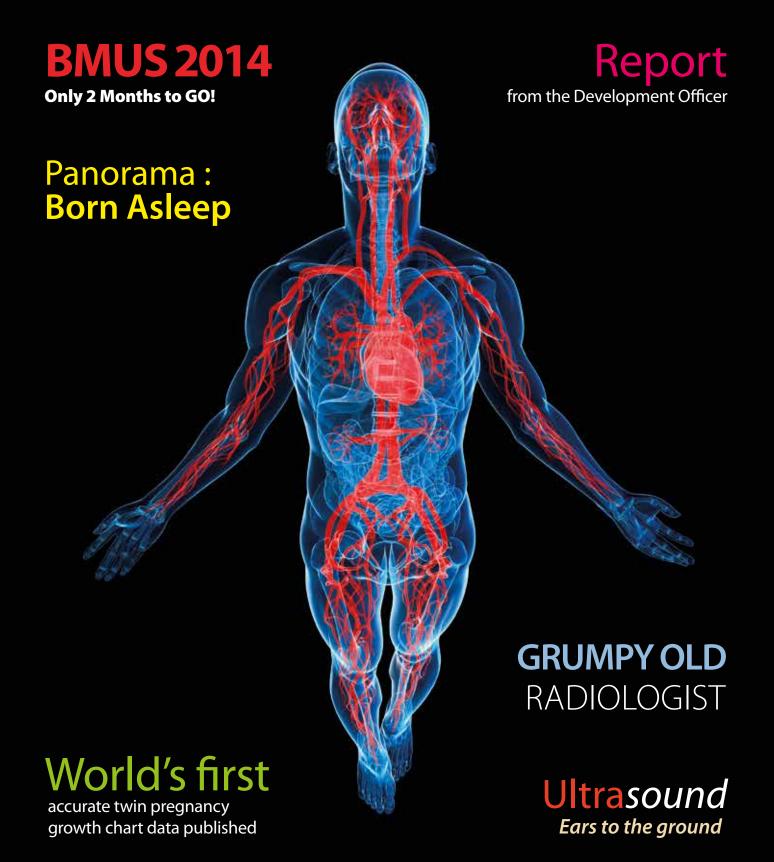


www.bmus.org – Autumn 2014



## **Grumpy old radiologist**

Spare a thought for your primary care colleagues

sk any of the ultrasound helpers in our department what makes your correspondent even more grumpy than usual and you can expect to get a wide variety of replies ranging from those related to work (patients who text their friends during their ultrasound examinations, new hospital parking charges, mandatory training in communication skills, revalidation, etc.) and those related to life in general (state of English one-day cricket, unsolicited phone calls at home, X Factor and all other reality TV, shopping at Comet or Currys, etc.) - the list is long and varied. One thing they will all agree however is the adverse effect of an ultrasound list of "lumps and bumps" being scheduled for my attention. Towards the end of the list, having seen a dozen or more superficial pea-sized pimples that have been present for three or four years without changing in size, my joie de vivre tends to decline - woe betides any foundation year doctor unwise enough to enter the ultrasound room to ask for an extra to be added to the list!

Recently I signed up for an exchange visit with a local GP as part of an initiative from our hospital to improve communication between primary and secondary care. By chance I was paired with a colleague with whom I had played cricket as a medical SHO sometime in the last century. Thoughtfully he had reduced the size of his morning list to allow us time to talk in between patients and we had the luxury of 15 minute consultations rather than the usual 10. It wasn't long before I recognised that I was completely outside my comfort zone. Having spent time as a medical Registrar in a busy hospital before starting my career in radiology and amassing, (so I thought), a sound and broad knowledge of medicine, I was amazed to find there were many patients with symptoms so varied and extraordinary that I was unable to formulate any diagnosis whatsoever. By the end of the morning I had diagnosed multiple sclerosis (1), bowel cancer (2), a brain tumour (1), rheumatoid arthritis (1), and melanoma (1). My recommended management ran to multiple ultrasound, MRI and CT scans and several specialist referrals. Things got worse as we started on our list of home visits; I was in favour of urgently admitting two of the five patients to hospital. My GP friend was, I think, secretly amused by my ineptitude and managed the entire morning with a few requests for blood tests, a single ultrasound request and no secondary care referrals. He showed me the value of knowing his patients and the importance of prescribing "tincture of time" before organising specialist examinations and referrals. It reminded me just how difficult it is to be a doctor in primary care, needing a sixth sense to identify the patient who is seriously unwell in amongst the others who are not - (the hardest thing to learn in medicine). If this experience reflects primary care across the NHS then we are in good hands

As we all work harder and harder trying to cope with increasing waiting lists and breeches, it is sometimes difficult for us to remember the value of a normal or insignificantly abnormal ultrasound scan in patient management. In the age of instant information (and misinformation) on the internet, patients will frequently demand imaging from their GP even when it isn't strictly indicated. For many patients the reassurance of a scan is impossible to quantify and may help avoid multiple future visits to the GP surgery. You will have read in the news that health secretary Jeremy Hunt intends to "name and shame" doctors who fail to spot cancer in the early stages and make referrals for "lifesaving scans". Pity the poor GP and wonder whether in their situation you might also ask for a few extra ultrasounds.

So my belated new year's resolution is to redirect my irritation at seemingly trivial ultrasound requests towards the health policy makers who seem to think that our capacity for imaging is unlimited. I also urge all BMUS members to be involved with designing referral guidelines for ultrasound that aim to focus capacity where it is most needed and provide protection to referrers who operate within them. Life in primary care is difficult enough without us refusing or belittling referrals that superficially appear frivolous. Remember that there is often more to the referral than can be judged from the clinical details supplied. I tried it for half a day and it scared me plenty!

Until next time, stay well.

#### Dr Simon Freeman,

**BMUS Honorary Secretary** 

## **Report from the Development Officer**

This is a new post created at the beginning of 2014 and is the brainchild of Colin Deane, past President of BMUS. I am the first holder of this post and at the beginning of the year undertook wide ranging discussions to help plan what actually needs to be done and how BMUS would do this. I say 'BMUS' because the work in the Development Officer's job description is far more than one person can do.

Following consultation I set up three new committees. The **Web Oversight Group** is chaired by Ellen Dyer, sonographer from Cambridge. This group advises on the look and content of the BMUS website, liaising closely with Joy Whyte, General Secretary in the BMUS Office. The **Professional Standards Group** is chaired by Pam Parker, sonographer from Hull and yes this is the same Pam Parker who is also Scientific Chair for the Annual Scientific Meeting this year! The PSG defines standards for clinical use of ultrasound, where necessary liaising with other bodies such as the RCR, SCOR and RCOG. In time this group may also look at scientific standards for testing of ultrasound equipment. These 2 groups have made excellent progress since their inception, defining their terms of reference, recruiting members and getting on with the work of their groups.

The last group is the **e-learning Editorial Board** chaired by myself. The intention of this group is to develop a range of educational material which members can access online to enable them to gather CPD points. This more than anything else seems to be a major issue for sonographers, especially in these times where getting funding and leave to attend conferences is difficult. The plan for e-learning material includes basic lectures (eg. on physics of ultrasound), videos

of speakers from conferences and image banks. There is some limited e-learning material on the current BMUS website which members can access. Expansion of this activity requires more functionality than exists on the BMUS computers and we are currently looking at external options for this. I step down from this post at the end of this year and Pam Parker will take over. There is no better person to take this work forward with the drive and energy that Pam has already demonstrated in her many guises in BMUS. The Development work will continue to ramp up and we are always looking for BMUS members who wish to help with the work of the Society.

If you are keen to be involved in any of the activities then please contact the BMUS office.

**Prof Peter Hoskins** Development Officer

## **Membership Subscriptions for 2015**

It is fully appreciated that the last few years have been difficult for our members, with ever increasing pressures on salaries that are not rising in line with inflation due to the economic downturn. In order for the Society to sustain operations at its current level BMUS need to maintain a stable income, therefore it is very important to the Society that you renew your membership. As reluctantly decided at BMUS Council several years ago, subscriptions are now increased in line with inflation annually. For those membership renewal subscription notice has been enclosed with this BMUS Newsletter.

It is also appreciated that January can be a difficult month for everyone, as a result BMUS introduced quarterly subscription payments by direct debit a few years ago – the payment for a UK Sonographer now stands at £21.75 per quarter. If you have not already taken advantage of this payment method, you can do so by completing the form on the reverse of the renewal notice and return it to the BMUS office. For those members attending the Annual Scientific Meeting in Manchester, on 9 -11 December you are able renew your membership at the Cash Registration Desk or request to change the payment method.

### **Revised Membership Subscription Rates** Effective 1st January 2015

	Category	2015
Sonographer	1	£87.00
Honorary	2	n/a
Overseas Member	3	£130.00
European	13	£92.50
Student	4	£33.00
Retired / Unwaged	6	£65.00
Consultant / GP / Radiologist	8	£112.00
Superintendant	9	£99.75
Vascular / Scientist	10	£75.00

# **BMUS 2014 UPDATE**



**Pam Parker** Chair of 2014 Organising Committee

MCL Create are our AV provider for BMUS 2014. They have been delivering dynamic live events at Emirates Old Trafford since 2010.

#### Welcome to the autumn

**newsletter.** 2014 has been a very busy year for the Scientific and Education committee. We have run some extremely successful study days, the ever popular Summer school as well as making plans for this year's annual scientific meeting

If it's not in your diary yet why not?

### BMUS ASM: 9th – 11th December

### Location: The Point, Emirates Old Trafford, Manchester

Hot topics at the ASM will make this forthcoming meeting a sizzling event you can not afford to miss. With only two months to go registration for the meeting is in high demand.

The benefits of hands on training can never be underestimated and with five practical training sessions on offer this year's meeting aims to offer first class tuition and revision for delegates.



An integrated training programme has been at the heart of many BMUS ASMs and ensures that delegates receive the relevant taught material prior to attendance to maximise their learning opportunities.

#### **Integrated Training Days**

This year the two integrated trainings days are the ever popular DVT (day 1) and Head and Neck (day 2) sessions. In both the DVT and Head and Neck sessions delegates have the opportunity to extend and practice their range of skills, whilst developing new techniques and a greater understanding of the imaging technologies available from different manufacturers.

#### **Expert Sessions**

In addition to these ever popular hands-on training sessions, new to the ASM this year are two practical advice sessions delivered by experts in their field. The leading UK ultrasound experts are on hand to guide delegates through the latest in technology and practical scanning advice in these two excellent sessions.

The first session is concentrating on ergonomics and the reduction in RSI, a significant factor affecting the ultrasound profession. This practical session on day 1 will explore the ergonomic features available on equipment including the examination and couch manufactures used as an aid in the reduction of RSI. The faculty, provided by BMUS, will give hands on advice and tuition to delegates, with the advice and guidance of the manufacturer colleagues. In addition to this practical workshop, there are also two individual lecture sessions giving hints and tips on how to reduce risk of work related injury including presentations on the latest research in this field.

The second expert session sits within the advancing technologies stream on day 2 and will explore the latest developments in equipment technology, software, fusion imaging and elastography in a practical setting.

### **Education and Training**

Training in ultrasound is the burning issue which will be sure to be a recurring theme throughout the meeting. With an ever pressing need for more ultrasound practitioners in every field, there is an increasing need to change how education in



At our last site visit legendary cricket umpire Dickie Bird was in residence watching Yorkshire thrash Lancashire.

being delivered across the board. This topic is the main feature of the professional issues sessions and affects all fields of ultrasound practice. Where does the funding come from, how can education be delivered with increasing pressures in the workplace, is this the time for a more direct entry approach to ultrasound education and what tools can be employed to reduce pressure on clinical departments? Big guestions and difficult answers, but these will be addressed in the professional issues sessions on day 1 and on day 2 in the vascular stream. In addition, the use of simulators in education will be reviewed and for those of you new to this or sceptical about the use of simulated training there is the opportunity for practical hands on practice within the advancing technologies expert session on day 2.

The issues surrounding education and development in practice will culminate on day 3 with the Reporting Skills and Quality Assessment master class; an afternoon's programme discussing the best practice in reporting and outlining audit processes and tools that can be used in departments keen to establish and monitor practice in a robust and educational format. Quality assessment in ultrasound practice is difficult, but the Professional Standards Group of BMUS have been working hard to devise audit tools and advice that can be used by departments which will be launched at this master class session on the final day of the ASM.



#### MSK

Hot topics continue in the MSK stream and this year's programme incorporates education and practical training for both the newcomer to MSK and the more experiences MSK practitioner. The faculty comprises a range of experts reflecting the diversity of professions now using ultrasound both for diagnostic and therapeutic procedures. Speakers include sonographers, physiotherapists, rheumatologists and orthopaedic surgeons/sports physicians.

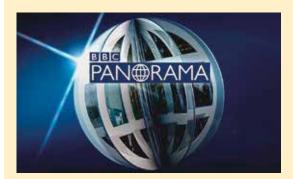
#### **Social Programme**

Don't forget you have an opportunity to spend an evening at the Manchester United Stadium for conference dinner, this year sponsored by Toshiba Medical Systems. The conference dinner promises to be an unforgettable occasion! Your ticket includes a drinks reception in the museum and trophy room, a 3 course dinner over looking the famous hallowed turf followed by swing time cabaret and dancing. Tickets are limited and are in hot demand. Book early to avoid disappointment as this will sell out soon!

So with only TWO months to go until this blistering programme ... visit : www.bmus2014.org for more details and register NOW!

Pam Parker 2014 Scientific Organising Committee Chair

# Panorama : Born Asleep



Last week BBC1 broadcast a programme on stillborn babies.

'Every year in the UK, four thousand babies are stillborn. It's one of the worst rates in the developed world. Panorama's Paul Kenyon meets the clinicians who say they could save hundreds of babies' lives a year, with cheap and simple interventions that the medical establishment appears slow to accept.' (BBC Panorama, 29th September 2014)

A leading obstetrician, Professor Kypros Nicolaides, told Panorama that more than half of the UK's stillbirths could be prevented simply by implementing additional scans. Every pregnant woman at his King's College Hospital clinic is offered the Doppler scan at weeks 12, 22 and 32.

The Department of Health said it has asked Prof Nicolaides to submit his research.

### What do you, the wider ultrasound community, think?



Prof Nicolaides scanning

### World's first accurate twin pregnancy growth chart data published

The Twins and Multiple Births Association and St George's Hospital are pleased to announce the publication of data for the world's first accurate twin pregnancy growth charts in the Ultrasound in Obstetrics and Gynaecology journal. The data has been published following a large piece of research that was commissioned by Tamba last year.

Asma Khalil, Consultant Obstetrician, St George's Hospital: 'There are no accurate growth charts for twin pregnancies at the moment. Twin babies are measured using singleton charts and clinicians must use their judgement to decide how the pregnancy is progressing. This research has the potential to save many lives each year in the UK and thousands around the world'.

Each year there are approximately 11,000 multiple births in England and Wales. Twin pregnancies are identified as high risk due to the increased risk of pregnancy complications compared to singleton pregnancies. The overall stillbirth rate is 12.3 per 1,000 twin births compared with 5 per 1,000 singleton births. The risk of preterm delivery is also much higher in multiple births, with 50% of all twin pregnancies resulting in a premature delivery. Therefore, twin pregnancies require increased monitoring during the pregnancy, including serial ultrasound scans for the assessment of fetal well-being.

Keith Reed, CEO, Tamba: 'This is a vital piece of research that has the potential to save twin babies' lives and prevent unnecessary premature births. This piece of research could change clinical practice in twin pregnancies forever'.

NICE highlighted the need for this piece of research in its guidance on 'Management of Multiple Pregnancy' that was published in 2011: 'There is.... a need for large, prospective cohort studies to develop fetal growth charts specific to twin and triplet pregnancies. This would allow definition and diagnosis of clinically significant intrauterine growth restriction using true growth velocity and trajectories, rather than estimated fetal weight and discrepancy'.

The twin pregnancy growth charts will be rolled out to all hospitals in the UK and beyond over the coming year.

### **About the research**

This piece of research was a cohort study of biometric measurements, collected prospectively, in the second and third trimesters of twin pregnancies by nine hospitals in the Southwest Thames region of England between 2001 and 2010 as part of the Southwest Thames Obstetric Research Collaborative (STORK)

The final data set for analysis included a total of 9866 second and third trimester ultrasound examinations in 2125 pregnancies. The measurements obtained at each examination include head circumference, biparietal diameter, abdominal circumference and femur length in each fetus.

### Ultrasound Ears to the ground

Snippets heard in ultrasound environs across the land in recent weeks.

*" I didn't get fined as I bonded with the policeman over our mutual love of Mary Berry "* 

*" I've applied for a Virgin Galactic space flight. There's something about Branson's beard that makes me trust him "* 

*" When he left he said he's off dogging. I presume he means walking the dogs not hanging out in the woods in a mask "* 

" Her new tattoo looks like the BMUS logo.... "

*" Doing Stoptober and Go Sober for October combined with having my mother-in-law to stay has sent my chocolate consumption through the roof "* 

" Do you think it would be inappropriate to wear a Man City shirt to the BMUS dinner? "

*" He didn't even cry when our daughter was born. But he bawled his eyes out at the Kate Bush gig "* 

# Clinical Excellence Award

Congratulations to Gerry Johnson, who recently received a Clinical Excellence Award from Tameside Hospital. Gerry's wall of fame will be filling up as he adds this to the coveted title of The Society of Radiographer's 'UK Radiographer of the Year' back in 2012.

Gerry sits on the BMUS Scientific and Education committee and Professional Standards Group, and we're very happy to have him among our strong team of expert healthcare professionals.

### 2015 BMUS Study Days

**February** Gynaecology series (Feb, May, Sept)

**April** Head and Neck

May Obstetrics Gynaecology

Go to **www.bmus.org/conference-events/ce-home.asp** for more details and updates. More events will be added soon.

### June BMUS@UKRC

BMUS @ UKRC Professional Issues

September Paediatric Gynaecology

October Contrast EVAR

# CAN YOU SEE YOURSELF AT MANCHESTER UNITED?

# **BMUS ANNUAL DINNER 2014**

### WEDNESDAY 10TH DECEMBER 2014 AT OLD TRAFFORD - 19:00 till late

Ticket price of £39.75 - (£60.00 for non delegates) includes: Pre-dinner drinks in the Old Trafford museum, Three-course Meal and Wine, Awards Ceremony, Presidential Inauguration, Entertainment and Dancing

### To book your place visit: www.bmus2014.org

Places are limited so it is advisable to book as soon as possible





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