

Minutes: Ultrasound Special Interest Group

Wednesday 6th March 2019, Meeting Room 5, Learning and Education Centre, Forth Valley Royal Hospital

Present: Morag Stout (GGC), Gill Rooney (Fife), Claire Telfer (GJNH), Catherine Brady (Lanarkshire), Elaine Gardiner, GCal. On VC: Heather Scott (Orkney), Sharron Humphries (Highland), Margaret Taylor (Tayside)

Apologies : Carine Stirling (GGC), John Bayliss (Grampian), Karen Thomson (A&A), Helen Ormiston (Borders), Lucy Wilson (Shetland), Linda Handley (D&G), Suzanne McHattie (Lothian), Dr Fiona Hawke, SCIN, Steven Wilson (Western Isles).

Topic	Challenge	Discussion	Responsibility	Completion Date
Introduction		Helen Gardiner from GCal was welcomed to the group	MS	N/A
SRTP/ SG access collaborative update		MS reported that STRP Ultrasound questionnaire had been completed by all boards across Scotland. A total of 161 sonographers are currently employed in Scotland. Most training is adhoc and there is very little workplace planning in place. Information at present has limited detail. MS reported that SG Access Collaborative has funding to identify needs of boards to provide a faster turnaround for Diagnostics. In particular, they are keen to increase the number of Consultant Breast Radiographers. Lothian have trained a Sonographer for this role.	MS	Ongoing
Training		GR noted that Fife has 1 sonographer about to qualify and they are training another 2. Orkney are training 2, as are Highland. Tayside are training 1. Discussion around different educational models. GR noted that management are not interested in sonographers being educated past PGCert as they thought Research Methods was of little value in a qualified sonographer's role. EG and MS both disagreed with this as it is an integral	All	

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		part of Advanced Practice under the 4 tier structure.		
Educational update		EG outline modules available at GCal and various training models across the UK These have been forwarded to the group. Consensus around the table was to have education at M level in Scotland.	EG	
Sonographer Protected Title		At present, no progress due to BREXIT.		
Demand management		MS discussed a pilot in QEUH for IPs with abnormal LFTs. So far it is appearing successful. MS will update at next meeting. MT discussed an SOP for shoulder pathology in Tayside – to share with group. CT noted her frustrations that there were no national standardised SOPs as in GJNH, they scan patients from 4 boards. Discussions concluded there was no way around this.	MS/ MT	
Staff Wellbeing / Recruitment and Retention/ succession plan.		Discussion around the need for regular CPD time and valuing staff. Managers need to be more flexible if they are to retain staff. A national 10 year succession plan is needed.	All	
Audit of Locums and sharing of Knowledge		MS outlined recent issues with locum sonographers and their competencies. Various models of induction and audit were discussed. GR is to share Fife model. It was agreed that all locum recruitment must be more robust and included a telephone conversation with their most recent employers. Ideally, should be HCPC	All	

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		reg but it was recognised there are many Australian and Canadian locums who are excellent and not HCPC registered.		
AOCB		FH has asked that the SIG take SCIN off its title, so as we do not have to make formal reports to SG. Some GP nurse practitioners requesting in A and A. No one else had heard of this practice.	All	

Date of next meeting – TBC (MS on SL for a few months)