

Medico Legal Aspects of Ultrasound Reporting

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April 2024





Why expand roles?

- Clinical need
- Our profession supports this growth in expertise
- Legislation supports this development
- Ultimately it will benefit the patient

Four Arenas of Accountability

To the public

To the patient

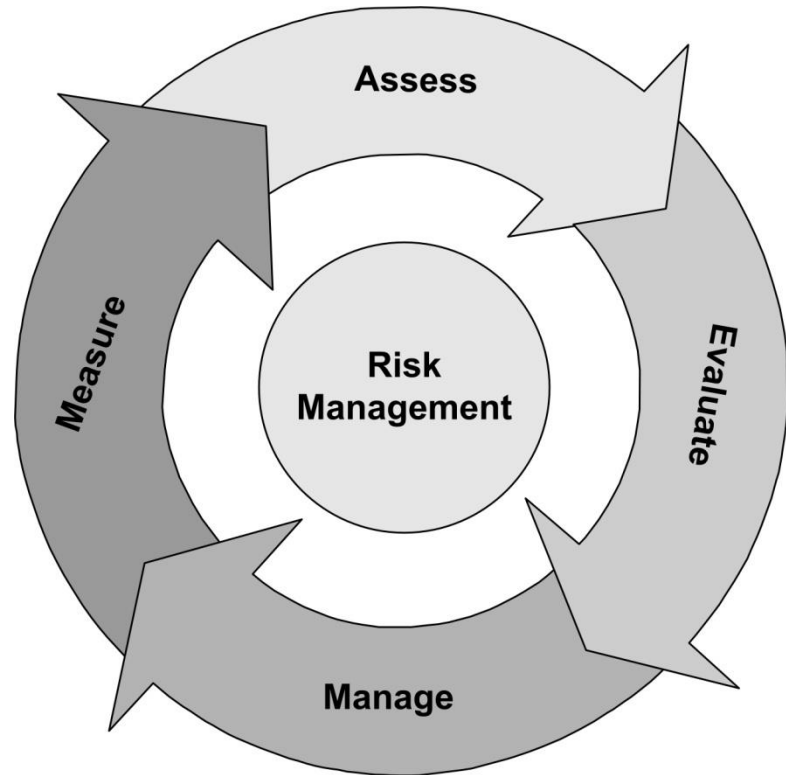
To the employer

To the profession



Minimise Risk

- To the patient
- To yourself



Competency

- Recognise & work within the limits of your competence
- You must have the knowledge & skills for safe & effective practice when working without direct supervision



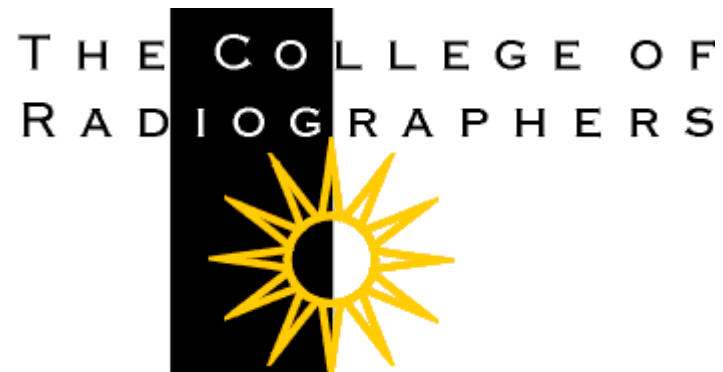
Bolam (1957) and Bolitho (1997)

- Act that falls short of a standard expected by “the reasonable man”
- Proof of causation by act or omission



Accreditation

- Certificate of Competence /Formal training
- Assured of highest professional standards



Mentorship/ preceptorship



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MSK Ultrasound Mentorship Programme

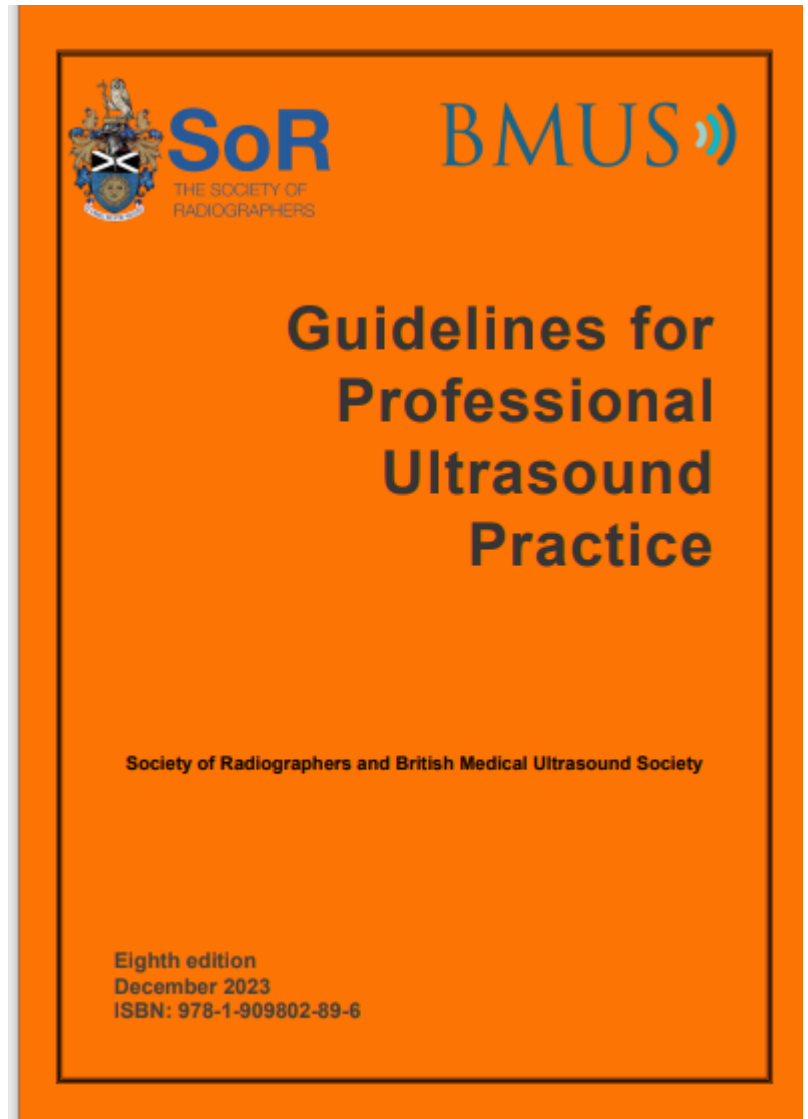
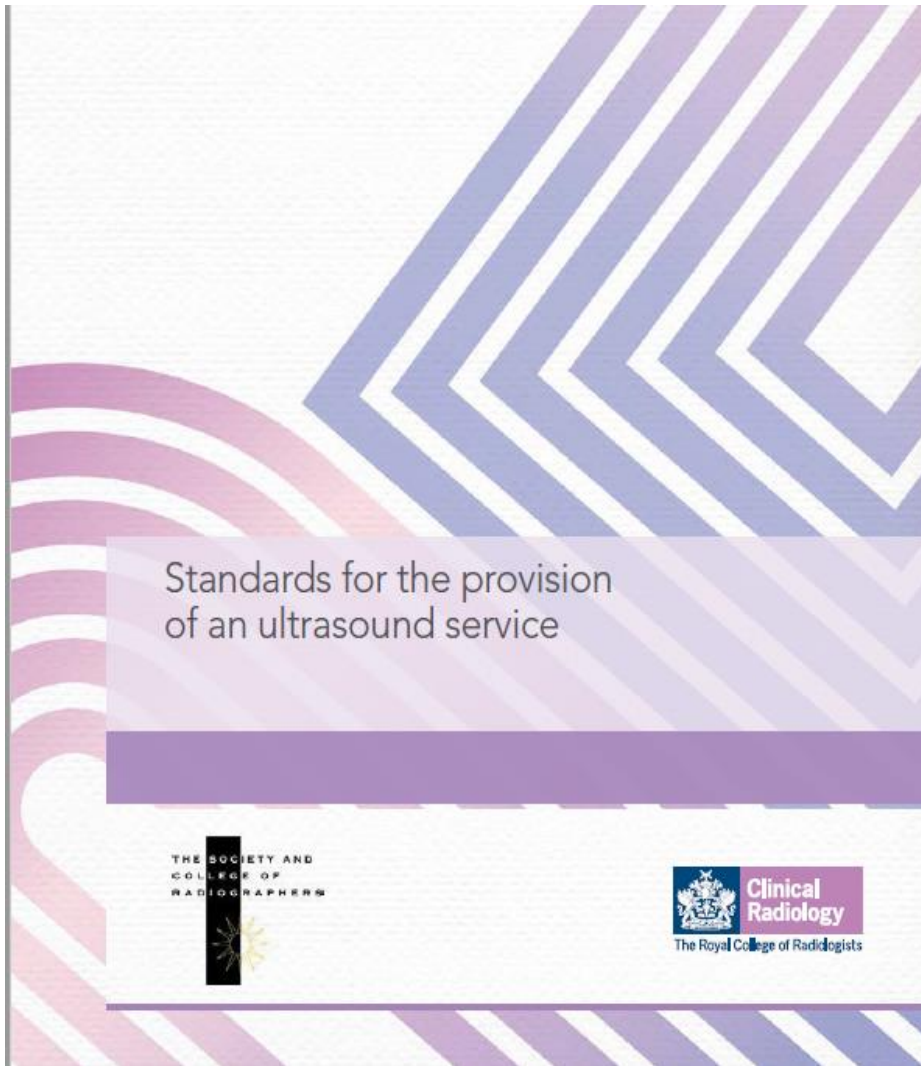
Eight days of intensive MSK ultrasound training

[Enroll now](#)

THE COLLEGE OF
RADIOGRAPHERS



Polices



Policies

- Royal College of Radiologists
- BMUS
- Written scheme of work (Trust authorised)
- Attendance at suitable course
- Hospital policies for radiographers who report
- Attendance and annual updates or evidence of CPD
- Awareness of research in the area

Specific policies

Position statement:

Preventing retention of sheaths, 'foreign objects' and ultrasound probe covers following intimate and invasive radiological procedures.

ISBN: 978-1-909802-86-5
October 2023 | First Edition



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Competencies for ultrasound practice in private baby scan clinics

ISBN: 978-1-909802-79-7
March 2024 | First Edition (Version 2)



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Key points

- It must be the appropriate investigation, justified in the context of each person's presenting signs and symptoms, and clinical history.
- The examination needs to be timely and accurate to maximise the diagnostic potential of the investigation.
- A report on the findings of the examination must be the end point; this must be timely and communicated effectively to ensure it influences the individual's subsequent clinical management. In 1995, the Audit Commission recommended that the majority of patients should leave the clinical imaging department with their reports

Procedures

Patient ID

Authorised referrer

Sufficient medical history

Previous radiological
investigations

Initial planning of a reporting service

Consultation

Defining the scope of practice

Resourcing the service

Authorisation

Implementation

Audit of Performance

- Log book
- Clinical governance
- Up to date record keeping





General Data Protection Regulations

- GDPR (2017) is designed to protect personal data stored on computers or in an organised paper filing system.

Data Access

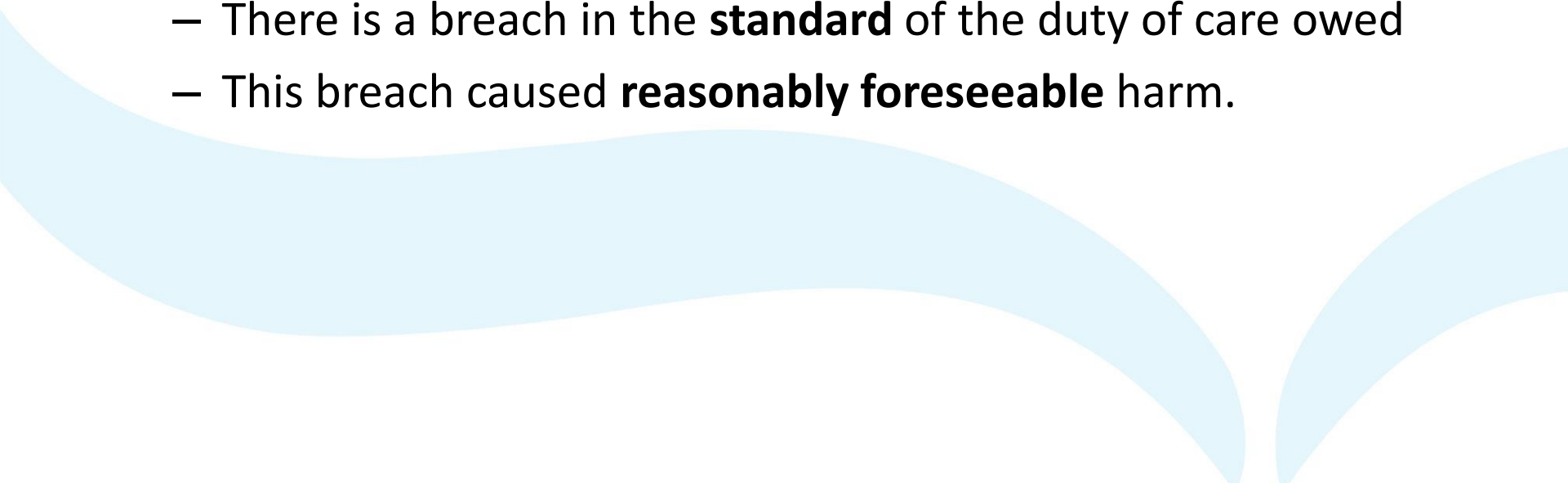
A number of concerns needed addressing:

- 🖱️ Who could access this information?
- 🖱️ How accurate is it?
- 🖱️ Could it be copied?
- 🖱️ Is it possible to store information without the individual's knowledge or permission?
- 🖱️ Was a record kept of any changes?

Keep data safe

- 🖱 Do not leave people's information out on your desk.
- 🖱 Lock filing cabinets.
- 🖱 Do not leave data displayed on screen, (use a screensaver?).
- 🖱 Do not leave your computer logged on and unattended.
- 🖱 Do not choose a password that's easy to guess.
- 🖱 Do not give your password to anyone, ever.
- 🖱 Never send anything by fax or e-mail that you wouldn't put on the back of a postcard.
- 🖱 Do not disclose any personal information without the data subject's consent or verifying the enquirer (e.g. phone the police officer back via the station switch board).

Negligence – Elements

- For this action to be successful, 3 criteria must be established
 - A **duty of care** is owed by the defendant to the plaintiff
 - There is a breach in the **standard** of the duty of care owed
 - This breach caused **reasonably foreseeable** harm.
- 

Recent negligence case

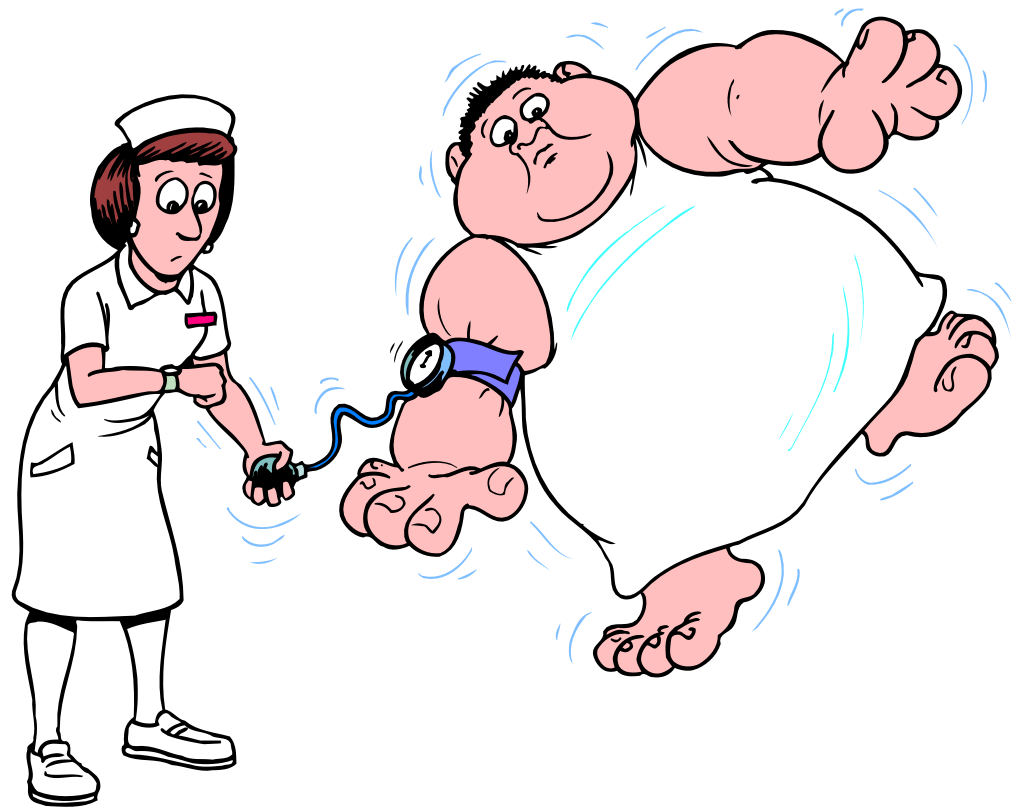
- Plaintiff awarded £700,000 damages following an incident where the radiographer employed by Alliance Medical cannulated an artery rather than a vein.
- This incorrect cannulation was not in itself a negligent action but the radiographer's action in not recognising the error was deemed a breach of the duty of care.
- There was a spurt of blood when the cannular was removed and the radiographer failed to act on this sign.

Links to recent case

- <http://www.accidentassistance.co.uk/blog/2015/1306/medical-negligence-battle-won-after-6-years>
- <http://news.stv.tv/stirling-central/315954-annabelle-bell-of-maddiston-wins-700000-damages-after-injury-to-arm/>

Basics

- Right patient
- Right examination
- Accurate report



Where
there is
error, Let
us bring
truth!
(St
Francis)

- Critical incident and near miss reporting
 - Learn from our mistakes
- System errors
 - Spot procedures that could lead to error

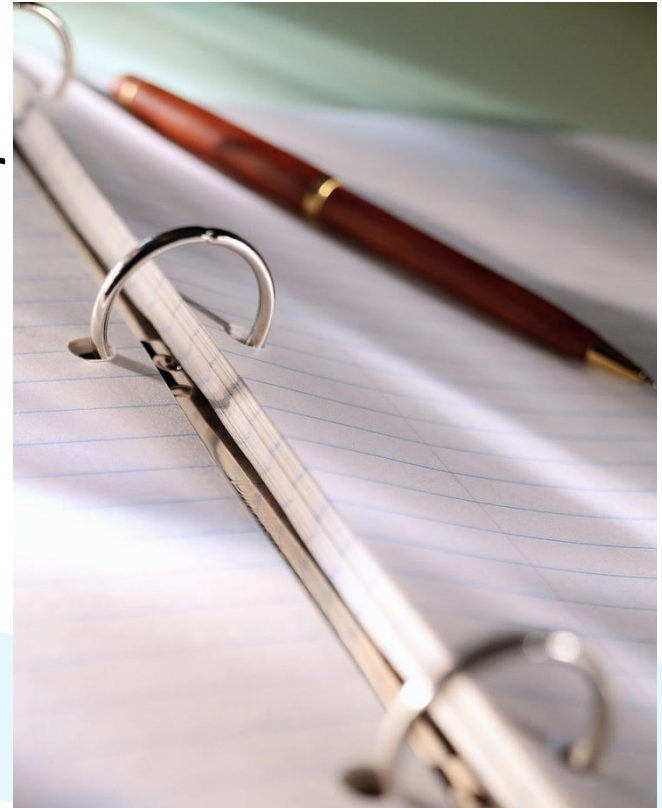


Liability

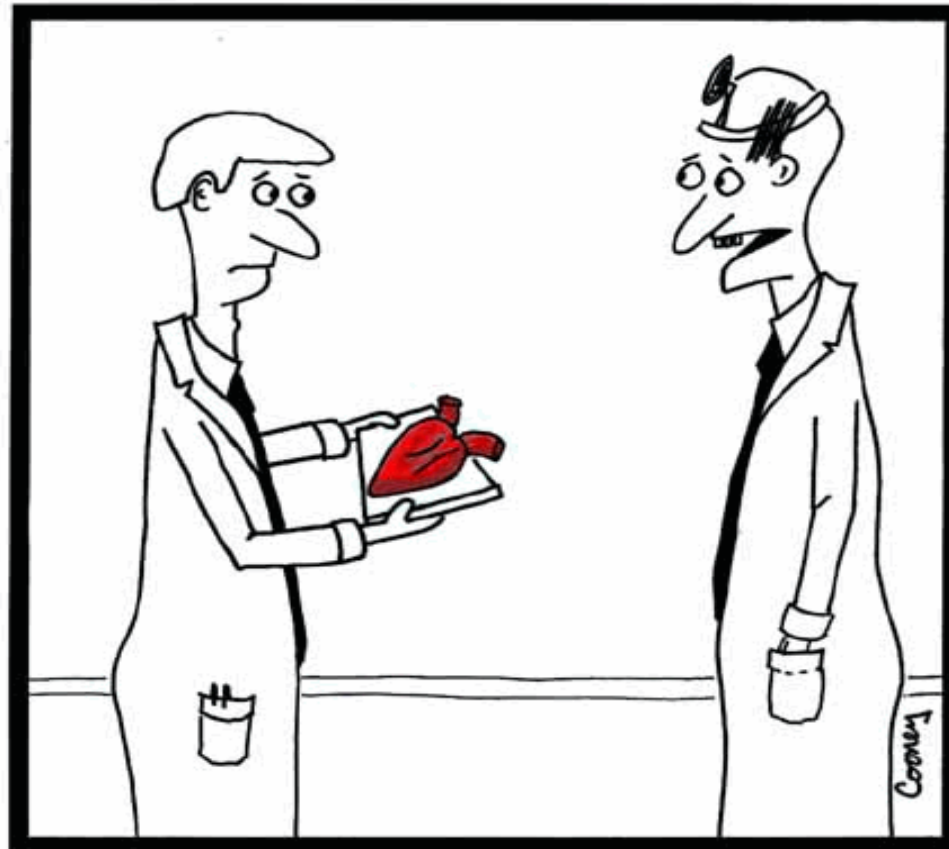
Each NHS Acute Division has two forms of liability in Negligence:

- Direct liability, i.e. the employer itself is at fault
- Vicarious liability or indirect liability

The employer will usually only support the employee if they have practiced within local policies and procedures.



If in doubt.....ASK!



"Just so you know for next time, when we do a biopsy we only take a tiny piece."