



President's Column

Colin Deane

It's best to start upbeat, or try to. As Julie Walton told us in her last President's column, David Roberts-Jones is stepping down from his position as CEO of BMUS. I can only add my thanks for his work over the last two and a half years in supporting BMUS and strengthening it.

We have now recruited a new head of the BMUS office, Joy Whyte, who comes to us from running a charity for housing for vulnerable adults in Oxfordshire. Joy will be our new General Secretary – Council decided to revert to this title as more in keeping with the work of medical societies - from March and we welcome her and wish her well. David has agreed to continue to support BMUS in a voluntary capacity and will sit on Council as a co-opted member.

Times, as we are repeatedly told and as all of us know by now, are tough. Many hospitals are making compulsory redundancies, there is uncertainty as to how diagnostic services will be provided, by whom and at what cost as control of budgets moves from PCTs to GPs.

Whatever this outcome, imaging departments know that work continues to increase, that there is pressure on waiting times and that initiatives to improve patient access by, for example, extending opening hours are sometimes in conflict with problems of recruiting and retaining staff with the requisite skills. It is the paradoxes which are going to be increasingly difficult to reconcile. All of us need to maintain high quality CPD but training budgets are being cut and there is more scrutiny of staff absence for training. It's a challenge or, as we are increasingly encouraged to think, an opportunity.

The BMUS annual scientific meeting has usually comprised three midweek days. It has become apparent that the days when departments could send several staff off for three days are over. In the last years, the scientific organising committees have tried plan individual days to encompass particular themes or specialities, so that members could come for one or two days and make best use of that time. Many members felt that starting or ending the meeting at the weekend would also help sonographers and other staff under

pressure at work. Even if time off in lieu is taken, it can be chosen to suit the department and not leave the remaining staff stretched. Many European meetings start at weekends as do the major meetings in the USA.

This year we will try this at our ASM in Brighton. This is our second year at this venue and follows over a decade of meetings in the north of England or Scotland. There are pros and cons but last year's meeting was a good one and the venue allows a choice of teaching room sizes, excellent social venues and a generally good buzz. Importantly for us all, it is good value for money. We will, however, be returning northwards in 2012.

Meanwhile, for Brighton 2011, Pete Hoskins and his team have produced an excellent draft programme which you may have seen. If not it is on the BMUS website where it is regularly updated. The ASM is still the best place to get updates on current practice in ultrasound, to see what's new, to look at the range of ultrasound equipment available and to chat to colleagues and compare notes. Don't miss it.

It's not often I talk about ultrasound at home. If I dare mention it eyes glaze over (again) and it's off to facebook and, with luck, some homework. However, my son Richard turned 18 last month.

As is customary, he received a card from his local MP, "Tuition fees are up, youth unemployment is at a record high, start saving for a pension yesterday, there's no hope at all really but you've come of age so vote for me, it's the other lot's fault".

I paraphrase. Less expected was a letter offering him an ultrasound assessment at his local village hall for vascular disease of his carotids, aortic aneurysm screen and investigation of his peripheral arteries using high specification ultrasound scanners. All for £139.

"I can do this," I told him and, seeing an opportunity for some redress, offered him the same service for £100. But he tells me that at 18 he's not really in the at-risk group yet. Having read some of the peer-reviewed literature, apparently he's right. I wonder if their marketing has been thoroughly thought through?

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Turn over to read our Honorary Member, Tom Brown's article on RSI within the industry

RSI- an occupational hazard for sonographers that could be avoided?

Tom Brown

The fourth meeting of the Kinghorn project, organised by the NHS Fetal Anomaly Screening Programme, (FASP), in partnership with the NHS National Innovation Centre (NIC), was held in London on 3rd March 2011. The project was set up a year ago to investigate the underlying causes of repetitive strain injury (RSI) affecting sonographers, and to identify possible equipment-related improvements to reduce it.

RSI is a serious problem across many occupations, said to cost European countries between 0.5% and 1.5% of GNP. In the UK this puts it on a par with the Overseas Aid Budget, and equivalent to a sizeable part of Defence spending. Though the effect of RSI on the costs to the NHS of the medical ultrasound service is not quantified, with 80% of sonographers said to be affected, it is likely to be significant. Costs, and loss of productivity do not take account of the pain and suffering, and impact on the quality of life of the sonographers themselves.

The meeting was attended by a broad spectrum of sonographers and other stakeholders including representation from BMUS and the Society and College of Radiographers (SCOR). Most importantly, a good number of representatives from UK and foreign scanning equipment manufacturers, and the makers of ancillary equipment such as patient couches and sonographer's chairs, were present. It is only such people and such companies that can pick up and implement the suggestions arising from these meetings, and so they were most welcome.

Pressure of work is often blamed for RSI, but it appears that part-timers suffer just as much as full-timers, and some hard-working full-timers do not suffer at all. So although work pressure will not help, it is not necessarily the main, or only causative factor, and one must look elsewhere for other sources of the problem. This project concentrates on equipment-related ones, leaving issues such as work and rest patterns, training, exercises and other factors, to others.

A total of ten issues were discussed at the meeting, four of which have to remain in the "wish list" for sonographers for the moment. These are:

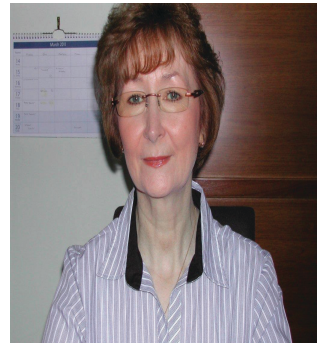
- reducing the effort needed to displace the adipose layer in high BMI patients;
- avoiding having to bend their wrists too far away from the neutral position;
- reducing the degree and frequency of abduction of the scanning arm, and finding an acceptable and non-restrictive way of helping to support its weight.

The remaining six suggestions are inter-related, and are really different aspects of one main one, which if implemented, might also indirectly assist with the previous four.

In nearly all other comparable human activities, the "operator" (sonographer) sits or stands at a desk or working surface, with space for their feet and legs under it, and the "workpiece" (patient) in front of them, so that they can see what they are doing. They usually work with their elbows more-or-less at their sides, so that their arms are only laterally abducted moderately and occasionally. The "workpiece" (patient) they are working on is usually within easy reach in front of them, as is any "hand tool" (transducer) they are using, together with any

New BMUS General Secretary

Our new General Secretary, Joy Whyte joins us at the end of March in good time to take over the reins of BMUS Brighton 2011!



Following discussions at Council, it was felt that a return to the old BMUS title of General Secretary for the head of the BMUS office administration and secretariat was more appropriate given Council's decision to concentrate more on the strategic direction of the Society. The resulting job description and title change reflected that move and there was a very good field of experienced candidates that responded to the advertisement in December.

Joy has headed up an Oxford-based learning disabilities charity - "HOLD" - for the last 14 years, having worked there for a total of 17 years, with a particular responsibility for financial operations and general management. Prior to HOLD her work concentrated on administration and office management in a range of posts, although we should all note that one of her early posts was connected with advertising, so we look forward to a special angle on BMUS' future adverts!

Joy lists her leisure activities as driving, country walks with dogs, reading, gardening and interior design.

Please join Council and colleagues in welcoming Joy, wishing her a long and happy working relationship with BMUS!

RSI contd

"feedback or control devices" (display screen and control panel), so they don't have to twist their necks or reach too much. This applies to factory workers, and to those earning a living in offices. It even applies to housewives peeling potatoes or changing their babies. So why on earth should sonographers, carrying out such a complex, and physically and mentally demanding task, be any different in the way they have to work ?

The answer, at least partially, lies in the history of ultrasound scanning. It is now some thirty years since real time scanners superseded the first-generation, static B-scanners. During that time there has been massive, and still continuing, technological development in the electronics and software.

Unfortunately there seems to have been little comparable change to the physical and ergonomic layout of the machines used in busy hospital departments, with almost all the hardware concentrated in a single large "cart", with a display screen on top, and a control panel protruding from the front.

The effect of this is to force the sonographer to sit or stand facing roughly parallel to the patient and couch, with scanning, and the applied pressure required, being done by a frequently abducted arm and hand, extended sideways over the patient. The sonographer cannot watch the screen – their main source of information – and the transducer, at the same time. So they are forced to rely heavily on that marvellous, but little recognised faculty we call proprioception, to "know", and control, what their out-of-sight hand is doing with the transducer.

Contd opposite

RSI article contd from page 2

So the Kinghorn project is proposing what might seem to be a radical change. That is to re-arrange the equipment to allow the sonographer, if desired, to turn round to face and scan either directly, or diagonally, across the couch and patient

This is not suggested as a “cure” for RSI, for which there are multiple contributory causes. It would seem, however, to be a more natural and less stressful way of working, in a manner more akin to how they would normally go about other tasks in life.

But of course it would require other changes to be made. Ideally they would have to be able to put their feet under the couch, or use something like a “kneeling chair”. The screen would have to be moved, or another screen be provided, to be in their line of sight, so they could see both it, and their hand manipulating the transducer. Other, and possibly more challenging arrangements would have to be made for them to operate the necessary controls, without twisting around to do so.

There is insufficient space in this article, but the more detailed proposals, along with responses to the inevitable... “That’s no good because...” objections were presented in the papers for the meeting delegates.

There are negative factors of course. People just don’t like change, especially when it impacts on skills and work habits acquired over years. There would be difficulties as yet unidentified, and the benefits may not be as great or as obvious as anticipated.

The equipment would also need to be made capable of reverting back to the “traditional” arrangement quickly and easily, especially since there could be situations where “the old way is still best”. But all these things are common to any innovative attempt to improve matters, in almost any sphere.

Over and above all this, in the present economic climate it may make seem an inauspicious time to be suggesting changes that require new investment. But if times were good, and the manufacturers were seeing steady sales and profits, it would be very difficult to persuade them to make changes. Paradoxically, it is in these very times of scarce sales and shrinking profits that the companies who can, will invest in improving their products and competitive position.

So far as the purchasing authorities are concerned, the present hospital ultrasound equipment inventory will sooner or later have to be replaced, and it would seem to be commonsense to do so with products that do not perpetuate, to their sonographer users, the completely unacceptable plague of RSI.

“Kinghorn” is just the place name of a little Scottish town, and an attempt to avoid inventing yet another incomprehensible acronym.

The views expressed are those of the author, and do not necessarily reflect those of BMUS, FASP or NIC

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Or contact our enquiry team

Phone 0114 225 2373 Email pep-enquiries@shu.ac.uk



21st World Congress on Ultrasound in Obstetrics & Gynecology organised by the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)

Dates: 18-22 September 2011

Venue: Hyatt Century Plaza, Los Angeles, USA

Website: www.isuog.org/worldcongress

Abstract deadline: 18 March 2011

Early Bird registration: 18 July 2011

We hope you will not only attend but also contribute to the most important meeting of the year for this speciality. As always our cutting-edge scientific program is designed around new research presentations and further enhanced by invited expert lectures and workshops.

Come and join our internationally-renowned faculty on an ISUOG ‘walk of fame’ in the entertainment capital of the world – you will not be disappointed!



e-format and saving money

In order to cut costs and keep the membership fee as low as possible, particularly in these difficult times, the BMUS office has taken the decision to cut down on postage costs where by possible by using e-mail and e-documents.

If you wish to update your e-mail address, please e-mail health@bmus.org and we will update your account accordingly.

Early Notice of Council Election

Elections for Council will be held over summer. This year nominations are welcomed from all member categories. This is your chance to influence what BMUS does for its members and for the promotion of ultrasound in the UK.

Nomination forms will be sent out with the May journal and will be downloadable from the BMUS website from late April.

BMUS 2011 BRIGHTON

Saturday 15th– Monday 17th
October 2011,

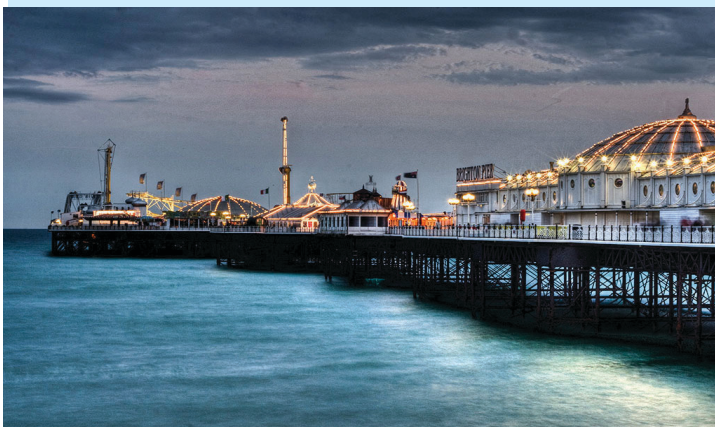
The Brighton Centre



Abstract Submission deadline
Tuesday 31 May 2011

Early bird registration deadline
Thursday 30 June 2011

The 4th National Point-of-Care Congress (NPoCUS2011)
is incorporated within BMUS 2011



www.bmus2011.org

Dates for your diary 2011

April 7

Physics & technology of diagnostic medical ultrasound, Edinburgh

April 8

Life Connections conference– pre-hospital care ultrasound, Kettering

April 15

Copy deadline for the next newsletter
email any submissions to rachel@bmus.org

May 26 & 27

Trans-vaginal scanning, Gateshead

June 29

Obstetrics evening, London
Consent & medico-legal issues in obs/gynae scanning

July 7

AAA day, Leeds

Oct 15-17

BMUS Annual Scientific Meeting & Exhibition, Brighton.



October/November
Pre-clinical day, London

Nov
Thyroid ultrasound, London

For more listings and information go to
www.bmus.org/conference-events/ce-studydays.asp