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SONOGRAPHY: JOB PLANNING AND CAREER MAPPING

British Medical Ultrasound Society and Society of Radiographers

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President's Foreword

I am honoured to be invited to write this introduction to this important collaborative document between the British Medical Ultrasound Society (BMUS) and the Society of Radiographers (SOR).

Job planning and career mapping should form an important part of every sonographer's professional life. This document draws heavily from, and builds upon the previous collaborative, Career Progression framework (2023) commissioned by Health Education England, and the BMUS Preceptorship and Capability Framework (2022).

Workforce challenges in ultrasound have been present for many years and remain difficult to manage. The 'obvious' solution of continuing to provide more capacity at the expense of non-patient facing activity has failed to out-distance the problem. In fact, such an approach is likely to worsen things in the longer term because priority is not given to the sort of activities which can embed long-term improvements. We must think more deeply about what sonographers' do, how they contribute to the healthcare workforce and build in time for non-patient facing duties which are likely to benefit patients, employers and sonographers in the longer term. These include activities such as vetting, research, education, training and other professional duties to ensure that our workforce is fit for the future. In short, we need to bring the sonography profession into the 21st century.

The lack of statutory registration for sonographers still presents a significant barrier to innovation in sonographer recruitment, retention and career development. Career development to advanced practice levels and beyond, is difficult without regulation. The absence of statutory regulation for sonographers has had unintended consequences, putting a significant brake on innovative solutions such as direct under-graduate entry into diagnostic ultrasound and recruitment from overseas. I would call on the NHS and government to recognise this so that the relevant professional bodies can push forward with job planning and career mapping.

I am indebted to all the working group for providing such a comprehensive document within a short space of time. I hope that you would agree that this document is timely and valuable and gives an extremely useful framework on which to base job planning and workforce planning exercises.

Dr Peter Cantin

President, BMUS (2024 –2026)

Background

The first iteration of the Sonographer Career and Progression Framework (CPF) (1) was published by Health Education England (HEE) in 2019 following collaboration with the British Medical Ultrasound Society (BMUS), Consortium for the Accreditation of Sonographic Education (CASE), Society of Radiographers (SoR), and the Royal College of Radiologists (RCR). The framework was developed to articulate the broad range, depth, and scope of practice undertaken by sonographers across the UK.

This landmark publication was the first jointly produced document to clearly define the professional identity of the sonographer as a qualified healthcare practitioner who uses ultrasound as an imaging modality to both provide diagnostic assessments and guide interventional procedures. The framework recognised the significant contribution sonographers make to patient care and established a foundation for career development, professional recognition, and workforce planning within the profession.

Traditionally, sonographers in the UK have emerged from the professions of diagnostic radiography, nursing and midwifery, extending their scope of practice through completion of a postgraduate programme in medical ultrasound, with the majority undertaking courses accredited by the Consortium for the Accreditation of Sonographic Education (CASE). However, this traditional pathway has evolved significantly over the last decade with the introduction of direct-entry programmes in 2016, with a BSc (Hons) degree programme and two CASE accredited postgraduate sonography programmes. This was followed by the first CASE accredited BSc (Hons), the Sonographer Degree Apprenticeship, which commenced in March 2023.

These new routes into the profession acted as a catalyst for the development of the CPF, providing a clearer definition of the sonographer's role at different career levels and supporting workforce transformation. The CPF subsequently informed the development of the BMUS Preceptorship and Capability Development Framework for Sonographers (2), published in 2022.

The BMUS Preceptorship and Capability Development Framework for Sonographers (2) outlines the knowledge, skills, behaviours, and capabilities expected of sonographers as they develop throughout their careers. It provides a structured framework for practitioners, employers, educators, and service leaders, supporting professional development, career progression, workforce planning, and service improvement.

Central to the preceptorship document is the CPF, which serves as the foundation for defining career pathways and levels of practice for sonographers. Recognising its importance, the CPF has been incorporated as an appendix to the Preceptorship and Capability Development Framework, ensuring a consistent approach to career development, capability assessment, and workforce planning across sonography services. Together, these frameworks support the delivery of high-quality, personalised care while enabling sonographers to develop and progress within a clearly defined professional structure.

The chronic shortage of sonographers across the UK workforce has been a key driver behind the development of the increasingly diverse routes into the profession. Despite the introduction of direct-entry postgraduate programmes and undergraduate sonography degrees, including the apprenticeship pathway, workforce growth has not kept pace with the rising demand for ultrasound services. This is particularly evident in both obstetric and non-obstetric ultrasound, where activity continues to increase year on year.

As a result, a disparity exists between anticipated activity based on established staffing models and the realities of sonographic practice within the NHS in 2026, which is increasingly more complex. Ensuring a sustainable, resilient, and expanding sonography workforce has never been more important to support the safe and effective delivery of medical ultrasound services.

Equally important is the need to maintain and strengthen a professional identity for sonographers that supports career-long development, from trainee through to consultant-level practice. Such an identity must recognise that safe and effective ultrasound practice extends beyond the performance of examinations alone. Sonographers play a critical role in clinical triage, service development, education and training, research and innovation, quality improvement, leadership, management and professional advocacy. These activities are fundamental to the delivery of high-quality patient care and the ongoing sustainability of ultrasound services. The CPF therefore provides an essential structure through which the full breadth of sonographic practice can be recognised, supported, and developed throughout an individual's career. This includes supporting individuals who may not want to progress up a career ladder, but who wish to step-off and maintain excellence in clinical practice

Building on the preceptorship document (2) and the embedded CPF, BMUS and SoR have collaborated to produce this Job Planning and Career Mapping Guidance. This work is aligned and builds on the NHSE advanced and consultant practice career frameworks (3) (4). The purpose of this guidance is to support sonographers, employers, commissioners, workforce planners, educators, and professional bodies in understanding the breadth and scope of sonographic practice across the different stages of the CPF.

By mapping professional activities to career levels, this guidance aims to promote consistency in workforce planning, support career development, and facilitate meaningful job planning discussions. It recognises that the contribution of sonographers extends beyond direct clinical activity and encompasses a wide range of responsibilities across the four pillars of practice.

Illustrative scopes of practice aligned to each career level are provided to demonstrate how the full range of sonographic responsibilities may be reflected within a balanced and sustainable job plan. These examples are intended to support local discussions and should be adapted to meet individual, service, and organisational needs.

Throughout the guidance, reference is made to:

- The BMUS Preceptorship and Capability Development Framework for Sonographers (2)
- Multi-professional framework for advanced practice (3)
- Leadership, education, research, and quality improvement frameworks relevant to sonographic practice (3) (4) (5) (6) (7) (8)
- Consultant-level practice capability and impact framework (4)
- NHS England Capital Nurse digital career framework. (5)
- Workforce transformation and service redesign initiatives (5) (6) (7) (9) (10) (11) (12) (13)
- Standards for the provision of an ultrasound service (6)
- Relevant professional, regulatory, and educational standards (6) (7) (14) (15)
- NHS job planning principles and guidance (9)
- Guidelines for Professional Ultrasound Practice (15)
- CASE (2025) Standards of Sonographic Education (16)

Collectively, these resources provide a framework for recognising the full value of the sonographer workforce and ensuring that job plans accurately reflect the diverse activities required to deliver safe, effective, and high-quality ultrasound services.

Job Planning

Job planning plays a key role in ensuring the effective use of resources while maintaining and improving quality outcomes for patients. It is an important component of service redesign, providing a structured approach to documenting professional activity. Through comprehensive job planning, managers and organisations can better understand workforce capacity, identify opportunities for improvement, and align available resources with patient demand and service priorities.

Effective job planning is a collaborative process between the employee and employer that ensures professional activities are aligned with patient needs, service priorities, workforce capacity, and organisational objectives. A well-constructed job plan should reflect the full scope of the sonographer's role, not solely direct patient-facing activity, and should support both service delivery and professional development aligned to the underpinning CPF, whilst flexing around the ever-changing landscape of diagnostics.

It is strongly recommended that all sonographers have a job plan (17), to promote working across the four pillars of practice to support career development, skills progression, while also improving retention and patient outcomes. This should be reviewed regularly during annual appraisals when outcome measures are set, enabling non-clinical outputs to be measured.

Key Principles of Effective Job Planning

This guidance takes a pragmatic approach, recognising that a range of sonographer career levels is required to meet clinical demand, achieve service activity targets, and enable managers to provide safe, effective, and responsive ultrasound services. It also acknowledges the financial constraints and workforce challenges faced by service managers across the NHS.

However, if ultrasound services are to remain sustainable and capable of meeting the ambitions of the NHS 10-Year Health Plan (17) (18), workforce planning and job design must look beyond immediate operational pressures. This guidance has therefore been developed with the following key principles in mind:

- **Personalised care** should remain the primary focus of all workforce and service planning decisions.
- **Job plans should reflect the full scope of sonographic practice**, recognising contributions to clinical care, education, research, leadership, quality improvement, and service development.
- **Career progression opportunities should be available at all stages of professional development, in accordance with service needs**, supporting recruitment, retention, and succession planning.
- **A balanced workforce is required across all levels of the Career and Progression Framework**, from trainee and early career sonographers through to advanced and consultant practice.

- **Protected time should be allocated for supporting professional activities**, including education, clinical teaching, mentorship and coaching, governance, leadership, audit, research, and continuing professional development.
- **Workforce planning should support service resilience and sustainability**, ensuring sufficient capacity to meet current and future demand.
- **Job plans should promote staff wellbeing and safe working practices**, recognising the physical, cognitive, and emotional demands of sonographic practice.
- **Education and training are essential service functions**, and appropriate capacity must be incorporated into workforce establishment and job planning.
- **Leadership and innovation should be recognised as core components of senior sonographer roles**, enabling service transformation and continuous improvement.
- **Workforce capacity should be assessed on total professional contribution rather than clinical activity alone**, ensuring that all elements of service delivery are appropriately valued and resourced.

By adopting these principles, organisations can develop job plans that not only support the delivery of safe and effective ultrasound services today but also contribute to the long-term growth, sustainability, and professional development of the sonographer workforce.

Job Planning for Sonographers

For sonographers, effective job planning should recognise that safe ultrasound practice involves substantially more than performing examinations. Time should be allocated for elements including, but not limited to:

- Clinical scanning, reporting and communicating findings
- Patient triage and referral management
- Clinical governance and quality assurance
- Multidisciplinary team meetings & within-team meetings
- Teaching learners and supporting preceptorship
- Clinical supervision
- Education
- Research, audit and quality improvement
- Equipment procurement, governance and quality assurance
- Leadership and service development activities

- Continuing professional development (CPD)
- Professional advocacy and workforce development

The proportion of time allocated to these activities will vary according to career stage. As sonographers progress through the Career and Progression Framework, there is typically a gradual shift from a predominantly clinical workload towards increasing responsibility for leadership, education, research, and strategic service development.

Outcomes of Effective Job Planning

Ultimately, effective job planning provides a mechanism for balancing patient care, workforce sustainability, and professional development. It enables organisations to understand their true workforce capacity and ensures that the contribution of healthcare professionals, including sonographers, is recognised across all aspects of clinical practice, leadership, education, research, and service improvement, ultimately with patient safety as its core value.

Scope of Practice for Sonographers aligned to the CPF

The scope of practice of a sonographer develops throughout their career, reflecting increasing levels of knowledge, autonomy, clinical responsibility, leadership, education, research, and service development. While individual roles will vary according to specialty and local service requirements, the CPF provides a structure for understanding how practice evolves from trainee to consultant-level practitioner, for those wishing to progress through the framework. This job planning guidance sets out illustrative examples of the expected scope of practice for each career level within the principal body systems investigated through medical ultrasound imaging. By extension, these examples may be applied to support interpretation of scope of practice requirements in more specialised areas of clinical ultrasound practice.

Trainee Sonographer

The trainee sonographer works under appropriate supervision to develop the knowledge, skills, and behaviours required for autonomous practice. Trainee sonographers will not & should not contribute to measurable activity as an independent practitioner. CASE have a position statement on supervision and independent scanning prior to award ratification. (19)

Typical scope of practice:

- Undertaking ultrasound examinations under direct supervision.
- Developing technical image acquisition skills.
- Learning ultrasound anatomy, physiology, pathology, and clinical decision-making.

- Producing preliminary findings appropriate to their stage of training.
- Participating in audit, reflection, and professional development activities.
- Demonstrating professional and personalised care behaviours.

Primary focus: Self education, training, competence, capability and confidence development.

Newly Qualified / Preceptorship Sonographer

The newly qualified sonographer works with increasing autonomy while consolidating competence through a structured preceptorship programme.

Typical scope of practice:

- Performing and reporting routine ultrasound examinations within an agreed scope of practice.
- Managing patient episodes of care independently.
- Escalating complex findings appropriately.
- Participating in quality assurance and governance activities.
- Maintaining evidence of continuing professional development.
- Supporting students and peers where appropriate.

Primary focus: Consolidation of competence and development of confidence in autonomous practice and capability development.

Enhanced Practice Sonographer

The core sonographer provides independent diagnostic ultrasound services and contributes to service delivery across their area of expertise.

Typical scope of practice:

- Independently performing and reporting ultrasound examinations
- Communicating findings with patients and/or other professionals
- Managing complex patients within defined practice boundaries
- Participating in multidisciplinary working and clinical decision-making
- Contributing to service improvement initiatives
- Supporting education and mentoring activities, relevant to their scope of practice
- Participating in audit and quality assurance programmes
- Providing leadership in areas relevant to their practice

Primary focus: Safe, effective, autonomous clinical practice.

Advanced Practice Sonographer (3)

Advanced practice is delivered by accomplished registered health and care professionals. It is a level of practice characterised by a high degree of autonomy and designated responsibility for complex decision making. This is underpinned by a post-registration master's level award or equivalent undertaken by an experienced practitioner that encompasses all four pillars of clinical practice, leadership and management, education, and research. It includes the analysis and synthesis of complex problems, and management of clinical risk and uncertainty across a range of settings, enabling innovative solutions to expedite access to care, optimise people's experiences, and improve outcome

Typical scope of practice:

- Managing highly complex ultrasound examinations and clinical presentations.
- Leading specialist services and pathways
- Performing advanced diagnostic and interventional procedures, where relevant
- Providing expert advice and consultation to colleagues and multidisciplinary teams
- Providing support for, and supervision of, trainees, preceptors, enhanced practitioners and other ultrasound users
- Leading or supporting workforce development locally, regionally and/or nationally
- Leading audit, quality improvement, service evaluation and/or research projects
- Contributing to local policy and guideline development

Primary focus: Clinical expertise, service improvement, and workforce development.

Consultant Practitioner Sonographer (4)

Consultant sonographers are highly experienced clinical experts who provide system-level leadership and deliver expert practise against the four pillars. They work at the highest level of their profession shaping services, improving outcomes and driving innovation. They lead complex decision-making, manage risk in challenging clinical situations and influence workforce, policy and service development at local, regional and national international levels. Their practise is underpinned by evidence, research activity and the commitment to improving health outcomes.

Typical scope of practice:

- Providing expert clinical leadership and advanced specialist practice.
- Managing the most complex and challenging clinical presentations.
- Leading service transformation and workforce strategy.
- Developing regional and national clinical standards.
- Leading research programmes and contributing to the evidence base for sonography.
- Acting as educators, mentors, and professional leaders across a multiprofessional workforce.
- Representing the profession within organisational, regional, national and, if relevant, international forums.

Primary focus: Strategic leadership across the four pillars of practice:

- Clinical practice
- Leadership and management
- Education
- Research and innovation

How To Use This Guide

The following pages set out the expected balance of clinical and non-clinical activity at each career level and illustrate how these responsibilities contribute to the delivery, development, and leadership of ultrasound services.

This section describes the scope of practice expected at each career level. It begins by outlining the anticipated non-clinical activities associated with each role. These activities are essential to the delivery of safe, effective, and high-quality services, although they do not generally contribute directly to measurable clinical activity, such as diagnostic waiting times statistics that are reported through mechanisms such as NHS England Diagnostic Waiting Times and Activity (DM01) (20) statistics.

Non-clinical supporting professional activities (SPA) include, but are not limited to:

- appraisal and professional development
- research and innovation
- clinical audit and quality improvement
- service development and clinical management
- continuing professional development (CPD)

Additional responsibilities may also include:

- **Additional NHS Responsibilities (ANRs):** for example, participation in clinical pathway review groups, Sustainability and Transformation Partnership (STP) leadership roles and committees, NICE committees,

Freedom to Speak Up Guardian responsibilities, and trade union representative positions.

- **External Duties (EDs):** activities undertaken by employees in externally funded or external roles, such as delivering guest lectures, conference presentations, undertaking externally funded research, or contributing to national professional bodies and initiatives.

The documented is then subdivided into principal body systems with specific, but not exhaustive, recommendations for scope of clinical practice.

Suggested job plans include the estimated percentage of measurable clinical activity undertaken at each career level. While this may vary, based on local requirements, SPA should be included at all career levels.

Agenda for Change Pay Band & Job Evaluation

This guidance references career levels as described in the NHS career framework (21) rather than Agenda for Change (AfC) pay bands. Local job evaluation is required when assigning AfC pay bands, following job planning discussion and agreement.

Statutory Regulation

Sonographers are qualified healthcare professionals who undertake, analyse, interpret, report and take responsibility for the conduct of diagnostic, screening and interventional ultrasound examinations and onward management of the patient.

Definition

The following SoR definition of ‘sonographer’ is used by the Register of Clinical Technologists (RCT).

A healthcare professional who undertakes and reports diagnostic, screening or interventional ultrasound examinations. They will hold qualifications equivalent to a Postgraduate Certificate or Diploma in Medical Ultrasound, BSc (Hons) clinical ultrasound or an honours degree apprenticeship that has been accredited by the Consortium for the Accreditation of Sonographic Education (CASE). They are either not medically qualified or hold medical qualifications but are not statutorily registered with the General Medical Council. (RCT) (22)

In the UK, sonography is not currently a statutorily regulated profession, which means a person can work as a sonographer without being registered specifically as a sonographer with a regulatory body such as the HCPC. However, many sonographers are regulated through their original profession (for example, radiography, midwifery, or nursing).

For those joining the profession from non-traditional routes, such as those who have completed direct entry postgraduate, BSc (Hons) level education in sonography, or hold international qualifications, there is no statutory regulatory mechanism which may negatively impact on practitioners, service providers, and patients. There is only

the option to join the Professional Standards Authority (PSA) voluntary Register of Clinical Technologists (RCT).

Potential impacts of a non-regulated sonographer

1. Patient safety concerns

Without statutory regulation, there is no single national register that confirms all sonographers have met consistent education, competency, and professional standards. This can create risks related to:

- Misdiagnosis or delayed diagnosis.
- Inconsistent standards of practice.
- Difficulty preventing unsuitable individuals from practising.

2. Limited public protection

Regulated professionals can be investigated and sanctioned by their regulator if concerns arise about misconduct (both professional and criminal) or competence. For sonographers who are not otherwise registered with a statutory regulator, these formal regulatory safeguards may not apply. Employers must therefore rely heavily on local governance, competency assessments, and supervision.

3. Workforce and recruitment challenges

The lack of regulation:

- Makes workforce planning more difficult
- Creates barriers for international recruitment
- Causes uncertainty around entry routes into the profession
- Can limit career progression opportunities, creating a two-tier workforce

4. Career progression restrictions

Unregulated sonographers may be unable to undertake certain responsibilities available to statutorily regulated healthcare professionals, such as:

- Training as supplementary prescribers.
- Administering medicines under Patient Group Directions (PGDs).
- Some NHS Trusts restrict referral for imaging involving ionising radiation to statutorily registered professionals only.

5. Employer accountability

Because sonography itself is not a regulated profession, employers must take greater responsibility for:

- Verifying qualifications, which is increasingly challenging when evaluating non-CASE accredited qualifications, particularly for non-UK awards
- Verifying English language requirements
- Checking for potential competency or misconduct issues (normally published via regulatory bodies for registered practitioners)
- Assessing clinical and professional competence

- Providing supervision and continuing professional development
- Maintaining robust clinical governance arrangements

NHS perspective

For NHS organisations, the key risk associated with a non-regulated sonographer is generally not the absence of regulation itself, but ensuring that practitioners have appropriate qualifications, competency assessment, clinical supervision, professional indemnity, and governance arrangements to provide safe care.

Despite these potential impacts, this job planning document provides guidance on a range of activities undertaken by sonographers. Effort has been made to identify the potential service delivery impact of the absence of regulation and highlight where regulation will have the maximum benefit to patient outcome and safety. The organisations BMUS, SoR and CASE continue to champion professional and workforce development while strongly advocating for statutory regulation of sonographers, whose role is vital to safe, effective imaging services. (23)

Section 1: Scope of Practice for non-clinical activity per career level

As specified in the NHS England job planning best practice guide (9), supporting professional activities (SPA) includes, but is not limited to, activities such as appraisal, research, audit, clinical management and CPD activities. The lists are illustrative but not exhaustive and locally agreed practices may vary.

Table 1.1: Typical Scope of Practice for non-clinical activity by sonographers per career level

Practitioner Sonographer	Enhanced Practitioner Sonographer	Advanced Practitioner Sonographer	Consultant Practitioner Sonographer
	Previous career level and the following:	**Previous career level and the following:**	**Previous career level and the following:**
Leadership and management			
Attend Radiology Events and Learning Meetings (REALM) and/or other learning or quality meetings.	Contribute to REALM and/or other learning or quality meetings.	Active involvement in REALM and/or other learning or quality meetings.	Lead or play a leading role in REALM and/or other learning or quality meetings.
Take on leadership responsibilities within own scope of practice. (9)	Work with interprofessional teams, demonstrating leadership of self and their own area of ultrasound practice. (9)	Lead services, immediate teams and/or provide operational management of a service or part of a service. (9)	Lead on the promotion, development and application of expert knowledge, skills and attributes in their own area of practice and the wider service. (9)
Participate in service improvement within their scope or practice. (9)	Evaluate their own leadership skills and development needs in line with national frameworks for healthcare and enhanced-level practice. (9)	Proactively evaluate their own leadership skills and support the development of leadership across the ultrasound team and wider workforce, where applicable.	Apply transformative and compassionate leadership to influence and implement policy and improve practice across interprofessional teams and care pathways. (9)

Participate in service evaluation within their scope of practice and where relevant, involve service users in evaluation of services. (9)	Contribute to or lead elements of evaluation or service improvement initiatives. (9)	Proactively engage with service users to understand where service improvements are required, and lead on service evaluation and improvement initiatives at a local, regional level and/or national level. (9)	Lead on evidence-based, values-based service improvement / (re)design in collaboration with patients and other stakeholders and implement creative solutions to address complex problems at a local, regional, national and/or international level. (9)
Perform quality assurance (QA) on ultrasound equipment and escalate out-of-range results or identified defects/faults.	Contribute or lead on equipment QA processes.	Monitor QA results and escalate concerning trends.	Review QA results over all systems and feed into equipment replacement schedule.
Be familiar with, and work within, standard operating procedures, protocols and guidelines in line with employing organisations' policies and scope of practice. Alert senior colleagues of errors, omissions or update requirements to these documents.	Contribute to elements of protocols, guidelines and patient information relevant to scope of practice and in line with employing organisations' policies.	Contribute to the development, publication and on-going review of standard operating procedures, protocols, guidelines and patient information in line with employing organisations' policies. Lead on some areas of protocol development.	Initiate and lead on the drafting, publication and ongoing review of standard operating procedures, protocols, guidelines and patient information in line with employing organisations' policies.
Awareness of equipment replacement processes and evaluation.	Contribute to the evaluation of equipment as part of the recommended managed replacement programme.	Evaluate and advise on relevant equipment as part of the recommended managed replacement programme.	Evaluate, tender, and procure relevant equipment as part of the recommended managed replacement programme.

Engage in self-audit and reflect on peer review audit feedback to produce agreed action plans.	Engage in self-audit, participate in and reflect on peer review audit feedback to produce agreed action plans.	Supports the team to implement, develop and improve the peer review process, ensuring constructive feedback allows continual learning to take place, while focusing on patient safety and service improvement	Provide leadership and oversee the quality provision of the service, including QA, peer review of all ultrasound practitioners, reviewing and acting on feedback from patients/service users and closing the feedback loop through active dissemination, to support performance development and ensure high standards are maintained
Education			
Undertake self-directed learning and continuing professional development.	Support training of undergraduate and post-graduate learners and registrars in the workplace.	Lead on or actively contribute to the clinical and academic support of a wide range of learners locally, regionally and/or nationally.	Create opportunities for others to develop their learning, teaching and assessment skills, while providing leadership and support to ensure an optimal learning environment is available for all staff within and across organisations.
Provide appropriate information to patients, carers and the public to improve health outcomes and/or increase understanding of ultrasound in the diagnostic pathway. (9)	Actively promote a positive teaching and learning culture within the workplace, providing regular feedback and evaluation of learning opportunities. (9)	Contribute to the sharing and dissemination of knowledge locally, nationally and, where applicable, internationally. This will include presentations at study events, academic contributions and, where applicable, contribution to published documentation and peer reviewed literature.	Regularly contribute to the sharing and dissemination of knowledge locally, nationally and, where applicable, internationally. This will include presentations at study events, academic contributions and, where applicable, contribution to published documentation and peer reviewed literature.

Complete preceptorship and develop skills to support the facilitation of learning of others. Progress through the capability development framework, working towards sign off for additional scanning competency.	Provide preceptorship support and/or mentorship to practitioners.	Provide preceptorship support and leadership for practitioners and enhanced practitioners across the organisation.	Oversee the support mechanisms in place for ensuring quality of education, preceptorship and career development of ultrasound teams locally and/or regionally.
		Oversee clinical teaching in all areas of practice. Academic teaching where appropriate. Act as a role model, facilitating teaching, learning, assessment and, where applicable, curriculum development and critically assess educational provision through learner and patient evaluation. (9)	Lead educational developments within their area of expertise, contribute to curriculum development and delivery and ensure horizon scanning is integral to the learning agenda. (9)

Research			
Be involved in research and/or audit. (9)	Contribute to peer view audit and/or research. (9)	Lead local peer review processes and/or research projects in their area of expertise. (9)	Lead on ethical research projects and support the development of a research culture within the team and at a national or international level and across professional boundaries. (9)
Search for and evaluate evidence from research. (9)	Search for and evaluate evidence from research and consider the implications for practice. (9)	Supports and/or leads teams to evaluate, synthesise and review practice, based on evidence. (9) This might include leadership at a national level, for example, screening committee input, or contributing to national guidelines, Quality Standard for Imaging (QSI) or Care Quality Commission review.	Lead on and encourage critical appraisal and synthesis of evidence to inform practice evolution in a thriving culture of audit, research and quality improvement locally and nationally. (9)
Have awareness of and use evidence-based practice.	Use evidence-based practice within the clinical workplace. (9)	Ensure that research and high-quality evidence inform their practice and that their team/service aligns with the most appropriate and current evidence base. (9)	Support and encourage others to develop evidence- based learning, including learning from errors, research data, statistics and contemporaneous issues and thinking. (9)
Suggest recommendations for future practice based on current high-quality evidence. (9)	Suggest recommendations for future practice based on current high-quality evidence and, where relevant, explore how to implement and/or evaluate these. (9)	Evaluate and/or undertake research that informs service improvement or development locally, regionally or nationally and disseminate the findings through appropriate means including peer reviewed publications and presentations.	Lead on and promote good practice and service development via local, national and/or international forums, peer-reviewed publications, conference presentations, teaching and public engagement strategies. (9)

Section 2: Scope of Practice for Clinical activity per career level

The following tables have been subdivided into the main body systems commonly investigated with ultrasound imaging. The lists are illustrative but not exhaustive and locally agreed practices may vary dependent upon service need and medical practitioner support. All examples relate to the adult population deemed to be 16-years of age or older.

Table 2.1: Obstetric Imaging

Practitioner Sonographer	Enhanced Practitioner Sonographer	Advanced Practitioner Sonographer	Consultant Practitioner Sonographer
	Previous career level and the following:	**Previous career level and the following:**	**Previous career level and the following:**
Obstetric Imaging			
Early Pregnancy Unit (EPU) to 17+6 weeks Scan under supervision only. Identify multiple pregnancies and refer to a senior practitioner.	**EPU** Undertake early pregnancy scans. Seek assistance or refer where appropriate. Provide second opinions to confirm fetal heart activity in line with national guidance (24). Identify multiple pregnancies and determine chorionicity.	**EPU** Perform a range of early pregnancy scans and support colleagues to provide advice and support in this area of practice. Follow-up of complex EPU scans. Cervical length assessment in complex cases in the first trimester to 17+6 weeks.	**EPU** Oversee the service. Manage EPU cases if appropriate qualifications, competency and governance arrangements are in place (13).
First trimester dating / screening Perform dating for termination of pregnancy (TOP) scans.	**First trimester dating / screening** Perform and report dating and combined screening scan (*if NHS Fetal Anomaly Screening Programme (FASP) educational requirements are met and have been*	**First trimester dating / screening** Complete NHS FASP first trimester screening and support the supervision and capability development of other practitioners.	**First trimester dating / screening** Managing and leading the service in collaboration with the antenatal team.

Dating scans for those declining 1st trimester screening (if known in advance). Screening scans - under supervision only. Identify multiple pregnancies and refer to a senior practitioner to determine chorionicity.	*signed off as competent by the screening support sonographer*) (8). Screening scans for multiple pregnancies, refer to a senior colleague if required. Identify multiple pregnancies and determine chorionicity.	Provide support, supervision and training of junior staff to undertake screening in multiple pregnancies and determining chorionicity.	
Second trimester scans /screening Screening scans - under supervision only.	**Second trimester scans /screening** Perform and report 20-week FASP screening scans (*if NHS FASP educational requirements are met and have been signed off as competent by the screening support sonographer*) (8). Scan, measure, interpret and report cervical length examinations where patients are under consultant care. 20-week scans for dichorionic diamniotic (DCDA) twin pregnancies, refer to a senior colleague if required. Uterine artery Doppler assessment. Placental assessment for low-lying or praevia.	**Second trimester scans /screening** Perform and report 20-week FASP screening scans, including complex cases. Scan, measure, interpret and report cervical length examinations including complex cases or outside of consultant care. Placental assessment for complex cases, including potential accreta.	**Second trimester scans /screening** Undertake interventional procedures e.g. amniocentisis, if appropriate qualifications, competency and governance arrangements are in place. Managing and leading the service in collaboration with the antenatal team.

Third trimester Perform and report growth scans for patients on low-risk growth pathways. Seek assistance or refer where appropriate. Placental localisation as part of a growth scan assessment.	**Third trimester** Perform, analyse and report growth scans. Follow-up scans, e.g. renal pelvis dilatation. Liquor volume, uterine and umbilical artery Doppler assessment (other Doppler assessment within individual scope and competency).	**Third trimester** Support specialist clinics e.g. previous pregnancy loss (Rainbow clinic), intermediate level fetal medicine clinics. Follow up of complex cases being managed locally, in conjunction with fetal medicine. Perform a range of Doppler assessment, including middle cerebral artery (MCA), ductus.	**Third trimester** Follow up of fetal physical conditions (anomalies) being managed locally, in conjunction with fetal medicine. Undertake fetal medicine scans at a tertiary referral centre. Perform challenging scans with complex medical history or fetal physical conditions (anomalies).
Twins Identify multiple pregnancies and refer to a senior practitioner.	**Twins** Perform 20-week scans. Follow up scans for DCDA twin pregnancies.	**Twins** Follow up of diamniotic twins (DCDA and MCDA), if appropriate locally.	**Twins** Follow up of monochorionic monoamniotic twins (MCMA) and complex multiple pregnancies, if appropriate locally.

Other Attend obstetric REALM and/or fetal medicine meetings, as appropriate. Progress through the capability development framework, working towards sign off for FASP scanning competency.	**Other** Screening Support Sonographer role for NHS FASP. Support training of sonographers, midwives and specialist registrars.	**Other** Justification of referrals and subsequent ultrasound management pathways. Support practitioners and enhanced practitioners, providing second opinion for complex cases where appropriate. Attend multi-disciplinary team (MDT) meetings. Peer review audit and feedback of all practitioners undertaking obstetric scans.	**Other** Provide oversight of service provision and ultrasound pathways and provide advocacy for the service. Provide second opinion and support for complex cases. Attend and contribute to MDT meetings.

Table 2.2: Gynaecology Imaging

Practitioner Sonographer	Enhanced Practitioner Sonographer	Advanced Practitioner Sonographer	Consultant Practitioner Sonographer
	Previous career level and the following:	**Previous career level and the following:**	**Previous career level and the following:**
Gynaecology Imaging			
Perform routine transvaginal (TV) and transabdominal (TA) gynaecological scans where risk of malignancy is deemed low and, if available, CA125 is within normal range.	Perform, interpret & report a range of acute and non-acute referrals.	Perform, interpret and report cases from primary care, secondary care and inpatient referrals.	Manging and leading the service in collaboration with relevant specialist teams, supporting the development and quality of the service.
Perform scans for postmenopausal bleeding or unscheduled bleeding on hormone replacement therapy (HRT) scans and report measurements.	Diagnose and report the presence of uterine pathology such as fibroids and adenomyosis. Escalate complex cases as required.	Assessment of complex gynaecological findings and follow-up complex ovarian findings in patients on conservative management.	Offer second opinions and suggestion of onward imaging where complex findings are present.
Determine intrauterine device placement.	Utilise 2D and 3D to determine intrauterine device placement.	Perform 2D and 3D scans in complex cases for intrauterine device placement.	

	Level 1 BMUS endometriosis practice.	Lead endometriosis services. Level 2 BMUS endometriosis practice.	Level 3 BMUS endometriosis practice. Lead and manage complex case load, such as those referred by the MDT.
Provide follow-up imaging post miscarriage to exclude retained pregnancy tissue. Perform follow-up of pre- and post-menopausal cysts and escalate if change in size or appearance.	Utilise evidence-based risk stratification tool such as IOTA, O-RADS and ADNEX to determine the presence of benign or malignant ovarian pathology. Escalate for second opinion and risk of malignancy calculation, where appropriate.	Assess risk of malignancy of detected ovarian pathology, using evidence-based risk stratification tool such as IOTA, O-RADS and ADNEX, and following locally agreed pathways. Provide teaching of these to other practitioners. Perform HyCoSy if trained and competent, with appropriate local governance arrangements in place. Perform hysteroscopy if trained and competent, with appropriate local governance arrangements in place. Perform and interpret 3D US, if appropriate training, competence and governance arrangements are in place.	Ensure they and all practitioners in this area are following current evidence-based practice for improving gynaecological outcomes, and support the development of team members to perform evolving techniques to a high level.
	Support practitioners, providing a second opinion where appropriate. Suggest onward referral / further imaging, after discussion with a suitable colleague, if required.	Support practitioners and enhanced practitioners, providing second opinion where appropriate. Suggest onward referrals / imaging if appropriate.	

	Vetting & justification of routine, non-complex referrals, with support if required.	Vetting and justification of referrals and subsequent ultrasound management pathways, including complex and urgent cases.	Justification and triage of referrals within subspecialty, communicating with referrers regarding adherence to standards and protocols.

Table 2.3: Hepatobiliary Imaging

Practitioner Sonographer	Enhanced Practitioner Sonographer	Advanced Practitioner Sonographer	Consultant Practitioner Sonographer
	Previous career level and the following:	**Previous career level and the following:**	**Previous career level and the following:**
Hepatobiliary Imaging			
Provide follow-up scans of gallbladder polyps and escalate if change in size. Acute focussed referrals for patients, for example, suspected gallstones.	Perform, interpret and report a range of acute and non-acute referrals from primary care, secondary care and in-patients, with appropriate support where needed.	Perform, interpret and report cases including complex caseload from primary care, secondary care and inpatient referrals.	Liver biopsy/drainage if trained and competent, with appropriate local governance arrangements in place.
	Support practitioners, providing a second opinion where appropriate. Suggest onward referral / further imaging, after discussion with a suitable colleague, if required.	Support practitioners and enhanced practitioners, providing second opinion where appropriate. Suggest onward referrals / imaging if appropriate.	Offer second opinions and suggestion of onward imaging where complex findings are present.

Hepatocellular carcinoma (HCC) surveillance scans - if using Li-Rads visualisation scores A only. If not, those with previously normal or fatty livers only on ultrasound.	Patients under HCC surveillance to include those with advanced chronic liver disease. Primary assessment of patients entering HCC surveillance. If using Li-Rads to include patients with visualisation B.	Patients under HCC surveillance to include those with advanced chronic liver disease. Primary assessment of patients entering HCC surveillance. (if using Li-RADS) Visualisation scores A & B. Assess visualisation score C for suitability to change surveillance method.	Patients under HCC surveillance - all patient types including complex cases and surveillance post-ablation. Consult with hepatology and ultrasound practitioners for advice and guidance on imaging management of patients under HCC surveillance.
Patients under HCC surveillance without advanced chronic liver disease, e.g. MASLD/Hepatitis.	Transplant scans.	Service lead for HCC service. Report audit data to cancer alliance.	
	Undertake elastography and /or Seek assistance or refer, where appropriate, if findings out of normal range.	HCC surveillance - Patients with known lesions (<1cm) (US-2) under shortened surveillance. Perform and report on multiparametric liver evaluation imaging (e.g. contrast enhanced ultrasound cases and /or fusion guided examinations), if trained and competent, with appropriate local governance arrangements in place.	
	Vetting & justification of routine, non-complex referrals, with support if required.	Vetting and justification of referrals and subsequent ultrasound management pathways, including complex and urgent cases. Attend MDT meetings.	Justification and triage of referrals within subspecialty, communicating with referrers regarding adherence to standards and protocols.

Table 2.4: Urology / Nephrology Imaging

Practitioner Sonographer	Enhanced Practitioner Sonographer	Advanced Practitioner Sonographer	Consultant Practitioner Sonographer
	Previous career level and the following:	**Previous career level and the following:**	**Previous career level and the following:**
Urology / Nephrology Imaging			
Scan and report patients presenting on the secondary care haematuria pathway. Undertake primary care referrals for voiding difficulties to assess if there is post-void residual volume.	Perform, interpret & report a range of acute and non-acute referrals.	Perform, interpret and report a range of cases, including complex cases. Provide – follow-up of complex findings.	Sonographer-led discharge and active involvement in meeting faster diagnostic standards (FDS) targets.
Scan and report patients presenting with acute kidney injury who have a specific clinical question with a yes/no answer e.g. hydronephrosis.	Perform scans on patients who have had renal transplant.	Perform prostate biopsy and sonographer led discharge within biopsy setting, if trained and competent, with appropriate local governance arrangements in place.	Perform ultrasound-guided kidney biopsy, if trained and competent, with appropriate local governance arrangements in place.
Follow up of angiomyolipoma (AML) with escalation if change in size. Follow-up scans for renal calculus. Primary care referrals for recurrent UTI.		Perform and report on contrast enhanced ultrasound cases and /or fusion guided examinations, if trained and competent, with appropriate local governance arrangements in place.	

Scrotal scans with defined protocols, such as varicocele, intra and extra testicular lumps, infection, follow-up of previous benign findings. Escalate if needed.	Scrotal scans for follow up and wider range of pathology, including complex benign and indeterminate scrotal pathology.	Scrotal scans of increased complexity, malignant pathways, complex torsion and vascular compromise.	Support for the highly complex scrotal scan cases, second opinion for others, particularly for complex oncology cases, rare and atypical presentations.
	Support practitioners, providing a second opinion where appropriate. Suggest onward referral / further imaging, after discussion with a suitable colleague, if required.	Support practitioners and enhanced practitioners, providing second opinion where appropriate. Suggest onward referrals / imaging if appropriate.	Offer second opinions and suggestion of onward imaging where complex findings are present.
	Vetting & justification of routine, non-complex referrals, with support if required.	Vetting and justification of referrals and subsequent ultrasound management pathways, including complex and urgent cases.	Justification and triage of referrals within subspecialty, communicating with referrers regarding adherence to standards and protocols.

Table 2.5: Head and Neck (H&N) Imaging

Practitioner Sonographer	Enhanced Practitioner Sonographer	Advanced Practitioner Sonographer	Consultant Practitioner Sonographer
No role	**Previous career level and the following:**	**Previous career level and the following:**	**Previous career level and the following:**
Head and Neck (H&N) Imaging			
	BMUS Level 1 H&N scanning of thyroid, salivary glands and lymph node assessment. Aware of normal variants and common pathologies. Reports to include thyroid nodule scoring and recommendations for FNA if indicated.	BMUS Level 1 & 2 H&N scanning. Follow up scans post surgery / treatment. Parathyroid assessment. Complex cases including cancer, salivary abnormalities and uncommon H&N pathology. Contribute to one-stop clinics.	BMUS Levels 2 & 3 H&N scanning. Wide range of challenging cases, follow ups and those with complex history of cancer and / or previous surgery. Scan cases identified by MDT meetings. Refer for other imaging or investigations and make referrals of necessary.
	Primary care referrals and basic secondary care scans. Straight to Test referrals from Secondary care.	FNAs, aspirations in rapid diagnostic clinic and more complex presentations, if trained and competent, with appropriate local governance arrangements in place.	FNAs, aspirations and needle core biopsies in complex caseloads, if trained and competent, with appropriate local governance arrangements in place.

			Service lead for H&N services. Consult and be a second opinion to others in complex cases. Training of H&N registrars.
	Attend MDT meetings.	Attend and contribute to MDT meetings.	Attend or lead MDT meetings.
	Vetting & justification of routine, non-complex referrals, with support if required.	Vetting and justification of referrals and subsequent ultrasound management pathways, including complex and urgent cases.	Justification and triage of referrals within subspecialty, communicating with referrers regarding adherence to standards and protocols.

Table 2.6: Musculoskeletal (MSK) Imaging

Practitioner Sonographer	Enhanced Practitioner Sonographer	Advanced Practitioner Sonographer	Consultant Practitioner Sonographer
No role	**Previous career level and the following:**	**Previous career level and the following:**	**Previous career level and the following:**
Musculoskeletal (MSK) Imaging			
	Assess referrals of suspected abnormal cases. Scan patients on the sarcoma pathway and escalate according to local protocols.	Arrange onward imaging of abnormal cases. Scan patients on the sarcoma pathway and discharge if normal.	Biopsy of abnormal cases.
	Primary care and secondary care MSK referrals.	Therapeutic MSK procedures, if trained and competent, with appropriate local governance arrangements in place.	Therapeutic MSK procedures in more complex cases, if trained and competent, with appropriate local governance arrangements in place.
	Attend MDT meetings.	Attend and contribute to MDT meetings.	Co-ordinate and attend MDT meetings.
	Vetting & justification of routine, non-complex referrals, with support if required.	Vetting and justification of referrals and subsequent ultrasound management pathways, including complex and urgent cases.	Justification and triage of referrals within subspecialty, communicating with referrers regarding adherence to standards and protocols.
			Service lead for MSK services.

Section 3: Job Planning

Job planning should align with the four pillars of practice relevant to the level of practice. The following terminology is used in alignment with NHS England's job planning categories (9) (10) (11) (12)

DCC - direct clinical care

All clinical and clinically related activity, including MDT meetings, public health work intended to improve the health and wellbeing
For ultrasound this would include scanning lists *(inc training lists where patients are appointed from waiting lists and not volunteer patients),* communication, reporting, interventional procedures, REALM, MDT and fetal medicine meetings, justification/vetting /triage of referrals

SPA - specified supporting professional activities

Appraisal, teaching, training, research, audit, clinical management and CPD activities
For ultrasound this would include governance and governance meetings, clinical audit, didactic teaching, preceptorship roles or preceptee requirements, practice educator responsibilities, coaching, mentoring, mandatory training, CPD, QA and quality improvement, appraisals, management responsibilities, protocol development and review, up-skilling such as learning new clinical skills, postgraduate courses, co-ordinator or clinical support role

ANR - Additional NHS responsibilities

Mental health first aider, Freedom to Speak Up guardian, trade union representative roles, sustainability and transformation partnership (STP) committees, AHP committees / groups, Schwartz Round facilitator

ED - external duties

Guest lecturing and curriculum development, research, professional, educational body and national committees (such as FASP, NICE, SoR, BMUS), conference and workshop presentations and professional publications, consultancy and involvement in external quality standards such as screening committee, QSI, CQC reviews

The following tables are illustrative examples of job plans for practitioners undertaking examinations related to specific body systems. The most common obstetric, gynaecological, hepatobiliary and urological ultrasound examinations typically have similar job plan requirements across subspecialties and have therefore been combined into a single illustrative table. Similarly, the more specialist fields of Head and Neck and Musculoskeletal (MSK) imaging have been amalgamated for ease of use. Reference is made to the *NHSE Allied Health Professionals Job Planning: A Best Practice Guide* (2019) (9) as supportive evidence. The examples provided are intended as guidance and are not exhaustive. Local service evaluation should be undertaken to determine the most appropriate job plan, with consideration given to the availability of medical and senior managerial support.

Table 3.1: Illustrative job plan for sonographers performing obstetrics, gynaecology, hepatobiliary and urological examinations (percentage weekly activity for each area)

Role	DCC	SPA (includes supervised clinical practice)	ANR	ED
Trainee sonographer	**0%**	**95-100%**	**0-3%**	**0-2%**
Sonographer (career level 5: Preceptee)	**50-70%**	**30-50%**	**0-5%**	**0-2%**
Enhanced Practitioner (career level 6)	**70-80%**	**10-20%**	**0-10%**	**0-10%**
Advanced Practitioner (career level 7) ***With additional management responsibility***	**60-70%** ***10-65%***	**20-30%** ***30-50%***	**0-10%** ***0-10%***	**5-15%** ***5-15%***
Consultant Practitioner (career level 8) ***With additional management responsibility***	**45-55%** ***10-35%***	**25-40%** ***50-60%***	**5-20%** ***5-20%***	**10-25%** ***10-25%***

Table 3.2: Illustrative job plan for sonographers performing H&N, MSK and other sub-specialty examinations (percentage weekly activity for each area).

For this example, a trainee is new to ultrasound and not yet qualified. A preceptee (career level 5) is newly qualified and entering ultrasound practice. Enhanced to consultant levels describe practitioners undertaking or developing sub-speciality roles.

Role	DCC	SPA (includes supervised clinical practice)	ANR	ED
Trainee sonographer	**0%**	**95-100%**	**0-3%**	**0-2%**
Sonographer (career level 5: Preceptee)	**0%**	**95-100%**	**0-3%**	**0-2%**
Enhanced Practitioner (career level 6)	**30-70%**	**20-70%**	**0-10%**	**0-10%**
Advanced Practitioner (career level 7)	**60-75%**	**20-30%**	**0-10%**	**5-15%**
With additional management responsibility	***10-65%***	***30-50%***	***0-10%***	***5-15%***
Consultant Practitioner (career level 8)	**45-55%**	**25-40%**	**5-20%**	**10-25%**
With additional management responsibility	***0-35%***	***50-60%***	***5-20%***	***10-25%***

Section 4: Direct Clinical Activity and contribution to demand

To guide service providers to understand establishment needs, the following offers an estimation of the percentage contribution to measurable direct clinical activity (e.g. that captured under DM01 where applicable) by each career level for each sub-specialty. This is based on the illustrative scope of practice and job plans within this document. An indication is provided of clinical activity that can be performed by regulated vs non-regulated practitioners, particularly where interventional procedures are performed and medicines management legislation limitations are in place for sonographers without statutory regulation.

As previous, this is an illustrative example and will be dependent upon local service provision and available medical practitioner support. It is acknowledged that the challenges of NHS financial constraints, workforce shortages, and a new way of looking at a workforce model may this theory of appropriately allocated remuneration and scope of practice for sonographers unpalatable. However, to ensure a deliverable, sustainable, and adequately resourced sonography profession is available for the next NHS 10-year plan, conversations with finance managers and senior NHS leaders based on the guidance provided here is essential.

* Assumes sonographer has CASE accredited or equivalent **postgraduate** qualification. BSc only will result in negligible activity at all career levels due to FASP requirements for postgraduate award.

Table 4.1: Estimated percentage contribution to measurable direct clinical activity

Percentage contribution to measurable clinical activity*	Practitioner Sonographer	*Enhanced Practitioner Sono*	Advanced Practitioner Sonographer	Consultant Practitioner Sono	Total	Comments
Obstetrics (assuming regulated sonographer)	**15**	**50***	**25***	**10***	**100%**	
Obstetrics (without statutory regulation)	**15**	**50***	**25***	**10***	**100%**	May impact entry to accredited AP courses
Gynaecology (regulated)	**10**	**50**	**30**	**10**	**100%**	
Gynaecology (without statutory regulation)	**10**	**50**	**25**	**5**	**90%**	Requires additional radiologist capacity May impact entry to accredited AP courses
Hepatobiliary (regulated)	**15**	**45**	**25**	**15**	**100%**	
Hepatobiliary (without statutory regulation)	**5**	**50**	**10**	**10**	**75%**	Requires additional radiologist capacity May impact entry to accredited AP courses
Urology/ nephrology (regulated)	**15**	**50**	**20**	**15**	**100%**	
Urology/ nephrology (without statutory regulation)	**5**	**50**	**15**	**10**	**80%**	Requires additional radiologist capacity May impact entry to accredited AP courses
H&N (regulated)	**0**	**20**	**60**	**20**	**100%**	
H&N (without statutory regulation)	**0**	**20**	**30**	**10**	**60%**	Requires additional radiologist capacity May impact entry to accredited AP courses
MSK (regulated)	**0**	**20**	**60**	**20**	**100%**	
MSK (without statutory regulation)	**0**	**20**	**30**	**10**	**60%**	Requires additional radiologist capacity May impact entry to accredited AP courses

References

1. **British Medical Ultrasound Society.** Sonographer Career and Progression Framework. [Online] 2023. https://www.bmus.org/media/resources/Sonographer_Career_Framework_-_Final_v4_March_2023_002.pdf.

2. **British Medical Ultrasound Society**. Preceptorship and Capability Framework. [Online] 2022. https://www.bmus.org/static/uploads/resources/Preceptorship_and_Capability_Development_Framework_for_Sonographers.v5_002.pdf.

3. **NHS England.** Multi-professional framework for advanced practice. [Online] 2025. https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-practice/.

4. **NHS England**. Consultant-level practice capability and impact framework. [Online] 2023. https://advanced-practice.hee.nhs.uk/consultant/consultant-level-practice-capability-and-impact-framework/.

5. **NHS England**. Workforce, training and education | Career Framework. [Online] https://www.hee.nhs.uk/our-work/capitalnurse/workstreams/career-framework.

6. **The Royal College of Radiologists.** Standards for the provision of an ultrasound service. [Online] 2014. https://www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/standards-for-the-provision-of-an-ultrasound-service/.

7. **The College of Radiographers.** Education and Career Framework. [Online] 2026. https://www.collegeofradiographers.ac.uk/education-and-career-framework-ecf.

8. **NHS Fetal Anomaly Screening Programme.** Education and training | Educational requirements for ultrasound practitioners. [Online] 2026. https://www.gov.uk/government/publications/fetal-anomaly-screening-programme-handbook/education-and-training#educational-requirements-for-ultrasound-practitioners.

9. **NHS England.** Allied health professionals job planning: a best practice guide. [Online] 2019. https://www.england.nhs.uk/ahp/allied-health-professionals-job-planning-a-best-practice-guide.

10. **The Royal College of Radiologists.** Clinical Radiology job planning guidance for consultant and SAS doctors. [Online] 2022. https://www.rcr.ac.uk/media/hd3byyz4/rcr-publications_clinical-radiology-job-planning-guidance-for-consultant-and-sas-doctors_october-2022.pdf.

11. **The Society of Radiographers.** Guidance and recommendations for running an effective, high-quality obstetric ultrasound service and supporting obstetric sonographer career development. [Online] 2023. https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/guidance-and-recommendations-for-running-an-effect.

12. **The Society of Radiographers**. Consultant Radiographer – Guidance for the Support of New and Established Roles. [Online] 2022. https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/consultant-radiographer-guidance-second-edition.

13. **The Society of Radiographers**. A framework for advancing sonographer roles in early pregnancy. [Online] 2025. https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/a-framework-for-advancing-sonographer-roles-in-ear.

14. **Consortium for the Accreditation of Sonographic Education.** CASE. [Online] https://www.case-uk.org/.

15. **SoR & BMUS.** Guidelines for Professional Ultrasound Practice. [Online] 2025. https://www.bmus.org/media/resources/2025-SoR-and-BMUS-guidelines-9th-Ed-FINAL.pdf.

16. **Consortium for the Accreditation of Sonographic Education.** Standards for Sonographic Education. [Online] 2025. https://www.case-uk.org/standards/.

17. **Department of Health & Social Care.** Fit for the future: 10 Year Health Plan for England. [Online] 2024. https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-accessible-version.

18. **NHS England.** Aspirant Cancer Career and Education Development Framework. [Online] 2024. https://www.hee.nhs.uk/our-work/cancer-diagnostics/aspirant-cancer-career-education-development-programme/accend-framework.

19. **Consortium for the Accreditation of Sonographic Education.** CASE Position Statement - Independent Scanning Prior to Award Ratification. [Online] 2021. https://www.case-uk.org/advice-useful-links/position-statements/independent-scanning/.

20. **NHS England.** Diagnostic Waiting Times and Activity. [Online] 2026. https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/diagnostics-waiting-times-and-activity-dm01.

21. **Skills for Health.** Key Elements of the Career Framework. [Online] 2020. https://www.skillsforhealth.org.uk/content/uploads/2020/11/Career_framework_key_elements.pdf.

22. **The Register of Clinical Technologists.** The Clinical Technologist: Scope of Practice. [Online] 2022. https://therct.org.uk/media/4xqmdmbp/rct-scopes-of-practice-mar-2022-v12.pdf.

23. **British Medical Ultrasound Society.** Position Statement, Sonographer workforce development without the support of statutory regulation. [Online] 2022. https://www.bmus.org/static/uploads/resources/BMUS_Position_Statement_-_Regulation_Update_final_May_2022_with_logo_002.pdf.

24. **National Institute for Health and Care Excellence.** Ectopic pregnancy and miscarriage: diagnosis and initial management. [Online] 2019. https://www.nice.org.uk/guidance/ng126/chapter/Diagnosis-of-viable-intrauterine-pregnancy-and-of-tubal-ectopic-pregnancy.

25. **NHS England.** Job planning the clinical workforce – allied health professionals. [Online] 2019. https://www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf.

Authors

Lead Authors

Pamela Parker, BMUS Workforce Strategy Officer

Gill Harrison, Professional Officer for Ultrasound, Society of Radiographers

Donna Holdcroft, BMUS Professional Officer

Contributing Authors

Peter Cantin, Consultant sonographer, University Hospitals Plymouth NHS Trust

Trish Chudleigh, Research sonographer (Retired), University of Cambridge and Cambridge University Hospitals NHS Trust

Danny Corder, BMUS Events & Education Officer

Nicola Davidson, Lead sonographer, Worcestershire Acute Hospitals NHS Trust

Samantha Frater, Superintendent Radiographer, Ultrasound, University Hospitals of Northamptonshire

Colin Griffin, Consultant sonographer, Liverpool Foundation NHS Trust

Gerry Johnson, Consultant sonographer, Tameside NHS Trust

Catherine Kirkpatrick, Consultant sonographer, Lincolnshire Community and Hospitals NHS Group

Catherine Lee, Consultant sonographer, Royal Devon University Healthcare NHS Foundation Trust

Ruth Reeve, Consultant sonographer, Portsmouth Hospitals University NHS Trust

Shaunna Smith, Clinical Specialist sonographer, NHS Humber Health Partnership

Holly Spencer, PhD Student (Sonographer), Sheffield Hallam University

Morag Stout, Consultant sonographer, Clinical Lead, National Ultrasound Training Programme, NHS Scotland Academy