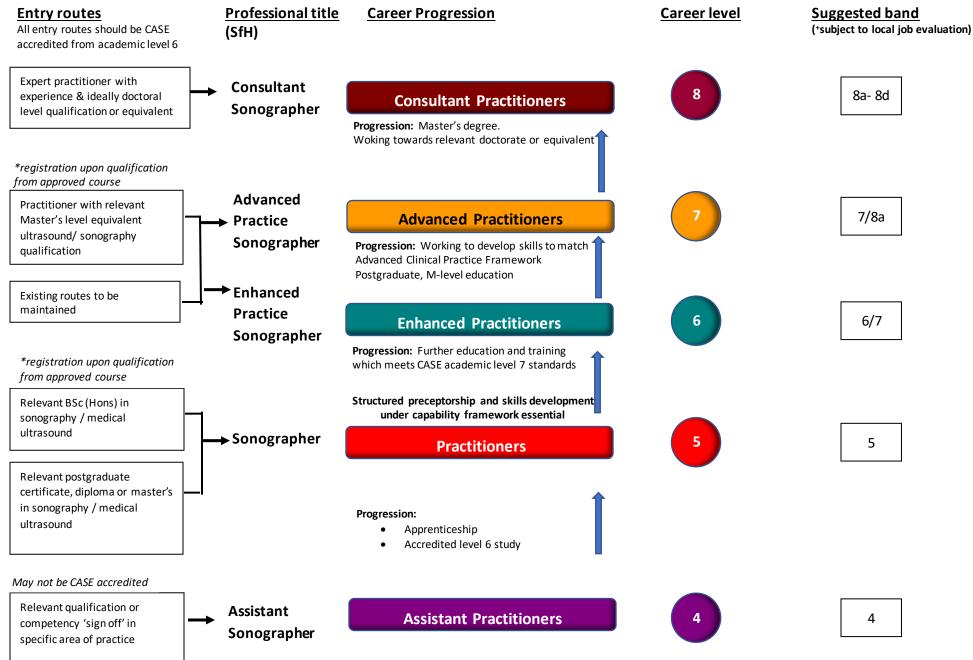
Outline Career and Progression Framework – V2. Updated June 2022



Career Level	Career Level Descriptor	Scope of Role	Clinical Reporting, Accountability and Practice	Scope Practice	Role development, education and training required to progress	Service delivery aspirations
Career Level 4 (SfH)	Assistant Practitioner (SfH career framework)	Practice is highly focussed. Works to clearly defined protocols.	Reports using a specific focussed reporting template. List of measurements or findings recorded against strict protocols or scan guidelines. No interpretation. Clear referral pathways in place.	Examples might include:Aortic aneurysm screening	Career progression CASE accredited Apprenticeship or undergraduate level 6 study or Pg M- Level education (academic level 7, if already holds a 1 st degree)	To be performing examinations safely with good awareness of scope of practice.

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Career Level 5 (SfH)	Practitioner (SfH career framework)	This role is focussed on the new practitioner. It could equate to the preceptorship period following qualification. They will work autonomously within their scope of practice and will be mentored by an experienced practitioner. The role is as a competent, safe sonographer with the knowledge, understanding and ability to independently undertake, interpret, analyse and report ultrasound scan findings within their scope of practice, with appropriate supervision available.	Carry out, interpret and analyse scan findings, within a defined scope of practice. Produce a written report on normal examinations and common abnormal findings within a focused and clearly defined scope of practice. Expectation that clinical practice will be independent but working as part of a team. Appropriate supervision must be readily available. Reporting skills developed under appropriate preceptorship and capability framework. No lone working in for example satellite units or out of hours	Examples might include: All of the above plus: Obstetrics: Supervision will be required for FASP examinations during the capability development period. A range of obstetric examinations including early pregnancy and third trimester. Gynaecology / General medical / Vascular / MSK and other non-obstetric exams (dependent on modules studied and scope of practice): Non-complex, non-urgent referrals with clear clinical history and clinical question. Such referrals will be vetted by senior staff with reference to RCR iRefer and / or BMUS 'Justification of Referrals' document and will be prioritised as a routine referral with low expected presence of pathology Normal cases will be reported, using standardised reports. Abnormal findings will be reviewed by a senior colleague to provide interpretative / actionable reports and further management advice. All examinations undertaken during the capability development period will be performed in a supervised capacity. Areas of practice will develop over time, with experience, further learning, and competency 'sign-off' and with clear schemes of work in place.	Consolidate practice and capability development A well-defined, structured preceptorship period of between 12 – 18 months is essential to support the transition to post-registration independent practice (see additional guidance document). The period of capability development will be a formal programme that supports the development of autonomous and independent practice across the full scope of the role. Monitoring of performance and progress to be undertaken within a well-defined assessment programme. Actively participates in CPD. Career Progression: Education and training during this will take the form of Pg Certificate / Diploma in for example: • a chosen clinical specialty • interpretative reporting • communication in complex settings • further pathophysiology Any education and development provided must meet CASE academic level 7 learning outcomes.	This is a transitional role. The expectation is that practitioners in this role are supported to develop skills and successfully complete the capability development period, prior to progressing to career level 6. To be independently & autonomously performing a limited range of examinations, with appropriate direct supervision readily available. Initially 100% of reports reviewed by enhanced practitioner sonographer, using BMUS peer review tool, reducing to a minimum of 50% of reports as capability develops. Learning points from peer review to inform development needs Aspiration : To be independently producing a report on a maximum of 50% of cases undertaken. This aspiration is given to encourage discussion and subsequent skill development of the individual during their capability development period.

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Career Level6 (SfH)	Enhanced Practitioner (Formerly known as Senior Practitioner under the SfH career framework)	A competent, safe sonographer Autonomous practice following period of preceptorship and capability development. Responsible for the acquisition, interpretation, analysis and reporting of ultrasound examinations across a range of specialities or specialised in one chosen area of practice.	Independently undertake, interpret and analyse ultrasound scan findings. Independently produce a report identifying normality, interpreting normal variants and common pathologies. Indirect, appropriate supervision will be available and direct supervision will be required for complex pathological findings. DQASS number will be awarded following successful completion of appropriate capability development period at career level 5 or 6. Has a role in supporting training and development of junior staff.	 All of the above plus: Examples might include, career level 5 and additional areas of practice e.g.: Obstetrics: 1st and 2nd trimester FASP screening performed independently, subject to FASP requirements A range of obstetric examinations which includes early pregnancy and third trimester cases and lower risk multiple pregnancies. Gynaecology: GP and hospital cases, as competencies develop General medical: GP and hospital cases, as competencies develop Abdominal and pelvic scans Surveillance scans e.g. AML, haemangioma, ovarian and uterine pathology, orchitis Vascular: DVT – above knee Carotid assessment (disease to be graded by level 7 practitioner or above) Other examinations might be performed in a supervised capacity. Areas of practice could develop over time, with experience, further learning, competency 'sign-off' and with clear schemes of work in place.	Actively participates in CPD Career Progression: Education and training should take the form of Pg Certificate / Diploma in for example: • a chosen clinical specialty • advanced practice skills of reporting • advanced communication • extended pathophysiology. Any formal education and development provided must meet CASE academic level 7 learning outcomes. This may be via a CASE accredited University courses or utilising the Advanced Clinical Practice apprenticeship route (if practitioner holds statutory registration to meet entry criteria) or management and leadership pathways.	To be independently & autonomously performing a range of examinations Initially 10% of reports reviewed by advanced practitioner sonographer, using BMUS peer review tool, reducing to a minimum of 5% of reports as capability develops. Learning points from peer review to inform development needs Aspiration : To be independently producing a report on a minimum of 75% of cases undertaken

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Career Level 7 (SfH)	Advanced Practitioner (SfH career framework)	The role is that of an advanced clinical practitioner working with a high degree of autonomy and clinical decision-making responsibility. Expert clinical practitioner, managing a complex case load; may either be a clinical specialist, a manager or both. Has a role in governance, leadership, quality assurance, teaching and supervision in addition to their clinical case load. May participate in research.	Independently produce interpretative reports giving a differential diagnosis of complex findings. Guidance on future patient management may be offered within the report. Provides second opinions to junior staff in their chosen subspecialty. Has a significant role in teaching less experienced staff.	 All of the above plus: A wide range of examinations will be performed independently, including more complex and acute cases from a broad range of referral sources. As skills and competency develop, additional scope of practice might include: Follow-up scans post CT / MRI in complex cases Musculoskeletal scans and steroid injections CEUS examinations Interventional and needle skill procedures such as biopsy, drainages Sonographer led discharge Vascular disease assessment and grading Provides support for other practitioners (could be SpRs), when complex cases are found. Some sonographers in this role may have a supervisory role, reviewing the work of a number of level 5 &/or 6 sonographers. Education, audit and participation in research would be a key part of the scope of practice. 	 Will hold a post-graduate qualification and ideally hold or be working towards an MSc Actively participates in CPD including audit of self and peers; providing feedback and learning outcomes as appropriate Career Progression: Education and training may take the form of a master's level qualification. Undertaking research, participating in an in-house consultant practitioner development scheme and/or beginning a doctoral level qualification 	To be independently & autonomously performing a wide range of examinations, including complex cases. Provide expertise, supervision, peer review and guidance to less experienced colleagues. 5% of reports to be peer reviewed using BMUS peer review tool. Learning points from peer review to inform development needs Aspiration: To be independently producing a report on a minimum of 85% of cases undertaken

Career	Career	Scope of Role	Clinical Reporting,	Scope Practice	Role development,	Service delivery
Level	Level		Accountability and		education and training	aspirations
	Descriptor		Practice		required to progress	
Career Level8 (SfH)	Consultant Practitioner (SfH career framework)	This role is that of a consultant practitioner working with a very high degree of autonomy and clinical decision-making responsibility. Provides leadership as an expert clinical practitioner, leads governance, specialist education for experienced staff and research.	Interpretative reports giving a differential diagnosis in complex findings. Guidance on future patient management frequently given within report. Plays a leading clinical role within and beyond the ultrasound department. Ensures that reports issued by staff are of sufficient quality to guide effective patient management. Provides specialist education for experienced staff.	 All of the above plus: Independently manages a complex case load. May influence service improvements and redesign. Is active in research and publication, consultancy and national policy development and dissemination. Additional skills may include: CEUS examinations Interventional procedures such as biopsy, drainages, amniocentesis, FNAB, steroid injections, therapeutic procedures Sonographer led discharge Fetal medicine referrals and complex pregnancy follow-up scans and counselling. 	Education may be clinically or managerially focussed. Usually holds an MSc and ideally working towards or holds a doctoral level qualification. Actively participates in CPD including facilitating audit and undertaking research relevant to service development and professional needs Career Progression: Actively publish research. Participation in professional activities at a national and/or international level.	To be independently & autonomously performing a range of examinations. Work with clinical and radiological colleagues in a MDT environment and seek second opinions where relevant often where further patient management is required Provide expertise, supervision, peer review and guidance to medical and non- medical colleagues. 5% of reports to be peer reviewed using BMUS peer review tool. Learning points from peer review to inform development needs Aspiration : To be independently producing a report on a minimum of 95% of cases undertaken. Complex cases, often requiring intervention or onward referral will likely be reported within the MDT setting with consensus of radiologists and clinicians.