

## **Ultrasound Career Structure and Education : a Time for Change**

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# Ultrasound career structure and education: A time for change

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## INTRODUCTION

The Society of Radiographers, The Centre for Workforce Intelligence (CWI), Consortium for Accreditation of Sonographic Education (CASE), British Medical Ultrasound Society (BMUS) and the Department of Health (DoH) have all identified and documented over the last decade the crisis of a rapidly reducing sonography workforce but little work has been done to address this challenge. The British Medical Ultrasound Society's (BMUS) paper "Extending the Provision of Ultrasound services in the UK" (2003) highlighted that ultrasound training was failing to keep up with the service demand for, and natural wastage of, sonographers. It was therefore evident that sonographer education needed to be explored in order to find a solution to this workforce dilemma.

Since 2003 there has been much debate about, and historical reluctance regarding the concept of direct entry ultrasound training programmes. Thompson (2009) on behalf of the Society of Radiographers (SoR) explored the possibility of a direct entry programme and identified some of the advantages and issues with providing a direct entry route alongside the existing postgraduate provision for ultrasound training. However, as highlighted by Thompson (2009) and SoR (2013), there is at present no professional agreement on what the clinical role of the sonographer practitioner at band 5 would be and therefore no band 5 clinical competence framework exists.

Parker and Harrison (2015) sought to explore BMUS members' opinion concerning "direct entry" ultrasound education. Unsurprisingly their findings highlighted member's concerns over placement capacity, emotional intelligence, state registration and limited subject specific knowledge; all of which have been consistently reported as barriers to implementing a direct entry route. Interestingly defining the scope of practice and the role of a graduate sonographer was reported as a contentious issue with no real solutions being put forward.

The aim of this study was to explore the opinions of sonographer practitioners towards direct entry graduate sonographers and the potential impact on the workplace.

## METHODOLOGY

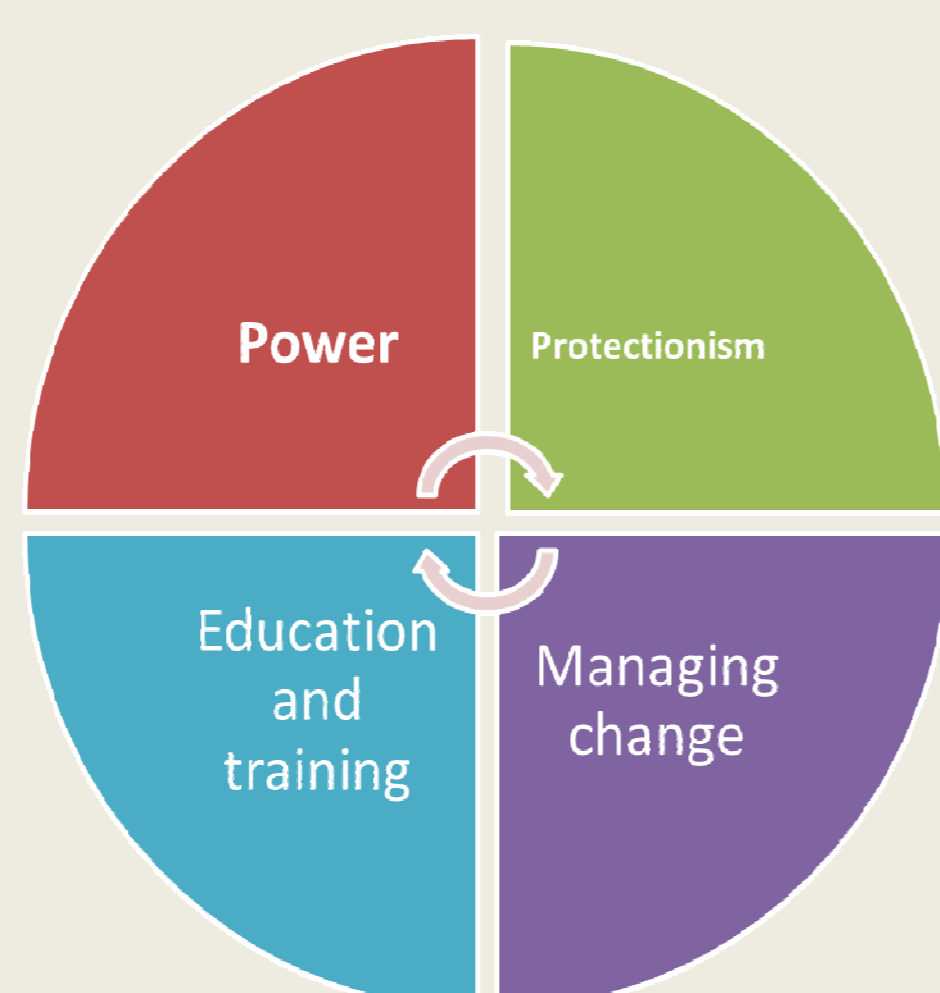
- The data was collected using semi-structured interviews .
- Participants were purposively selected from a wide geographical demographic within the UK and also included participants from Ireland and USA.
- The sample of 10 participants included ultrasound managers, a consultant sonographer, band 8 and 7 sonographer practitioners, a locum sonographer and educators from a wide professional background including nursing, radiography and midwifery.
- Interviews were either conducted face to face or on the telephone

## RESULTS

After conducting in total 10 semi-structured interviews saturation of the data was achieved. The data was coded into the following folders

Working world of the sonographer	• Training, lists, pressures, motivation, deficit, locum
Professional background	• Participants demographics- areas of ultrasound practice
Competence by bands	• bands 5-8 – very few indicated
Definitions of competence	• area of clinical practice, decision making, reassurance
Future of sonography	• training, leadership, funding, advancement, bandings, AQP
Implementing a new framework	• Training, challenges, opportunities, frameworks

Using an inductive thematic analysis the following themes emerged



## DISCUSSION

The overwhelming resistance to changing the educational pathway for the sonography profession has been reported consistently over the last decade with Parker and Harrison (2015) more recently reaffirming that the resistance to direct entry sonographers remains high. This reluctance to consider the role of a Band 5 sonographer was evident after 6 interviews were conducted. Participants were unwilling to identify areas of practice that could be undertaken by a band 5 with comments such as

"I couldn't really understand from your study what a band 5 could do as a sonographer its so independent its not like you can just put the patient on the table and line everything up and hit a button and the machine does it for you I mean you have to manipulate everything "

and

"I don't think there's any role for a 5"

One aspect they did all agree on was that they wouldn't be able to work in isolation.

The study explored where this professional resistance to change was rooted in the hope that recommendations could be made to enable the profession to evolve and move forward . Emergent key themes were:

### Power

Due to the workforce crisis sonographers are in great demand which puts them in a position of power. Furthermore the Sonographers are very aware of their position of power as indicated by some of the responses in the interviews

"I think being in a profession where there is a significant deficit regardless of what your profession is puts you in a strong position because you are not easily replaceable."

and

"sonographers as a profession are very powerful – but a lot of sonographers are resistant to change."

This microcosm of power can be argued to have evolved from the creation of the professional sub-specialism of sonography by the radiologists (Ferris, 2005) as well as the workforce deficit. In order to find a way forward it is essential that this power is redirected in a more positive way .

### Professional Protectionism

Professional protectionism is not a new concept (Morgan 2014). Henderson et al (2015) also identify professional protectionism as influential when implementing changes such as skill mix. Participants in the study when asked to identify areas of practice for a band 5 sonographer it was more often in an area of practice they did not undertake

"but would I want a band 5 newly qualified sonographer working in my EPAU then probably not"

Furthermore, most participants could not identify how parts of their role could be "down banded" for a 5 to undertake . The words "down banding" and "devaluing" were common and seen as a negative concept.

### Managing change

The main concerns were political drivers and fiscal influences that have instigated the push for a greater skill mix within sonography. A lack of confidence in already existing clinical competence frameworks was a key factor suggesting discrepancies in implementation and interpretation being a significant issue. Lack of professional leadership both at departmental and national level also compounded the barriers to implementing and managing change within sonography

### Sonographer Education

There are different opinions concerning educating enough sonographers for the future. All participants demonstrated a preference for training to be at Masters level . All participants were in agreement that training needed to change.

## CONCLUSION

- Professional protectionism is rooted in the fear and anxiety of the unknown
- The career structure and education philosophy within sonography is unsustainable.
- A microcosm of power has been created within sonography.
- The future of sonography can only be secured through effective leadership and vision

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