

The logo for the British Medical Ultrasound Society (BMUS) is displayed in a white rectangular box. It consists of the letters 'BMUS' in a blue serif font, followed by a stylized blue icon of two curved lines representing sound waves.

BMUS 

Combined Guidance for the Safe Use of Medical Ultrasound

Produced by the British Medical Ultrasound Society



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Introduction

Ultrasound has evolved over the years with more individuals entering the sonography profession from non-traditional routes. This leads to disparities in training standards, reporting standards and working expectations, especially where individuals may be newly transitioning into a UK-based healthcare system. This document aims to be a quick and easy reference document, bringing together the relevant documentation and webpage links, as a practice resource to ensure ultrasound departments are adhering to relevant guidance and promotion of the safe use of ultrasound. Whilst this document is extensive, it is not exhaustive, and it is recognised that there may be other pertinent documentation that have not been included.

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Considerations for Non-Registered Staff and Individuals without a CASE Accredited Education Award

It is well established that demand for ultrasound is increasing, with annual growth predicted to be around 4%¹ for non-obstetric ultrasound alone. Demand has outstripped current workforce capacity with reported vacancy rates at, on average, 25% for both sonographers and radiologists in most departments². Radiology departments therefore find themselves becoming innovative with recruitment, developing new and non-traditional training regimes to make sonography training more accessible to a wider range of individuals with a wider range of backgrounds.

Traditionally sonographers would have trained for three years as a radiographer then undertaken an additional postgraduate certificate/diploma to practice ultrasound. The recruitment pool was narrow and resulted in individuals being recruited from a workforce which within itself was already depleted. Apprenticeships, sonography undergraduate degrees and direct entry postgraduate certificate/diploma/master's courses are now available. There are also a range of professions now involved in service provision either as fully fledged sonographers or using point of care ultrasound.

Development of such training routes has added a well needed diversity of individuals into the workforce mix and has allowed for better flow for recruitment. The advent of recruiting non-registered individuals into the profession and a lack of protected professional title has caused significant unrest when considering professional accountability, professional standards and patient safety. Employment of unregulated individuals also poses problems with access to CPD funding, CQC registration and ongoing training³.

Under regulation 19 of Health and Social Care Act 2008 and to achieve CQC registration "providers must have a process to check that staff have appropriate and current registration with a professional regulator or, where applicable, an accredited voluntary register"⁴. It is therefore recommended that individuals who are not eligible for statutory regulation register with the Register of Clinical Technologists (RCT). The RCT is accredited by the Professional Standards Authority (PSA), which set standards surrounding governance, education and training.

Link to RCT registration: <https://therct.org.uk/directory/>

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In the UK, CASE sets out the standards required for sonography education. However, there is an increasing number of educational courses available to individuals that are not CASE accredited within the UK. Overseas trained sonographers also do not hold CASE accredited awards. BMUS have co-produced documentation with the SOR to provide employers with advice when recruiting individuals without a CASE accredited award:

Recruitment of sonographers without a CASE accredited award: Guidance for employers

[2024.09.06 Non-CASE accredited US recruitment FINAL.pdf](#)

International recruitment

As aforementioned, ongoing recruitment and retention problems see UK-based healthcare systems looking to our overseas colleagues for support. It is paramount to recognise however that UK-based healthcare systems and overseas healthcare systems differ both educationally and operationally. Overseas trained individuals therefore require additional personal and professional support to integrate into a UK-based healthcare system.

The ***NHS international recruitment toolkit*** helps to outline all key considerations required to support employment of international recruits, including cost considerations, information regarding relocation packages, use of external employment agencies and what personal/pastoral support should be provided:

[NHS International recruitment toolkit \(24.03.25\) 2.pdf](#)

This documentation should be considered with the ***NHS international retention toolkit*** which outlines considerations to help internationally recruited staff integrate and want to stay and flourish within the NHS:

[International Retention Toolkit | NHS Employers](#)

The ***Code of practice for the international recruitment of health and social care personnel in England*** has been written to ensure that international recruitment is ethical and transparent by setting out best practice for employers and providing reassurance to overseas persons that they will be given ongoing support whilst working in the UK. It also outlines countries from which active recruitment is not permitted:

[Code of practice for the international recruitment of health and social care personnel in England - GOV.UK](#)

The ***NHS England Allied health professionals quick guide to international recruitment*** document provides good practice examples and provides information for organisations and managers about the differences in registration and process across AHPs:

[AHP - Quick guide to internati.pdf](#)

Supporting new starters, newly qualified staff and staff undertaking additional training

It is well-established that having clear and defined career progression is important for any career to improve staff retention, morale, engagement and talent recruitment whilst promoting continual innovation. Whilst transitioning through these levels of career progression there should be an ongoing system of structured support to help an individual transition and build confidence within their new role, which is also known as a preceptorship. Historically sonographer and generally AHP career structure was flat. However in the past decade there has been increasing numbers of consultant practitioners and opportunity for support staff to undertake additional training to become registered practitioners.

To facilitate the optimum training environment, there is guidance for those in a practice educator role who are supporting sonographers in training

[Ultrasound Practice Educator Guidance | SoR](#)

The ***Career Progression Framework*** has been produced by BMUS to demonstrate how a model ultrasound department may look from career level four through to career level 8 practitioners, outlining what their roles, scope of practice and education requirements may be:

[CPF_March_2023.pdf](#)

The SoR have also produced ***Guidance and Recommendations for Running an Effective, High-Quality Obstetric Ultrasound Service and Supporting Obstetric Sonographer Career Development***, a document supporting career development within obstetric departments:

[Obstetric-ultrasound-service-and-supporting-obstetric-sonographer-career-development](#)

Successful preceptorship requires a structured and individualised formalised programme with defined goals and continued feedback within specific timeframes. A well performed preceptorship has multiple benefits, including improved confidence, competence and professional identity, to name a few. Preceptorship has been well-deep-rooted in nursing professions however has been until recently less commonplace in sonographer. BMUS have produced the ***Preceptorship and capability framework*** to provide teams and management guidance on how to structure a preceptorship specifically to sonography careers:

[Preceptorship and Capability Development Framework for Sonographers.v5 002.pdf](#)

Continued Professional Development (CPD)

CPD is paramount to any role in public health and is a requirement to maintain registration with the HCPC. CPD promotes life-long learning, improving competence and knowledge to promote high quality care.

There is currently no stipulated amount of time that should be given within an individual's job plan however on the basis that nurses are required to perform 35 hours across 3 years to be able to revalidate⁵, this should arguably be the minimum standard. This does however remain at the discretion of the departmental manager.

The HCPC has produced a few webpages for how best to support staff with performing, recording, maintaining CPD records and how to support those who have been selected for audit. ***CPD: how to support your employees:***

[CPD: how to support your employees | The HCPC](#)

Funding availability for CPD is variable and difficult to access for non-registered staff. However, NHS England allocates £1000 per registered AHP every 3 years, which can be accessed through local training hubs or through the education/workforce development team. With the disbanding of HEE, NHS England now holds the responsibility for tariffs and approving funding for training within the NHS. NHS England will pay tuition fees, salary support, student support and library/knowledge services to some professions. Commissioning and funding support for educational routes can be found below:

[NHS England » NHS education funding guide: 2024 – 2025 financial year?](#)

CPD comes in many formats, not all of which are monetary or time consuming.

Radiology Education and Learning Meetings (REALM) are an excellent form of CPD in which cases are anonymous but allow for discussions around discrepant cases and share examples of best practice. Frequency of meetings, meeting structure and recording of information are ultimately down to departmental discretion however the RCR have set out ***standards for radiology events and learning meetings*** and BMUS have also produced a peer review audit tool to provide guidance on how meetings could potentially be arranged.

[Standards for radiology events and learning meetings | The Royal College of Radiologists.](#)

[BMUS Recommended Audit Tool | BMUS](#)

Clinical supervision is well known in the medical profession however less determined within AHP settings. There are many different supervision models and model applicability will be dependent on individual teams and organisational structure. The ***Clinical Supervision Models*** NHS employers webpage outlines all available models:

[Clinical supervision models | NHS Employers](#)

Free CPD courses are available through e-Learning for Healthcare or the NHS FutureLearn platform:

[Programmes - elearning for healthcare](#)

Learning Hub [Catalogue](#)

Supporting Good Practice

Any ultrasound department should be invested in setting up and maintaining a high quality ultrasound provision. The College of Radiographers and Royal College of Radiologists have produced documentation outlining the minimum expectations of an imaging service. The guidance allows services to review their performance and develop where needed to continually improve patient experience and outcome.

Quality Standard for Imaging focus on areas including information and support for patients/carers, imaging workforce, facilities and equipment, protocols and guidelines, clinical safety, service organisation, liaising with other services and governance alongside some ultrasound service specific quality statements such as prevention of MSK related disorders, ultrasound specific training and special provisions for paediatric services:

[Quality Standard for Imaging \(QSI\) | The Royal College of Radiologists](#)

Standards for the Provision of an Ultrasound Service focus on some overlapping areas but provide more information on delivery of the highest quality ultrasound service. Considerations covered include equipment, training and education, guidelines, reporting, image storage and auditing of practice/report quality:

[Standards for the provision of an ultrasound service | The Royal College of Radiologists](#)

Guidelines for professional ultrasound practice cover other areas not covered in the two aforementioned documents. This includes, but not limited to , safety of medical ultrasound, equipment disinfection, examination times, different types of examination and obstetric ultrasound:

[2025 SoR and BMUS guidelines v1.0 .pdf](#)

Image interpretation and report writing are an integral part of the sonographer role. In line with the RCR **Standards for Interpretation and Reporting of Imaging Investigations** reports should be actionable, incorporate previous imaging, provide forward management where appropriate and communicate findings concisely to referrers:

[Standards for interpretation and reporting of imaging investigations, Second edition | The Royal College of Radiologists](#)

The SoR have also produced documentation to set out requirements to practice paediatric ultrasound:

[Recommendations-for-education-and-training-of-specialist-paediatric-sonographers D1-6](#)

Clinical practice guidance

All ultrasound users should advocate for the best clinical practice in line with the most current clinical evidence. Whilst local protocols are dependent on service delivery capabilities and local service design, there

are many guidance's that all ultrasound services should strive to work towards. Clinical practice guidelines should also be considered in line with NICE, other European guidance and current evidence relevant to best practice. BMUS have produced a wealth of documentation on their webpage to help support ultrasound services. There are also clinical practice guidelines specific to each body systems; including urology, gynaecology and hepatology. It is beyond the scope of this document to produce an exhaustive list of guidance and it does not cover all guidance available, however may help with providing some healthy suggestions, as listed below.

General Medicine and Gynaecology (including paediatrics)

[Guidance Pages | BMUS](#)

[Clinical Protocols | BMUS](#)

[Site search | RCOG Ultrasound](#)

[Guidelines for Professional Ultrasound Practice | BMUS](#)

[Justification of Referrals in Primary Care | BMUS](#)

[Incidental Findings on General Medical Ultrasound Examinations: Management and Diagnostic Pathways Guidance | BMUS](#)

Contrast Enhanced Ultrasound

[Guidelines & Recommendations – ENGLISH VERSIONS – EFSUMB](#)

Obstetrics

[Fetal Measurements | BMUS](#)

[Fetal anomaly screening programme handbook - GOV.UK](#)

ISUOG [Practice Guidelines](#)

There also is a wealth of learning resources available on the e-learning for health webpage which are free to access, with around 50 educational sessions dedicated to Ultrasound topics written by expert subject specialists in areas including Abdominal, Gynaecological, Men's Health, Vascular, Musculoskeletal and Head and Neck ultrasound.

[Clinical Imaging - elearning for healthcare](#)

MSK lumps & bumps

[Guidelines for the interpretation and reporting of diagnostic US scanning in STMs.pdf](#)

[BMUS USGI Guidelines 2023 FINAL he-edit.pdf](#)

<https://www.thieme-connect.de/products/ejournals/pdf/10.1055/s-0033-1335143.pdf?cooperation=iZ9gUaka1rsYPrjYhfQA8faScW7cUL6pV2VvdeQy>

Vascular

[The College and Society for Clinical Vascular Science | The College and Society for Clinical Vascular Science](#)

Head and Neck

<https://www.thieme-connect.com/products/ejournals/pdf/10.1055/a-1922-6778.pdf>

https://efsumb.org/wp-content/uploads/2023/07/ECB2nd_Chapter_HEADKNECK_FULL.pdf

QA of equipment and purchasing of new/refurbished equipment

QA of equipment is a legal requirement as per the Health & Social Care Act and the Provision and Use of Work Equipment Regulations. This states equipment should be suitable for purpose, regularly inspected, properly maintained and that risks are assessed and mitigated; which cannot be achieved ongoing QA.

With increasing demand for ultrasound but no parity in matching of resource there has been an increasing inclination for departments to acquire pre-owned and refurbished ultrasound equipment. There is a lack of regulation in this area. AXREM in collaboration with BMUS and IPEM have published guidelines surrounding the procurement of pre-owned ultrasound equipment, to educate buyers in this area, and the potential to cause harm to patients, rather than to preclude this practice.

[Physics and Safety Statements | BMUS](#)

[Pre-owned Equipment Checklist for Ultrasound Equipment Published to Set Best Practice - AXREM](#)

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4760519/>

[Ultrasound Quality Assurance - Multi-Medix provide a range of QA services](#)

[Abdominal aortic aneurysm screening: ultrasound equipment quality assurance guidance - GOV.UK](#)

Preventing work related MSK disorders in ultrasound

MSK disorders are common amongst sonographers and every effort should be made to reduce the morbidity of work related disorders in ultrasound users. Guidance has been set out regarding equipment, administrative and professional measures that can be employed to help reduce the incidence and impact of work-based MSK disorders.

[NIOSH Publication No. 2006-148, Workplace Solution: Preventing Work-Related Musculoskeletal Disorders in Sonography](#)

[Avoiding work-related musculoskeletal disorders | SoR](#)

https://www.sor.org/getmedia/d25064fe-ad05-42c0-a777-efaca0d2eb35/sor_industrystandards_prevention_musculoskeletal.pdf 1

Promoting safe practice outside of an ultrasound department

In modern day medicine, ultrasound is not always performed within the radiology department setting. This coupled with the fact that ultrasound is not regulated, means that anyone can purchase an ultrasound machine and begin to perform ultrasound examinations. Ideally, individuals who are not traditionally trained (i.e. sonographers and radiologists), should have undertaken a period of training to acquire the knowledge and skills to perform ultrasound safely.

Point of care ultrasound has now become regular practice in emergency and clinic settings. It has a wide range of uses and there will be specific guidance available to each individual use, which are beyond the

scope of this document. The following documentation outline the governance and frameworks needed for good clinical practice relating to point of care ultrasound.

[Recommendations for specialists practising ultrasound independently of radiology departments: Safety, governance and education](#)

[Ultrasound training recommendations for medical and surgical specialties, Second edition](#)

[Guidelines for Professional Diagnostic Ultrasound Practice in Medical Aesthetics | BMUS](#)

Further References:

1. <https://www.england.nhs.uk/wp-content/uploads/2020/10/BM2025Pu-item-5-diagnostics-recovery-and-renewal.pdf>
2. https://www.bmus.org/static/uploads/resources/103216_Axrem_Ultrasound_Manifesto_Final.pdf
3. https://assets.publishing.service.gov.uk/media/5a817482ed915d74e62325b2/Sonography_workforce_review.pdf
4. <https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-19>
5. <https://www.rcn.org.uk/Professional-Development/Revalidation/Continuing-professional-development#:~:text=As%20part%20of%20your%20revalidation,the%20CPD%20you%20have%20undertaken.>

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 and best professional practice, based on published evidence.

BMUS recommendations and guidelines are designed to inform local protocols issued by employers, but are not intended to be inflexible or prescriptive. Therefore, the choice of imaging examination and subsequent management of all patients is ultimately a local decision based on agreed schemes of work, the clinical information provided, and the ultrasound practitioner's professional judgement