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Response to the article by Mitchell, P., Nightingale, J., and Reeves, P. (2019). Competence to capability: An integrated career framework for sonographers. Radiography.

Dear Editor

We would like to congratulate Mitchell, Nightingale and Reeves for their article on 'Competence to capability: An integrated career framework for sonographers' for providing a suggested framework for skills escalation for sonographers¹. This is particularly relevant to the current work being undertaken by Health Education England (HEE) to attempt to address the sonographer shortages in England² and challenges faced by the introduction of a wider range of entry points to ultrasound practice^{3,4}.

We would like to clarify three key points made within the article, the first of which is within the abstract, suggesting that sonographers 'currently have a primary registration'. One of the major problems in developing an integrated educational and career framework for sonographers is the lack of a statutory regulatory 'home' for all sonographers. The majority of sonographers are statutorily registered but as a radiographer, clinical scientist, physiotherapist, registered nurse or midwife and not as a sonographer. Many sonographers, through no fault of their own, are unable to register with a statutory regulator. This includes the many sonographers who trained overseas and sonographers who trained in the UK (at both undergraduate and postgraduate level) but who are not from one of the above professional backgrounds. The College of Radiographers administers the Public Voluntary Register of Sonographers (PVRS)⁵ which includes 187 sonographers who are unable to obtain statutory registration in the United Kingdom⁶. A recently published report from the Professional Standards Authority on the regulation of sonographers does not recommend statutory regulation at the current time⁷. Recent developments at a national level in advanced and consultant practice⁸ mean that being registered with a statutory regulator is likely to be a requirement for these practice levels in the future, thus limiting career development opportunities for those sonographers who are not able to.

The second point of clarification is relating to the work that HEE are leading, on sonography education and career developments², which is mentioned in the discussion and conclusion. It is not solely the SCoR and British Medical Ultrasound Society (BMUS) who are stakeholders. HEE have involved many other organisations including the Royal College of Radiologists (RCR), the Consortium for the Accreditation of Sonographic Education (CASE), Society for Vascular Technology of Great Britain and Ireland (SVT), the Chartered Society of Physiotherapy (CSP) and Public Health England.

A final point to note is that the proficiency standards, referred to in the final paragraph of the article's discussion, which are published in appendix 1 of the CASE Standards for Sonographic Education document⁹ are aligned to the Health and Care Professions Council 'Standards of Proficiency for Radiographers'¹⁰ and not the Skills for Health National Occupational Standards¹¹, as suggested.

The article does however open the debate about how best to assess skills and capabilities of ultrasound practitioners at different career levels. This aligns well with the current work that is being led by HEE on a capability development framework.

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