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# Sonographer Reporting Pilot Study

## A report for Health Service Executive



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### Background

Whilst demand for ultrasound imaging is continually increasing unfortunately the current workforce is not increasing at the same rate. Although ultrasound scanning is undertaken by different health professions throughout Europe it is only in the UK and Norway that speciality radiographers provide a full interpretive report and provide advice on further investigations that may be required (Harrison et al. 2021). Whilst sonographers within the UK have been reporting independently for over 30 years (Gibbs, Edwards and Harrison 2017), sonographers in The Republic of Ireland (ROI) currently provide a provisional report which needs to be verified by a radiologist. This is despite Sonographers in the ROI being educated to the same postgraduate, CASE-accredited standards as their UK counterparts. This pilot study investigates the comparability of sonographer and radiologist reporting throughout ROI.

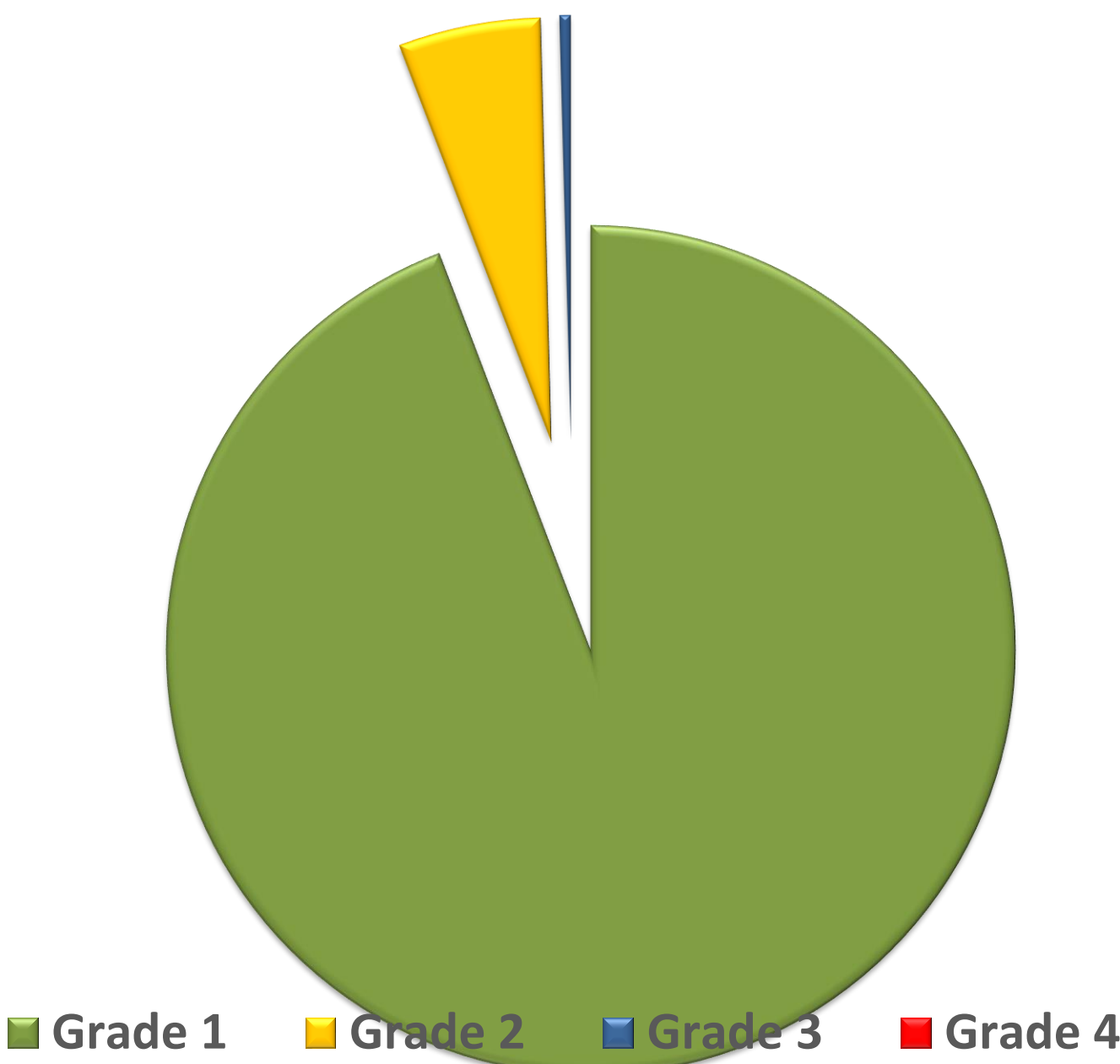
### Method

This pilot study followed a Clinical Audit methodology. Participants were included from 6 of the 7 hospital groups within ROI. At each participant site, a radiologist reviewed the sonographer's reports and images and assigned an agreement score based on the Riley et al. (2010) grading system. The participants each sent 400 examinations over a 6-month period, including scans from all areas of non-obstetric ultrasound (NOUS).

Agreement Score	Description of the agreement score
Grade 1	Agree completely with the sonographer's report
Grade 2	Minor discrepancy unlikely to alter patient care
Grade 3	Potentially significant discrepancy
Grade 4	Definite, significant discrepancy likely to have adverse consequences for patient

### Results and Discussion

Agreement grades across all participants



A total of 6037 ultrasound examinations were included in the audit. Over 99% of the reports fell into the acceptable range of Grades 1 and 2.

0.35% (21) reports were classified as Grade 3 "Potentially significant discrepancy".

In most Grade 3 cases the radiologist agreed with the findings but disagreed with the recommended clinical follow-up or the chosen imaging modality.

Many of the Grade 3 examples submitted related to the reporting and coding of Thyroid nodules.

Only 2 reports within the Grade 3 classification were changed to upgrade the classification of pathology seen.

0 reports were classified as Grade 4 "Definite, significant discrepancy likely to have adverse consequences for the patient".

There are some cross-auditor differences in interpretation of the term "Potentially significant discrepancy" leading to discrepancies between sites in what is labelled Grade 2 and Grade 3.

### Conclusion

- Sonographers in ROI can report as accurately as their independently reporting UK counterparts and with the increasing demand for non-obstetric ultrasound, the existing workforce needs to be utilised efficiently. Recommendations for future practice include:
- Setting standards for advanced clinical practice in sonography based on the HSCP Advanced Practice Framework (2023).
  - Develop a continuous audit cycle. All sonographers who undertake independent reporting should undergo regular audit.
  - Structured and explicit support mechanisms should be put in place to ensure reporting sonographers are provided with adequate and clear guidance on the scope and limitations of their reporting roles.
  - Clear protocols and guidelines for all ultrasound examinations should be developed which include clear referral pathways.

### Refs

Gibbs, V., Edwards, H. and Harrison, G. (2017) 'INDEPENDENT REPORTING SONOGRAPHERS', *Imaging & Therapy Practice*, pp. 25-29.  
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Riley, S.J., Groves, C.J. and Chandramohan, M. (2010) 'Musculoskeletal Ultrasound: Audit of Sonographer Reporting', *Ultrasound (Leeds, England)*, 18(1), pp. 36-40

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