



The Scope of Practice of Assistant Practitioners in Ultrasound

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Summary

This document has been produced to provide a definitive statement regarding the policy of the Society and College of Radiographers in respect of the practice of assistant practitioners in ultrasound services. This document provides guidance to service managers and to individuals to support the safe introduction of the assistant practitioner role in ultrasound services.

Foreword

The last few years have seen the introduction of assistant practitioners into the imaging and oncology workforce as part of the career progression framework (four tier skills mix) model. Initially, these were introduced in breast screening services and then into general diagnostic imaging and radiotherapy. More recently, pilot studies have been initiated into the role of assistant practitioners in magnetic resonance imaging and now attention is focused on their potential role in the delivery of ultrasound services.

This document has been produced to provide a definitive statement regarding the policy of the Society and College of Radiographers (SCoR) in respect of the practice of assistant practitioners in ultrasound services.

Initial policy guidance regarding the scope of practice of assistant practitioners was stated in the College of Radiographers' publication *Education and Professional Development: Moving Ahead*¹ but it is evident that practice has continued to develop and this new guidance reflects an important role that assistant practitioners might play in the delivery of ultrasound services.

This document provides guidance to service managers and to individuals to support the safe introduction of the assistant practitioner role in ultrasound services, and has been developed following consultation, and the contribution of the SCoR Ultrasound Workforce Development Group. Unlike in other areas of imaging practice, assistant practitioners in ultrasound will, at this point in time, relate to supporting advanced practitioners in service delivery as the practitioner role has yet to be introduced.

This publication is the third regarding assistant practitioners, following publication of *The Scope of Practice of Assistant Practitioners in Clinical Imaging*² and *The Scope of Practice of Assistant Practitioners in Radiotherapy*³. Its limited scope reflects current clinical practice and opinion in the ultrasound community. It is envisaged that further evidence and research will be used to refine future policy and guidance.

The document concurs with recommendations in the recently published National Imaging Board Report *A Strategy for Imaging Workforce*⁴. These indicated that the four tier skills mix model should be fully implemented in all ultrasound centres. Furthermore, it stated that professional bodies should support ultrasound services in developing local workforce proposals to deliver effective skills mix.

Development of the assistant practitioner role, in a safe and effective manner, has the potential to support reconfiguration of the workforce and should facilitate the development of multi-disciplinary service provision, and practitioner, advanced and consultant practitioner roles for radiographers practising in ultrasound.

1. Background

1.1 Ultrasound services are multidisciplinary and multi professional in nature and include a range of examinations which play an essential part in the screening, diagnosis and management of patients in primary, secondary and tertiary care settings. The demand for ultrasound imaging is increasing and due to the versatility of the technique, its application to various fields of medicine is also expanding. The availability of a skilled and competent workforce to deliver high quality diagnostic ultrasound services in a timely fashion has been compromised by a national shortage of staff within the radiology disciplines including radiologists, radiographers and sonographers. It has also had a negative impact on the NHS Plan⁵ waiting list targets and compliance with the National Service Frameworks⁶.

1.2 The SCoR recognises that the appropriate training and education of staff is paramount for patient protection and the delivery of high quality care. The career framework has been successfully implemented in general radiography and radiotherapy, with the development of consultant, advanced, practitioner and assistant practitioner roles. For this model to be successfully implemented in the ultrasound workforce, skill mix needs should be assessed for the entire ultrasound service so that all staff are provided with opportunities to develop or enhance their skills and progress within the 'four tier' structure. Therefore, it is vital that consideration is given equally to developing all four levels of practice.

1.3 At present, undergraduate radiography programmes provide a basic introduction to the science and practice of ultrasound. Radiographers wishing to develop skills in ultrasound undertake post-registration education and training at Masters level to enable them to practice as independent practitioners. The debate around direct entry to ultrasound practice and development of ultrasonography as a separate profession continues and is beyond the scope of the document.

1.4 The purpose of this document is to indicate where an assistant practitioner, appropriately supervised by a registered healthcare practitioner henceforth referred to as a sonographer, can contribute to service delivery by being educated and trained to undertake routine, non-complex ultrasound examinations and to recognise when the expertise of a more experienced sonographer is required. The term sonographer in the context of this document does not imply any specific professional background but does imply registration with a statutory regulator (eg, the Health Professions Council, the Nursing and Midwifery Council or the General Medical Council), or equivalent*, and education and training at postgraduate level to undertake ultrasound examinations.

1.5 The SCoR believes that sonographers must be registered with one of the statutory regulators of medical or non-medical practitioners or, where this is not possible, with the Public Voluntary Register of Sonographers. This upholds best practice in terms of protection of the public and patient safety.

**Some sonographers, usually those trained overseas, are not currently eligible for registration with one of the statutory regulators. These should be entered on the Public Voluntary Register of Sonographers maintained jointly by the College of Radiographers and the United Kingdom Association of Sonographers.*

2. Introduction

2.1 The new role of assistant practitioner was introduced to the radiography workforce as a result of a study into skill mix in radiography⁶. The diversity of radiographic practice, coupled with increasing demand and the introduction of new technologies and techniques, allowed for the exploration of the potential to develop such a role. Within the career progression framework⁷, new roles have emerged that support service delivery by developing individuals to undertake specific tasks and activities that improve the patient flow and delivery of an effective and timely service.

2.2 At no point will the assistant practitioner replace radiographers/sonographers. Rather, and in line with the recommendations of the study into skill mix⁵, they will provide additional capacity in the workforce to deliver services. This will also allow radiographers/sonographers to develop and fulfil their own potential. Additionally, the new assistant practitioner role fulfils the need to develop career progression opportunities for the support workforce. These development opportunities are discussed more fully in *Education and Professional Development: Moving Ahead*.¹

2.3 For all new roles there is a need to develop education and training programmes that support the individual in acquiring new skills and extending their knowledge. There must also be a framework of supervision that allows for this development and ensures patient safety during both development and in future practice.

2.4 The assistant practitioner was developed as a skilled worker, working under the direction of a registered healthcare practitioner. The intention of that guidance was to underline the importance of the new role in the establishment of new working practices that, while assisting in service delivery, neither compromise the safety of the patient nor compromise the quality of care.

2.5 To this end, SCoR has established its Voluntary Register for Assistant Practitioners. Information on this is available from the Approval and Accreditation section of the Professional and Education Department and is available on the website www.sor.org

3. The Assistant Practitioner

The definition of the assistant practitioner appears in the Skill Mix document⁵ as follows:

'An Assistant Practitioner performs protocol-limited clinical tasks under the direction and supervision of a state registered practitioner.' (At that time, the term state registered was still in use)

At present there is no protection of the title *sonographer* nor specific regulation of the use of medical ultrasound. Therefore, in the context of the ultrasound workforce, this implies supervision by a registered healthcare practitioner with suitable ultrasound training and experience. See also the provisions of Sections 1.4 and 1.5 of this document.

3.1 The Department of Health project⁵ examined skill mix, and identified and developed the scope of practice of assistant practitioners for clinical imaging through a process of consultation and field testing in a number of pilot sites. The project concluded that the activity of the assistant practitioner would be related to undertaking routine work under protocol under the supervision of a registered healthcare practitioner (radiographer). The possibility that other activities that would provide support for radiographers (and, as such, where assistant practitioners would be working under direct supervision), could be explored.

3.2 The Department of Health (England) has sponsored projects related to the development of occupational standards in ultrasound which involves field testing the standards across a range of departments and job roles. These projects are also giving consideration to the potential role of an

assistant practitioner.

3.3 SCoR policy regarding the practice of assistant practitioners was published in *Educational and Professional Development: Moving Ahead*¹ and more recently refined in *The Scope of Practice of Assistant Practitioners in Clinical Imaging*³

For ultrasound services, the practice of assistant practitioners is likely to be diverse but they will differ from the general support workforce in that, as part of their duties, they will perform limited clinical imaging (ultrasound) examinations under the supervision of registered healthcare practitioners. The range of such examinations will vary in accordance with locally identified service needs but will be confined to standard examinations carried out on adult patients, and conducted in accordance with locally agreed protocols.

The assistant practitioner may undertake other duties such as supporting other sonographers undertaking examinations and the routine quality control of equipment.

3.4 The selection and recruitment process for trainee assistant practitioners in ultrasound should be robust as they will be employed in a service where unexpected findings and incidental pathology are commonplace. The limitations of the role of the assistant practitioner in ultrasound must be made absolutely clear. It is not appropriate for assistant practitioners to discuss clinical matters with patients or clients and, if unexpected findings arise during any examinations the assistant practitioner is authorised to carry out, they must seek advice from the sonographer supervising their practice.

4. Rationale for the Scope of Practice of Assistant Practitioners

4.1 In addition to existing demands for ultrasound services, the introduction of screening programmes that are particularly suited to non-invasive imaging has led to an overall increase in demand that cannot be met by existing staffing levels. The potential for additional workforce capacity has been explored by the Departments of Health (England and Wales) and the Scottish Health Board in conjunction with professional bodies. Within the SCoR the scope of practice of assistant practitioners in ultrasound was explored through a process of consultation and a multi-disciplinary working party of experts in the field.

4.2 The ultrasound assistant practitioner workforce is intended to provide support for current practitioners in ultrasound by working under supervision to assist in delivering ultrasound services. The education and training of an assistant practitioner workforce is based on the knowledge and skills requirements of the occupational standards developed for the service by Skills for Health appropriately tailored to their level of practice. These standards have been re-examined and refined for their application to the practice of an assistant practitioner. In particular, they require clarification around the recording and reporting of data. These competencies also assume a working knowledge of anatomy, physiology, common pathology, medical terminology and equipment function.

4.3 Ultrasound investigations vary in complexity. They may range from single condition diagnosis/measurement examinations, for example, as might be made in an aortic aneurysm screening programme, to complex multiple organ examination in acutely ill patients to formulate a diagnosis/differential diagnosis. Accordingly, the breadth and depth of knowledge and skills required increase with the complexity of the examination. For a single organ examination requiring measurements to be taken, the knowledge of anatomy, physiology and pathology may be limited to being able to recognise normal and abnormal presentations. However, in acutely ill patients presenting with abnormal pathological tests and/or symptomatic pain, the sonographer will require highly specialised skills in communication, problem solving, anatomy, physiology and pathology, image acquisition, interpretation and reporting skills.

4.4 The working party considered a range of ultrasound examinations, their complexity, required operator skills and the relative risks associated with the investigation. They concluded that the

activity of the assistant practitioner in ultrasound should be restricted to undertaking *limited, single condition* and *basic screening* ultrasound examinations performed to an agreed protocol and under the supervision of a registered sonographer.

4.5 This guidance document is intended to support ultrasound service managers, radiographers, other professions practising in ultrasound and assistant practitioners by stating clearly the rationale for the scope of practice of assistant practitioners in ultrasound and clarifying the responsibilities of all concerned. Ultrasound service managers should use this document to support the development and implementation of local guidelines and protocols which best suit their own service needs.

4.6 It is intended that with evolving new technologies, techniques and roles within ultrasound, the scope of practice for the entire workforce be kept under review and research evidence used to support future developments so that services to patients continue to be improved.

5. The Scope of Practice related to Specific Ultrasound Procedures

5.1 Assistant practitioners must have a sound knowledge of the basic concepts of a defined area of practice as described in the Learning and Development Framework⁷. Appendix A includes the relevant extract regarding the clinical practice of assistant practitioners. The assistant practitioner workforce should be regarded as an additional workforce and not as a replacement for experienced sonographers who have undertaken a more intense and broader education programme and have higher level skills in counselling and problem solving, have knowledge of a wide range of pathology and a high level of decision making ability.

5.2 Within the ultrasound department, assistant practitioners work as members of the multidisciplinary and multiprofessional team and, in describing their scope of practice, it is important to recognise their distinct roles.

- There are elements of the work traditionally performed by the sonographer which may be undertaken by the assistant practitioner 'who is trained and competent to carry out that element' (ie the assistant practitioner takes responsibility for the tasks delegated to them).
- Assistant practitioners may also work alongside a sonographer helping with aspects of an episode of care, for example, providing chaperoning services or providing support to patients.
- The assistant practitioner will comply with relevant legislation and departmental protocols.
- The assistant practitioner will recognise and work within his/her own knowledge and skills framework and recognise their limitations and when to seek advice.

The sonographer retains both professional and legal responsibility for the episode of care.

5.3 All areas of practice of the assistant practitioner require robust training and education, appropriate assessment of competence and ongoing maintenance of competence.

5.4 The safety of the patient is always paramount and therefore the scope of practice should be limited. It is the responsibility of the relevant ultrasound service managers to define the scope of practice for their own assistant practitioner workforce in response to local service needs, in line with professional body guidance, and in agreement with the employer who authorises the assistant practitioner to carry out the defined scope of practice.

5.5 Elements of ultrasound practice which may be delegated to assistant practitioners include:

- single measurements, single conditions or routine screening examinations; for example

- obstetric dating scans where the task is limited to making a single measurement followed by recording the associated gestational age that has been automatically calculated by the machine software from standard data charts/tables.
- Abdominal aortic aneurysm screening where a single organ is scanned and measurements taken and recorded
- calculating bladder volumes and ankle brachial pressure indices using dedicated or specialised single purpose equipment and automatic calculation software.
- routine surveillance examinations to monitor anatomical dimensions where a baseline scan has been performed by a registered healthcare practitioner.
- routine quality control of imaging equipment

6. Practices outside the Scope of Assistant Practitioners in Ultrasound

6.1 Listed below are a number of situations in which the responsibilities related to the practice of ultrasound, patient care and patient management are considered to be beyond the scope of an assistant practitioner.

- Ultrasound examinations on patients with complex needs including children, and hospital in-patients.
- Ultrasound examinations which investigate multiple organs and conditions and may reveal complex pathology.
- Ultrasound examinations which require a differential diagnosis.
- Ultrasound examinations which require specialised image acquisition and interpretational skills.
- Ultrasound examinations which require high levels of communication skills, for example breaking bad news.
- Ultrasound examinations which require decision making regarding patient management and referral.
- Ultrasound examinations which require decisions for patient review/patient follow up.

7. Professional Responsibilities of the Supervising Ultrasound Health Care Practitioner

7.1 The 'Episode of Care'

7.1.1 All patients/clients presenting to the ultrasound department are entitled to receive the highest standard of care. Therefore the responsibility for ensuring the quality and standard of the episode of care remains with the designated supervising sonographer

7.1.2 The episode of care begins with the referral for an ultrasound scan. All referrals for ultrasound examination must be confirmed as appropriate by a sonographer before delegating to an assistant practitioner.

7.2 Supervision

7.2.1 It is expected that assistant practitioners will be subject to supervision by a registered sonographer properly trained to undertake the supervisory role in addition to their demanding clinical ultrasound role. Sonographers who themselves are undergoing considerable professional development or preceptorship should not be expected to undertake the additional burden of

supervision of assistant practitioners. This means that there must be a designated supervisor and the assistant practitioner will know clearly who is supervising them for all tasks that they undertake and that their supervisor will be immediately accessible for support and advice. It must be agreed by both the assistant practitioner and the supervising sonographer that the assistant practitioner is competent to undertake the task required, and the level and nature of the supervision before the examination commences. This process will help to establish the circumstances in which advice should be sought from the supervisor and confirm the availability of the supervisor should they be required for advice and support.

7.2.2 SCoR has published a statement and a framework related to clinical supervision^{8,9}. It should be recognised that clinical supervision is a quality assurance framework and not a quality control process. Clinical supervision is a two-way process between an individual and his/her mentors, supervisors and peers and is intended to ensure that safe, effective practice is carried out at all times. Where the assistant practitioner is supervised by a radiographer/sonographer, SCoR considers that the supervising practitioner should have completed a CoR/CASE accredited postgraduate training programme such as a Postgraduate Certificate/Diploma/MSc in Medical Ultrasound and have at least two years of clinical experience in this speciality. They should also be able to demonstrate the level of knowledge and skills necessary to supervise others effectively as outlined in the SCoR Practice Educator scheme.

7.2.3 The responsibilities of supervision involve the sonographer making professional judgements as to the ability of the assistant practitioner to undertake the allocated task. Where a supervising sonographer judges that the assistant practitioner being supervised is not able to undertake the allocated task, the supervising sonographer is directly responsible and accountable for ensuring that the task is re-allocated, or for carrying out the task personally.

7.2.4 It is also the responsibility of the assistant practitioner to alert the supervising sonographer to situations where they do not have the competence or confidence to undertake the relevant task.

7.2.5 Legal opinion has advised that 'adequate supervision' for assistant practitioners cannot be provided by telephone and therefore SCoR does not support this practice.

8. Responsibility of the manager/employer

8.1 The manager/employer must recognise that an assistant practitioner workforce in ultrasound is additional and not a replacement for suitably trained qualified and experienced sonographers.

8.2 It is the responsibility of the manager/employer to ensure that individuals carry out examinations according to current British Medical Ultrasound Society safety guidelines¹⁰ and are 'adequately educated and trained for their role'. The employer must ensure that the assistant practitioner does not undertake tasks for which they have not been trained, nor are entitled to carry out.

8.3 It is the responsibility of the manager/employer to set up clear and robust systems of monitoring of roles and responsibilities, skills and competences within the ultrasound workforce and identify individual needs for training, assessment of competence and maintaining competence in order to facilitate optimal skills-mix.

8.4 Ultrasound service managers and employers are advised to seek advice and clarification with regard to the scope of practice of assistant practitioners in circumstances that they consider may not be covered by this guidance document. Enquiries should be directed, in the first instance, to the Professional and Educational department.

9. Clinical Governance

9.1 It is the responsibility of the employer, the supervising ultrasound healthcare practitioner and the assistant practitioner that the quality of care is delivered and maintained to a high standard. Therefore the following must be ensured:

- Outcomes of care, especially adverse events and service failures are monitored in order to analyse and improve services.
- Clear lines of responsibility and accountability are established for the overall quality of clinical care.
- Skill mix is considered when planning and developing workforces in ultrasound services.
- Risk assessments are undertaken before new roles and working practices are developed and introduced
- Protocols are developed and agreed locally (with the employer, as appropriate) before skill mix initiatives are implemented
- Evidence based practice is supported and applied routinely in everyday practice.
- Continuous professional development programmes are in place to identify and meet the developmental needs of the individual health professional.

9.2 It is important that the work of assistant practitioners is subject to the same clinical audit processes as for other members of the ultrasound workforce. Extension of the role and scope of practice of the assistant practitioner will be considered by SCoR on the basis of robust research and audit data to support such a proposed change.

10. The Society of Radiographers' Professional Indemnity Scheme

10.1 The policy of confining the Scope of Practice of the Assistant Practitioner forms the basis upon which the Society's Professional Indemnity Insurance is based. The insurance premium is based on an assessment of risk and limitation of practice reduces the risk. Professional Indemnity Insurance provided by the Society of Radiographers does not cover the assistant practitioner, nor the supervising sonographer, if the assistant practitioner is acting outside the scope of practice determined by the Council of the Society of Radiographers and for which the individual is accredited.

10.2 The Society and College of Radiographers gives advice on all aspects of radiographic practice and does so in the best interests of patients and the public. This includes advising on the scope of practice of those individuals who practise in the field of ultrasound. It is expected that members of the Society of Radiographers and those accredited by the Society and College of Radiographers adhere to the relevant scope of practice, whether as an assistant practitioner, or as a supervising sonographer

10.3 Ultimately, it is the employer's responsibility to ensure that its employees are adequately educated and trained for their role. It is strongly advised that clinical governance guidelines are followed and that a thorough risk assessment is undertaken in order to develop protocols governing the working practices of all staff, including assistant practitioners, and that the employer is aware of these new practices and accepts vicarious liability for its employees.

10.4 Local variations in the Scope of Practice and Professional Indemnity Insurance

10.4.1 It is accepted that assistant practitioners will develop their skills and will become experienced in defined aspects of ultrasound. Over time, it may be possible for an individual assistant practitioner who has undergone further relevant and College of Radiographers' approved education and training, to be accredited for additional competences. SCoR will consider such requests for accreditation on an individual basis using the standards and procedures of the Approval and Accreditation Board.

10.4.2 However, it should be noted that assistant practitioners cannot be responsible for a complete

episode of care. It is the view of the SCoR that this remains the responsibility of a registered healthcare practitioner.

10.4.3 Exceptionally, where an employer, manager, supervising ultrasound practitioner(s) and assistant practitioner(s) agree a protocol that extends the scope of practice of the assistant practitioner beyond that approved by the Council of the Society of Radiographers, it may be possible to gain approval for a local variation to the scope of practice that is applicable only to the named assistant practitioner(s) involved. Information regarding the proposed extension to practice and the names of the individual assistant practitioner(s) should be forwarded to the Approval and Accreditation Board at The Society and College of Radiographers, for consideration. Should such a proposal be approved, the Society of Radiographers' Professional Indemnity Insurance cover would be extended to those individuals and their supervising sonographers

10.4.5 In considering such requests, it must be recognised that the Society will consider them primarily from the perspective of safe practice by the sonographers and assistant practitioner(s) concerned.

11. Summary

11.1 It is recognised that the demand for ultrasound imaging is increasing, and that developing a workforce to meet this demand is of paramount importance. Development of the ultrasound workforce should provide opportunities for individuals at all levels of practice.

11.2 It is also recognised that ultrasound investigations range from ones that require obtaining information on single conditions or taking standard measurements to examination of multiple organs and complex pathologies. This variation in complexity of different ultrasound investigations requires varying levels of responsibilities, technical, interpretational and reporting expertise, communication skills and clinical judgement.

11.3 It is also recognised that there is only a limited range of ultrasound examinations that are deemed to be potentially suitable for assistant practitioners. These examinations will be determined depending on local service needs.

11.4 This document supports the role of assistant practitioners in the delivery of ultrasound services but, importantly, within a framework that is safe for patients, assistant practitioners, supervising clinicians, ultrasound services managers and employers alike. It re-states clearly the scope of practice for assistant practitioners set out in *Education and Professional Development: Moving Ahead*.² and contextualises this to the ultrasound service.

11.5 This document also re-enforces the role of assistant practitioners as an additional workforce rather than a replacement for practitioners, advanced and consultant practitioners in ultrasound.

11.6 SCoR recognises that service delivery models continue to evolve and that the ultrasound workforce must also continue to develop. This document supports employers and managers in this development but within a safe, effective and evidence-based framework.

11.7 This document represents guidance for ensuring the maintenance of safe standards of practice in ultrasound where service departments seek to introduce assistant practitioners. There may be specific circumstances that are not covered by this guidance, or where it raises particular questions locally. Employers, service managers, sonographers and assistant practitioners are invited to seek advice from the professional and educational team at the SCoR.

SCoR 2007)

Assistant Practitioner

The Assistant Practitioner is required to have a sound knowledge of the basic concepts of a defined area of practice. The ability to communicate accurately and to exercise personal responsibility must be demonstrated. The learning process should enable the Assistant Practitioner to perform effectively within their area of practice, using given protocols as necessary.

Assistant Practitioners, whilst not able to practice autonomously, must work effectively and safely within their defined area of practice, under supervision of a registered practitioner, within relevant legal and ethical frameworks, and in accordance with agreed protocols. They will:

1. Demonstrate knowledge and physical skills required within their own area of practice;
2. Undertake patient care procedures within their sphere of competence;
3. Function as a member of the multi-disciplinary healthcare team;
4. Demonstrate effective interpersonal and communication skills;
5. Undertake accountability and responsibility for their actions;
6. Demonstrate an ability to gather relevant information and act appropriately;
7. Apply problem-solving skills to routine situations;
8. Demonstrate effective use of information technology, literacy and numeracy skills in relation to their defined area of practice;
9. Demonstrate an ability to reflect on their area of practice and engage with CPD.

Education programmes should be designed such that Assistant Practitioners can:

- Recognise the importance of the knowledge and understanding relative to their defined roles;
- Develop the skills necessary to perform their roles;
- Recognise the links between different programme elements and themes;
- Appreciate that their knowledge and understanding is acquired within an evidence-based framework;
- Recognise that learning can occur in both education and practice environments and exploit the relationship between them.

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