this should be job planned for all staff to allow them to remain updated, ensure a safe service and to contribute towards CPD.

- **Provision made to allow attendance to Governance and/or Multidisciplinary Team (MDT) meetings**

Governance and MDT meetings offer excellent opportunity for learning and development. Within a radiology department, for example, attendance at Radiology Events and Learning Meetings (REALMs) is recommended by the Parliamentary and Health Service Ombudsman⁶ and in the Quality Standard for Imaging guidance² where it is recommended that practitioners should maintain at least 50% attendance at REALM.

- **A support network for the mentor/preceptor**

This may include named support persons within and/or outside the immediate department and a planned development programme that has been completed, or is in the process of completion. This should be an ongoing programme and should be available to all current and future mentors/preceptors.

- **Foster a progressive culture within the department that recognises and understands the four pillars of practice associated with advanced and consultant practice**

Provide preceptees, especially newly qualified staff, with examples of staff engagement in activities across all four pillars.

- **A fair and transparent pathway to address lack of progression of individuals**

This may comprise a series of planned meetings, action plans, outcomes and escalation proceedings over an agreed reasonable time interval conducted by empathic staff of the appropriate level and with the appropriate expertise.

2.2 Desirable Criteria

- **A named Practice Educator who has completed a formal training programme**

This person will be a source of knowledge to students/trainees and other members of staff at different stages in their career. They will engage in multidisciplinary training and be an ambassador for the profession. Ideally, they will be an integral part of delivering/organising a regular CPD programme provided by the department.

- **Evidence of fulfilling the sonographer career and progression framework**

This department will already employ sonographers operating at all four levels of practice: sonographer, enhanced practice sonographer, advanced practice sonographer, consultant sonographer.

- **Evidence of links with relevant regional and/or national networks**

This department will aim to have links with networks such as Higher Education Institutes offering CASE-accredited ultrasound courses or support staff in any of the other four pillars of advanced practice such as research. Staff within the department may be involved with innovative student initiatives, regional practice educator networks, and hold roles with national organisations such as SCoR, SVT, CASE and BMUS.

3.0 How will the department submit evidence?

- Evidence should be submitted in the form of an electronic portfolio using the template which can be viewed in advance here [Preceptorship Endorsement Scheme | BMUS](#)
- Evidence must be anonymised regarding individuals although information in the public domain, such as names of divisional managers/lead sonographers is acceptable
- Supporting evidence may be attached in an electronic format to the template. Redacted documents enclosed in a compressed or 'zipped' folder are recommended
- Evidence must be submitted to the BMUS Professional Officer professionalofficer@bmus.org

4.0 Assessing the evidence

- The Professional Officer for BMUS will distribute the application/evidence to appropriate Preceptorship Endorsement Scheme panel members
- The evidence will be reviewed and a recommendation made
- Clarifications may be sought from the department, if required, at this point
- The recommendation of the panel is submitted to the BMUS Council
- Council will ratify the decision
- The decision will be communicated to the department with feedback
- The process will aim to be completed within 30 days

4.1 What decisions might be reached by the review panel?

All applications for the BMUS Preceptorship Endorsement Scheme are assessed by our Preceptorship Endorsement Scheme panel members using a template scoring against the essential and desirable criteria.

The BMUS Preceptorship Endorsement Scheme panel will make one of the following decisions:

- accept the application and endorse the department with recommendations/commendations
- request further information/clarification before a decision is made
- recommend a resubmission with recommendations for any requisite changes before reapplying
- reject an application

4.2 What will happen in the case of a disputed decision?

Appeals process

Where a decision has been made by our panel to reject the application for BMUS Preceptorship Endorsement, departments may decide to lodge an appeal to the BMUS Preceptorship Endorsement Scheme panel.

How to appeal

In the event that a department's application to the scheme(s) is rejected, they will be notified in writing within 30 days and provided with a breakdown of the reasons for the decision to reject their application.

If that department wishes to appeal the decision, they must lodge a written appeal within 30 days of the date of the written notification from the BMUS Preceptorship Endorsement Scheme office.

When lodging an appeal, the department should detail the reasons for their appeal. The written submissions and relevant documentary evidence should be provided for the consideration of the appeals panel.

The request will be acknowledged within **7** days. The BMUS Appeals Panel will meet to consider the appeal within **30** days of the professional officer receiving the appeal. The department will then be advised of the date on which the BMUS Preceptorship Endorsement Scheme appeals panel will consider the appeal. Representatives are not usually required to attend the appeals panel's meeting. Appeals will be assessed on the basis of the written submissions and supporting evidence only. It is only in exceptional circumstances that a department may be invited to give oral evidence.

Departments will be notified of the BMUS Preceptorship Endorsement Scheme appeals panel's decision as soon as possible after the date of that meeting.

Possible appeal decisions

There are two possible outcomes following referral to the BMUS Preceptorship Endorsement Scheme appeals panel:

- The department will be informed that their appeal has been successful, and they will be endorsed/re-endorsed for the scheme
- The initial decision will be upheld, and the department will be informed in writing of the reasons why BMUS Preceptorship Endorsement is being refused

Please note: The BMUS Preceptorship Endorsement Scheme appeals panel's decision is final and there is no further right of appeal.

The department may, however, wish to reapply for the BMUS Preceptorship Endorsement Scheme if it can provide evidence that it has remedied the deficiencies that gave rise to the initial decision.

If you would like to initiate an appeal against a decision made by the BMUS Preceptorship Endorsement Scheme panel, in the first instance, email professionalofficer@bmus.org

The Professional Officer
British Medical Ultrasound Society
Margaret Powell House
Milton Keynes
MK9 3BN

BMUS Preceptorship Endorsement Scheme panel/appeals panel members:

- Professional Officer
- Development Officer (Chair of Professional Standards Group)
- Clinical Manager or Lead Practitioner. *This person will hold BMUS membership and will be a current member of a BMUS Special Interest Group.*

All decisions will require ratification from BMUS Council.

5.0 What might endorsement mean for your department?

The BMUS Preceptorship Endorsement Scheme recognises, supports and celebrates departments dedicated to quality and investment in people and teams.

Endorsement by BMUS of your preceptorship scheme identifies your department as a high-quality environment committed to all staff. This recognition may help raise the profile of your department, and make it more attractive to potential employees regarding both recruitment and retention.

As a department that has achieved all essential criteria of the BMUS endorsement scheme, and possibly some or all of the desirable criteria, your staff will feel supported in their career development and transitions. They will enjoy the advantage of working in a continuous learning environment fostering a progressive culture of openness and honesty.

Your Trust and other key stakeholders may observe your contribution to training and development and recognise your department as one that promotes collaborative and interprofessional working aligned to best practice, and may use it as an example to others. BMUS endorsement may also be of value when preparing for inspection of services and when preparing to seek formal accreditation from national bodies.

Most importantly, patients may benefit by knowing that their ultrasound examinations are provided by a cohesive, supportive team delivering high-quality, standardised care.

In the event of the successful submission, BMUS will provide feedback and issue a digital badge and formal certificate of endorsement.

6.0 References

1. BMUS. Preceptorship and capability development framework for sonographers. 2022. (updated in March 2023) [PC with CPF app A and explanatory notes FINAL Mar2023.pdf \(bmus.org\)](#)
2. The Royal College of Radiologists and The College of Radiographers. Quality Standard for Imaging version 1.1. London: The Royal College of Radiologists, 2022. https://www.rcr.ac.uk/sites/default/files/quality_standard_for_imaging_version_1.1.pdf
3. Nursing and Midwifery Council. Principles of preceptorship. (last updated 2020) [Principles of preceptorship - The Nursing and Midwifery Council \(nmc.org.uk\)](#)
4. NHS Employers. Improving staff retention. 2022. [Improving staff retention | NHS Employers](#)

5. NHS Employers. Preceptorships for newly qualified staff. 2022. [Preceptorships for newly qualified staff | NHS Employers](#)
6. Parliamentary and Health Service Ombudsman. 2021. [Unlocking Solutions in Imaging working together to learn from failings in the NHS.pdf](#)

7.0 BMUS Working Party

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Acknowledgements

We are very grateful for valuable advice and insight given by the departments who took part in the pilot of this project and the BMUS Professional Standards Group.

Disclaimer

The British Medical Ultrasound Society produces recommendations and guidelines as an educational aid to inform safe practice. They offer models and pathways associated with established clinical imaging techniques, service provision and best professional practice, based on published evidence.

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