Consortium for the Accreditation of Sonographic Education

ANNUAL REPORT

2022 - 2023

(1st October 2022 to 30th September 2023)

BMUS

British Society of Echocardiography

CHARTERED SOCIETY OF PHYSIOTHERAPY

ROYAL COLLEGE of PODIATRY

IPEM

CoR THE COLLEGE OF RADIOGRAPHERS

CSVS THE COLLEGE AND SOCIETY FOR CLINICAL VASCULAR SCIENCE Great Britain and Ireland

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Introduction from the CASE Member Organisation's Chair

Hazel Edwards, *BMUS Professional Officer*

Welcome to the CASE Annual Report 2022 - 2023

Firstly, I'd like to thank Phil Morgan, my predecessor, for doing a sterling job as Chair of CASE Member Organisations. Under his watch, and of course the CASE Committee itself, CASE continues to set the standard for UK ultrasound practice, not just for sonographers but for increasing numbers of professionals from other healthcare backgrounds who choose to enrol on CASE accredited courses as they include ultrasound in their daily practice. CASE seeks to ensure that trainees who complete an accredited ultrasound course are prepared fully for practice within an NHS setting. However, CASE-accredited courses are recognised and valued by independent service providers responsible for delivering medical diagnostic ultrasound imaging services which require the acquisition, interpretation and reporting of images and subsequent management of the patient.

After Heather Venables stepped down last year, the CASE Committee is now chaired by Gareth Bolton who, I've no doubt, will continue to build on Heather's excellent work. As new courses emerge and applications for CASE accreditation increase, it is more important than ever to be timely and responsive when serving the HEIs and other institutions seeking CASE's advice and support. It is, therefore, a significant benefit to us that Gill Dolbear, CASE Education Officer, is to continue this role. The Education Officer post was initially a secondment, but funding has now been secured for the foreseeable future. This is great news for CASE since Gill's contribution, in terms of advising, coordinating, and developing CASE, has been immense. One of the sources of extra funding was secured through increasing accreditation fees to universities. While this decision was not taken lightly, it was necessary to not only maintain CASE's activities but to allow them to expand further.

Due to chronic staff shortages and rising demand, a priority of NHSE is to increase the imaging workforce. However, we are aware that employers often feel unsure how to assess sonographer applicants and their qualifications from overseas. Therefore, it is anticipated that our new statement on CASE equivalence CASE - CASE Equivalence (case-uk.org) published in April 2023 offers some helpful guidance. Equally, internationally trained sonographers may not always find it easy to integrate seamlessly into NHS healthcare once appointed. Arguably, if there is to be a significant increase in numbers of these staff within NHS departments, collaborative work by relevant organisations, including CASE, may be the way forward.

Of course, statutory regulation of the profession would also offer employers a degree of additional confidence and security and we will continue to view this as a priority. Sadly, however, the most recent response by the Minister of State to a joint letter sent by twelve key stakeholders including CASE, BMUS, SoR and RCR calling for regulation, was not encouraging. Since regulation is unlikely to even be considered by Government for some time, it makes the role of CASE and its member organisations even more important as it strives to uphold quality and patient safety through a rigorous accreditation process applied to a range of courses. Universities are working hard to provide flexible and innovative options that meet the needs of a diverse workforce. CASE must also be responsive in guiding and accrediting, where appropriate, these growing numbers of both postgraduate and undergraduate programmes, whether traditional in format, apprenticeship-based or delivered as a short course.

Our remit is broad, and we anticipate that, in the current landscape of diagnostic ultrasound service provision, it will only get broader. For that reason, among many others, we are extremely grateful to those experts who support us, including our extraordinary team of volunteer accreditors and clinical advisors.

Thank you.

Hazel Edwards
CASE Member Organisation's Chair, 2023 - present

About CASE

CASE was established in 1993 to allow organisations with a shared interest to come together to provide appropriate and relevant oversight of all aspects of sonographic education.

It is operated on a not-for-profit basis and is not formally incorporated as a company or a charity.

It relies on volunteers to commit their time to ensure that students who graduate from its accredited courses do so with the best in education, mentor support and clinical competency; thus, preparing the sonographic workforce of the future.

About the Member Organisations of CASE

Member Organisations (MOs) are normally those which have direct responsibilities and interest in the practice of sonography and its education and training. They are independent bodies with their own professional concerns in relation to the research, education, and practice of medical ultrasound.

Member Organisations share the concern that education must continue to develop to meet changing technology, clinical practice, and service requirements. They recognise the need to collaborate to set and maintain standards, optimise education and training development and provision, and make validation and accreditation procedures as robust as possible. They understand the need to do this in conjunction with the relevant external bodies, including statutory bodies.

In 2022-23, the MOs of CASE were:

- The British Medical Ultrasound Society
- The British Society of Echocardiography
- The Chartered Society of Physiotherapy
- The College of Radiographers
- The Institute of Physics and Engineering in Medicine
- The Royal College of Podiatry
- The College and Society for Clinical Vascular Science

How CASE works

The primary role of the Consortium is to accredit high quality training programmes and focused courses that promote best ultrasound practice and ensure that ultrasound practitioners are safe and competent to practise, whilst taking into account informed views of service needs.

The strategic direction and policy of CASE are decided by the Member Organisations which make up the Consortium. The MOs meet twice a year (minimum) and set a financial and business plan for the Consortium.

Each MO nominates three appropriately qualified representatives from amongst its own membership to serve on the CASE Committee, with two out of the three (usually) attending each meeting.

The CASE Committee is responsible for implementing CASE policy; in addition to ad-hoc meetings as and when required, there are three formal Committee meetings each year to:

- establish a co-ordinated approach to setting, maintaining, and enhancing standards of education and training in sonography, ensuring that the standards are and remain approved by the Consortium

- ensure, via a co-ordinated programme of validation and monitoring, that the standards of education and training in sonography are being set, maintained and enhanced

- undertake validation and periodic review of individual education and training programmes and focused courses in sonography, and to accredit programmes and focused courses in the name of the Consortium.

A comprehensive CASE Handbook guides the CASE Committee in its work, and regular CASE training sessions help to keep assessors' skills up to date.

Support services are provided by an MO (currently IPEM) who is responsible, under contract, for allocating staff to the roles of CASE Coordinator and CASE Finance Officer.

Mission Statement and Aims

Our Aims:

1. To accredit high quality clinical* ultrasound education and training programmes (including focused courses, stand-alone modules and CPD) that promote best ultrasound practice and provide assurance that ultrasound practitioners are safe and competent to practice.
2. To identify the current and future needs of service providers with respect to clinical* ultrasound education and training and advise on education and training to meet the changing service and workforce needs.
3. To evaluate new and innovative training and education pathways at all academic levels and to accredit when appropriate to do so.
4. To monitor CASE accredited programmes of ultrasound education and training to ensure they continue to meet appropriate standards.
5. To assist with the development of ultrasound education and training programmes.

**The term 'clinical' recognises the multi-disciplinary nature of the workforce; in other circumstances the word 'medical' may be used.*

Undergraduate Sonographer Education

Arezina, J., Hood, M., Hynes, C and Mitchell, P.

Introduction

Ultrasound is the second most common diagnostic imaging examination (23%) with 10,008,955 examinations performed in England between March 2022 – March 2023.[1] This has led to a shortage of sonographers with vacancy rates quoted at 12.6% in 2019 and increased staff burnout.[2,3] Increasing the sonographer workforce remains a priority for the NHS, employers and key stakeholders.[4] However, these issues have led to a reduction in the number of sonography clinical placements offered[5] and the anticipated cuts to NHSE funding for postgraduate education may have a further negative impact. Most postgraduate medical ultrasound programmes recruit qualified healthcare staff (mainly diagnostic radiographers) but staff shortages in these professions have the potential to reduce the pool of qualified staff available to train as sonographers.[6]

Undergraduate (UG) education and training could support the development of safe, competent, employable sonographers and help to reduce the workforce shortage. The outline Career and Progression Framework[7] includes a pathway for undergraduate sonographers, but in order to integrate this into clinical practice, it will be necessary to consider new ways of working to ensure that appropriate supervision via structured preceptorship is in place. In addition, regulation, and the appropriate developmental support and supervision post-qualification, will be essential to ensuring patient safety.

Despite concerns regarding graduate sonographers and the challenges of a large-scale workforce restructure,[8,9] graduates will have level 5 capabilities (Figure 1) who would undertake and report examinations within a specified/focused scope of practice as reporting is an essential part of a sonographer's role.[10,11]

Figure 1: Career level 5 sonographers' clinical practice capabilities[7]

Career Level	Career Level Descriptor	Scope of Role	Clinical Reporting, Accountability and Practice	Scope Practice	Role development, education and training required to progress	Service delivery aspirations
Career Level 5 **(SfH)**	**Practitioner (SfH career framework)**	This role is focussed on the new practitioner. It could equate to the preceptorship period following qualification. They will work autonomously within their scope of practice and will be mentored by an experienced practitioner. The role is as a competent, safe sonographer with the knowledge, understanding and ability to independently undertake, interpret, analyse and report ultrasound scan findings within their scope of practice, with appropriate supervision available.	Carry out, interpret and analyse scan findings, within a defined scope of practice. Produce a written report on normal examinations and common abnormal findings within a focused and clearly defined scope of practice. Expectation that clinical practice will be independent but working as part of a team. Appropriate supervision must be readily available. Reporting skills developed under appropriate preceptorship and capability framework. **No** lone working in for example satellite units or out of hours	Examples might include: All of the above plus: **Obstetrics**: Supervision will be required for FASP examinations during the capability development period. A range of obstetric examinations including early pregnancy and third trimester. **Gynaecology / General medical / Vascular / MSK and other non-obstetric exams (dependent on modules studied and scope of practice):** Non-complex, non-urgent referrals with clear clinical history and clinical question. Such referrals will be vetted by senior staff with reference to RCR iRefer and / or BMUS 'Justification of Referrals' document and will be prioritised as a routine referral with low expected presence of pathology Normal cases will be reported, using standardised reports. Abnormal findings will be reviewed by a senior colleague to provide interpretative / actionable reports and further management advice. All examinations undertaken during the capability development period will be performed in a supervised capacity. Areas of practice will develop over time, with experience, further learning, and competency 'sign-off' and with clear schemes of work in place.	Consolidate practice and capability development A well-defined, structured preceptorship period of between 12 – 18 months is essential to support the transition to post-registration independent practice (see additional guidance document). The period of capability development will be a formal programme that supports the development of autonomous and independent practice across the full scope of the role. Monitoring of performance and progress to be undertaken within a well-defined assessment programme. Actively participates in CPD. **Career Progression:** Education and training during this will take the form of Pg Certificate / Diploma in for example: • a chosen clinical specialty • interpretative reporting • communication in complex settings • further pathophysiology Any education and development provided must meet CASE academic level 7 learning outcomes.	This is a transitional role. The expectation is that practitioners in this role are supported to develop skills and successfully complete the capability development period, prior to progressing to career level 6. To be independently & autonomously performing a limited range of examinations, with appropriate direct supervision readily available. Initially 100% of reports reviewed by enhanced practitioner sonographer, using BMUS peer review tool, reducing to a minimum of 50% of reports as capability develops. Learning points from peer review to inform development needs **Aspiration**: To be independently producing a report on a maximum of 50% of cases undertaken. This aspiration is given to encourage discussion and subsequent skill development of the individual during their capability development period.

Professional Regulation

The title of sonographer is not legally protected in the UK, and graduates from undergraduate sonography programmes will not be eligible for registration with the Health and Care Professions Council (HCPC) or any other statuary regulatory body, which is a perceived barrier to undergraduate training.[8]

Many sonographers are regulated in their primary area of practice, but many are not.[12] Several NHS Trusts already employ sonographers without HCPC registration, but in some cases, this may be an issue despite NHS Employers advising against stipulating registration.[13]

BSc graduates can join the voluntary Register of Clinical Technologists (RCT) which is an accredited register (AR) managed by the Professional Standards Authority (PSA). ARs offer a means to take action if any concerns about a registrant's fitness to practise are raised.[14] The PSA report (2019) recommended that if there is a significant number of undergraduate sonographers entering the role, registration for the whole profession should be revisited.[15]

Career progression for undergraduate sonographers

A post-qualification preceptorship and education programme for a minimum of six months[10] along with appropriate developmental support and professional supervision[2] will be required to enable these graduates to progress to higher levels of practice in a timely manner. Plans are in place to develop appropriate PgCerts for these graduates, as without this, they cannot undertake lone working or FASP scans without supervision. This should encourage employers to encourage graduates to undertake a PgCert, ideally during their preceptorship period. Following successful

completion of their preceptorship, these sonographers can then progress to the next career level (6), Enhanced Practitioner.

Role of CASE

CASE accreditation is essential for any programme in the UK as it reassures employers that that the required standards of education have been achieved. In the past, CASE accredited master's degree level clinical ultrasound education and training programmes, but recent changes have resulted in the development of learning outcomes appropriate for undergraduate courses and degree apprenticeships.[11] These changes quantified the undergraduate sonography education requirements and enabled development of the BSc (Hons) Medical Ultrasound (Sonography) programme at University of Leeds and the BSc (Hons) Medical Ultrasound degree apprenticeship at Sheffield Hallam University. Both programmes are the first of their kind to be CASE accredited, and follow the four core CASE ultrasound education principles:

1. Reporting should not be separated from scanning.
2. Scanning is a 'dynamic' investigation in which the acquisition of suitable images and assessment of them is entirely operator-dependent at the time of the scan. Deficiencies in acquisition cannot be rectified by involving a more skilled practitioner at a later stage. Assessment and interpretation of saved images is recognised as sub-optimal practice although, as with all image interpretation, dual reporting can be helpful in increasing specificity.
3. The risk of patient harm and consequent litigation against any healthcare organisation Professional, Statutory and Regulatory Bodies (PSRB) point of scanning is paramount.
4. Workforce modelling and the development of innovative training routes to meet the demand for sonography services should demonstrate increased efficiency of provision and effectiveness in delivery of diagnosis and treatment to patients.

Adherence to the level 6 CASE standards will ensure that graduates meet the internal and external benchmarks required by universities, PSRBs, and legislation. These benchmarks include the Standards of Proficiency for a Sonographer[11] adapted from those for a Radiographer[16], National Occupational Standards C1.C.2019 (ultrasound Imaging)[17] and the 2021 - 26 Society and College of Radiographers Research Strategy.[18] Module, level, and programme design have ensured that learning outcomes are met across the three years of the programmes. It is imperative that these standards/expectations are met by all graduates to ensure they are competent to practise as a sonographer.

The BSc (Hons) Medical Ultrasound (Sonography) Degree at the University of Leeds

The programme at Leeds was developed following consultation with a wide range of stakeholders, including service leads, mentors, former students, and service users from the Patient Carer Community (PCC).

> *'Thank you for your great informative talk yesterday, you already know I am on board with the new future training in ultrasound. …Hopefully exciting collaborative working times ahead'*
> Ultrasound Principal at a local Trust offering a placement. June 2023

> *'Wonderful, brilliant idea!'*
> *'Exciting and shows clear career progression.'*
> PCC members, March 2023

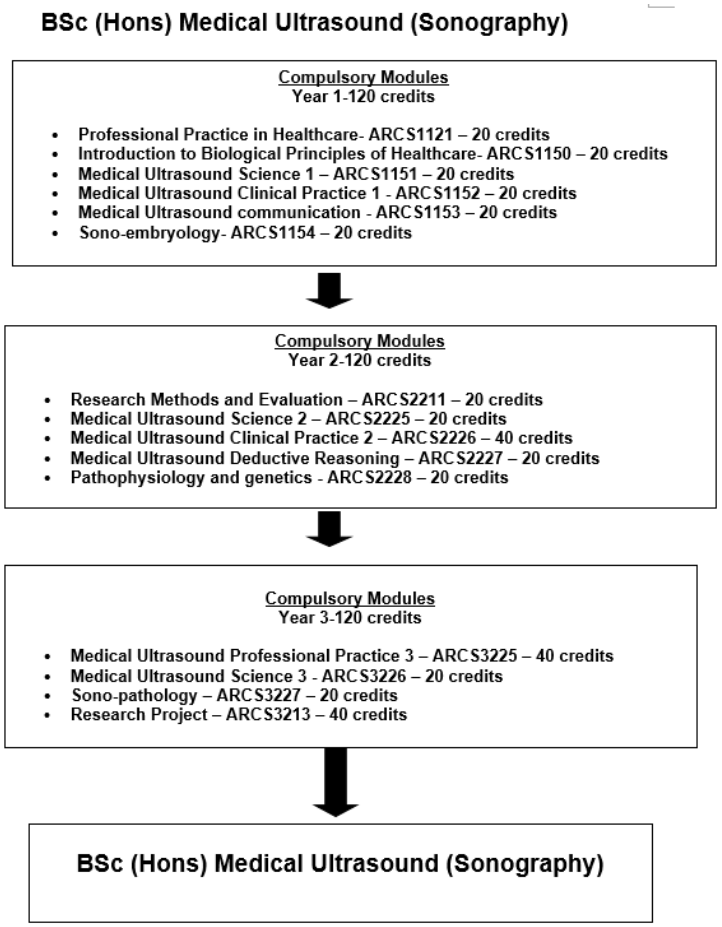
Applications are through UCAS, and shortlisting is undertaken using academic profiles (actual/predicted grades), references, and personal statements. Following this initial shortlisting, values-based recruitment is employed through the use of values/personal attributes tests and through mixed mini-interviews (MMI). MMIs consist of a number of stations, with different interviewers (may include academic and clinical staff and service users), each assessing different attributes and values.

The programme is based in a School of Medicine and offers 50:50 ratio of theoretical to clinical learning which will provide an intensive, high level of theoretical and professional education and experience in both technical and professional areas required to educate the students.[19] From the outset of the programme, students will be learning in the both the simulation suite and in the clinical skills facility, integrating theory into practice (Figure 2). University-based learning will be supported by working collaboratively with a range of NHS and private health providers, which will broaden the placement experience throughout the programme. Support whilst on placement will be provided by clinical supervisors/mentors, the university team and by using PebblePad, an ePortfolio, workbook and assessment platform, to monitor progress.

Increased use of the simulation equipment will enable students to gain the required hand-eye coordination and communication skills before going into the clinical environment and will help to reduce the burden on clinical placements whilst increasing students' confidence and competence. The programme has access to six Bodyworks Eve® ultrasound simulation systems, an ultrasound clinical skills facility (based at Seacroft Hospital, Leeds) and a number of ultrasound phantoms, all purchased using funding totalling in excess of £450,000, gained from grant applications from Health Education England. The ultrasound simulation equipment is housed in a dedicated simulation suite on campus and this, along with the clinical skills suite, will enable students to gain the hands-on practical training prior to being on placement, will supplement the clinical skills acquired and reduce the burden on clinical placement providers.

The programme will be delivered through a mix of face-to-face teaching on campus and innovative teaching/ assessment. Fourteen weeks of clinical experience in year one is via simulation and the clinical skills facility. This ensures that the students gain the hand-eye coordination yet enables students to practice on 'real' patients under direct supervision required prior to placement in clinical practice. Students will undertake four weeks in clinical practice, which will be able to integrate the theoretical knowledge they have gained into practice. This includes communication, the concept of professionalism, patient centred care, multidisciplinary teamwork in a healthcare environment and the core values that have shaped the NHS. All modules on the programme are compulsory to ensure parity and consistency of education and to ensure that graduates are competent sonographers on completion of the course.

Figure 2: BSc (Hons) Medical Ultrasound (Sonography)



The apprenticeship programme at Sheffield Hallam University (SHU)

The BSc (Hons) Medical Ultrasound degree apprenticeship at SHU was developed in response to the publication of the Sonography apprenticeship standard, led by the regional Trailblazer group[20], with the first intake of apprentices in March 2023. The course was developed in close cooperation with stakeholders, service managers and clinical educators, and is underpinned and informed by a range of apprentice focussed research, including work at SHU to evaluate a wide range of longstanding healthcare degree apprenticeships.

The BSc (Hons) degree apprenticeship[21] supports the development of the required Apprenticeship Standard, Knowledge, Skills and Behaviours (KSBs) within the apprenticeship standard.[20] The programme is aligned with CASE standards for ultrasound education (level 6)[11], CASE mirrored HCPC standards, the National Occupational Standards (sonographer)[17] and the requirements of the sonographer Career and Progression Framework.7 CASE accreditation should reassure employers that the course will produce sonographers fit for purpose, and graduate apprentices can progress through the BMUS preceptorship framework following completion of their award.

Apprentice recruitment is through the direct employment of suitable applicants via health providers or NHS Trust value-based recruitment processes, but SHU welcomes the opportunity to interview jointly with departments, building supportive relationships from the beginning of the recruitment process. Course fees are covered by the apprenticeship levy, the tax paid by

employers and stored in a national fund which can be accessed to help pay for apprenticeship training costs. Apprentices are employed by NHS Trusts, and the approach to learning for apprentices differs from traditional health professions BSc routes in terms of the following principles:

- *'Learning that takes place at, through, for and from work to meet the needs and aspirations of individuals and the organisations they work for,'* adapted from Nixon et al, 2006:[22]
    - learning **at** work – learning takes place in the workplace.
    - learning **through** work – Apprentices are employed as part of the department team, and learn through working throughout their course, supported by a variety of learning at the University (including simulation).
    - learning **for** work – learning how to do existing or new things better.
    - learning **from** work – 'curriculum' grows out of the experience of the learner, their work context, and their community of practice.

A detailed training plan is supplied to each employer/workplace that clearly outlines what the apprentice should be learning and experiencing in their workplace to ensure all KSBs are achieved by the end of the course. This provides employers with clear objectives and structure to how education and training can be achieved in the workplace.

Apprenticeships attract a diverse range of applicants, which meets the widening participation priorities at SHU, to ensure all students, from all backgrounds, are supported to achieve strong academic outcomes and any barriers to success are removed.[21] In contrast to traditional UG Health courses, apprentices are employed individuals who benefit from access to a new route into the sonography profession, whilst maintaining their financial security in a paid role within a health organisation.[23]

> *"This route is a brilliant way into ultrasound. On the job training means I still earn a wage and I get to further my career in a job that I did not think would be accessible for me…"*
> Lucy Ashmore, Degree Apprentice Sonographer, 2023

The programme at SHU is a blended, block delivery learning approach with face to face and online delivery. Academic delivery provides a theoretical underpinning for skills and knowledge to be developed within the workplace under the supervision of work based clinical mentors. Apprentices have access to a variety of simulation and practical learning in our dedicated ultrasound simulation suite on campus, where apprentices learn in a supportive environment which complements their work-based learning. Apprentices are also supported by work-based coaches (HEI employed) through regular 12-week monitoring meetings. They are assessed through a comprehensive clinical assessment scheme designed to meet the requirements of CASE.

Figure 3: BSc (Hons) Medical Ultrasound (Sonography)

Course Structure

	Integrated care curriculum SHU			Science and professional ultrasound practice		Clinical			Total credit
Level 4	Professional portfolio development (20cr)	Collaboration in Community Wellbeing (20cr)		Introduction to ultrasound practice (20cr)	Introduction to the science of medical ultrasound (20cr)	Obstetric Ultrasound 1 (20cr)	Abdominal and pelvic ultrasound (20cr)	Clinical practice (1cr)	121
Level 5	Assessing and addressing complexity (20cr)		E&E (20cr)	Fundamentals of ultrasound practice (20cr)		Obstetric Ultrasound 2 (20cr)	Abdominal and gynaecological ultrasound (20cr)	Clinical practice (1cr)	121
Level 6	WICP (20cr)	TAP (20cr)	PL (20cr)	Professional ultrasound practice (20cr)		Individualised Topic (20cr)	EPA (20cr)	Clinical practice (1cr)	121
									BSc total: 363 credits

Conclusion

Expanding sonography education to undergraduate in addition to the current postgraduate provision has the potential to change sonography into a profession in its own right, and CASE accreditation is an essential aspect of the development of these programmes. Both undergraduate sonography programmes at University of Leeds and Sheffield Hallam University are CASE accredited. Graduates are eligible to apply for accredited registration via RCT, which is regulated by the PSA and should reassure employers as it will enable them to take action if there is any cause to raise concerns about a registrant's fitness to practise to maintain and ensure patient safety.

Graduates will have three years of specific ultrasound education and clinical experience prior to qualification which should enable them to gain exceptional ultrasound skills, supported by the use simulation to learn and enhance their skills in a safe environment. After graduation, the proposed new models of supervision and preceptorship will enable graduates who complete their postgraduate certificate to advance along the career pathway.

In order to meet workforce needs, and to embrace the sonographer Career and Progression Framework, all types of ultrasound training are essential to the future of sonography as a profession. These pioneering undergraduate programmes have the potential to make a positive impact on the sonography profession and education. However, this can only be achieved with the support, vision, and encouragement of clinical sonography colleagues.

Please support undergraduate sonography education. Together we can make a huge difference!

Download full article references.

References.pdf

The 30th Anniversary of CASE

Dr Heather Venables, *CASE Committee Chair 2020 - 2023*

In June 2023, CASE celebrated 30 years since the consortium was formed in 1993. I haven't been here since the very beginning, but I have pretty much lived and breathed CASE throughout my clinical academic career. It's good to take this opportunity to look back and recognise where CASE started, what we have achieved and to consider where we go from here.

Formal ultrasound education in the UK began in 1977 when the College of Radiographers introduced the DMU. We then saw the move of provision of healthcare postgraduate and undergraduate awards into higher education in the early 90s. In response, CASE was formed in 1993. This came from the desire to shape what the new university-based ultrasound qualifications would look like, and principally what capabilities practitioners would gain in completing these awards. There was concern that we might see the HEI's moving these programmes towards a more theoretical basis with loss of the strong practice-based focus of previous training. CASE emerged as groups of interested professionals came together to help ensure that courses produced sonographers who could scan, and that there was a strong focus on assessment of clinical competence. There was also a really strong desire that any courses should reflected the multi-disciplinary nature of ultrasound practice, and the direction in which ultrasound was travelling. This is certainly something that has continued and that we've been working hard to embrace within CASE in the intervening 30 years.

From the outset, CASE has represented multiple different professional groups who utilise ultrasound as a key skill. It's, encouraging to be here 30 years later, working so closely with people from the seven member organisations to make sure that we can keep track of ultrasound education in the UK and produce high-quality students through that training. The central purpose of CASE has always been about ensuring competence to practice. This was absolutely at the heart of what CASE was set up to achieve 30 years ago, and it still drives everything we do now.

We have seen unbelievable changes over the last 30 years, both in education provision and in service demands. Clinical services currently face unprecedented challenges. However, our remit remains focused on ensuring consistency between CASE accredited courses that will give employers confidence that trainees are competent and safe to practice. Every decision we take and every position statement we create is based around this central commitment.

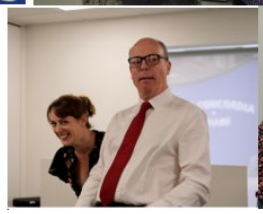
As we move forward, each of the organisations that we're working with continues to bring a better understanding of the complexity of the current landscape and how we can provide assurance that ultrasound trainees completing an accredited course are safe, competent and have a clear and confident understanding of their scope of practice.

The structure of CASE is probably not unique, but I have never found a similar multi-professional, multi-disciplinary consortium anywhere in the world that works effectively across specialties as we do to provide such a clear steer for education providers. This is something to celebrate. We owe a huge debt of gratitude to the people who established CASE as such a pioneering organisation. All the key elements that you now see within a CASE accredited programme including the underpinning science, professionalism, patient focused care and the emphasis on clinical competence, all of these have come from the initial influence of the founding members of CASE.

I'm personally hugely proud to have been part of this journey and I'm delighted to have the opportunity to acknowledge their input as we celebrate this 30-year anniversary.

With thanks to: Trish Chudleigh, Dr Tony Evans, Dr Henry Irving, Rosemary Lee, Prof Audrey Patterson, Jane Smith, Wendy Williams, Jean Wilson

Celebrations were held on 28th June 2023, cutting the anniversary cake are Dr Gareth Bolton (Committee Chair 2023 – present), Dr Heather Venables (Committee Chair 2020 – 2023) and Jai Saxelby (Committee Vice-Chair 2023 – present).
Past Committee Representative, Crispian Oates (IPEM) shares his new book.



Enjoying the celebrations are Richard Evans OBE (CEO of the ScoR) and Catherine Kirkpatrick (Development Officer, BMUS) and Kerry Mills (National Programme Lead, Cancer and Diagnostics at NHSE)

Achievements in 2022 – 2023

During this year:

- We published position statements on
    - *CASE Programme Equivalence*
    - *Requirements for the Accreditation of Musculoskeletal Ultrasound Courses*
- Work completed on the HEE funded project to '*Explore the Interface between the Multi-professional Framework for Advanced Clinical Practice and Sonographic Education*.' The final report is expected soon
- We accredited our first and then soon after, our second undergraduate course in BSc (Hons) Medical Ultrasound
- Six full MSc programmes were successfully re-accredited
- One new Pg Certificate was accredited
- Two focus courses were successfully re-accredited
- Two major changes and one minor change were successfully approved
- Three new members joined the Committee
- Two long-standing, trusted Committee members stepped down after many years of service to CASE – our thanks go to Crispian Oates and Dr Adam Lovick
- One new accreditor application was approved
- We delivered specific training aimed at new accreditors and those interested in becoming an accreditor
- We delivered open 'drop-in' sessions for Accreditors to attend alongside Committee members to discuss issues
- 19 universities submitted a satisfactory return to the CASE annual programme monitoring review (APMR)
- 49 requests for help and information via the website were dealt with, slightly up from 47 the previous year
- 37,597 visits were made to the CASE website which is a very slight decrease of 2% on the previous year
- We signed a new contract with IPEM to continue the administration and finance support of CASE to 2025
- We welcomed new Chairs to both the Member Organisations group and the Committee
- And we celebrated CASE's 30th anniversary!

CASE Finances

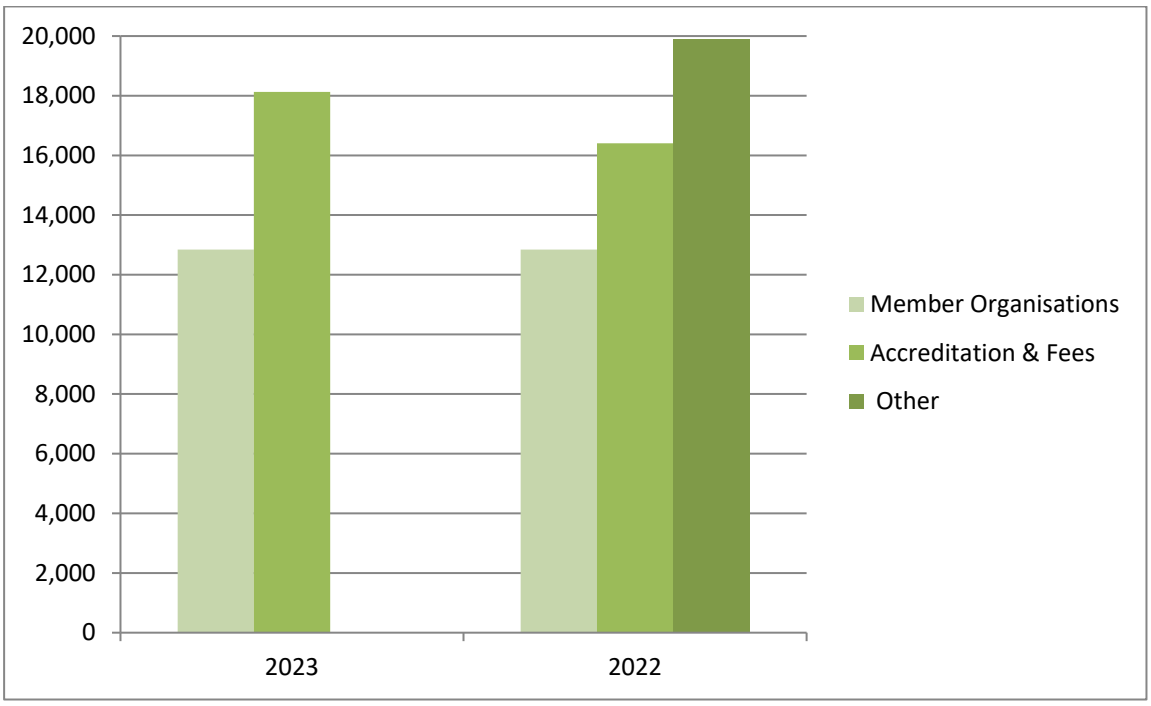
Total income for the year is £30,970 (£49,150 in 2022) which is made up of accreditation fees and contributions from Member Organisations. In 2023 no project monies were received from HEE which is the reason for the larger income in 2022. In 2023 work continued on the ACP Framework project (funded by HEE) with payments made to the contributors as well as to IPEM for administrative support. Therefore, funds of £24,518 remain restricted for the purposes of the HEE project work, to ensure CASE deliverables can be achieved.

Total expenditure has gone down slightly at £26,533, (£28,882 in 2022), this includes HEE project payments of £2,121. The remaining expenditure of £24,412 has increased from the previous year (£19,085 in 2022) with an increase in management fees to IPEM previously agreed to cover rising costs.

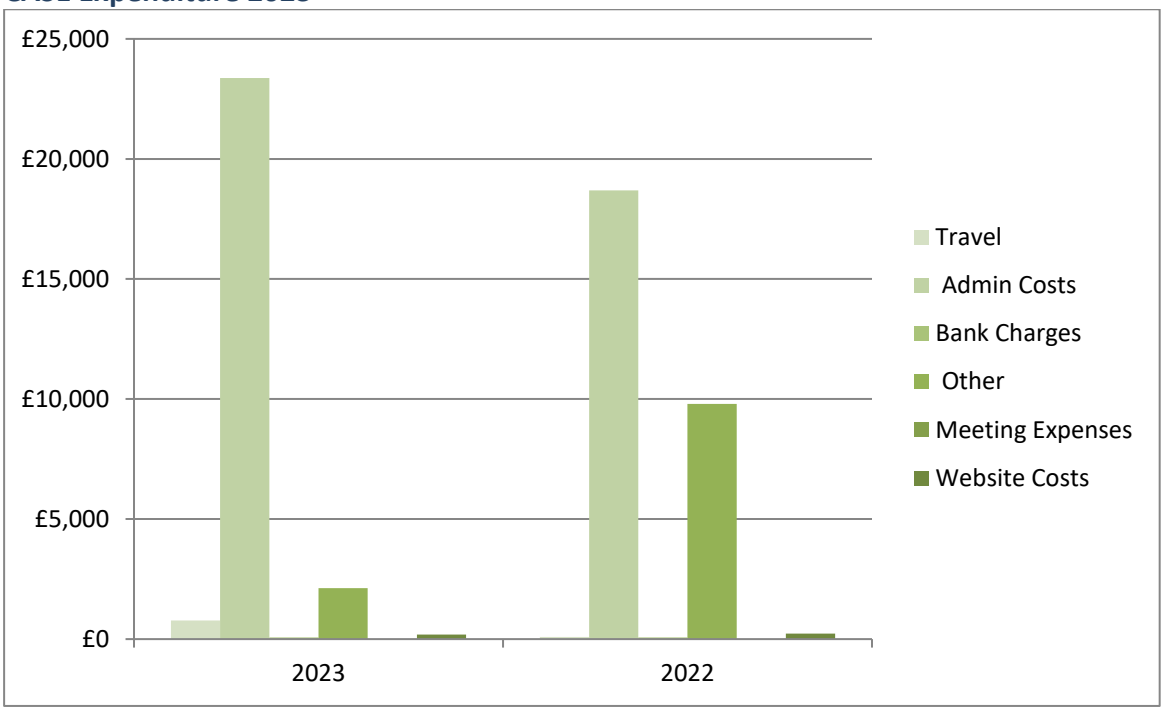
This has led to a surplus for the year of £4,437 (surplus in 2022 of £20,268).

The Balance Sheet shows reserves increasing to £56,212.

CASE Income 2023



CASE Expenditure 2023



Looking Forward

Plans for 2023-24 include:

- Completing work on the revision of the CASE guidance documents to align with the new processes and policies and finish the roll-out to the accreditors and course leads.
- Begin planning for a new CASE website with increased functionality.
- Recruiting more volunteer accreditors.
- Delivering more training and open sessions to our accreditors.
- Succession planning for Committee Representatives.
- Defining the role of CASE in international recruitment and workforce development.
- Welcoming the new CASE Co-ordinator, Sian Brown.
- Continuing engagement with other organisations in the work of CASE and encourage new members to join the Consortium.
- Continuing engagement with the NHS stakeholder bodies to promote the work of CASE and to seek funding opportunities.

CASE Accredited Courses 2022-2023

MSc Programmes

AECC/University of Bournemouth	MSc Medical Ultrasound
Birmingham City University	MSc Medical Ultrasound
City, University of London	MSc Medical Ultrasound
Glasgow Caledonian University	MSc Medical Ultrasound
University of Salford	MSc Ultrasound Imaging
King's College London	MSc Medical Ultrasound
Sheffield Hallam University	MSc Medical Ultrasound
Teesside University	MSc Medical Ultrasound
University College, Dublin	MSc Ultrasound
University of Cumbria	MSc Medical Imaging (Ultrasound)
University of Derby	MSc Medical Ultrasound
University of Essex	MSc Musculoskeletal Ultrasound Imaging
University of Hertfordshire	MSc Medical Imaging & Radiations Sciences (Diagnostic Ultrasound)
University of Leeds	MSc Diagnostic Imaging
University of the West of England	MSc Medical Ultrasound
University of Ulster	MSc Advancing Practice in Medical Ultrasound

Postgraduate Certificates

Brunel University/The Ultrasound Site	PgC Musculoskeletal Ultrasound
Canterbury Christ Church University	PgC Musculoskeletal Ultrasound
Queen Margaret University/Scottish Mammography Education Centre	PgC Musculoskeletal Ultrasound Imaging

Undergraduate Programmes

Sheffield Hallam University	BSc (Hons) Medical Ultrasound (Degree Apprenticeship)
University of Leeds	BSc (Hons) Medical Ultrasound (Sonography)

Focused Courses

AECC/Bournemouth University	Basic Gynaecology & Early Pregnancy Ultrasound
	Podiatry Musculoskeletal Ultrasound
	Second Trimester Pregnancy Dating & Placenta Position
Birmingham City University	Early Pregnancy Ultrasound
	Transabdominal First Trimester Scanning
	Ultrasound for Fertility
Glasgow Caledonian University	Abdominal Aortic Aneurysm Screening
Public Health England	Abdominal Aortic Aneurysm Screening
Sheffield Hallam University	Ultrasound Scanning - First Trimester
University College Dublin	Graduate Certificate Fertility Ultrasound

CASE Committee 2022-2023

Chair:	Dr Heather Venables	BMUS		
Vice-Chair:	Dr Gareth Bolton	BMUS		
Members:	Simon Richards	BMUS	Dr Adam Lovick	IPEM
	Dr David Oxborough	BSE	Crispian Oates	IPEM
	Jai Saxelby	COP	Emma Chung	IPEM
	Dr Lisa Wright	COP	Gill Dolbear	SCoR
	Dr Mike Smith	CSP	Gill Harrison	SCoR
	Stuart Wildman	CSP	Jane Arezina	SCoR
	Dr Sue Innes	CSP	Tanyah Ewen	CSVS

CASE Accreditors 2022-2023 (in addition to the Committee Members listed above)

Thank you to all our accreditors for volunteering their time in support of CASE.

Dr Mhairi Brandon	Glasgow Royal Infirmary
Mike Bryant	East Lancashire Hospital Trust
Peter Cantin	Plymouth Hospitals NHS Trust
Gillian Coleman	University of Derby
Stavros Daoukas	London South Bank University
Michelle Davies	Morriston Hospital, Swansea
Dr Diane Dickson	Glasgow Caledonian University
Jane Dixon	Independent Consultant Physiotherapist
Theresa Fail	Health Education West Midlands
Elaine Gardiner	Glasgow Caledonian University
Allison Harris	Great Ormond Street Hospital
Dr Bob Jarman	Queen Elizabeth Hospital, Gateshead
Gerry Johnson	Tameside and Glossop Integrated Care NHS Trust
Alison McBride	University of South Wales
Dr Pauline Mitchell	University of Lincoln
Rachel Salvage	Hull & East Yorkshire NHS Hospital Trust
Shaunna Smith	Hull & East Yorkshire NHS Hospital Trust
Morgyn Sneddon	Glasgow Caledonian University
Lorelei Waring	University of Cumbria
Catherine Williams	Portsmouth Hospitals NHS Trust

Consortium for the Accreditation of Sonographic Education

CASE April 2024

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