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Direct Entry MSc in Ultrasound – Changing the Face of Sonography Training

Lorelei Waring, Gareth Bolton & Shelley Smart

Background

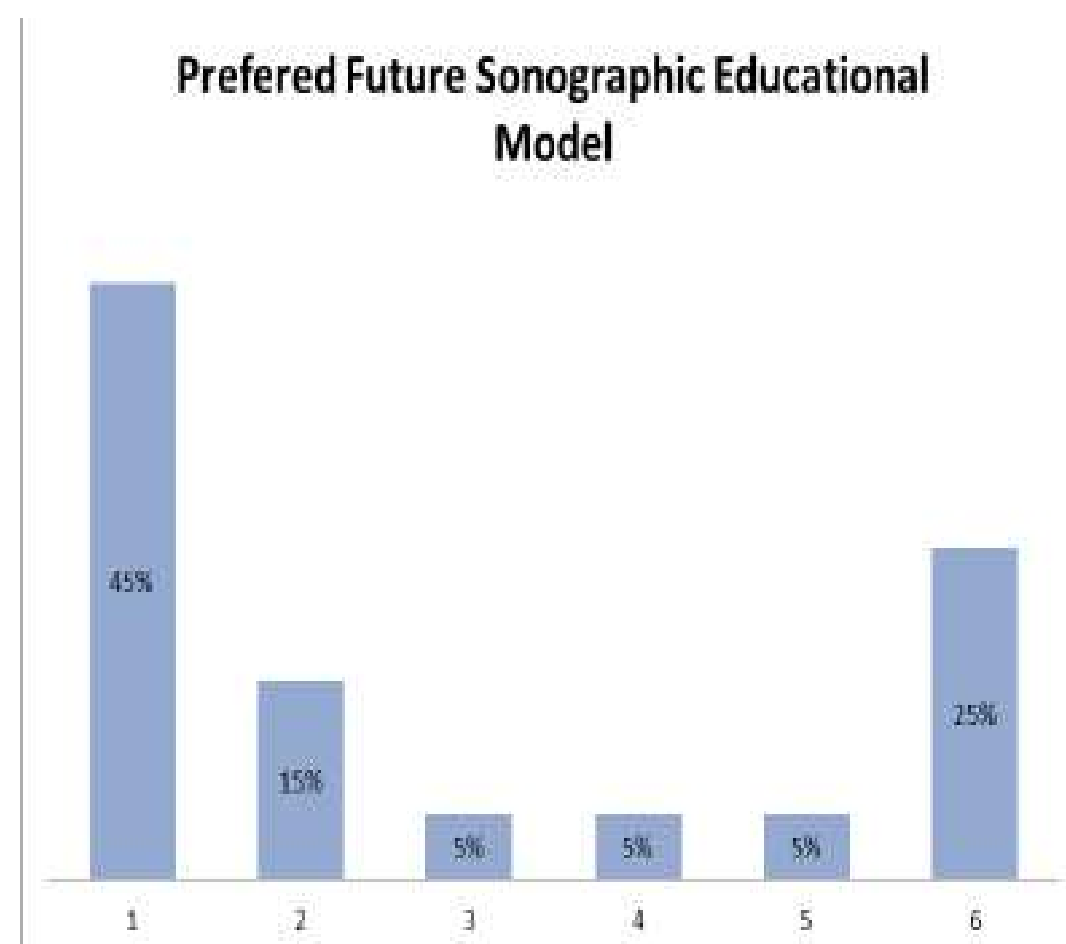
There is a well-documented crisis within the ultrasound workforce in the UK due to a shortage of qualified sonographers in addition to increased workloads (Lovegrove and Price, 2002). This is leading to increasing difficulties for many NHS Trusts in meeting the demands on Ultrasound Departments (SCoR, 2009). There have been many consultations over the last 10 – 15 years on this issue, and while it is clear that there is no quick fix for this problem several additional educational pathways for Sonographic Education have been proposed (SCoR, 2009). It is widely accepted that ultrasound is a complex area of practice and is highly operator dependent (Gibbs, 2012). The University of Cumbria, through close consultation with their local stakeholders, have spent the last 12 months developing a full time Direct Entry MSc in Medical Ultrasound Programme to run in conjunction with the traditional part time route open to current healthcare practitioners.



Method

Following a sonography workforce meeting held in Manchester in November 2014 in which HENW highlighted the local issues with sonographer shortages, the University of Cumbria arranged a stakeholder meeting aimed at discussing the development of an additional training route that would welcome applications from non-healthcare based graduate applicants. Following this meeting it was decided that the University would look to develop a full time direct entry MSc in medical ultrasound. Throughout the development process continued close consultation with the local stakeholders was maintained. In spring 2015 HENW commissioned a report which investigated the findings arising from in-depth interviews with twenty Ultrasound department leads throughout the North West of England including participants from both the NHS and independent sectors from Merseyside, Greater Manchester, Lancashire and Cumbria. The issues under investigation included current staffing status, preferred model of education and HCPC issues (Waring, Miller and Sloane, 2015).

Results & Discussion



Key:

1. Sole preference for the direct Entry PG model
2. Sole preference for the 3+1 Model
3. Would consider all 3 models
4. Would consider the direct entry PG and and direct entry UG models
5. Consider both DEPM and 3+1
6. No preferred route.

The stakeholder consultations and commissioned report (Waring, Miller and Sloane, 2015) highlighted the regions desire for action on this issue and reassured the faculty team that the programme would be welcomed and well supported within the region. It also helped to secure some funding for the course. The investment of time into discussing and researching the views of the local stakeholders is vital to ensure the programme and resultant sonographers are fit for purpose. It is hoped that this new and innovative course will over time help to support the current ultrasound education provision and help to ease the current workforce crisis.

Conclusion

The national shortage in the Sonography workforce has led to development of the Direct Entry MSc Medical Ultrasound by the University of Cumbria. Ultrasound training programmes are challenging and there are many facets to consider when designing a curriculum the process has involved close liaison between the University of Cumbria and their stakeholder in order to ensure the needs of the local area are met by the programme. The new course has been successfully validated and CASE accredited. The selection criteria and processes have been matched to meet the expectations of both the clinical stakeholders, the university and our accreditors to ensure the right students are recruited.

Refs

- Gibbs, V. (2012). *The long and winding road to achieving professional registration for sonographers*. *Radiography*, 19(2013), 164-167
- Lovegrove, M.J. & Price, R.C. (2002). *Recruitment, training and retention of healthcare professionals in clinical ultrasound*. *Radiography*, 8(2002), 211-214.
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