

# Addressing the challenges of recruitment – A management perspective

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# Acknowledgements and declarations

- Grateful thanks to Samara-Lee Pillay for her help in providing information for this presentation
- No conflicts to declare
- I do declare that I don't have the answers to this difficult situation

# Why me?

- Vested interest as a service lead and integrated care system advisor
- Want to see more advanced and consultant ultrasound practitioners
- Advisor to HEE / NHSE since 2015
- Ultrasound nerd.....

# Presentation aims

- Overview of current climate
- Regulation – does it matter?
- Brief review of the career progression framework for sonographers
- Who / what is CASE?
- Challenges that face employers
- Challenges that face employees
- Next Steps

## By stipulating standard of registration / accreditation, what are we trying to achieve?

- Consistency in standards across education & training for sonographers
- Sonographers who can not only function in a clinical setting but who have clinical reasoning skills. They have to make decisions about their observations, amend their clinical practice, interpret their findings, communicate findings and **offer advice, management guidance, or onward referral independent of radiologists or clinicians**

### Why?

To deliver a service that meets the needs of the **patients and referrers** in the UK

## Service needs

The use of unqualified staff can be detrimental, leading to diagnostic inaccuracy and potentially significant medico-legal consequences. **Ultrasound scans must be performed by qualified, properly trained personnel**, to reduce the risk of misdiagnosis (BMUS, 2003)

SoR and BMUS (2021) note that due to the operator-dependant nature of ultrasound scanning, the misinterpretation of ultrasound images is a significant risk in ultrasound diagnosis. **To minimise the risk of misinterpretation it is imperative that the sonographer has proper training** in order to achieve the core levels of clinical knowledge, technical skill and knowledge of the equipment.

# Service needs

Healthcare systems can only function well when they have sufficient, well-trained, and equitably distributed health workers, who are competent, responsive, motivated, and productive (WHO, 2023).

**A key challenge to consider is that there is no unified comparative list of ultrasound qualifications across different territories.** However, there is an appreciation that globally clinical practice, education, and training varies from country to country and may be grossly different from / similar to the UK (NHS Employers, 2022)

## Perceptions

I felt different from  
the start.....

The life of non-CASE  
accredited qualification  
holder is .. difficult .....,  
making us feel more and  
more marginalised in the  
UK



## Inadvertent discrimination

- Institutional discrimination refers to prejudicial practices and policies within institutions that result in the systematic denial of resources and opportunities to members of subordinate groups.
- The Equality Act 2010 states that it is unlawful to directly discriminate against an individual by treating them less favourably because of their protected characteristics, such as race/nationality, in this case region of training which is indirectly linked to race and nationality.

# UK Perceptions

## Key roles of UK sonographers

Vetting & Justification

Image Interpretation

Report writing

Communicating results to patients and referrers

Providing management advice

Requesting appropriate further imaging

Medicine control and administration

## Key difference for UK sonographers



**Practice independent of radiologists & second reporting**

## Do we have a need?

- Yes! We don't have enough to deliver the current and future service
- Vacancy rates for sonographers of up to 18% in the NHS and is not improving
- The Diagnostics: Recovery and Renewal report (2020) for England identified radiography and radiologists as a workforce gap
- Role of sonographer has been on the Migration Advisory Committee's (MAC) shortage occupations list for the UK since **2005**

## MAC and sonography

The inclusion of the job title 'Sonographer' on the shortage occupations list highlights two key points.

- Firstly, the government formally and explicitly recognises the category of worker and the job title.
- Secondly the government explicitly recognises the shortage of sonographers.

# So what is all the fuss about?

Statutory Registration

Safeguards patients

Safeguards employees

Safeguards employers

Provides career long opportunities for practitioners

**Recognises sonography as an independent profession**

# Professional healthcare regulation in the UK explained

## What is professional regulation?

- Ask yourself: how do I know my doctor is up-to-date with all the latest developments in medicine? Who makes sure that the optician carrying out my eyesight tests knows what they are doing? Who sets the standards and codes of practice that healthcare professionals need to follow?
- Regulation is simply a way to make sure that healthcare professionals are safe to practise and remain safe to practise throughout their career, but it is far from simple itself. It is designed to protect us by limiting the risks we may face when receiving treatment.

# Who is regulated and who decides who is regulated?

- Why is a hearing aid dispenser regulated, but an audiologist (hearing therapist) not? Why is an arts therapist regulated, but a play therapist not?
- This is not an easy question to answer – professional regulation has evolved over centuries, some regulated professions have grown out of medieval guilds, whereas others have been regulated where a new profession emerges, and a risk associated with it is identified.

**BMUS, CASE, SCOR have been appealing for sonographer regulation since 2008 (and probably quite a long time before this!)**



## Executive Summary

1.7 Having considered the evidence available, we have concluded that there is currently not a clear case for immediate statutory regulation of sonographers as a separate profession in England. **Statutory regulation is already mitigating risks due to the fact that the majority of those practising as sonographers are already regulated in other professional roles.**

Additionally, all diagnostic and screening services are required to be registered with the CQC in England.



## Executive Summary

1.9 However, we consider that statutory regulation would need to be considered in future, **if the changes to routes entry to the profession** and to the practice of sonography identified in our report materialise. This includes any significant increase in the number entering the role through the undergraduate route and increased vulnerability and complexity of patients undergoing ultrasound procedures.



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### Parents warned against 'boutique' scanning unborn babies

By JENNY HOPE FOR THE DAILY MAIL  
UPDATED: 09:35, 3 February 2010



Parents are being warned to consider the possible risks when collecting keepsake baby scans of their child in the womb.

Experts claim there are concerns about the growing practice of 'boutique' scanning of unborn babies.

But parents should not hesitate to have scans to check the baby's health, concludes the Health Protection Agency.

Such scans are justifiable and safe, says its independent advisory group which assessed the evidence for any possible ill effects.

## Souvenir scans 'should be banned in first ten weeks of pregnancy': Ultrasound used to capture photos could expose foetus to unknown risks



- Royal College of Obstetricians and Gynaecologists rules again
- Some clinics are offering keepsake images from as early as six weeks
- Advice says early-stage scans should not be done without medical justification
- Slight heating effect produced by ultrasound is one subtle side effect
- Colour and pulsed wave Doppler scans have such intensity and duration that they are not recommended at all during first 10 weeks

By JENNY HOPE MEDICAL CORRESPONDENT FOR THE DAILY MAIL

UPDATED: 08:03, 13 March 2015

Potential risks of ultrasound order to get baby's head

## EXCLUSIVE - The picture that reveals heartbreaking truth behind private baby scans: Mother's one-day-old daughter died in her arms after she fell victim to high street clinics that fail to spot fatal foetal problems, misdiagnose miscarriages and predict wrong gender

- One in three private clinics failing to meet care standards, Daily Mail can reveal
- Women seeking reassurance opting for private scans before routine NHS ones
- \* Have you been failed by a scan clinic? Email: mark.duell@dailymail.co.uk \*

By RICHARD MARSDEN and ALICE WRIGHT FOR THE DAILY MAIL  
PUBLISHED: 10:10, 00 March 2023 | UPDATED: 10:01, 00 March 2023



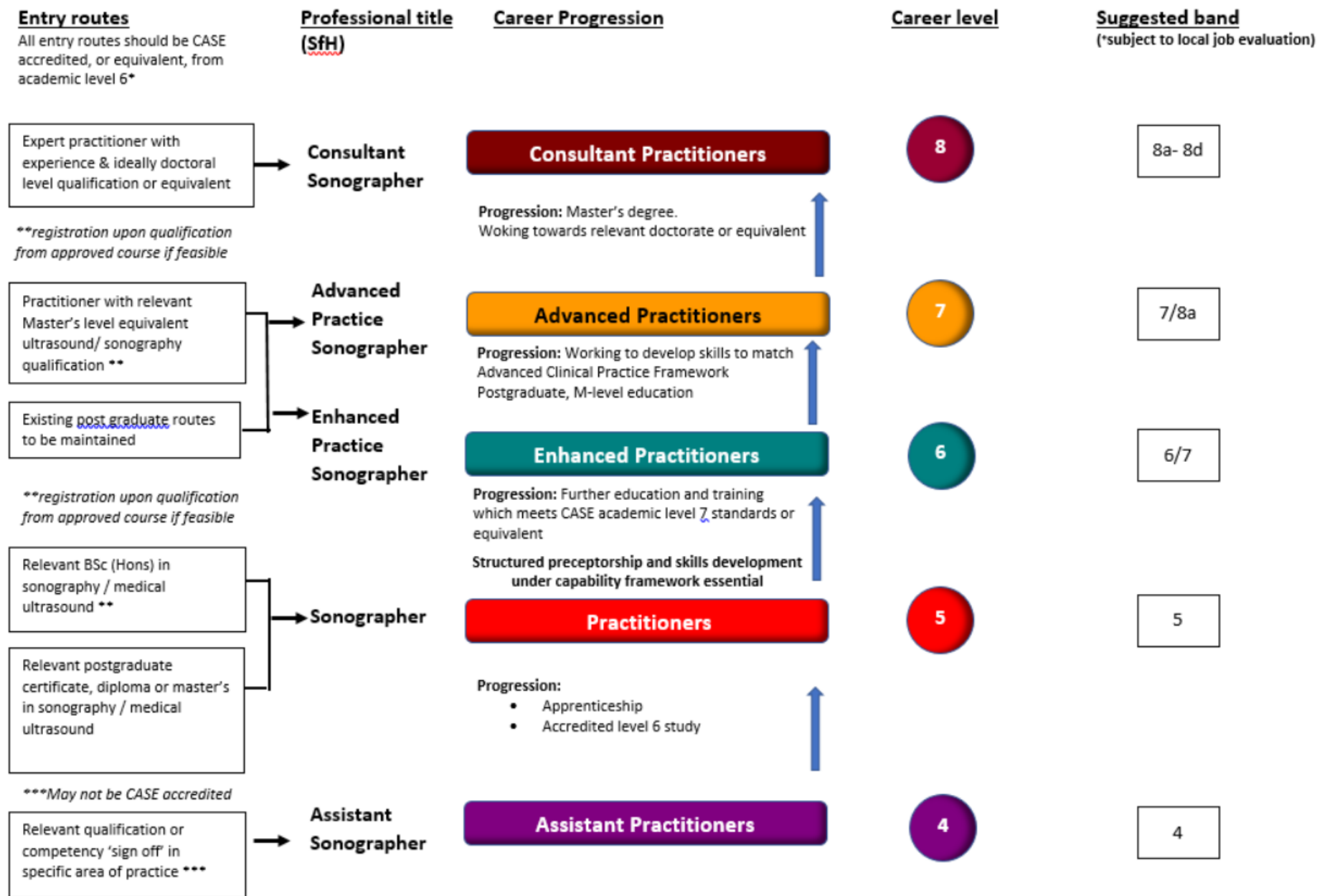
Horton and Jones unlawfully operated the business in Ellesmere Port, Cheshire, between August and November 2020 as a franchise of a small brand called Precious Glimpse

**Remarkable people.**  
**Extraordinary place.**



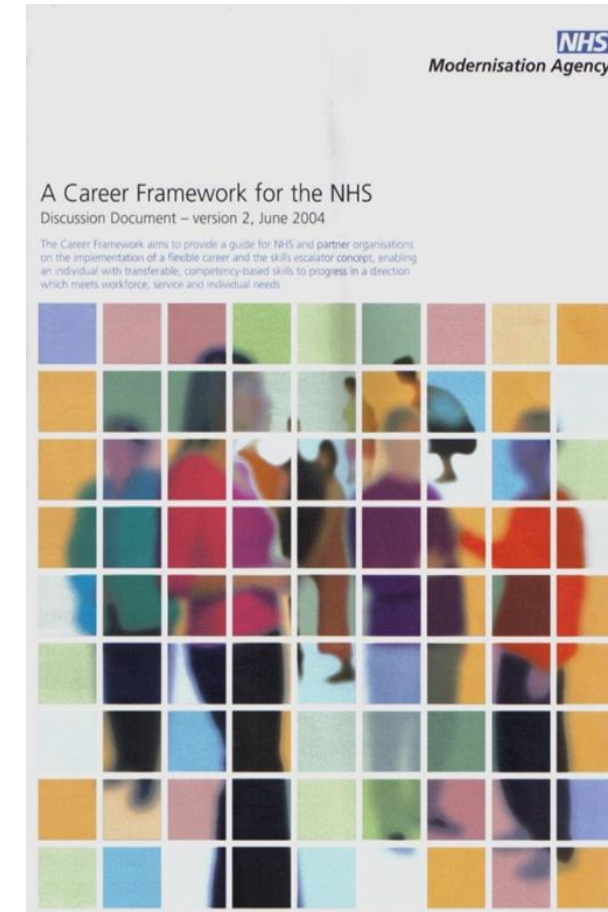
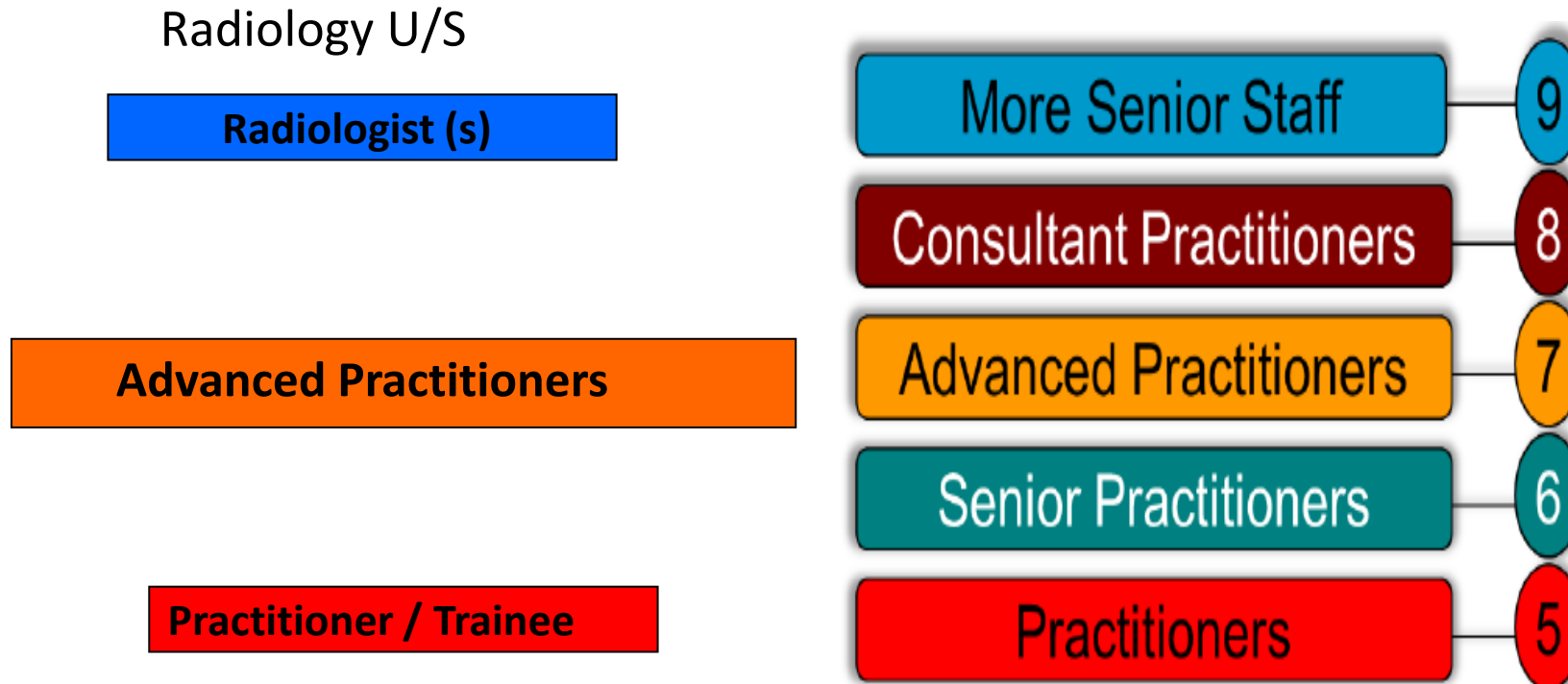
The court heard inspectors called to the premises found 12 women had been for scans despite former airline worker Horton (right) not having completed her training. Neither she nor Jones (left) had any medical experience

Outline Career and Progression Framework – Final V4. Updated March 2023

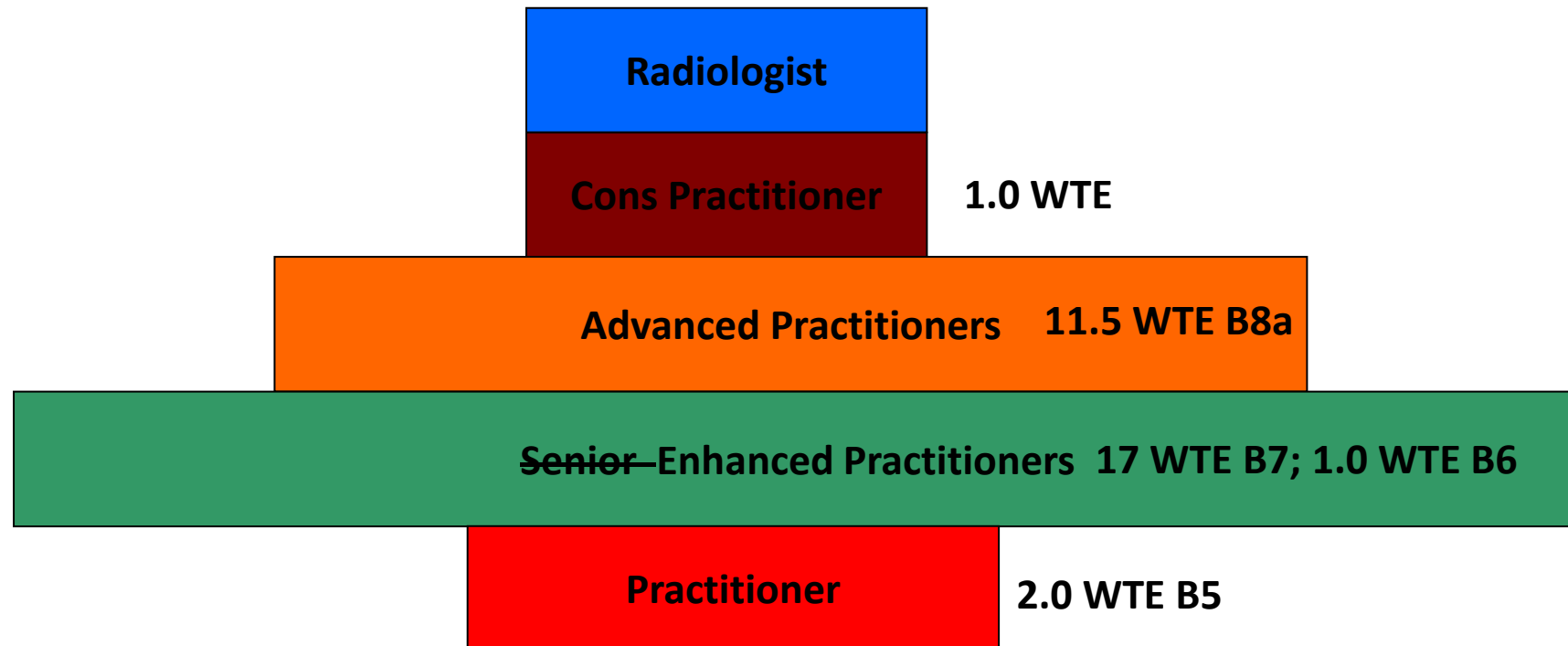


\* Entry routes into sonography should be CASE equivalent i.e. the education and learning outcomes should meet CASE learning outcomes for the relevant academic level of study. See explanatory narrative for further details for non-CASE accredited awards.

# The Previous Structure - ~2008



# The Developing Career Structure



# Regulation and the career ladder



**Remarkable people.**  
**Extraordinary place.**



# Challenges to climbing that ladder



- REGULATION!
- Senior roles often include referral for alternative imaging, the use of contrast, injecting medication



# Challenges



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## Guidance for non-medical referrers to radiology

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**UPDATED 16 November 2022**

This position statement was revised on 16 November 2022 and published in BJR

<https://doi.org/10.1259/bjr.20220749>

### Who can be a Non-Medical Referrer (NMR)?

An NMR must be a registered health care professional. I.e., they must be a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(a).



## Guidance

# Patient group directions: who can use them

Updated 4 December 2017

### Contents

[Who can supply or administer under a PGD](#)

[Legal requirements](#)

[Medicines you can supply under a PGD](#)

Patient group directions (PGDs) are written instructions to help you supply or administer medicines to patients, usually in planned circumstances. They take a significant amount of time and resource to develop and implement.

You can only supply and or administer medicines under PGDs if there is an advantage for the patient without compromising their safety.

# Who can supply or administer under a PGD

You can do this if you are a qualified healthcare professional. These are::

- chiropodists and podiatrists
- dental hygienists
- dental therapists
- dieticians
- midwives
- nurses
- occupational therapists
- optometrists
- orthoptists
- orthotists and prosthetists
- paramedics
- pharmacists
- physiotherapists
- radiographers
- speech and language therapists

**Sonographers as an independent profession are not included**

### Entry routes

All entry routes should be CASE accredited, or equivalent, from academic level 6\*

### Professional title (SfH)

### Career Progression

### Career level

Su (\*st)

Expert practitioner with experience & ideally doctoral level qualification or equivalent

*\*\*registration upon qualification from approved course if feasible*

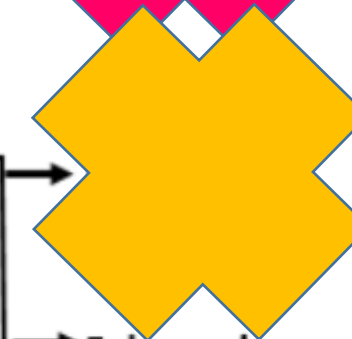
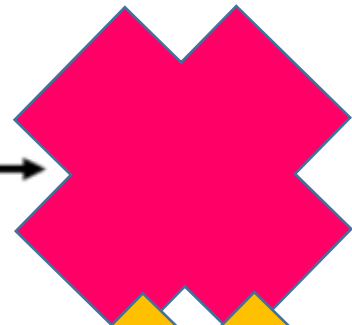
Practitioner with relevant Master's level equivalent ultrasound/ sonography qualification \*\*

Existing post graduate routes to be maintained

*\*\*registration upon qualification from approved course if feasible*

Relevant BSc (Hons) in sonography / medical ultrasound \*\*

Relevant postgraduate certificate, diploma or master's in sonography / medical ultrasound



Enhanced Practice Sonographer

Sonographer

**Consultant Practitioners**

Progression: Master's degree.  
Working towards relevant doctorate or equivalent

**Advanced Practitioners**

Progression: Working to develop skills to match Advanced Clinical Practice Framework  
Postgraduate, M-level education

**Enhanced Practitioners**

Progression: Further education and training which meets CASE academic level 7 standards or equivalent

Structured preceptorship and skills development under capability framework essential

**Practitioners**

- Progression:
- Apprenticeship
  - Accredited level 6 study



# Setting standards – scope of practice

The HCPC describes a scope of practice as:

*The limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role*

15 core components – as a radiographer, the role specific relate to:

- Ionising and non-ionising radiation
- Needs of patients undergoing imaging
- Provide information about imaging processes to patients and other healthcare providers

## Setting standards – scope of practice

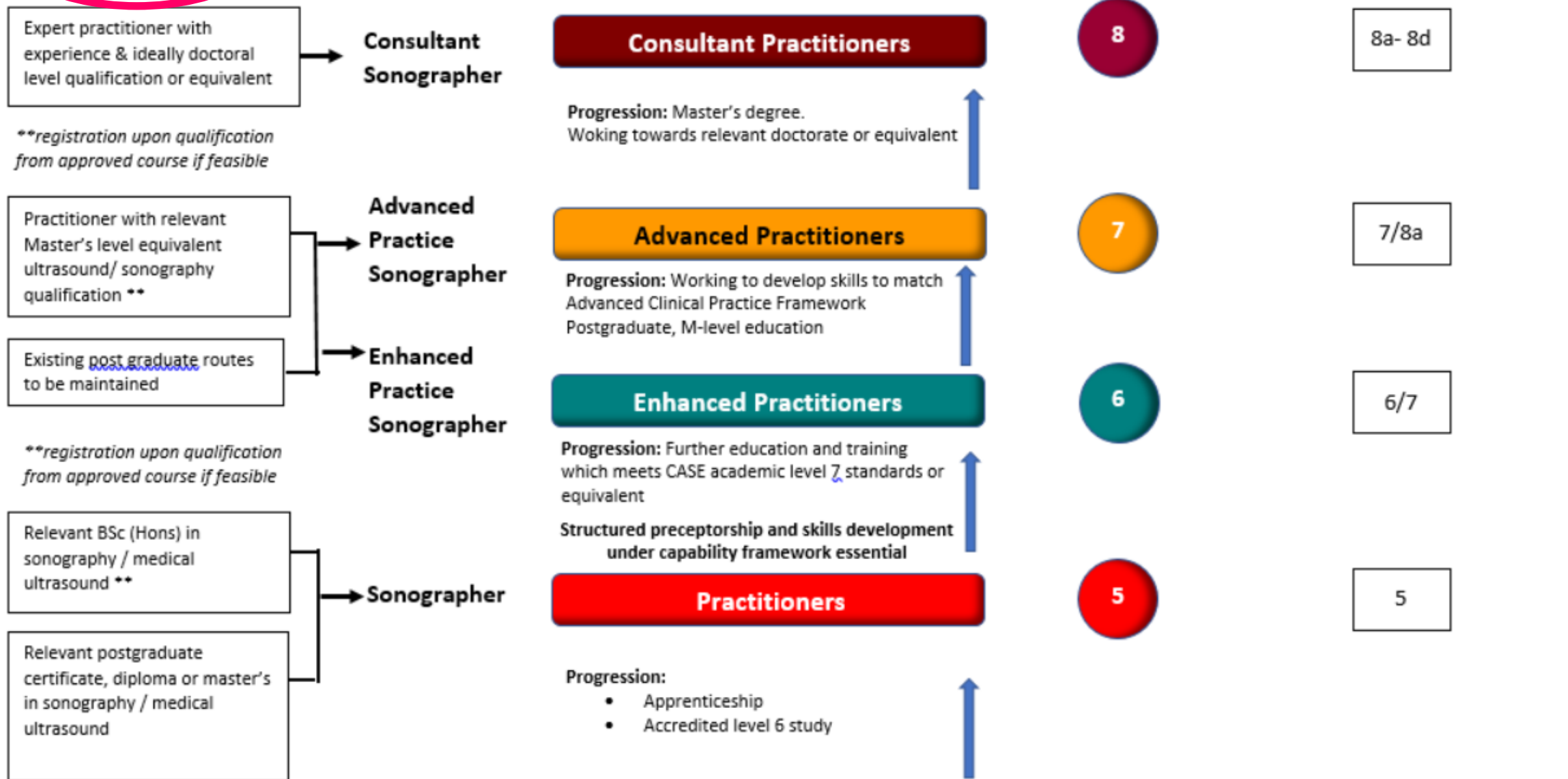
Holding statutory regulation with HCPC, (or GMC, NMC) does not infer competence to practice in ultrasound imaging

For that, an employer needs to have evidence of ultrasound training that meets their service needs

Outline Career and Progression Framework – Final V4. Updated March 2023

**Entry routes**

All entry routes should be CASE accredited, or equivalent, from academic level 6\*



<http://www.case-uk.org/>





## CASE



*To be the provider of choice for advice on the development and delivery of ultrasound education and training and to be the only recognised accreditor for ultrasound courses.*

- Promote best ultrasound practise through the accreditation of training programmes
- Annual monitoring of accredited course
- Identifies current and future needs of service providers with respect to ultrasound education
- Advise on education and training to meet the changing service and workforce needs

# The role of CASE



- CASE does reject
  - Courses with insufficient supervision
  - Courses with insufficient clinical competency assessment
- CASE accreditation can be lost (and has been by providers)

# Service needs -- Fetal Anomaly screening programme

<https://www.gov.uk/government/publications/fetal-anomaly-screening-programme-handbook/education-and-training>

## 1.4 Ultrasound practitioners

Any ultrasound practitioner performing NHS FASP screening or diagnostic ultrasound scans should hold, as a minimum, one of the following:

Certificate or Diploma in Medical Ultrasound (CMU/DMU) of the College of Radiographers (CoR)

Post Graduate Certificate in Medical Ultrasound (PgCert) approved and validated by a higher institute of education and accredited by the Consortium for the Accreditation of Sonographic Education (CASE) or equivalent; the qualification should be relevant to obstetric ultrasound practice

# Non-CASE accredited ultrasound programmes

Overseas applicants

- **Qualifications**
- UK ENIC is a government body that will let you know the UK equivalent of your overseas qualifications. A UK employer or university may ask you for a UK ENIC statement or certificate; there is a fee involved but UK employers and universities will usually accept the statement as proof of your level of qualification

Qualification alone does not infer clinical competence equivalent to the known CASE accredited course standard

# Non-CASE accredited ultrasound programmes

## **CASE Position:**

It is not within the remit of CASE to comment on 'equivalence' of non-CASE accredited programmes or individual practitioner's qualifications.

As ultrasound is not a registered profession in the UK, the ultimate responsibility for assessing the equivalence of an award held by any employee, and ensuring that the knowledge, skills, and competence of sonographers are appropriate for UK practice, resides with the employer. This applies to any sonographer with or without a CASE accredited award and regardless of the country of qualification.

## Advice for employers

1. Read the CASE advice : <http://www.case-uk.org/information/position-statements/case-equivalence/>
2. Let's start to collaborate – ease the burden for employers and for prospective employees
3. Share knowledge of non-CASE accredited education – does it meet any CASE learning outcomes? Is there adequate clinical competency assessment
4. Implement pre-recruitment competency assessment for ALL candidates – can they scan appropriately?, can they interpret images? Can they draft a report?
5. Lobby your NHSE/NHSS colleagues. Workforce shortages are not diminishing. If overseas recruitment is the answer then ask them to help us and the prospective employees

# Advice for prospective employees

1. Read the CASE advice : <http://www.case-uk.org/information/position-statements/case-equivalence/>
2. Let's start to collaborate – ease the burden for employers and for prospective employees
3. Share knowledge of non-CASE accredited education – does it meet any CASE learning outcomes? Is there adequate clinical competency assessment
4. Have a portfolio of your experience, training and CPD
5. Identify your own learning needs and be open to additional training
6. Lobby your NHSE/NHSS colleagues. Workforce shortages are not diminishing. If overseas recruitment is the answer then ask them to help us and the prospective employees

## Next Steps

- We need access to equivalence assessment so that gaps can be identified
- We need post grad programmes / portfolio development support that help fill those gaps, not just for non-CASE accredited practitioners but for the new graduate sonographers of the future
- We need sonography to be recognised beyond the MAC
- We urge the government to commission the PSA to review the profession of sonography



## Next Steps

- Importantly – I urge you all to collaborate, work together and reduce the blame game. Overseas recruitment is as new to employers as it is to employees. Be tolerant and be kind

# For the female mountaineering pioneers, it was an uphill struggle

In the early days of mountaineering, women shunned skirts and social norms to reach some of the highest peaks.



Thank you for your attention.

Any Questions?