South East Imaging
Training Academy [SE ITA]

Paediatric Ultrasound
Training Programme for
Sonographers

Wednesday 11 June 2025





### Paediatric Sonography

**Dr Samantha Negus**PAEDIATRIC RADIOLOGIST
Surrey and SUSSEX NHS Trust

#### Complex and huge topic

Radiologists Sonographers

#### Age

• Prem < 0 < 16-18yo

#### Head to toe

- Cranial
- Neck
- Lumps and bumps
- Abdomen
- Pelvis
- Hips

#### Complex and huge topic

Radiologists Sonographers

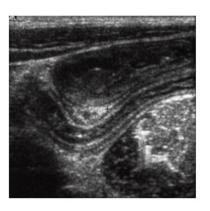
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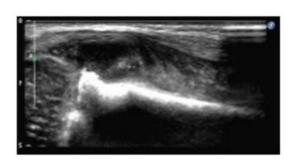


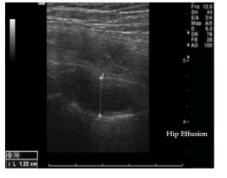








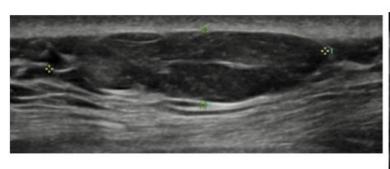


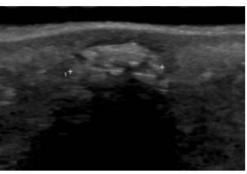


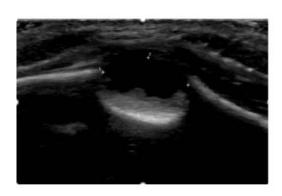


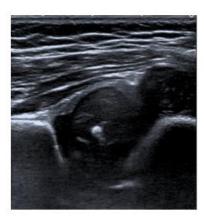












## Why do we need sonographers?

- Capacity and demand
- Children often present with urgent pathology
- Interesting subspecialty
- Able to make a real difference
- Ultrasound very powerful tool in small people
- Paediatric radiologists are engaged and supportive

# Thank you for listening



Recommendations for education and training of specialist paediatric sonographers – webinar for South-East Training Academy prior to the pilot study

A quick overview - and how it is being adapted to specifically support NIPE hip training

Rebecca Hawkes June 2025

#### What prompted this document?

- ▶ To date no formal paediatric training pathway in the UK for the progression of a sonographer to advance their practice.
- Globally it is also apparent that there is a lack of specialist paediatric training (Heckler 2015).
- Our document sets out recommendations to standardise paediatric ultrasound, and enable sonographers to practice safely, in the absence of an accredited course.
- ➤ To protect children attending for ultrasound scans and to protect the sonographer by evidencing competence.

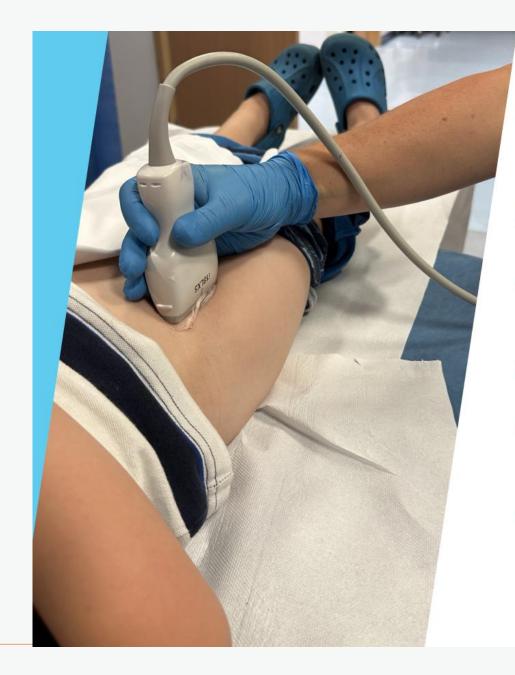


#### How does the document protect children?

- 1. Provides evidence that the sonographer has undertaken appropriate further study.
- 2. Demonstrates clinical competency by passing formative assessments signed off by a paediatric imaging leads.
- 3. On completion the sonographer will be safe to undertake specific paediatric examinations within their scope of practice.

#### Training - requirements

- Minimum 6 months full-time/12 months part time training, with regular formative assessments. Final formal clinical assessment and viva voce
- Ultrasound reports should be reviewed and signed off by the mentor during training
- Completion of a portfolio.
- Record observed ultrasounds of each specific anatomical area
- Complete a minimum of 5 ultrasound examinations of each specific anatomical area under direct supervision
- Minimum of 25 unsupervised cases of common anatomical areas, or 10 cases of less common areas. Numbers are a guide and can be adapted. Clinical competency is of greater importance than minimum numbers
- Presentation of two interesting cases
- Infrequent cases rarely seen can be discussed rather than numbers achieved.



## How to begin - criteria for commencing training

- Qualified sonographer with a post graduate diploma + MSc
- At least two years general abdominal and gynaecology ultrasound experience
- Obstetric experience preferable
- A named consultant radiologist or senior paediatric sonographer as a supervisor
- An opportunity to attend and present at multi-disciplinary team (MDT) meetings



#### Required skills:

- Comprehensive knowledge of normal anatomy, anatomical variants, and pathology.
- Be able to differentiate between paediatric and adult anatomy, and ultrasound appearances
- In depth knowledge of both acquired and congenital paediatric diseases
- Understand the role of ultrasound in the patient pathway
- Understand how referrals are vetted and prioritised
- The ability to communicate sensitively with the patient, parents, carers, or guardians
- Knowledge of quality assurance and audit
- The ability to adapt the machine settings for paediatric patients-safe practice
- Adhere to infection control policies.

#### The portfolio

- ► The portfolio demonstrates on-going progress:
- ► A log of all cases undertaken minimum of 25 unassisted ultrasound examinations in each common anatomical area
- ► A continuous logbook of interesting cases performed during training with ultrasound, alternate imaging and histological diagnosis.
- ▶ Two 1000-word case studies covering different anatomical areas
- A viva voce around the topics presented in the case studies, the clinical assessments and from the audit findings.
- Monthly or bimonthly audit- both imaging and report quality, following recommended audit processes, such as those referred to in the SoR and BMUS 'Guidelines for Professional Ultrasound Practice'

## Anatomical areas - can be adapted

Individual requirements for each individual hospital, NHS Trust or Health Board.

- ▶ General abdominal
- Paediatric oncology
- Gynaecology
- Paediatric renal
- ▶ Neonatal renal
- Musculoskeletal (MSK) including spine, hips and joint effusions
- Soft tissue/small parts including scrotum, lumps and bumps
- Vascular ultrasound such as deep vein thrombosis (DVT) upper and lower limb line insertion
- Head and neck
- Emergency GI ultrasound including appendicitis, pyloric stenosis, intussusception, and complex collections





#### Assessments

#### Formative monitoring:

- Every 2 months- review clinical learning needs and provide feedback
- Develop action plans

#### Summative clinical assessment:

- Training culminates in two ultrasound lists (minimum of 5 patients per list), assessed by two radiologists/senior paediatric sonographers
- Assessments must be over the range of anatomical areas required by the institution.
- ▶ Post assessment viva.

#### Achievement

- Competency will be achieved when:
- Portfolio complete
- Logbook of cases complete
- Two case studies presented and discussed
- Clinical competency sign off is agreed by two assessors.



# Continuing support after training

It is imperative that the sonographer continues their learning and professional development after completing their training. This could include:

- 1. Continued logbook of complex cases to follow up presenting to the department
- Audit of images and reports from different areas of practice, chosen by the assessor, using the BMUS peer review audit tool, and performed every 6 months
- 3. Evidence that the SoR and BMUS Guidelines for Professional Ultrasound Practice sections 5.3 and 6.3 are being followed (Appendix 2)
- 4. Evidence of regular attendance/chairing of MDT meetings and interesting case sessions
- Evidence of active participation with an internal journal club or the setting up of one if not provided
- Yearly appraisal with line manager to include paediatric CPD requirements and development.

#### Feedback

- ▶ We have 2 trained sonographers happily completing these recommendations before practicing solo.
- ▶ UKAS recently visited and were impressed with the documented evidence of paediatric staff competency.
- Ensures that patient safety, and high-quality care is prioritised.

#### References:

- Hawkes et al. SoR (2023) Recommendations for education and training of specialist paediatric sonographers. Society of Radiographers. ISBN: 978-1-909802-87-2
- Hekler L, M. Smith, L. Sucharew H, J. Coley B, D. and Klein M, D. 2016. Pediatric sonography curriculum: A matter of patient safety. Journal of Diagnostic Medical Sonography. 32 (1) pp.1-9.
- SoR and BMUS. 2021. Guidelines for Professional Ultrasound Practice.
  Available at https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/sor-and-bmus-guidelines-for-professional-ultrasoun



# Thank you for listening

## South East Imaging Training Academy [SE ITA]



#### Paediatric Ultrasound Training Programme for Sonographers Overview

**Annette Morton** 

Co-Clinical Lead & Senior Sonography Lead, SE ITA

11 June 2025

### Objective

Increase the number of trained paediatric sonographers in the south east by developing and implementing a structured Academy Paediatric Ultrasound Training Programme aligned with the Society of Radiographers' national guidance

#### **Proposal**

Recruit 4 x SE Trusts (one from each of the four SE Imaging Networks) through an Expression of Interest process

Each Trust to receive funding (amount TBC) from the SE ITA to provide clinical teaching and supervision for one trainee including commitment to provide support during preceptorship period

Academic Lectures provided by South East Imaging Training Academy faculty

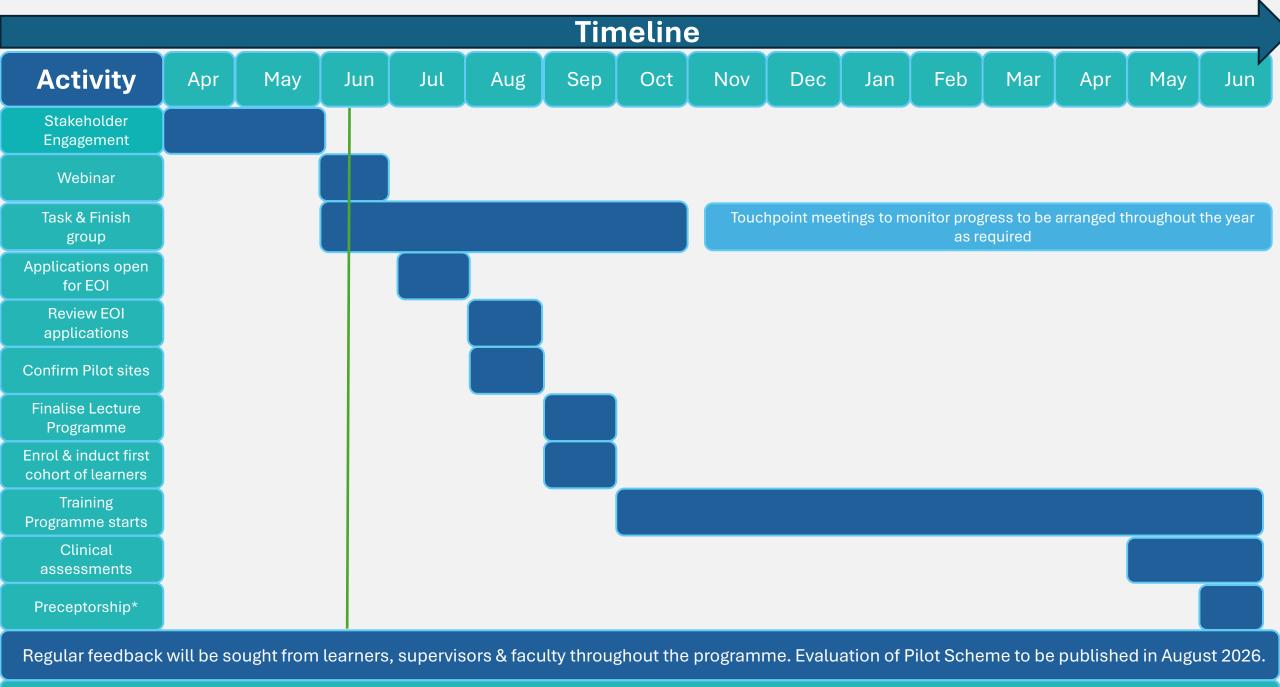
Clinical Assessments carried out by Trust

Training to last 6-12 months

#### **Draft Structure**

Introduction	<ul> <li>Learner &amp; Mentor attend introductory online session with SE ITA</li> <li>Learning agreement to be signed by learner and Mentor</li> </ul>
Academic Learning	<ul> <li>Learners will attend scheduled online lectures – 100% attendance expected</li> <li>Lectures will be delivered by Academy Teaching Faculty</li> <li>2 x Case Study Presentations required</li> </ul>
Clinical Training	<ul> <li>Clinical Training will predominantly take place at learner's organisation, with additional Academy sessions offered where required</li> <li>Additional tutorials where required</li> <li>Clinical Logbook, formative assessments &amp; reflections required</li> </ul>
Gateway	<ul> <li>Minimum number of scans performed (TBC)</li> <li>Final Formative assessment with agreement to continue to Summative Assessment</li> </ul>
End Point Assessment (EPA)	<ul> <li>Practical Assessment (organised by Trust)</li> <li>Viva Voce</li> </ul>
Preceptorship	Minimum 3 months Preceptorship where ongoing support is offered – Trusts to commit to ongoing support

### **Consultant Paediatric Radiologists** Paediatric Sonographers **Ultrasound Service Leads** Stakeholders HEI Programme Leads Society of Radiographers **Imaging Network Leads**



\*Preceptorship will continue for at least 3 months after training and be aligned with the BMUS Preceptorship & Capability Development Framework for Sonographers

### **Next Steps**



# Thank you for listening