

Direct Entry Postgraduate Ultrasound Education – The University of Cumbria Experience.

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BACKGROUND

It is clear that the national crisis facing the ultrasound community is not abating (Waring et al, 2018). A HENW funded project undertaken by the University of Cumbria in 2015 investigated the opinions of 21 northwest Ultrasound departments on the best course of action in relation to future workforce development and the proposed future sonographic education models (SCoR, 2009). This report highlighted several points:

- The current workforce crisis is creating an increasingly heavy operational and financial burden on the service and is becoming unmanageable.
- Although the current model of sonography training produces highly skilled sonographers that are fit for purpose, with the deficit this programme causes in other departments and the financial commitment it is unsustainable.
- A Postgraduate programme of study is more desirable currently as it is more of a short to medium term solution and the current role and banding of sonographers is geared to postgraduate standards of education, (Waring, Miller and Sloane, 2015).

In 2016 the University of Cumbria introduced the UK's first dedicated full time Direct Entry Postgraduate Ultrasound MSc and following a careful selection process we accepted 5 students on to the programme with the support of 6 clinical ultrasound departments who agreed to act as placement hospitals. A second HENW funded report was carried out evaluating the experiences and opinions of the clinical leads and the students on this first cohort throughout the two-year registration period (Waring and Bolton, 2018).

METHODS

A Straussian Grounded Theory approach (Strauss & Corbin, 1998) was used to investigate qualitative contributions gained from in-depth interviews with students and Ultrasound Department Leads over a two year period, considering their opinions and experiences in relation to the University of Cumbria direct entry postgraduate MSc in ultrasound. The student participants represent the first cohort on this newly developed programme and the clinical leads represent the placement hospitals responsible for providing the clinical aspect of the students training. Participants were invited to take part in two interviews, one to be undertaken at the end of each year of study. A total of **N=21** interviews were conducted over the two year period.

FINDINGS

Clinical leads: There was unanimous agreement that the programme was successful in producing competent sonographers to help address the national shortage of sonographers. All the placement hospitals stated that they would be happy to carry on supporting the course and in some cases the programme had exceeded expectations and several clinical leads even suggested that direct entry was preferable to the traditional route.

Students: There was overall agreement among the students that the course was a success and that a background in radiography or healthcare was not a prerequisite to studying ultrasound. The students felt that widening the intake and including individuals from a wide range of professional and educational background enriched the profession. It was also suggested that limiting the intake to healthcare professionals could result in the profession missing some excellent candidates.

I have found the experience to be very positive; I think that all the participants' trusts and university have worked collaboratively to form a course that is fit for purpose

We are happy to carry on being a placement for the [direct entry] route

The course has delivered us a clinically competent practitioner

Paying somebody as a Band 5 or 6 for two years or to do a PgD in ultrasound is largely unsustainable

I think it's probably preferable to the traditional route of training

I think it's gone well, I'm so glad I've chosen to do it

I feel [ultrasound education] needs to go in this direction only because there is such a big shortage

We've proven that you don't need a radiography background to be able to scan and be successful on this course

I think it's a good route into ultrasound because you get a lot of different people, and people you might have missed out on who didn't do radiography

We are all [ultrasound students] just going through the same thing

Clinical Leads: The issue of HCPC registration was not an problem for most clinical leads, but one placement site was not in a position to employ non-HCPC registered sonographers due to stringent HR stipulations. A further limitation to this direct entry route relates to the fact that these students self-fund themselves through the course and one clinical lead recognised that this may lead to financial hardships for some students.

Students: Issues around HCPC registration were raised as a limitation of direct entry by the students. Many NHS trusts will not employ non-registered sonographers and even though the tide is turning and more and more trusts are overriding this requirement, this may still limit the employability of these graduates in some regions.

We are a trust that employs non HCPC registered sonographers, that is not a concern for us

The problem we have is the HCPC registration - that has not been ironed out yet with HR so it's that level of uncertainty if we are going to be able to be employed

I am aware of the financial hardships that the M level students will be facing because they are not receiving an income during their two year training course

Obviously, we have the issue of HCPC registration and I know a lot of jobs I have seen or tried to apply for have required this registration so that's the limiting area of [direct entry]

CONCLUSION

This report highlights that direct entry postgraduate routes are a viable ultrasound educational option. Clinical departments need to accept that change is necessary and support these new initiatives and the challenges these may present as the workforce crisis in ultrasound is not abating and needs addressing in earnest. All the students on this first cohort successfully completed the course and although none were eligible for HCPC registration all that applied for positions gained employment within NHS trusts across the North of England. None of the students remained in their placement hospitals after qualification but interestingly all these placement hospitals have continued to support the course with subsequent cohorts. The course is going from strength to strength and placements are slowly increasing, with ten placements available for the next intake of trainees.

REFS

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