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OPINION

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Letter to the Editor in response to the Position statement and best practice recommendations on the imaging use of ultrasound from the European Society of Radiology ultrasound subcommittee

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Abstract

This letter to the editor is in response to the consensus statement from the Ultrasound Subcommittee of the European Society of Radiology, the European Union of Medical Specialists (UEMS) Section of Radiology, and the European Federation of Societies for Ultrasound in Medicine and Biology. It highlights the role of the non-medical sonographer in the UK and the evidence underpinning this safe and effective practice.

Keywords: Ultrasound, Sonographer, Skillmix, Competence

Dear Editor in Chief,

With regards to the published consensus statement by the European Society of Radiology (ESR) ultrasound subcommittee [1], we would like to commend the ESR for highlighting the need for high quality education including safe use of the equipment, clinical training, decontamination processes and report writing by the practitioner who undertakes the examination. The importance of saving images to a picture archiving system is also crucial, particularly as imaging is undertaken outside the hospital setting in some countries, to enable review, comparison and audit. We are disappointed to note that the ESR “strongly” recommends ultrasound use by doctors, without mention of the role that radiographers and sonographers have in the provision of high quality ultrasound services around the globe. In some cases, for example the United Kingdom (UK), independent reporting

non-medical ultrasound practitioner (sonographer) roles have been in place for decades [2] and there is evidence from across Europe and further afield of the effectiveness of sonographer practice [3–11].

The Society and College of Radiographers (SCoR), the Royal College of Radiologists (RCR), the Consortium for the Accreditation of Sonographic Education (CASE), the Royal College of Obstetricians and Gynaecologists (RCOG), the British Medical Ultrasound Society (BMUS) and the Royal College of Midwives (RCM) firmly believe that team-working with radiologists and other medical and non-medical colleagues provides a safe, effective ultrasound imaging service. In the UK, ultrasound courses outside of medical education programmes can opt to be accredited by CASE. This model helps to ensure a minimum standard of education and curriculum content [12], as recommended by the ESR [1]. We continue to work with stakeholders to lobby for statutory regulation of sonographers. As practice has developed, many sonographers have extended their scope of practice to include interventional procedures, elastography, fetal

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medicine scans, contrast enhanced ultrasound [13] and leading multidisciplinary team meetings. Some extended roles require statutory regulation, such as the ability to act as referrers for examinations (such as CT scans) that involve the use of ionising radiation. Whilst many sonographers are statutorily regulated as for example, a radiographer (Health and Care Professions Council), nurse or midwife (Nursing and Midwifery Council) there are an increasing number of sonographers who are unable to gain statutory regulation in the UK [14]. Any extension to the scope of practice is developed in conjunction with experienced sonographers and medical practitioners, with competency assessment and on-going audit to evidence high standards of practice by sonographers. We believe that sonographer should be a statutory regulated profession so that individuals are required by law to hold formal ultrasound qualifications in order to practise.

Yours sincerely,

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