

C A S E

Consortium for the
Accreditation of
Sonographic
Education

NEWS

June 2006

This newsletter is the second installment in a new venture which will be issued three times per year following each CASE Council meeting. The purpose is to provide up to date information regarding CASE activities and requirements in respect of validation and annual programme monitoring. Council last met on the 21st March 2006 and these are the headlines from that meeting which relate to programme leaders.

CASE officers and Council

CASE officers have now changed and are as follows:

CASE Chair	Rosie Conlon, University of Leeds
Past Chair	Julie Walton, University of Liverpool
Honorary Secretary	Andrew Fairhead, IPEM Council representative
Honorary Treasurer	Sue Tennant, BSE Council representative

Jean Wilson has now stepped down as past chair having served her two year tenure. All members of Council express their sincere thanks to Jean for her extensive input into CASE over many years, as Council Member, Lead Accreditor, Chair of Annual Monitoring sub-group and not least her excellent leadership as CASE Chair from 2002 - 2004

Parent Organisations:

British Medical Ultrasound Society, British Society of Echocardiography,
College of Radiographers, Institute of Physics and Engineering in Medicine,
Royal College of Midwives, United Kingdom Association of Sonographers,
Society for Vascular Technology of Great Britain and Ireland

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CASE Council members for the forthcoming year have been nominated by the parent bodies and are as follows:

Current **Council members** are:

Julie Walton	Past Chair	representing	BMUS
Rosie Conlon	Chair	representing	BMUS
Wendy Williams		representing	UKAS
Rosemary Lee		representing	UKAS
Audrey Paterson		representing	SCoR
Stephanie Wilson	Hon. Treasurer	representing	SCoR
Lesley Greive		representing	BSE
Sue Tennant		representing	BSE
Valda Gazzard		representing	SVT
Theresa Fail		representing	SVT
Lynda Mulhair		representing	RCM
Gail Johnson		representing	RCM
Andrew Fairhead	Hon. Secretary	representing	IPEM
Crispian Oates		representing	IPEM

Education and Training session December 2005: CASE in conjunction with BMUS, BMUS ASM Manchester

During the BMUS ASM 2005 (Manchester), CASE co-hosted a conjoint session with BMUS on issues relating to ultrasound education and training.

The session was held in the Porters Suite at Manchester International Convention Centre on Wednesday 14th December 2005, between 4.00 & 5.30pm. The audience was small but this did not stifle discussion. The topics covered in the session were as follows:

DIRECT ENTRY INTO ULTRASOUND

- The need identified through workforce planning in the North West of England: Julie Walton, Post Graduate & CPD Curriculum Manager, University of Liverpool.
- The Yorkshire perspective: Jean Wilson Head of Imaging/Deputy Director LTA, University of Leeds
- The service providers view: Dr Trish Chudleigh, Superintendent Sonographer, St Thomas' Hospital, London
- SCOR accreditation of Ultrasound programmes: Professor Audrey Paterson, Director of Professional Policy, Society and College of Radiographers.
- Update on BMUS Training Committee: Jane Bates, Chair of Training Committee, BMUS.
- The European perspective on training in ultrasound: Dr David Lindsell, Consultant Radiologist, John Radcliffe Hospital

Following the speakers' session there was an open forum and the following questions/comments are a summary.

Questions/Comments from the Audience:

Q: *Do we want to put effort into training people to do ultrasound 24/7 so that after c.7 years they get RSI and have to retire?*

A: The consensus was that operators should only scan for a max of 7 sessions (per day?) week and that sessions should be arranged to comply with national recommendations for ergonomics/posture/sufficient breaks.

Q: *2 bi-polar opinions had been heard from speakers. Could ultrasound be made a dual undergraduate degree – ½ ultrasound and ½ radiography? People would then have 2 sets of skills and could then go on to specialise at a post graduate level in either ultrasound or radiography.*

A: This had been discussed at Leeds. If the service felt that they could use this type of trained individual then they could be provided by HEIs. At Glasgow the midwifery programme had asked to incorporate the ultrasound part to the Post Grad Certificate.

General Observations:

- The age of potential trainees who may access an ultrasound programme as direct entry was discussed. Some present were concerned about the maturity of school leavers and their ability to undertake ultrasound education and training. However the consensus was that rigorous selection criteria should be applied to ensure that candidates accepted onto programmes. Analogies were drawn with midwifery where direct entry is permitted and midwives exit after 3 years and manage their own case load. Agreed that it is the suitability of the individual in terms of personality/maturity and ability to study at degree level that is more important than age directly.
- Accepted that many individuals are setting up ad-hoc training programmes which are not CASE accredited – particularly short courses. Agreed that CASE may need to revisit this area as those present felt that a single body should be responsible for accrediting all.

A further point was raised about levels of scanning – that is people who do not have a recognised role being aware of their self-limitations and knowing when to refer on. It was felt that this ad hoc approach to training down graded the CASE accredited HEI awards and ran the risk of de-skilling existing sonographers.

- It was acknowledged that ultrasound was becoming a tool which is being used by many non-sonographer health practitioners (e.g. medics). However there has not been any national scoping exercise to determine what is it that the service actually requires? There have been two regional projects looking at ultrasound service needs and related education and training provision, but nothing recent enough to address the requirements for a workforce for a spectrum of ultrasound services in the current climate. All agreed this should be driven at national level.

- Concerns were expressed regarding direct entry from existing sonographers with PG qualifications. The concern was that the postgraduate sonographer acting as an advanced practitioner might be more expensive than an operator who had undertaken a first degree and may be practising at practitioner level. This concern was appreciated but given that as yet there are no direct entry courses it was felt to be a premature issue.

CASE is grateful to all the speakers who participated in the session and hope that those of you who were not present will benefit from this summary.

Julie Walton – Past Chair CASE

BMUS / CASE EDUCATION AND TRAINING SESSION DECEMBER 2006

I have now received confirmation from BMUS that the conjoint session on education and training will be retained during the ASM from here on and we are now planning our session for the December 2006 BMUS ASM to be held at Manchester International Convention Centre. Our session will be held on Wednesday 13th December and is titled 'Assessing Competency to Practice Ultrasound'. If you have any suggestions for topics for discussion / debate then please let me know by email at julie.walton@liv.ac.uk

Again we hope that as many of you as possible will join us at the session and look forward to developing this as a regular feature at the national meeting. Remember you can just attend the meeting as a day delegate if you are not able to attend for all 3 days.

Julie Walton – Past Chair CASE

CASE Council Meetings 2006

The first Council meeting for 2006 was held at 36 Portland Place, London on March 21st. The next meeting will take place on July 18th and further dates will be arranged after that time.

All programme leads are advised that the CASE Co-ordinator should be notified in writing no later than 3 weeks prior to the Council meeting with any business to be addressed by Council.

CASE website

The CASE website is currently hosted on the new BMUS website and we encourage you to visit it at <http://www.bmus.org/case/accreditation.asp>. It has a **directory of all CASE-accredited programmes** and their contacts. (If you are a prospective student, please note that CASE cannot assist you in finding a clinical placement. You must discuss that with the Higher Education Institute.) Also, a reminder that paper copies of the Directory are now only supplied to course leaders and the parent bodies of CASE.

We hope to add the slides/presentations and commentaries from the CASE session at BMUS 2005 to the website and in the future relevant material from any of the CASE Fora.

Open Fora

We hope to organise more Open Fora in 2006, and again, suggestions for topics for these events are always welcome. If any University would act as a host for one of these events then please contact Alice in the CASE office.

Annual Programme Monitoring Report

One of the roles of CASE is quality-assurance of sonographic education and training and this is achieved by annual programme monitoring (APM) of all CASE accredited programmes. All programmes must comply with this process in order to retain CASE accredited status.

This process commences in October of each year when the CASE administrator issues the Annual Programme Monitoring Proforma to all programme leaders. This should be returned by the specified date to the CASE Co-ordinator (normally the end October of each year). The proforma can be provided either electronically or as a paper based version. However, it is essential that ALL completed proformas are returned in typescript. Unfortunately during 2005-2006 there were a significant number of returns which were made handwritten. This did not facilitate photocopying for dissemination to the APM panel and in a minority of reports elements were illegible. For the 2005-2006 APM, all programme leaders should complete their returns in black typescript and hand written proformas will not be accepted. Your co-operation with this is appreciated.

In addition to the proforma you are asked to submit external examiners reports if available. This is helpful in providing an external overview of the quality of programme. It is acknowledged that some Higher Education Institutions will not permit this. However, the majority of HEIs did include them in the 2004-2005 returns and this proved most helpful.

Student statistics are an important feature of the APM report. These permit the generation of data for ultrasound students in the UK taking CASE accredited programmes. This information can be disseminated to all HEIs and it provides useful data regarding individual Universities. This, in turn, allows CASE to initiate appropriate action and also allows acknowledgement of good results.

All institutions receive an individual response from CASE which details strengths and weaknesses of programmes and details actions required both of the programme leader and CASE.

The outcomes of the APM each year at Institutional level are typically:

- report satisfactory and no further action required;
- minor issues requiring further action by programme leader/team;
- major issues requiring further action by programme leader/team. In such cases an *INTERIM* visit may be required. CASE Council will nominate a lead accreditor and occasionally a co-accreditor to visit the Institution to discuss the issues raised through annual programme monitoring and to facilitate the addressing of issues to the satisfaction of CASE. CASE has visited 4 HEIs in the past two years (out with the normal accreditation cycles) in this capacity.

One of the problems with providing prompt feedback on the APM in the past year has been the late arrival of reports by a number of institutions. It would be most appreciated if everyone could make their returns promptly to allow CASE to consider the reports at the relevant Council meetings, approve feedback and to deal with any specific issues. The monitoring sub-group of Council met on 21st March 2006, and the following is a summary of its general conclusions for the academic year 2004/5:

298 students were recruited to the CASE accredited ultrasound programmes. This is a slight increase on the previous year when 280 students enrolled. On analysis of trends it would appear that this increase was partly attributed to more students enrolling for single modules.

Details of numbers recruited to all programmes in the 2004-2005 monitoring period

Postgraduate Certificate	98
Postgraduate Diploma	127
MSc	43
Single Module (where offered)	30
Total	298

The APM team would like to extend their thanks to all programme leaders for making the returns for this period. 17 proformas were received and there were no exceptions. They were generally of a good quality and more informative than in previous years.

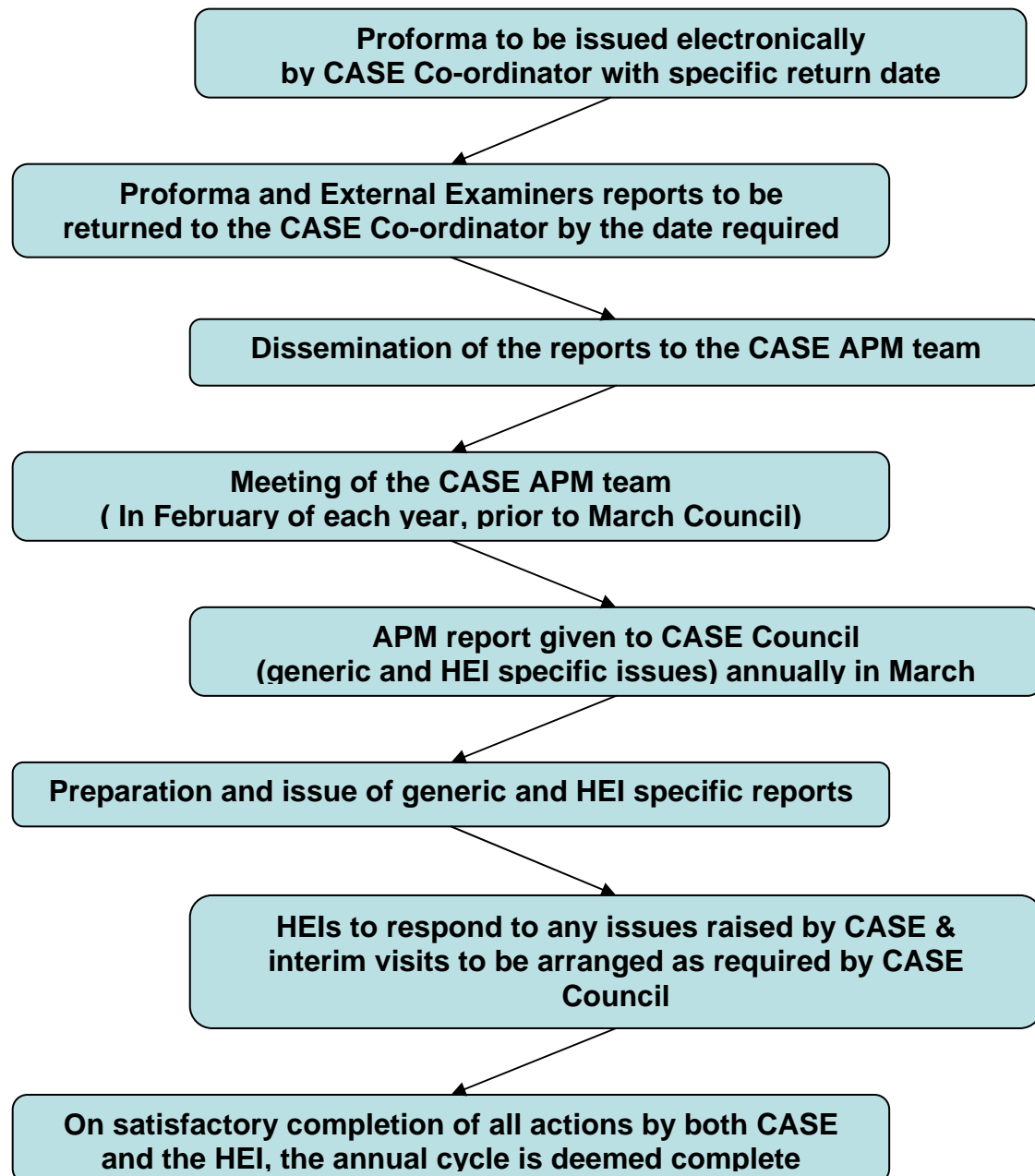
The committee was surprised that on so many of the proformas, the date of the 'Most Recent Internal Programme Review' was, in a significant number of cases, 3–4 years ago. The committee would normally expect HEIs to undergo programme review as part of their university annual quality monitoring exercise in order to evaluate the existing programme provision and make plans for further development. (However, it was noted that the wording of this question may have caused misunderstanding and that this would be reviewed for the 2005-06 proformas).

In the part of the form in which programme leaders were required to enter the numbers of students enrolled and those completing (Section 9), there were a number of discrepancies on the figures again, there will be a review of the form to make it clearer.

If any programme lead wishes to discuss their individual CASE response then they should initially contact the CASE co-ordinator who will then refer them onto the appropriate person.

Finally, attached is a flowchart summarising this process.

CASE Annual Programme Monitoring Process (June 2006):



The following October, the process starts all over again!!

Julie Walton – Chair, APM Group
Jean Wilson – Past Chair, APM Group
Andrew Fairhead – Honorary Secretary

Chair's News

It is a pleasure to introduce myself as the “new” chair of CASE and a huge eye-opener as to the amount of work involved in undertaking such a role so I would like to begin by expressing heaps of gratitude to Julie Walton, the past Chair for all her efforts and dedication over recent years and look forward to her ongoing support to ensure the continued success and development of CASE.

Recently I attended the launch of the WHO report at the Royal Society of Medicine which was timed to coincide with World Health Day on the 7th April. The main focus of the report is human resources or indeed the global problem of a shortage of trained Health workers. In global terms health workers are defined as “people primarily engaged in actions with the primary intent of enhancing health”, evidence is abundant to demonstrate that trained and educated health workers save lives. The issue of a shortage of human resources is not a new one but what is new is a global drive to address this issue, all nations need to be self sustainable. WHO have a 10 year action plan to tackle world health problems, the workforce goal is simple “to get the right workers with the right skills in the right place doing the right things”.

How is this relevant to the CASE newsletter? I hear you ponder. Within the action plan, education and training are identified as of major importance. Milestones are identified for all countries:-

Education	2006	2010	2015
Country Leadership	Revitalize education strategies	Strengthen accreditation and licensing	Prepare workforce for the future
Global Policy	Develop common frameworks	Assess performance with comparable metrics	Share evidence – based good practices

It is evident to me that training within Diagnostic Imaging in the UK is evolving to meet service needs as would be expected, but because of the rapid changes occurring with the health service providers, it is also a time of great uncertainty for many health workers. Many UK Trusts are resorting to redundancies in an attempt to meet Government targets with regard to cost saving and in most Trusts, job freezing and non-replacement policies are the norm.

An organization such as CASE, with the support of all parent bodies, has to strive to ensure parity of quality ultrasound education in the UK. The diversity of ultrasound practitioners continues to grow and education providers need to keep abreast of this and ensure that all practitioners are trained to a level of competence. Perhaps we need to revisit the minimum qualification required to practice ultrasound competently? This will obviously depend on the scope of that practice as short courses are more evident and demand appears to be increasing.

These are just a few thoughts regarding ultrasound education in the United Kingdom, there are many possible paths for the future but one thing I am sure of is that in 10 years time training in diagnostic imaging in the UK will be very different to how it is now. If you have any thoughts or opinions, the newsletter would be an interesting place to air them but I hope within the next year there will be the opportunity for open discussion with regard to the future of CASE- we need to know what you, the experts, think.

Rosie Conlon - Chair of CASE

Andrew Fairhead
CASE Honorary Secretary

Alice Hepworth
CASE Co-ordinator