

How do those informal conversations help in accrediting programmes?

The conversations help to try and triangulate information and clarify what the documentation means. E.g. Clear processes might be documented, but are the expectations the same for all parties? Is documentation written, but not used? Do students know that the documentation exists and is in place? Is there clear communication to evidence that processes are working in practice.

How do you review parity across departments & the training that students are receiving?

There is some clear guidance of expectations within the CASE handbook. As CASE accreditors we cannot mandate every aspect of clinical learning and particularly that there is a fair system for all students. What we can do is look at the documentation and processes to ensure that HEIs are managing that and have a clear process in place to identify students/placements where there are issues such as a student failing to progress.

Suggestions that other HEIs can offer include:

CASE accreditors may want to suggest reviewing a timeline of milestones for students and mentors. Making it clear when formative assessment is required and what to do if milestones are not met during formative review.

One programme director uses a timetable for students, showing when they started a specific module. A column links theory to practice, so they can gain the clinical experience relevant to the theory being taught at the time. A section to advise them of what they should be doing with milestones to show how many cases they should ideally have scanned at each stage. This allows conversations with the mentor to help the student get the required cases.

Encourage the introduction of teaching lists at the beginning of the course, to increase the confidence and skills of the student.

Some departments have employed staff who are retiring to work with students on a part time basis. Others have taken students, in the early stages, out of the main department to satellite centres with experienced supervisors and two students per patient. This has increased the speed at which students have progressed and student satisfaction.

Learning contracts are recommended as these enable the HEI to work with the clinical department to provide appropriate support for students.

As CASE we are accrediting programmes. In this case, we need to check that the students are getting the range of experience and supervision needed to ensure competence to practice. In terms of how this is done, and the use of training lists CASE can only share ideas of good practice, rather than mandate the need to training lists.

If you need additional advice or confidential support outside the accrediting team they can ask for support from CASE. In the first instance contact Sally at case@ipem.ac.uk or Gill at Gillh@sor.org.