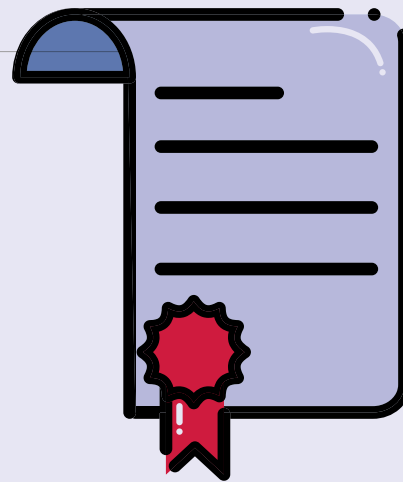


POCUS

point of care ultrasound



Increasing the numbers of competent point-of-care ultrasound practitioners will improve patient care.

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As technology advances and ultrasound equipment becomes portable and affordable, with the potential to be plugged into your smart phone, the bedside applications of point of care ultrasound (POCUS) are emerging. The Royal College of Radiologists (RCR) supports the principle of trained clinicians delivering focused ultrasound imaging in a timely fashion at the bedside to facilitate urgent care rule-in/rule-out decisions and enable the appropriate management of acutely ill patients. It is recognised that the quality of imaging provided by hand-held devices will be inferior to high-end diagnostic-quality ultrasound equipment, and the environment for viewing the images will be far from ideal. However, delivery of information that will impact on patient care in acute situations, where patients may be unfit for transfer to the ultrasound department, where there is a lack of personnel available to deliver an urgent ward-based service or where delays will have a negative impact, is to be welcomed. The traditional model of clinicians referring patients to an ultrasound service provided by radiologists and trained ultrasonographers remains the main route of diagnostic practice. POCUS will be reserved for the times when the patient may be best served by this more direct approach – for example in the emergency situation or as an aid to rapid diagnosis or treatment. In these situations, it is essential that the clinician using ultrasound has appropriate training tailored to their specific needs. The RCR, in conjunction with the British Medical Ultrasound Society (BMUS), developed guidance a number of years ago on the training standards for those non-radiologists or non-sonographers providing focused ultrasound (www.rcr.ac.uk/publication/focused-ultrasound-training-standards)

Setting standards

The Society of Acute Medicine has developed a curriculum pack and training pathway for focused acute medicine ultrasound (FAMUS; www.acutemedicine.org.uk/famus), one such example of a POCUS standard. The

proposed training pathway is considered appropriate, with training being competency-based and formally assessed; it should ensure that patients are protected from medical practitioners with inadequate training, isolated practice or without clinical audit of their performance. The pathway should help ensure that all ultrasound examinations affecting patient management are formally recorded and reported and become part of the patient's imaging record. Increasing the numbers of competent point-of-care ultrasound practitioners will improve patient care. However, the RCR stipulates that 'training for medical non-radiologists should be to the same standard as for radiologists, albeit restricted to the relevant and particular area of their clinical expertise', and therefore the recommendations for ultrasound training of medical and surgical specialties should be used to support the proposed training pathways. The range of pathologies that practitioners will be competent to assess is clearly described within FAMUS, as is the requirement for image review and referral where doubt exists. Governance arrangements should include the specification of ultrasound equipment, replacement programmes and quality assurance/maintenance as part of local POCUS agreements. Images should be stored on the local picture archiving and communication systems (PACS) and a formal report should be produced and stored on the local radiology information system (RIS) so that it is available for review by anyone involved in the ongoing care of the patient. The Society of Acute Medicine's curriculum pack and training pathway for FAMUS have been produced to address the training needs in a number of the more common areas where this practice has already developed. By adopting the recommendations of the RCR and the Society of Acute Medicine, those involved in ultrasound training can ensure that wherever ultrasound is performed, the patient receives the best possible service. In recognising the value of POCUS to patients, the RCR encourages close working between its members and the Society for Acute Medicine to facilitate training in FAMUS where resources allow. Collaboration between departments will help to streamline patient pathways in the acutely unwell, reducing duplication of studies while maintaining standards. In addition, the ability of clinicians, sonographers and radiologists to peer review scans and reports will provide valuable quality assurance and maintain confidence in this emerging imaging discipline.

Declared interests

Dr Rhodri Evans – President British Medical Ultrasound Society
Dr Simon Freeman (BMUS) – President British Medical Ultrasound Society BUMS (2016-2018). Now immediate past President BMUS.
Dr Nick Smallwood – Director of Society for Acute Medicine (until October 2019)
Dr Tony Newman-Sanders – National Clinical Director for Diagnostics NHS England and Improvement