

Practice guidance for podiatrists when using ultrasound imaging (USI) as part of their scope of practice



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Authors: Mr Jai Saxelby, Professor Heidi Siddle, Dr Lisa Wright and Mr Lawrence Ambrose

For further information:

Royal College of Podiatry, Quartz House, 207 Providence Square, Mill Street, London SE1 2EW

Email: contact@rcpod.org.uk



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Introduction

This document has been developed by the Royal College of Podiatry (RCPod) to provide information for HCPC registered podiatrists, service providers and other stakeholders with an interest in the use of ultrasound imaging (USI) by podiatrists in the UK.

The information in this document sets out the current landscape of USI use and applications relevant to the podiatry profession in UK sectors of healthcare, including NHS services and independent practice. This document will refer to the considerations and requirements when used by podiatrists as part of their scope of practice in relation to meeting regulatory standards¹, and RCPod Clinical Standards².

This document should be read in conjunction with the RCPod document, '*Principals for podiatrists using ultrasound imaging (USI)/Point of Care Ultrasound (POCUS)*'.

Education, training and competency for podiatrists undertaking USI

With the use of USI being an extension of a podiatrist's scope of practice and an area in which they have limited pre-existing knowledge, use without appropriate training raises obvious risks and concerns with regards to misdiagnosis and patient safety. The RCPod recommends that any member who wants to use USI must undertake a Consortium for the Accreditation of Sonographic Education (CASE) accredited programme/award that aligns with their personal scope of practice for USI/POCUS.

The aim of CASE and its accreditation requirements is to educate sonographers to an appropriate level of competency, thereby enabling safe practice. By adhering to these standards podiatrists align themselves to sonographers when providing POCUS, resulting in an equitable minimum standard of competence in relation to ultrasound use, which when evidencing their scope of practice, to comply with Health and Care Professions Council (HCPC) standards, is a responsible approach to take.

Podiatrists must consider the following guidance:

Practice guidance 1: Education, training and competence

- 1.1 A podiatrist must demonstrate that they have completed a CASE accredited programme/award which demonstrates competency in the areas that clearly align with their subsequent breadth/remit of ultrasound scanning and includes a portfolio of practice/learning and competency assessments as evidence. Additionally, and to align with this subsequent scope of ultrasound practice, appropriate learning, and formal assessments, usually at Masters level (FHEQ level 7 or equivocal) must be successfully completed for professional issues, science, physics, and technology³.

Scope of practice for podiatrists undertaking USI

HCPC standards of conduct, performance, and ethics requires the following*:

Keep within your scope of practice

'You must only practice in the areas where you have the appropriate knowledge, skills and experience to meet the needs of a service user safely and effectively'

'You must undertake additional training to update your knowledge, skills and experience if you wish to widen your scope of practice'

'You must refer a service user to an appropriate practitioner if the care, treatment, or other services they need are beyond your scope of practice. This person must hold the appropriate knowledge, skills, and experience to meet the needs of the service user safely and effectively'.

Maintain and develop your knowledge and skills

'You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development'.

'You must ask for feedback and use it to improve your practice'

* The reader should refer to the latest published HCPC standards and proficiency documents.

'You must keep up to date with and follow the law, our guidance, and other requirements relevant to your practice'.

Practice guidance 2: Scope of practice for podiatrists undertaking USI

- 2.1 A podiatrist must comply with HCPC Standards relevant to them regarding scope of practice. Compliance with 1.1. and 2.2. will be evidence of this¹.
- 2.2 A podiatrist must define their scope of USI practice, and their portfolio of practice/learning contract and competency assessments should reflect this and be available to their employer or regulator.
- 2.3 A podiatrist must ensure if guided interventions i.e. injections, are part of their individual scope of practice that they have the appropriate education and competency in the three key areas that are required to fulfil this scope of practice, namely,
- 1) Injection therapy
 - 2) Administration of medicines e.g. POM, NMP, PGD
 - 3) USI in their individual scope of practice⁴.
- 2.4 A podiatrist must comply with the relevant regulators, in England, the Care Quality Commission (CQC), in Wales, the Health Inspectorate Wales (HIW), in Scotland, Healthcare Improvement Scotland (HIS) and in Northern Ireland, the Regulation and Quality Improvement Authority (RQIA).

Scanning on the request of others

A podiatrist using USI as part of their scope of practice may receive requests from other sources, such as other clinicians, and services to perform USI, and having a copy of their portfolio of practice and learning contract available to employers when creating such referral pathways will aid the process. The Society and College of Radiographers (SCoR) and British Medical Ultrasound Society

(BMUS) Guidelines for Professional Ultrasound Practice state a fully completed ultrasound request form is normally required before an USI examination is undertaken, as well as having a requesting protocol in place i.e. who can request, a vetting process is also recommended, to determine the following;

'The ultrasound scan requested is justified and appropriate, that clinically urgent requests are undertaken in a timely manner and ensure that the scan is undertaken by the right person'⁵(in this case that the request falls within the scope of practice of the podiatrist undertaking the scan).

In addition, BMUS have produced an advice document to give best practice guidance and support providers in appropriate selection of patients for whom ultrasound would be beneficial⁶.

3. Practice guidance: Scanning on the request of others for podiatrists undertaking USI

3.1 A podiatrist must review referrals received from other professionals and must decide if the request made is justified and appropriate, as well as determine if this fits within their scope of practice.

Gaining consent

With regards to gaining consent, HCPC standards of conduct, performance, and ethics requires the following¹:

'You must make sure that you have valid consent, which is voluntary and informed, from service users who have capacity to make the decision or other appropriate authority before you provide care, treatment, or other services'.

Whilst with regards to gaining consent the HCPC standards of proficiency for Chiropodists/podiatrists requires the following⁷:

‘Understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented’.

If USI is within the scope of practice of the podiatrist, then they should also follow recommendations from the SCoR and BMUS guidelines on gaining consent⁵. BMUS provide a useful statement on patient information and informed consent which explains the nature and conduct of an ultrasound exam and potential risks⁸, additionally the SCoR provide a helpful article which reviews consent in relation to the case; *Mordal vs Royal Berkshire NHS Foundation Trust*⁹.

4. Practice guidance: Consenting for podiatrists undertaking USI

- 4.1 A podiatrist must comply with HCPC standards relevant to gaining consent.
- 4.2 A podiatrist must act in accordance with employer guidance on the obtaining and documenting of informed consent of a patient, which, includes USI.
- 4.3 A podiatrist must ensure capacity and then inform the patient of the purpose of the US scan and the risks, benefits, and alternatives to using USI to support the management of their condition, as well as obtain the informed consent of the patient prior to undertaking USI.

Record keeping (Image storage/interpretation and report writing)

With regards to record keeping HCPC standards of conduct, performance, and ethics requires the following¹:

'You must keep full, clear, and accurate records for everyone you care for, treat, or provide other services to'.

'You must complete all records promptly and as soon as possible after providing care, treatment, or other services.'

'You must keep records secure by protecting them from loss, damage, or inappropriate access'.

When it comes to report writing, appropriate standards and best practice, the Royal College of Radiologists (RCR) provide guidelines on actionable reporting¹⁰.

SCoR and BMUS recommend that an appropriate number* of annotated images that represent the entire report is good practice because it provides the following: support for the written report, a second opinion on those parts of the examination that have been imaged, a contribution to clinical

**An appropriate number equates to, if a structure/pathology is reported on, then an image to illustrate this is appropriate, whilst if a structure/pathology is reported but no images are provided to support, then this would be insufficient and inappropriate.*

governance through audit and quality assurance procedures, a teaching tool, evidence that the examination was carried out to a competent standard and evidence that local and national guidelines and protocols were followed⁵. BMUS have also produced a report template, along with guidance information (**BMUS POCUS Record Template**)¹¹, but they stipulate that it can be modified to suit local requirements.

In the BMUS and the RCR Recommendations for specialists practising ultrasound independently of radiology departments: Safety, governance, and education¹², in the record keeping section they advise as a minimum, practitioners performing scans must have a means of documenting the event, recording the findings, and archiving images for medico-legal reasons. They added examinations, such as ultrasound guided procedures, do not require saving images given the issues with storing large cine loops, but that a report indicating the procedure took place must be recorded and be readily available to other healthcare professionals¹².

5. Practice guidance: Record keeping and report writing for podiatrists undertaking USI

5.1 A podiatrist must comply with HCPC standards relevant to them on record keeping.

5.2 A podiatrist must, as a minimum, record an appropriate number of annotated images, which are permanently archived and are accessible for review by other healthcare professionals directly involved in the care of a patient and support their report.

5.3A podiatrist when undertaking USI, must provide a report, which must include as a minimum the following: Time, date, location, practitioner name and grade, reason for examination, clinical area, outcome, complications if any, and subsequent action/recommendations if appropriate, and/ or comply with employer guidelines.

Escalation of imaging findings and support from imaging specialists

BMUS and RCR recommend the following:

It is recommended that POCUS colleagues engage with ultrasound providers and radiology departments to establish cooperation and collaboration amongst users of ultrasound from different specialities to ensure the best possible service is available to patients. The level of support and training available will vary, but it is envisaged that at least the report and a record of the POCUS study, ideally with stored images would be readily available and could be integrated into the patient's electronic records¹².

The Academy of Medical Royal Colleges make recommendations around alerts and notifications of imaging reports which podiatrists undertaking USI should consider¹³.

6. Practice guidance: Escalation of Imaging findings and support from Imaging specialists for podiatrists undertaking USI

6.1 A podiatrist must refer a patient to an appropriate service if they detect imaging findings that may indicate a serious and/or urgent pathology that requires review by an imaging specialist.

6.2 A podiatrist must refer a patient to an appropriate imaging specialist if they detect imaging findings that are outside their personal scope of imaging practice to interpret and/or understand the clinical significance of these.

Communication

With regards to communication HCPC standards of conduct, performance, and ethics requires the following¹:

Communicate with service users and carers

'You must be polite and considerate.'

'You must listen to service users and carers and take account of their needs and wishes.'

'You must give service users and carers the information they want or need, in a way they can understand.'

You must make sure that all practicable steps are taken to meet service users' and carers' language and communication needs.'

'You must use all forms of communication responsibly when communicating with service users and their carers.'

Work with colleagues

'You must work in partnership with colleagues, sharing your skills, knowledge, and experience where appropriate, for the benefit of service users and carers.'

'You must share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a service user.'

'You must treat your colleagues in a professional manner showing them respect and consideration'.

'You must use all forms of communication with colleagues and other health and care professionals responsibly including media sharing networks and social networking sites'.

Social media and networking websites

'You must use media sharing networks and social networking sites responsibly'.

'You must make reasonable checks to ensure information you share is accurate, true, does not mislead the public and is in line with your duty to promote public health when sharing information on media sharing networks and social networking sites'.

'You must use media sharing networks and social networking sites responsibly, maintaining professional boundaries at all times and protecting service user/carer privacy'.

SCOR and BMUS recommends report findings and images should be shared in a secure manner to appropriate colleagues for their information in order that an informed decision about the patient's care can be undertaken⁵.

7. Practice-based standards on communication for podiatrists undertaking USI

7.1 A podiatrist must comply with HCPC standards relevant to their communication.

7.2 A podiatrist should make images and reports available for other clinicians directly involved with a patient's care, whilst keeping the risk of data loss or misuse to a minimum.

Image storage and data protection

It is extremely important that image data is protected from theft, loss, or misuse. Prior to using an ultrasound machine, a thorough assessment is required to ensure General Data Protection Regulation (GDPR) (EU 2016/679), DPA (2018) Legislation and NHS Digital (if applicable (digital.nhs.uk) requirements are complied with. Podiatrists must consider how images are stored before using USI (including patient demographics and DICOM worklist where possible); acceptable system options include PACS in a hospital-based setting or a secure cloud-based platform in other locations, in their absence a password-protected portable hard drive stored in a lockable cupboard is recommended.

Data security is paramount, and before purchasing an ultrasound machine, the BMUS and RCR guidelines¹² recommend the following:

- i. Operating system: With ransom-ware becoming more prevalent, it is recommended that operating systems are supported and are patched for security flaws. Discuss with the supplier how long the operating system is going to be supported, and what their policies are on patching and software/operating upgrades.*
- ii. Controlled access to patient data on the POCUS machine via user passwords and encryption of the patient data. It is also important that there is an emergency mode that allows scans to be performed without entering patient data, though this must be added after.*
- iii. The scanner should be set for WIFI (with appropriate data security), where possible, to make access to a PACS or image storage device as appropriate, easier.*
- iv. For some POCUS machines the ability to send studies to an IT system outside the control of your practice/department may be required. When starting a new service, a Data Protection Impact Assessment (DPIA) should be completed. The local Information Governance team will be able to provide advice. This is essential when the POCUS device sends studies outside your organisation for compliance with GDPR.*

- v. *There are a number of POCUS machines that have wireless connection with an App on a smartphone or tablet. This should ideally be a device owned by your organisation but in any event a DPIA is required. If a personal device is used patient data must be removed if the personal device is either scrapped or if ownership of the device is transferred to a third party.*

In addition, the SCOR and BMUS guidelines⁵ stated the following with regards to private practitioners and GDPR.

The GDPR came into effect on 25 May 2018. Independent sonographers are likely to have responsibilities for data under the act as data controllers. There will probably be a requirement to register with the Information Commissioner. A registration self-assessment tool is available. The assessment tool takes approximately 5 minutes to complete.

8. Practice guidance: Image storage and data protection for podiatrists undertaking USI

8.1A podiatrist must ensure that GDPR (EU 2016/679), DPA (2018) Legislation and NHS Digital (if applicable (digital.nhs.uk)) requirements are adhered to.

8.2A podiatrist must securely store their ultrasound images and report and follow BMUS and RCR guidelines¹² and/or employer policy on governance in relation to image storage and retrieval when applicable.

Clinical Governance

‘Clinical governance’ describes the structures, processes and culture needed to ensure that healthcare organisations - and all individuals within them - can assure the quality of the care they provide and are continuously seeking to improve it¹⁴. The main components of a clinical governance framework, include risk management, clinical audit, education, training and CPD, patient and carer experience and involvement, staffing and staff management; the primary focus being that of patient

safety and the optimising of their care. Clinical governance procedures help protect the podiatrist by ensuring optimum evidenced-based care pathways are followed, as well as adhere to HCPC standards of conduct, performance and ethics and standards of proficiency for podiatrists.

Clinical audit for podiatrists undertaking USI

Audit of clinical practice relating to USI is essential to demonstrate that indications for requesting, diagnostic quality and reporting are satisfactory and in keeping with recommended national standards. However, it is acknowledged that the process is challenging owing to the subjective nature and operator dependency of the modality, as well as the assessment and diagnosis occurring in real-time, thus any audit will be retrospective, subjective, and reliant on still images and the report.

The BMUS Professional Standards Group (a committee of experts in the field) undertook a review of available audit systems and produced an audit tool that could be used by any user, enabling them to systematically review the standard of their own and peers imaging and reports. Although the process is subjective their tool allows a standard process to be applied by all ultrasound practitioners¹⁵; they provide explanatory notes¹⁶, as well as the audit tool sheet¹⁷. BMUS acknowledge that the tool may not cover all audit programmes, but suggest their tool is a start point from which in-house tools can be developed to meet individual or local needs. They recommend that services/ultrasound practitioners (UP) should review 5% of all USI and reports which is sourced from recommendations from the RCR Standards for Radiology Events and Learning Meetings^{18, 19}.

Currently, there are no national standards for expected image quality and reports. BMUS suggest the optimum approach would be to have external auditors to review practice, be this a neighbouring service or colleague, but recognise this may incur financial and time constraints.

To act upon the findings (learning experiences) of an audit, it is essential to disseminate this information via the use of discrepancy and case conference meetings, where interesting cases and examples of best practice can be shared.

The HCPC Standards of proficiency Chiropodists/Podiatrists

'10. Reflect on and review practice, 10.1 states a podiatrist should 'understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement', as well as 10.2 'recognise the value of multi-disciplinary reviews, case conferences and other methods of review'.⁷

The BMUS and the RCR guidelines¹² advise having in place a pathway to handle and learn from significant incidents, as well as advising individuals not to practice in isolation and to have some form of external audit in place.

9. Practice guidance: clinical audit for podiatrists undertaking USI

9.1A podiatrist must comply with HCPC standards relevant to them in relation to reflective practice and review. To comply with these standards, the podiatrist must undertake appropriate audit and review activities. As recommended by BMUS and the RCR this should include 5% of all USI and reports, the use of external auditors, and dissemination of the findings at appropriate meetings.

9.2A podiatrist should have a process in place to capture service user information including compliments, complaints, and other feedback.

Continuing professional development (CPD)

CPD is embedded into the clinical governance process. It assists in improving safety and the quality of care provided to patients, as well as engages the podiatrist undertaking USI to maintain and improve their practice; for reasons such as understanding and identifying the variable image appearance of pathology, as well as keeping up to date with advances in image quality, equipment technology and educational developments, and keeps them informed of any changes to USI guidance, recommendations, and standards.

Podiatrists using USI must meet the HCPC standards for scope of practice, which includes the following:

'You must only practise in the areas where you have the appropriate knowledge, skills and experience to meet the needs of a service user safely and effectively.'

You must undertake additional training to update your knowledge, skills and experience if you wish to widen your scope of practice.'

You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development'.

What are the different types of CPD available to a podiatrist undertaking USI

The BMUS and RCR guidelines endorse a holistic approach to CPD requiring analysis, evaluation, and reflection via a mix of activities to demonstrate and evidence this and offer up the following options (which are for example only and are not to be seen as definitive) that could be undertaken¹²:

- i. Successfully completing a programme of study*
- ii. Attendance at, and participation in, appropriate professional workshops and conferences*
- iii. Defining and implementing a departmental audit programme*
- iv. Implementing a change process in practice*
- v. Mentoring an ultrasound student in practice*
- vi. Participation in an ultrasound or professional research project*
- vii. Attendance at and participation in case reviews*
- viii. Attendance at radiology discrepancy meetings and MDT meetings*
- ix. Submission of a paper to a journal*
- x. Critical evaluation of a peer-reviewed research paper*
- xi. Peer review of an article for a journal*
- xii. Teaching peers and students, both formally and informally*
- xiii. Completion of elearning for Healthcare (eLfH) modules and other online learning activities*
- xiv. Active engagement with a professional ultrasound group, professional or regulatory body or scientific society*
- xv. Promoting the practice of ultrasound to other healthcare professionals within a wider context*
- xvi. Communicating with, and imaging, patients.*

The BMUS and RCR guidelines present a framework with examples to aid an Ultrasound practitioner's understanding of CPD and the different activities available¹².

10. Practice guidance: Continuing professional development for podiatrists undertaking USI

10.1 A podiatrist must comply with HCPC standards relevant to them on continuing professional development. To comply with these standards, the podiatrist must undertake appropriate CPD activities and keep a record. A mix of activities to evidence this, as suggested by the

BMUS and RCR are recommended but should include peer-review and specialist supervision elements as part of this.

Risk management

Risk management is a key component of the clinical governance framework which continuously seeks to improve the quality of care, ensuring that healthcare provision remains patient centred, dovetailing with the requirements in the HCPC standards of proficiency for Chiropodists/Podiatrists section 14-establish and maintain a safe practice environment. Subjects such as back care for the podiatrist, health and safety and infection control are important and the appropriate training, support, and monitoring of these topics should be in place⁷.

11. Practice Guidance: Risk management for podiatrists undertaking USI

11.1 A podiatrist must ensure they follow HCPC standards on establishing and maintaining a safe practice environment and their local organisations risk management programme or have their own procedures and audits in place for areas such as back care, health and safety and infection control.

Local service delivery governance

It is important when using USI that there is a clear definition of the service, its specification, who manages it and who is accountable, what specialist support is available to the podiatrist, who is responsible for the quality of care and what systems and procedures are in place to identify, report and resolve poor performance.

Governance for ultrasound equipment

A wide range of US scanners are now available, from cart-based units, to laptops, to handheld devices. Ultrasound equipment comprises of two key components: i) the transducer, and ii) the associated beamforming, data processing and image display components. The cost of such equipment has greatly reduced and therefore the number of devices in use has increased rapidly. There are clear benefits to the podiatrist utilising USI, but there is significant clinical risk if good governance is not in use. It is vital that podiatrists consult a medical physicist/clinical engineering unit when purchasing equipment to ensure that it is quality assured and that an appropriate service and maintenance contract/programme is in place.

To ensure that good equipment governance is in place, the BMUS and RCR guidelines recommend the following structure¹²:

a. Appoint a lead who will:

i. Oversee the purchase of POCUS equipment

ii. Ensure a list of authorised users is maintained

iii. Establish training records for authorised users

iv. Maintain a list of standard operating procedures for clinical scans.

v. Ensure that the use of personal mobile or tablet devices are avoided. When personal devices have to be used to perform the scan; the appointed lead must be aware and local governance procedures will be followed

vi. Ensure that national requirements for data security and image storage are fulfilled (see section 3f)

vii. Ensure that appropriate clinical pre-sets are available on the scanner

viii. Ensure that regular quality assurance checks are performed

b. Ensure that there are procedures for:

- i. Acceptance testing of POCUS equipment*
- ii. Regular checks of image quality performance of POCUS equipment*
- iii. Regular QA checks of POCUS equipment*
- iv. Day to day care of equipment and fault reporting*
- v. Ensuring clinical pre-sets follow national and international guidelines on scanner output, in particular for lung, neonatal and ophthalmic applications*
- vi. Collaborating with medical ultrasound physicists where appropriate.*

Equipment hygiene and use of US gel

Ultrasound transducers and the coupling gel are known sources of bacterial cross-infection between patients. The SCoR and BMUS guidelines provide general recommendations on equipment cleaning, personal protective equipment, and good hand hygiene⁵. A podiatrist should seek advice from the manufacturer of their ultrasound machine for specific cleaning methods for their transducer; additionally, information on transducer decontamination and a best practice summary can be downloaded from [Ultrasound Transducer Decontamination | BMUS²⁰](#).

A podiatrist must be aware of when and how to use sterile and non-sterile gel and probe covers. The UK Health Security Agency²¹ provided guidance on its safe use. This advice is of relevance to those podiatrists performing interventional procedures such as guided injections/aspirations.

12. Practice Guidance: Governance on ultrasound equipment

- 12.1 A podiatrist must ensure they understand their local organisations service specification management structure, the lines of responsibility and accountability and the systems and procedures that are in place to assure good performance and patient safety. A podiatrist must also ensure that the US equipment is quality assured, that the machine and probes are maintained according to manufacturer specifications and organisational policies, as well as having appropriate service and maintenance contracts in place.

12.2 A podiatrist must ensure they have undertaken an ergonomic workstation assessment and risk assessment to address their working postures, working patterns and repetitive activities that may be undertaken whilst undertaking USI. A podiatrist must ensure they follow the manufacturers and their organisation's infection prevention and control guidance when using an ultrasound machine.

Professional indemnity (Professional liability insurance)

The HCPC requires by law that registrants must have a professional indemnity arrangement in place when registered with them²². A podiatrist must make sure that their arrangement provides cover appropriate to their practice and take account of the nature and extent of its risks, this will include USI if that is within the podiatrist's defined scope of practice.

13. Practice guidance: Professional Indemnity for podiatrists when undertaking USI

The following guidance is taken directly from the HCPC Professional indemnity and the podiatrist's registration 2014 document²².

13.1 'You must make sure you have a professional indemnity arrangement in place when you practise. This could be an arrangement provided:

- Through your employer if you are employed;
- As part of membership of a professional body, trade union or defence organisation; or
- Directly from an insurer
- Or it could be a combination of the above.

13.2 'You must make sure that the professional indemnity arrangement you have in place provides appropriate cover. This means that the cover needs to be appropriate to the risks involved in your practice so that enough compensation will be paid if successful claim is made against you.

- If you are employed, your employer's indemnity arrangements are very likely to provide appropriate cover for the activities that you perform as part of your job
- If you are self-employed, you will need to make sure that you have put in place your own arrangements for professional indemnity
- If you carry out both employed and self-employed work, you need to make sure that you have professional indemnity arrangements in place which provide appropriate cover for all parts of your practice.

Conflicts of interest

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Gill Dolbear-Principal Lecturer, Canterbury Christ Church University. CASE Education Officer

References

- 1) Standards of conduct, performance, and ethics. Health and Care Professions Council. 2023.
<https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>
- 2) Clinical podiatric practice guidelines. Royal College of Podiatry. 2023.
<https://membersarea.rcpod.org.uk/podiatric-practice/professional-resources-area/standards>
- 3) CASE requirements for the Accreditation of Musculoskeletal Courses. Consortium for the Accreditation of Sonographic Education. 2023. <https://www.case-uk.org/information/position-statements/msk-requirements/>
- 4) Guidelines for Administration of Ultrasound Guided Musculoskeletal Injections. British Medical Ultrasound Society. 2023.
https://www.bmus.org/media/resources/files/BMUS_USGI_Guidelines_2023_FINAL_he-edit.pdf
- 5) Guidelines for Professional Ultrasound Practice. Society of Radiographers and British Medical Ultrasound Society. 2023. ISBN:978-1-1-909802-89-6. <https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/sor-and-bmus-guidelines-for-ultrasound-8th>
- 6) Justification of Ultrasound Requests. British Medical Ultrasound Society. 2022.
[BMUS_Justification_Doc_edit_May_2022.pdf](https://www.bmus.org/media/resources/files/BMUS_Justification_Doc_edit_May_2022.pdf)
- 7) Standards of Proficiency-Chiropractors/podiatrists. Health and Care Professions Council. 2023.
<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-chiropractors--podiatrists/>
- 8) Statement on patient information and informed consent. British Medical Ultrasound Society.
https://www.bmus.org/static/uploads/resources/STATEMENT_ON_PATIENT_INFORMATION_AND_INFORMED_CONSENT_gQkvKTu.pdf



- 9) Consent for radiographers and sonographers. Reviewing guidance on consent. Society of Radiographers. 2020. <https://www.sor.org/news/scor/consent-for-radiographers-and-sonographers>
- 10) Standards for interpretation and reporting of imaging investigations. The Royal College of Radiologists. 2018. <https://www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/standards-for-interpretation-and-reporting-of-imaging-investigations-second-edition/>
- 11) Best practice statement on recording and storage of point-of-care ultrasound examinations. British Medical Ultrasound Society. 2021. https://www.bmus.org/static/uploads/resources/Best_practice_PoCUS_governance_statement_combined.pdf
- 12) Recommendations for specialists practising ultrasound independently of radiology departments: Safety, governance, and education. The Royal College of Radiologists. 2023. https://www.rcr.ac.uk/system/files/publication/field_publication_files/recommendations_for_specialists_practising_ultrasound_independently_of_radiology_departments.pdf
- 13) Alerts and notifications of imaging reports: Recommendations. Academy of Medical Royal Colleges. 2022. https://www.aomrc.org.uk/wp-content/uploads/2022/10/Alerts_notification_imaging_reports_recommendations_1022.pdf
- 14) Clinical governance guidance. Department of Health and Social Care. 2011. <https://www.gov.uk/government/news/clinical-governance-guidance>
- 15) Recommended Peer- Review Audit Tool. British Medical Ultrasound Society. 2014. <https://www.bmus.org/policies-statements-guidelines/professional-guidance/guidance-pages/bmus-recommended-audit-tool/>
- 16) BMUS Recommended Audit Tool-Explanatory notes. British Medical Ultrasound Society Professional Standard Group. 2014. https://www.bmus.org/static/uploads/resources/Peer_Review_Audit_Tool_-_Explanatory_Notes_with_logo.pdf



- 17) Recommended Peer-Review Audit Tool. British Medical Ultrasound Society.
2014. https://www.bmus.org/static/uploads/resources/Peer_Review_Audit_Tool_wFYQwtA.pdf
- 18) Standards for radiology events and learning meetings. The Royal College of Radiologists.
2019. www.rcr.ac.uk/career-development/audit-quality-improvement/auditlive-radiology/standards-for-radiology-events-and-learning-meetings-qsi-ref-xr-704/
- 19) Strickland, N.H. Quality assurance in radiology: peer review and feedback. *Clinical Radiology* 2015; 70, 1158-1164. <http://dx.doi.org/10.1016/j.crad.2015.06.091>
- 20) Ultrasound Transducer Decontamination. British Medical Ultrasound Society. 2020.
<https://www.bmus.org/policies-statements-guidelines/professional-guidance/guidance-pages/ultrasound-transducer-decontamination/>
- 21) Ultrasound gel: good infection prevention practice. The UK Health Security Agency. 2021.
<https://www.gov.uk/government/publications/ultrasound-gel-good-infection-prevention-practice>
- 22) Professional indemnity and your registration. Health and Care Professions Council. 2014.
[professional-indemnity-and-your-registration.pdf \(hcpc-uk.org\)](https://www.hcpc-uk.org/professional-indemnity-and-your-registration.pdf)

Frequently asked questions

- If you have a CASE accredited award at Level 7 (in England, Northern Ireland, and Wales) (Level 11 in Scotland) in diagnostic ultrasound, will the Royal College of Podiatry insure you to use diagnostic ultrasound?

Podiatrists using diagnostic/ point of care ultrasound must undertake a Level 7 (Level 11 in Scotland) CASE-accredited award e.g. PG Cert, PGD, MSc (a PG Cert being the minimum standard of award) to ensure they meet the required HCPC standards for safe and effective practice. However, those who have previously completed a CASE-accredited award but not at the appropriate level i.e. PG Cert can continue to practice but have a duty to commence an appropriate Ultrasound CASE accredited award prior to the latest HCPC registration renewal of podiatrists/chiropractors in 2026 and complete an appropriate level award.*

- If I have no formal qualification, will the Royal College of Podiatry insure me to use diagnostic ultrasound?

No, you should stop using ultrasound, consult the **directory of CASE accredited courses** and contact the appropriate HEI to ensure you train at the required level stated in the RCPod **Practice guidance for podiatrists when using ultrasound imaging (USI) as part of their scope of practice**.

- I have a CASE accredited award, but it is below the PG Cert level i.e. Focused course. How do I work towards a PG Cert (CASE accredited) in medical ultrasound?

Members are encouraged to work with Higher Education Institutes (HEI) towards a PG Cert (CASE accredited) in medical ultrasound to enhance competency. You may be able to apply for some/all of the learning from previously completed modules to be counted towards a PG Cert, via recognition of prior learning (RPL) or equivalent processes, however, these processes differ for HEIs; and it will be the decision of the HEI what may be possible. Therefore, members should contact HEIs directly to explore this. See CASE position statement on RPL [here](#).

- **Can I provide diagnostic ultrasound to people under the age of 16?**

If you have a CASE accredited award to at least a PG Cert and your portfolio/learning contract included scanning of under 16's i.e. your defined scope of practice, then in that case yes, but if it does not then no and further training and mentorship will be required.

- **Can I provide ultrasound guided injections, including nerve blocks, for surgical procedures?**

You can provide ultrasound guided injections if you can demonstrate the appropriate education and competency in the three key areas that are required to fulfil this scope of practice, namely,

1) Injection therapy

2) Administration of medicines e.g. POM (S), NMP, PGD

3) USI in their individual scope of practice.

- **I provide diagnostic ultrasound in England, within independent practice, do I need to be CQC registered?**

In England, the Care Quality Commission (CQC) regulates health and social care, and it is a legal requirement under the Health and Social Care Act 2008 to register with the CQC if a practice is providing diagnostic and screening procedures, such as ultrasound. A podiatrist must legally comply with all relevant regulators.

- **I undertook a qualification in diagnostic Ultrasound outside the UK, are overseas equivalent qualifications recognised?**

As with HCPC registration and overseas qualification, there is a requirement for the clinician to be able to demonstrate competency, through mapping their overseas qualifications to that of a CASE accredited course.



- **Where can I locate CASE accredited courses in the UK?**

The directory of CASE accredited courses can be obtained [here](#).

- **Will there be further updates/versions of the ultrasound guidelines?**

Yes, these documents are the first version and will be modified in response to changes in the Ultrasound landscape and working practices. They will be reviewed every 2 years or earlier in response to changes in relevant legislation.

**Other Higher Education Institutes previously offered an affiliated Level 7 Ultrasound course, and a Focused course which were accredited, but not at the PG Cert level, therefore those who have undertaken these courses have a duty to commence an award at the appropriate level before the next HCPC renewal.*