

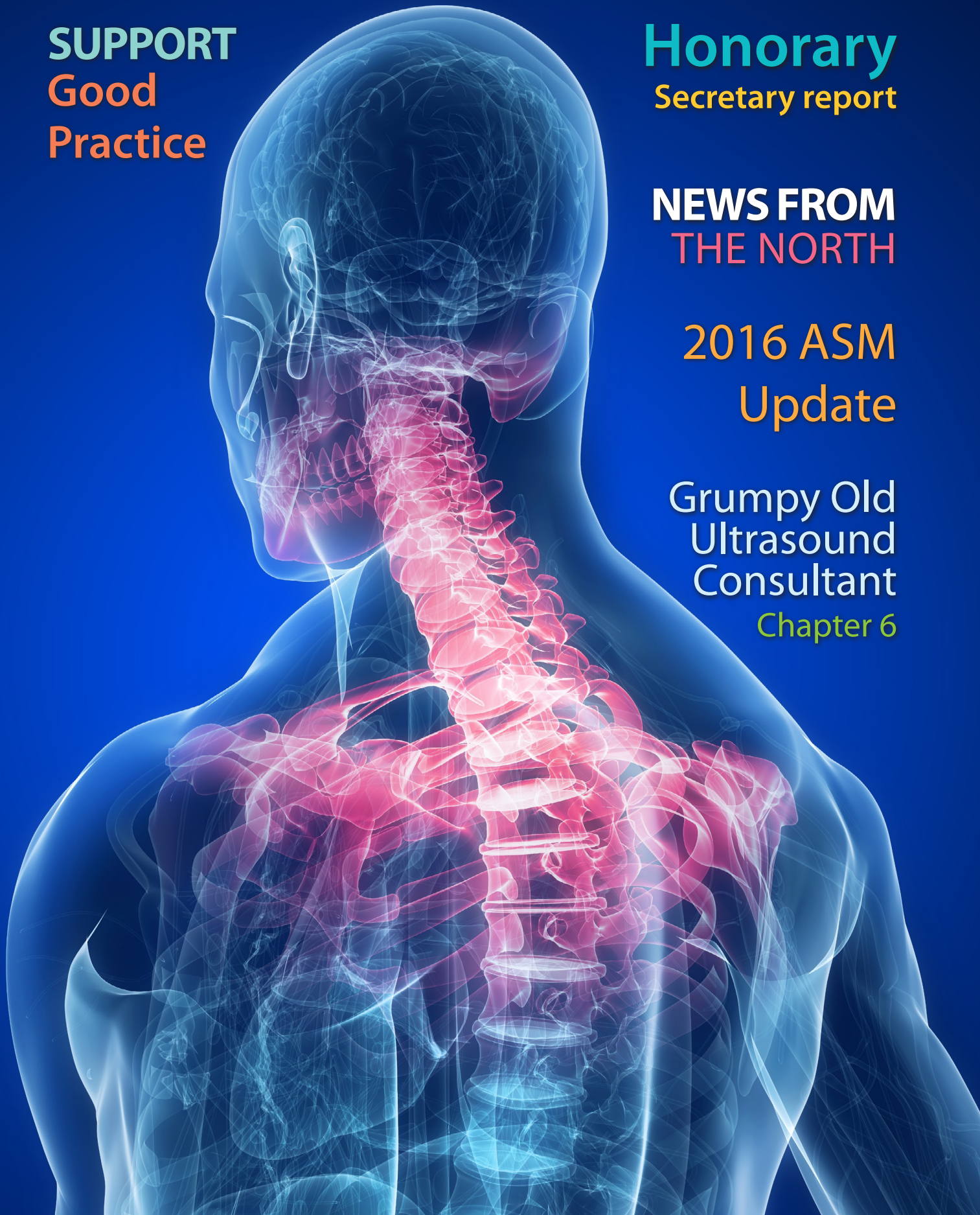
SUPPORT
Good
Practice

Honorary
Secretary report

NEWS FROM
THE NORTH

2016 ASM
Update

Grumpy Old
Ultrasound
Consultant
Chapter 6



Professional Development Officer Report



Making Best Use of BMUS to Support Good Practice

As I'm sure you are aware the last 18 months has been a productive time for the Professional Standards Group of BMUS. Various tools and documents have been developed and published within the BMUS website. These include:

- BMUS Peer Review Audit Tool
- Guidelines for Professional Ultrasound Practice
- BMUS Justification of Referrals in Primary Care

The Guidelines for Professional Ultrasound Practice was developed by a joint working party from the Society and College of Radiographers (SCoR) and the British Medical Ultrasound Society (BMUS). Used in conjunction with the 2015 BMUS document "Recommended Good Practice Guidelines: Justification of Ultrasound Requests" these documents provide support for practitioners and professionals in developing best practice, managing workloads and increasing demands. With a wealth of professional guidance available perhaps you find yourself asking how to go about implementing these within your own clinical service. As a manager of a busy and predominantly sonographer led ultrasound service I certainly have had to take time to contemplate how best to use these tools that BMUS has produced. Whilst my local experience may not reflect your own practice I hope that by outlining how I am implementing some of these documents you may find some top tips which hopefully will help.

Audit Tool

Peer review audit has been an integral aspect of our clinical practice for a number of years and is fully supported by the radiology management team. However, it takes time and as a rough estimate we assume it takes 5 minutes per case to review and score. To ensure that sufficient capacity can be factored into the service the benefits of audit have to be documented to the management team. Our local peer review process is supported by monthly case review meetings at which the results of the peer review cases are discussed. Open discussion with the team of sonographers ensures that learning outcomes are embedded into practice and any discrepant cases are escalated to the governance team. Duty of candour processes have to be considered in discrepant cases. Whilst sonographer are accountable for developing action points from such cases, the responsibility for disseminating results under the Duty of Candour Process is taken by the radiologist clinical leads. Thankfully such cases are small in number and are evidenced by the production of an annual audit report. The development of a comprehensive audit process in our service has underpinned practice development and provided an evidence based quality assessment of our service – perfect for those all-important CQC reports.

Guidelines for Professional Ultrasound Practice

All services require documented schemes of work to ensure practice is delivered to the standard required by the employer. These schemes of work come under a multitude of guises: Standard Operating Procedures (SOP's), protocols, guidelines. Individual services will have developed what best works for you. However, evidencing such documents can be problematic at times and they can often be a list of what Doctor X prefers rather than evidence based and literature reviewed. The joint SCOR/ BMUS document has been developed to give guidance on what the professional experts believe to be good practice. Earlier this year my own service's SOP required review. Using the BMUS document as a reference we have been able to evidence our document and ensure we are delivering best practice for our patient needs. With contracts being recommissioned by the CCG's we can document that we are providing evidence based care – something that sadly no longer goes without saying.

Managing Workload and Justifying Referrals

It feels busy, right? Snowed under with referrals, many of which are questionable? You are not alone. I have recently reviewed my demand data and we are seeing an 11% increase in referrals from our position in May 2015. Do we have an 11% increase in resources? Definitely not; and not through want of trying. That said, even if we had an additional 11% in staffing available could we afford to employ these extra sonographers and support staff? I very much doubt it. With budget constraints across the NHS something has got to give. Commissioned services that makes best use of existing resources, with a consequent evidenced based plan for the real need to expand to meet a realistic demand is key. And it is in your gift to do something about this.

All localities in England have CCG's commissioning services, either with individual private providers, primary care or secondary care Trusts. My advice is to find out who are your contract people, who are the team in dialogue with the commissioners? Find out who chairs the CCG's and who is responsible in their team for commissioning services - and start talking. My local trust of Hull and East Yorkshire Hospitals serves two CCG's. We are fortunate in that they work in close collaboration with a distinct move to centralised commissioned services. Basically this means I can have dialogue with both CCG's at the same time and not have conflict or different service delivery models to contend with.

So what did I do? I started talking to the right people in the right teams. My service cannot continue to provide capacity for referrals with no or inappropriate clinical questions. Reassurance scans need to be justified and US scans to placate patients have to become a thing of the past. We have taken the BMUS Justification of Referrals in Primary Care and sent this around the CCG for comment. Yes, there will be compromise and some local amendments but the BMUS document provided me with a reference document from a reputable professional body from which to start discussions. Ultimately demand may not decrease but the quality of the referrals will improve, enabling sonographers to answer clinical questions posed resulting in an increase in the quality of the service we provide – ultimately improving patient care.

The Next Steps

Thank you for indulging me and allowing me the opportunity to share with you how we in Hull are utilising the BMUS publications within our clinical service. I hope that you can find some top tips to be able to make best use of BMUS within your our clinical practice. There is a great sense of satisfaction in talking with an evidence base to support you. We are all busy and resources scarce but all is not lost.

As always, BMUS welcomes your feedback on all its publications and I am certain my local experiences will be taken into account as we review and revise our documents in the autumn of 2016. We aim to produce documents that support practice and professional development. If you would like to comment or contribute to the development of current and future publications please contact office@bmus.org

Pam Parker
Professional Development Officer

MSK Research Project Survey

Your views are urgently needed on the provision and future provision of musculoskeletal ultrasound and ultrasound guided injections.

Musculoskeletal ultrasound and ultrasound guided injections have traditionally been in the domain of the medical professionals. Growing demand for these services has led to Allied Health professionals training and developing their role to provide a service that is equal to that provided by medical professionals. To ensure that patients do not receive a different or sub standard service that is dependent on whether they are seen by a medical or non medical professional, we are proposing a research project that will, firstly, identify non medical professionals that perform MSK ultrasound, with or without USGI's and the extent of their practice and secondly, we would like to recruit centres willing to participate in a wider study to explore patient satisfaction, experience and outcomes from a non medical professional led service. This would involve handing out questionnaires post scan/injection.

The link to the survey is <https://www.surveymonkey.co.uk/r/MSKUS1>

If you would not like to take part in the study we would be grateful if you would still complete the questionnaire. However if you are willing to participate in the study, there is a space at the end of the questionnaire for you to leave your contact details.

This is an independent study being carried out by :
andrew.longmead@sfh-tr@nhs.uk
a.r.hall@keele.ac.uk
sally.connell@thh.nhs.uk.

This is not an SOR study



News from the North

I am writing this article, 2 days after Britain has voted via the referendum to leave the European Union. How this will affect our economy and NHS funding, within the next few years is difficult to appreciate at this early stage when there is so much political unrest. However, even if Britain has voted to leave Europe, BMUS is still an active member of the European Federation of Societies for Ultrasound in Medicine and Biology (EFSUMB) and Professor Paul Sidhu, the immediate past president of BMUS, is currently President-elect of this august society and will assume its presidency in 2018. Likewise Belinda Gorell, the winner of our BMUS 2015 Young Investigator session, will participate in the Young Investigator session this year in Leipzig in October. We wish her well in her European session. Additionally EFSUMB annually invite national nominations for an original ultrasound paper. The prize is 500 Euro – details and criteria for consideration are given on the EFSUMB website (<http://www.efsumb.org/research/prize-bestpublished.asp>).

So if you have read or published a paper within the last 3 years of high scientific merit and would like the paper to be considered for this prize please contact the Joy in the BMUS office.

BMUS are also proud to announce the reinstatement of the BMUS Pump-Priming grant scheme (<https://www.bmus.org/about-bmus/pump-priming-grant/>). Grants of up to £3K are available to fund early research in any ultrasound-related subject. The closing date for applications is 15th September 2016 and the successful applicants will be announced at this year's ASM in York. Finally, on our BMUS CPD site, we have recently launched our ultrasound physics imaging module – logon to the BMUS CPD site at <https://www.bmus.org/education-and-events/cpd-online/> and enjoy the physics experience!

On the news front, ultrasound is still hitting the national newspapers. Earlier this month, experts at the University of Aberdeen in collaboration with the Ministry of Defence's Science and Technology Laboratory (DSTL) reported the development of new ultrasound technology for scanning the brain on the battlefield. With this technology, the ultrasound image is captured using a movement sensor attached to an ultrasound probe which is used to scan the brain from certain points on the skull where the bone is thinnest. A 3D model of the brain is created which can then be sent to an expert for

diagnosis. The software is designed to guide a medic with only basic ultrasound training to produce as detailed a scan of the brain as possible.

Finally, if you feel your editorial skills are not being fully utilised, BMUS is in search of a deputy editor for its Ultrasound Journal. If you are interested, please contact Kevin Martin via the BMUS office.

Have a lovely summer

Dr Carmel M Moran
BMUS President

Honorary Secretary report

At its inception in 1969, BMUS was mainly led by Physicists dedicated to multi-disciplinary research into the clinical applications of ultrasound. Since then, the use of ultrasound and scope of the Society have broadened to the point where the majority of members are now practitioners. Although approximately 5% of BMUS members remain active Physicists and Engineers advancing the frontiers of ultrasound research, BMUS plays an increasingly important role in setting standards for ultrasound practice and supporting the professional development and training needs of Sonographers and

Radiologists. With BMUS's 50 year anniversary fast approaching, fellow Officers and I have been reviewing the Society's constitution to better describe the activities of the Society, including this change in emphasis.

Proposed changes include rewording the charitable aims of the Society to incorporate activities supporting clinical ultrasound practice. The wording of the Articles of the Society are also being reviewed to reflect greater use of email, internet and the BMUS website for communication. These revisions aim to clarify criteria for student membership, and also simplify aspects of the

running of the Society. Draft documents will be made available for comment via the Members' area of the BMUS website before being examined by legal experts and circulated to members prior to a vote at the next AGM to be held in York this December.

The last BMUS strategy day, held in York in February, provided some excellent ideas for improving the structure and organisation of the Society. We are in the process of embedding these proposals within new Terms of Reference documents for Committee, Special Interest Groups (SIGs), and Job Descriptions of BMUS officials. Again, all of

these documents will be made available for comment via the members' area of the website.

I hope you will agree that these amendments to the constitution are both positive and timely. Our hope is that these refinements to our constitution will hold BMUS in good stead for a further 50 years! Please do take some time to review the draft documents. I realise that the BMUS memorandum and articles are not the most exciting read, but they are of fundamental importance to the operation of the society, and we do appreciate your comments.

Emma Chung
Honorary Secretary

Grumpy Old Ultrasound Consultant

Chapter 6:

Concrete Jungle

My hospital was opened in 1981, a year described by architects as exemplifying the styles of architectural modernism and brutalism. On further investigation I have discovered that this describes the use of concrete for its *“raw and unpretentious honesty, contrasting dramatically with highly refined and ornamented buildings”*. Well I am here to tell you that the designers certainly succeeded in this ambition. The building was constructed as a high-rise concrete monstrosity containing more than a thousand beds. The planners clearly thought that six main lifts would be ample to transport patients, visitors, staff and supplies to the twelve floors that it serves; as several of these lifts are usually out of action at any given moment, the opportunities for moving inpatients to the imaging department (or anywhere else in the hospital) are limited. The ultrasound porters, patients and accompanying ward staff spend many happy contemplative hours waiting for lifts to arrive. Meanwhile the in-patient ultrasound radiologist or sonographer calls upon their preferred stress-management technique to cope with knowledge that so far they have only scanned three patients, it is 4.30 and there are another twelve on the list (as an aside WikiHow recommends that one way of coping with this frustration is to consider it as a “delayed success” rather than a failure).

Although no-one loves ultrasound more than I do, the “advantage” of ultrasound being a portable imaging modality is a mixed blessing, particularly if you suffer from a tendency towards grumpiness. One solution to patient transfer problems is to move the ultrasound to the patient and perform a portable scan. The frustration at the inability to summon a lift can then be transferred to the ultrasound practitioner. This is then further aggravated by the need to move several hundredweight of bedside table,

drip-stands, medical equipment and bed pans from beside the patient before trying to manoeuvre an ultrasound machine, that is more difficult to steer than a supermarket trolley, into position. Add to the mix that there is rarely anyone around help and that the scan is often undertaken in bright light conditions that would shame the Wembley Stadium floodlights with the ultrasound practitioner contorted into a position that would be unachievable for many yoga masters. It can be seen that this is not one of my favourite pastimes and this is why I always delegate this task to a radiology SpR if there is one unlucky enough to be within range. There are times when undertaking a portable ultrasound on a critically unwell patient and making a significant change to their management can be one of the most rewarding parts of the job but this is a far-cry from the hundreds of post-op cardiac surgery query pleural effusion portable scans that we all undertake. It seems to me that many of the portable scans performed because “the patient is too unwell to move” may be requested more for the convenience of the ward staff rather than a genuine inability to move the patient to the ultrasound suite. It often results in a scan of lower diagnostic quality on a low specification machine in suboptimal imaging conditions. It is also inefficient and I have calculated that I could scan three patients in the department in the time it takes to do one portable scan. Another issue is the need to creep onto the ward (particularly ITU) like a modern day ninja in case you are spotted by the medical staff who welcome you with the phrase “while you here I’m sure you wouldn’t mind just having a quick scan of the patients in beds 3, 15 and 22 as well”

Many readers will also work in hospitals that are now unfit for purpose. I believe that this affects our quality of life and pro-

ductivity. I frequently have no idea of the weather from dawn to dusk come sun, rain or hurricane because I cannot see outside. As Bob Marley sang *“No sun will shine on my day today, no sun will shine”*. Several of my colleagues, fearing that they might have osteomalacia, have started to take vitamin D supplements and report that their fatigue and myalgia are much improved, others have installed bright light lamps in their offices to combat the effects of sessional affective disorder. Experts recommend that we need 10-15 minutes in the summer midday sun “in shorts and a tank top with no sunscreen” to produce enough Vitamin D and that it may be impossible to get enough UV-B in the winter. How many of you are making time in your day to go outside in your shorts and tank top? (I am thinking of making this the compulsory uniform in our department). Remember that lack of Vitamin D is also linked to heart disease, cancers of the breast, prostate and colon, depression and insomnia.

So ideally we should raze many of our hospitals to the ground and start again with buildings on one or two levels with windows and natural light. Not only might we be happier and healthier but portable ultrasound might be less aggravating. I suspect that this is unlikely to happen in my working life so I urge you all to get outside for a few minutes during your working day and perhaps buy a Fitbit (other similar devices are available). To quote Elvis Costello this time *“Welcome to the workin’ week. You gotta do it till you’re through it so you better get to it”*.

Until next time stay well

Simon Freeman
President Elect



BMUS

Ultrasound 2016

7 - 9 December 2016

York Racecourse, York



Promoting ultrasound for healthcare professionals

BMUS are delighted to be able to bring the 2016 Annual Scientific Meeting & Technical Exhibition to the Knavesmire Suite at York Racecourse. The three day scientific programme offers great variety and interest for all delegates and has major streams running on a daily basis to suit practitioners from all fields.

Dates for your diary

Early bird deadline

30 Sep 2016

Pre-registration closes

30 Nov 2016

Day 1 - 7th December 2016

Obstetrics, Peter Twining Memorial Lecture, MSK Fundamental, Basic MSK practical workshop, MSK Advanced, MSK Advanced practical workshop, Physics and Welcome Reception

Day 2 - 8th December 2016

Professional Issues, Donald MacVicar Brown Lecture, Head and Neck, Paediatrics, Young Investigator 2016, Gynaecology, Carotid Masterclass, Head and Neck Practical Training, Translational Satellite Meeting and Annual Gala Dinner

Day 3 - 9th December 2016

Abdominal/General Ultrasound, Vascular, Professional Issues, Early Pregnancy, Elastography Masterclass, DVT Integrated Training, BMUS Debate and THUGS Satellite Meeting

Annual Gala Dinner & Awards

Jump aboard the 'Night Train to Vegas' and enjoy an arrival drink, three-course deluxe menu, magician, showgirls, fun casino tables, DJ and disco

6 Keynote Lectures

Prof. Steve Robson, UK
Prof. Carlo Martinoli, Italy
Dr. Kristoffer Lindskov, Denmark
Mrs. Jean Wilson, UK
Prof. Anil Ahuja, Hongkong
Prof. Sue Hill, UK

6 Practical Sessions

MSK Fundamental
MSK Advanced
Head & Neck
DVT
Carotid
Elastography

3 Awards & Prizes

Best Oral Presentation
Best Poster Presentation
Young Investigator Award
Runner-up prizes

**[www.bmus.org/
ultrasound-2016](http://www.bmus.org/ultrasound-2016)**

BMUS 2016 ASM

This 2016 British Medical Ultrasound Society Annual Scientific Meeting (ASM) is to be held in the historic town of York, at the Racecourse which should prove to be a fun venue. The ASM runs from Wednesday 7th December 2016 until Friday 9th December 2016.

The scientific and education programme for the 2016 ASM is now complete and delegates will benefit from the early bird registration with heavily discounted rates and the opportunity to book for the integrated hands on courses.

In addition to the main education and scientific programme, on Days 2 & 3 there will also be a translational and therapeutics satellite programme running alongside. The gala dinner to be held on Thursday 8th December, will be at the York railway museum with entertainment Las Vegas style, a night which will undoubtedly prove memorable.

There will be invited talks from renowned overseas speakers: Professor Anil Ahuja (Hong Kong), Professor Carlo Martinoli (Genoa, Italy) and many of our UK experts too namely Professor Sue Hill (Chief Scientific Officer). The highlights will also include the Donald, MacVicar, Brown (DMB) lecture, given this year by Jean Wilson, a great educator and honoured with a lifetime award, and the Peter Twining lecture by Professor Steve Robson, an eminent obstetrician.

The comprehensive programme has been organised into several themes for each day allowing delegates the option of registering for one or more days and to maximise their time at the ASM. The outline of the programme days is as below:

Day 1 will have the Obstetrics, MSK and Physics Streams as well as the MSK practical workshops which include fundamental and advanced sessions. Obstetrics will cover a range of topics including fetal anomaly scanning; while some of the physics topics have been tailored to clinicians and include advancing technologies and their applications. Invited talks and scanning experience by Professor Martinoli is one of the highlights in the MSK stream while the Peter Twining lecture by Professor Steve Robson will be a main feature in the obstetrics section.

Day 2 educational streams include Head and Neck, Gynaecology, Paediatrics, and Professional Issues. Highlights of the Day

Prof Adrian Lim
Scientific Chair
BMUS 2016



will be a lecture by Professor Ahuja from Hong Kong and the DMB keynote lecture will be delivered by Jean Wilson, in the afternoon the popular head and neck practical workshops will be held. A satellite symposium on use of Ultrasound in therapeutics (THUGS) will also run alongside the main streams.

Day 3 the final day, contains the Abdominal & General, Vascular, Early Pregnancy and Professional Issues streams. There will also be Elastography and DVT practical workshops as well as a Translational ultrasound satellite symposium running alongside the main program. Highlights of the day will be an address by Professor Hill (Chief Scientific Officer, UK) regarding the UK sonography workforce, as well as a topical debate on "Ultrasound is dangerous and should be controlled like drugs, alcohol and arms" proposed by Dr Roger Moshy and opposed by Professor Gail ter Haar.

These are only some of the highlights of the ASM and I look forward to welcoming you to York.



2016 ANNUAL GALA DINNER AND AWARDS CEREMONY

To be held at the National Railway Museum, York on Thursday 8th December 2016

Jump aboard the 'Night Train to Vegas' and enjoy welcome drinks, four-course deluxe menu, magician, showgirls, Vegas-style illusion and magic show, fun casino tables, a special Elvis show while dancing the night away.

During dinner the 'Awards Ceremony' will be held, the winners of the Best Poster, Young Investigator Award, 2016 Ultrasound Best Postgraduate Published Paper and the Paul Allan Published Paper will be announced.

Join us for a fun packed evening at a fabulous venue!



Leeds Paediatric Study Day

Promoting Ultrasound for Healthcare Professionals



30th September 2016

Leeds Radiology Academy

BMUS »

Member - £100
Non-member - £150

Register today on www.bmus.org

Ultrasound Imaging of the Renal Tract

15th October 2016
University College Dublin



BMUS »

THE BRITISH MEDICAL ULTRASOUND SOCIETY



Following the hugely successful and highly popular gynaecology study day in 2015, BMUS and the team at UCD are delighted to return to Dublin in 2016. This year's study day topic focuses on imaging the renal tract and aims to cover imaging techniques, top tips and common pathologies pertinent to all patient groups.

Renal tract referrals come from a range of sources and for a diverse group of patients; from neonates to the elderly, from our obstetric patients to the general population. The morning will cover generic common topics related to imaging the renal tract. Specific streams will be delivered in the afternoon ranging from renal tract imaging in pregnancy to specific male health issues.

Experts from the UK and Ireland will join us to share their knowledge and expertise. We hope that delegates from Ireland and UK will find this programme informative and relevant and that you will want to join us in Dublin for the 2nd BMUS UCD study day.

Early bird rates (apply until 31st August):

BMUS members £80 / €110;

Non members £90 / €125;

**Special offer of BMUS membership
& Registration for £130 / €175**

6 BMUS CPD points
RCR points applied for
www.bmus.org