

## Written evidence submitted by the British Society of Echocardiography (EPW0066)

### INTRODUCTION

Echocardiography describes the performance of a detailed ultrasonic examination of the heart achieving both structural and functional data. The examination is undertaken by a skilled professional who works within a team to perform and independently report study findings. Each examination takes 45 minutes to perform and report. Echocardiographers require strong clinical, scientific, anatomical and physiological knowledge to interpret test findings. This test is the most requested inpatient and outpatient cardiological imaging examination and plays a vital role in general practice, cardiology, acute general medicine, anaesthetics, and critical care practice.

The British Society of Echocardiography is a registered charity which represents and supports clinical echocardiography professionals working at all levels and in all areas of the field. Our aim is to provide our members with the necessary support to deliver the highest standard of care in echocardiography. Our 4,500 members consist of cardiac physiologists, cardiologists, clinical scientists, intensivists, radiologists, anaesthetists, medical physicists, radiographers and technical staff.

The biggest challenge facing our members is a lack of skilled workforce within the profession of echocardiography. Therefore, our highest priority is achieving accurate data to gauge the size and geography of any workforce deficit in the UK and to look at ways to optimise work flow.

In order to accurately represent the scale and depth of these issues, in September 2021 the BSE commissioned a nationwide survey<sup>1</sup> of echocardiography outpatient and inpatient services.

Many specialty professions such as echocardiography, vital to the function of the NHS, are facing the multi-faceted challenge of historical workforce shortages now exacerbated by annually increasing requests for specialist tests, alongside reduced work capacity during the COVID-19 pandemic with the incumbent backlog of tests that has created. The echocardiographer shortages not only result in longer waiting times for patients, but also often delay discharge or the opportunity for patients to receive specific/targeted care (e.g., pre-operation assessment or the need for certain medicines once diagnosis is achieved).

We are therefore keen to work with all agencies which can help us deliver sustainable solutions for the future. We have collaborated with NHSE throughout the pandemic to support the profession and we continue to do so in order to seek longer term solutions to the issues outlined above. We also function as a support hub for the National School for Healthcare Sciences (NSHCS) who have recently launched an accelerated Echocardiography Training Programme (ETP) as one mechanism to release trained echocardiographers more rapidly into the NHS. We are also undertaking initiatives as a central resource provider for our members and for NHS departments to articulate and document accurate job role descriptors for echocardiographers, and to develop and describe pathways for senior echocardiographers to move into training roles enhancing retention and experience sharing.

This submission includes data from our survey as well as feedback from our members.

### PLANNING FOR THE WORKFORCE

Commitment: - Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.

## Was the commitment met overall?

There is no specific reference to echocardiographers in the commitments. Inclusion of the profession of echocardiography specifically in the commitments would greatly enhance our potential to influence change. Echocardiography has however been spotlighted recently in light of significant backlog affecting cardiovascular care pathways: a current stated governmental NHS priority.

We therefore take this opportunity to present evidence to support a specific echocardiography commitment and the proposed content thereof.

In 2015 it was estimated that there would be a shortfall of 663 Whole Time Equivalent (WTEs) in cardiac physiologist echocardiographers by 2018/19<sup>2</sup>. NHS England workforce planning in 2018 predicted the shortfall would increase to up to 1,177 by 2028, based on a conservative 5-6% increase in demand for diagnostics.<sup>3</sup>

In 2020, Professor Sir Mike Richards reported that capacity in the cardiorespiratory workforce has not kept up with demand. He noted that this is particularly the case for echocardiography<sup>4</sup>.

As capacity in the workforce has declined, demand for echocardiography and subsequently waiting times, have increased. The Richards Report also noted an annual increase in demand for echocardiography estimated at 5.7% per annum.

In 2021 the British Heart Foundation also issued a report, *The Untold Heartbreak*<sup>5</sup>, wherein they highlighted that by the end of 2020;

- More than one third of patients waiting for an echocardiogram in Northern Ireland had waited longer than 12 months
- Seven percent of patients were waiting more than 6 weeks for an echocardiogram in England as opposed to 4% in February 2020.

More recent quotes from NHSE (March 2022) estimate that the current absolute figure for patients waiting for an outpatient echocardiogram stands at 155,000 with 66,000 waiting more than 6 weeks.

The Cardiology GIRFT report (2021) stated “forty percent of acute healthcare Trusts are currently unable to provide 24/7 access to emergency echocardiography; a vital standard of care preventing mortality, morbidity and facilitating throughput of patients through highly pressurised acute admitting areas of the hospital.”<sup>6</sup> This was reinforced by our own survey with 75% of respondents being unable to provide 24/7 access to echo for inpatients<sup>1</sup>.

To address the staffing shortage a pilot accelerated training programme (Echocardiography Training Programme<sup>7</sup> – ETP) was established by the National School of Healthcare Science. The initial pilot was for 12 candidates recruited in 2019 with a second cohort recruiting 60 trainees beginning training in 2022. The ETP is a fast-track programme aiming to deliver fully accredited echocardiographers within an 18-month timeframe. The average time taken to train and accredit an echocardiographer not on an accelerated programme is 24-28 months.

The programme has an ambitious goal to deliver 180 accredited echocardiographers by 2026. The first cohort trained under the unique restrictions of the pandemic and faced abnormal challenges in completing their accreditation process. We therefore believe that the real test of this programme will be the success rate of the second cohort.

*“ETP training post about to start which we hope will develop a more robust workforce.”<sup>1</sup>*

The Strategic Review of Cardiac Physiology Services in England, 2015, referenced an attrition rate of 20% for new trainees,<sup>2</sup> and we saw no evidence in our 2021 survey to suggest that this has changed. This should be kept under active review with particular focus on the ETP cohorts following their graduation from the programme. The ETP programme will need to form one branch of a multi-faceted approach to address workforce and recruitment and retention issues within the profession.

Was the commitment effectively funded (or resourced)?

No formal commitment to echocardiography has yet been made, however we will discuss the ETP under this section.

Funding for the ETP has been secured until 2024. The addition of 180 accredited echocardiographers will increase capacity and contribute to the reducing the workforce shortfall. Training an echocardiographer places heavy demands on any department and this additional short-term workload must be calculated and factored into any national planning process. The initial pilot highlighted a need for further training resources and earlier input. The second cohort have benefitted from a BSE webinar taking them through the path to accreditation and are supported by newly appointed Regional Training Coordinators.

The introduction of newly qualified echocardiographers into a department must be carefully rate-regulated to have a real impact on improving patient throughput whilst maintaining national quality standards.

Anecdotally our members report the impact of the “rookie factor”, where, due to the challenges of recruiting experienced staff, there are more trainees or newly qualified staff in a team than those able to operate in more senior positions or train others. This places a disproportionate burden on existing staff and can result in increased waiting times for patients, staff burnout and loss of senior operators from the workforce.

Whilst the funding of the ETP programme is to be welcomed, further initiatives focussed on retention of senior staff and optimising workflow, supported by appropriate national backing and funding, will be needed to address the overall workforce skill deficit at an effective level.

Did the commitment achieve a positive impact for patients and service users?

The output of the ETP programme is at an early stage and its impact cannot yet be accurately judged.

Was it an appropriate commitment?

No commitment currently exists to the profession of echocardiography. To address the issues raised in recent reports and data as outlined above the profession requires a commitment to increase the number of echocardiographers at all levels and to support their daily workflow and professional development, not just an increase in the number of trainees.

The current shortages will not be effectively addressed without an uplift in the number of higher banded roles and a recognition of the value of training within the system. This will ensure adequate training is available for new recruits and protect from the potential negative effects of a heavy training burden on senior personnel and any one department. We believe this would be a cost-effective investment to build a sustainable workforce to meet the growing needs of patients.

## BUILDING A SKILLED WORKFORCE

### Commitments:

- Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.

Was the commitment met overall?

Staffing shortages within the profession of echocardiography are having a damaging effect on training and development.

*“Lack of staffing has a detrimental impact on the provision of training, staff development and departmental development due to the requirement of meeting waiting list targets.”*

Qualitative data from the BSE survey<sup>1</sup> provided valuable insight into the challenges facing centres, with inability to recruit experienced echocardiographers a common theme, as well as training and retention:

*“We have advertised continuously for Band 7 staff for the past year and attracted no external candidates. We are rigorously training staff but then find it difficult to retain as there are so many opportunities for staff to leave the NHS.”*

*“... experience level has also been reduced. A newly qualified B7 with BSE TTE does not provide the same level of clinical acumen, speed and versatility as a 20-year experienced sonographer. Our level of experience has dwindled significantly over the last three years that means each sonographer requires more support from a smaller workforce.”*

The Strategic Review of Cardiac Physiology Services in England, 2015<sup>2</sup>, recommended urgent action be taken to address the considerable shortfall in the cardiac physiology workforce at all levels across the career framework.

Higher Specialist Scientist Training (HSST)<sup>8</sup> is a five-year workplace-based training programme run by NSHCS which provides opportunities for clinical scientists to train to become eligible to apply for available consultant clinical scientist posts. This should create a clear pathway for progression for senior, highly experienced echocardiographers. The commitment required for this level of training is considerable and is unlikely to be attractive without pre-identifiable roles to move into once HSST is achieved. Such roles are currently not available within most NHS departments. Improvement of access to these roles would mark a substantial and tangible improvement to senior recruitment within the profession.

In a recent blog written for healthcare science week, Kelly Victor mentioned the success of the HSST programme but the misalignment between the programme and echo consultant clinical scientist job opportunities<sup>9</sup>. Not only do we want to train good people to be better, but we want to retain good people we have trained. Thus, we need a stronger emphasis on ensuring there are positions available for those clinical scientists reaching consultant status who will be looking for their next career challenge.

Echocardiographers are a uniquely multi-disciplinary workforce. Our recent work with the British Junior Cardiologist Association has revealed trainee cardiologists are often unable to access the training they require to achieve their mandatory echo training requirements as outlined by the cardiology curriculum. This exacerbates the issues of inpatient access to urgent echocardiography since the cardiology registrars form a significant part of this task force. Only 25% of responding

centres to the BSE survey<sup>1</sup> are providing 24/7 access to echocardiography, despite it being a requirement.<sup>10</sup> Addressing this issue through linked training and career development processes for echocardiographers would have an amplified positive effect on all members of the team across the MDT.

Training time must be made available and protected, both for trainee and trainer. Trainers should be recognised and rewarded appropriately. More senior echocardiographer (Band 8) roles need to be funded to ensure adequate training is available to the full multi-disciplinary workforce and this should be seen as an opportunity to increase our available workforce at this time.

- Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including the patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E.

The Richards report<sup>4</sup> describes the establishment of community diagnostic hubs as providing a new opportunity to deliver high quality, efficient and patient-centred services for a range of patients with possible or known cardiac and respiratory conditions.

Additional capacity within the community would be welcomed, however the required infrastructure is not yet in place. For example, scans acquired within the community must be transferable to and compatible with hospital systems to ensure they can be assessed should the need arise. Anecdotally we hear from members who are regularly frustrated to receive referrals from the community where a follow up echo has been requested, but the initial scan cannot be accessed, thus requiring the process to start again. This creates additional work, duplicates effort and most importantly means the patient has to have additional tests and their time to treatment is extended. It should also be noted that until the workforce can be expanded, we do not have sufficient staff to maintain community and secondary care. There is a significant risk that outsourced community services will cannibalise currently overstretched echocardiographers.

Standardised referral forms are also required and would significantly rationalise requesting. We believe this should be a national priority and should be undertaken in conjunction with the expert professional representatives.

Community services are often outsourced to private providers. In order to ensure standardised, high quality care for all patients, outsourced/commissioned services should commit to the same levels of training and development as NHS providers.

Was the commitment effectively funded (or resourced)?

We do not believe so

Did the commitment achieve a positive impact for patients and service users?

Not yet

Was it an appropriate commitment?

We would welcome specific commitment to increase the number of higher banded roles for echocardiographers to train and recognise the value of training within the system to ensure adequate training is available for new recruits, developing staff and the multi-disciplinary workforce.

We believe this would be a cost-effective investment to build a sustainable workforce to meet the growing needs of patients.

## WELLBEING AT WORK

### Commitments:

- Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.

Was the commitment met overall?

Musculoskeletal injuries are prevalent in the echocardiography workforce since acquisition of the dataset requires close patient contact<sup>11</sup>. Anecdotally we know that many of our workforce echo in pain. These chronic work-related health issues are then exacerbated by the performance of additional lists and studies undertaken by a dedicated workforce to address waiting lists generated by workforce shortages and COVID-19 related backlog.

It is widely recognised that morale across the NHS is low<sup>12</sup> and our members are not immune to this. One of the most worrying responses to the BSE survey was the comment “we are broken”. We have introduced our own Resilience in Leadership programme to support echocardiography leaders managing teams through these difficulties but would welcome further initiatives and/or funding.

We are not aware of additional services being offered. If these services exist, we would be very happy to promote them to our members.

Was the commitment effectively funded (or resourced)?

Not to our knowledge

Did the commitment achieve a positive impact for patients and service users?

Swift access to musculoskeletal services if injury occurs, and better still, proactive support to prevent injury would reduce sickness and vacancies, reduce pressure on an over-burdened workforce and increase capacity to the benefit of patients.

Was it an appropriate commitment?

This would be a meaningful improvement for echocardiographers.

## References

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