

Accreditation of BSc Programmes and BSc Apprenticeships

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Where are we now?

- Traditional part-time/full-time PgC/PgD/MSc students
- Part-time students on Focused Courses
- Full-time students on graduate-entry MSc programmes
- Full-time students on direct-entry BSc programme
- Apprentices on BSc apprenticeship programme.



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Academic levels and pass marks

- Postgraduate programmes are assessed at academic level 7 (pass mark = 50%)
- Undergraduate programmes are assessed at academic levels 4, 5 & 6 (pass mark = 40%)



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Marketing

- The Competition and Markets Authority (CMA) states that marketing material must be transparent and accurate
- CASE must therefore ensure this when working with Education Providers during accreditations and re-accreditations



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What's different about DE and BSc marketing?

- **Marketing** documentation, the university website and programme documentation needs to make it absolutely clear that there are currently very few BSc (Hons) ultrasound qualified staff in the UK, that successful completion of the programme will not lead to professional regulation with a Professional, Statutory and Regulatory Body (PSRB) and that employment options are, therefore, uncertain.
- Suggested wording:

'Sonographer' is not currently a protected title in the UK and, at this present time, graduates will NOT be eligible to be registered with the HCPC, although it is hoped that this will become a possibility in the future. For this reason, employment may not be possible in certain NHS trusts and some private sector organisations, although many organisations already employ sonographers from non-traditional backgrounds.

It is a CASE condition that this wording is included within the marketing material and in the Student Handbooks.



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What's different about DE and BSc selection?

The Programme is likely to require **Special Entry Requirements** in order to differentiate it from the standard BSc application, **selection** and admission arrangements of the University. For example,

- Applicants may be required to spend a certain number of days in an ultrasound department so that the Lead Sonographer can make a judgement regarding their suitability for the role and write a report for the Programme Team to consider
- The **selection** process should be multi-faceted to ensure that applicants are given an opportunity to demonstrate their:
 - knowledge and understanding of the role of a sonographer
 - knowledge and understanding of the role and value of medical ultrasound
 - values
 - communication skills
 - hand-eye co-ordination and spatial ability
 - **personal attributes** and suitability for the role

CASE needs to carefully scrutinize the entry requirements and selection process.



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What's different about DE and BSc admission?

The **direct-entry** nature of Graduate Entry and BSc programmes means that, upon **admission**, students are essentially members of the public. Additional requirements will therefore be required at the point of **admission** to the programme and prior to going on clinical placement as follows:

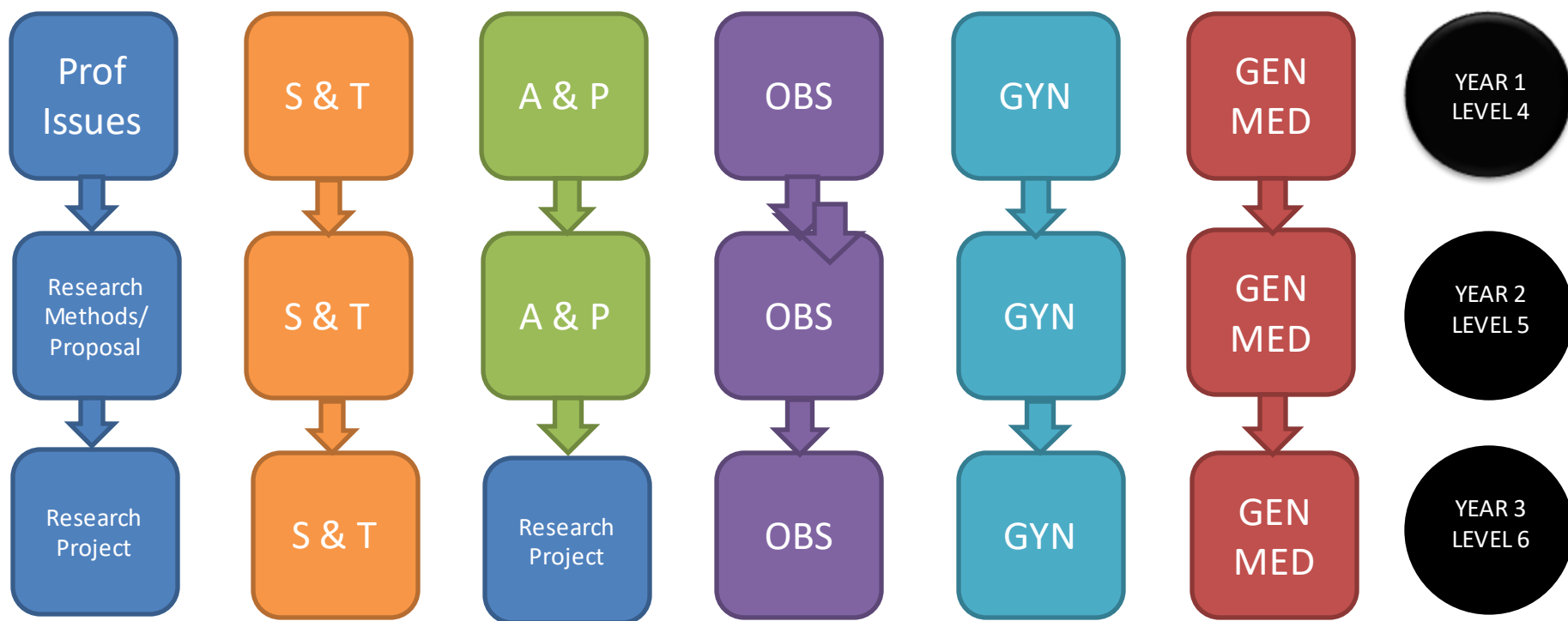
- A Disclosure and Barring Service Certificate
- Occupational Health Clearance
- Vaccinations
- Readiness for Practise Risk Assessment
- Uniforms
- Name badges



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What's different about the structure of a BSc?

It is important for a BSc ultrasound programme to have a spiral curriculum which facilitates **level 6 assessment of core knowledge**. The Year 3 (Level 6) **learning outcomes must be accurately mapped to the CASE Level 6 learning outcomes** by the Programme Team.



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What's different about DE & BSc content?

Professional issues, including mandatory training, will need to be included as follows:

- Moving and handling
- Basic life support (BLS)
- Fire
- Waste disposal
- Infection control
- Safeguarding
- Resilience
- General Data Protection Regulation (GDPR)
- Use of social media
- Understanding NHS structure and processes
- Communication skills
- Interpersonal relationships
- Cultural competence
- Person-centred care
- Values-based practice
- Evidence-based practice
- Collaborative practice
- Medico-legal and ethical issues
- Health promotion

CASE needs to ask who will be responsible for this training.



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Ask what simulated learning will be used?

- Hand-washing/infection control;
- Cleaning ultrasound equipment;
- Communication skills;
- Positive identity check;
- Breaking bad news;
- Values – scenarios;
- Cultural competence;
- Manual handling;
- Preliminary Clinical Evaluation (PCE) of recorded scans.



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Ask what academic and pastoral support is in place for BSc students

Academic skills may need to be more prominent within a BSc programme, such as:

- Library searching
- Note taking
- Writing skills
- Referencing
- Avoiding plagiarism
- Paraphrasing
- Reflection
- Critical writing
- Confidentiality
- Understanding evidence
- Research skills



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Ask about the BSc regulations

- University rules and regulations associated with full-time BSc students will usually be different to those associated with part-time MSc programmes. For example:
- Compensation is often permitted within BSc health programmes, whereby students can carry a failed module as part of their overall student profile if their mark is 35% or over
- More than one reassessment attempt may be permitted throughout the suite of BSc health programmes
- In order to be considered viable and profitable, BSc programmes usually have around 50 students per cohort. This, coupled with BSc rules regarding exam board outcomes (e.g. trail and progress), can make it extremely difficult to achieve parity of experience for students, particularly in relation to clinical placements
- As BSc students are not NHS Trust employees, they may find themselves going through the University's 'Student Fitness to Practise' process

CASE does not allow compensation and only permits one reassessment attempt



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Ask about the interface with other BSc programmes

When accrediting a BSc ultrasound programme, it is vital to consider how it will **interface** with other health BSc programmes delivered by the University. For example,

- The intention may be for students to be **co-taught** on certain modules. This would be in relation to elements of the curriculum that are common across health programmes, such as anatomy and physiology, professional issues or research methods. If this is the intention, it will be important to ascertain whether the curriculum is entirely appropriate and sufficient for BSc ultrasound students
- There must be **parity** in terms of the student effort required to achieve a BSc and in terms of the level of difficulty of the assignments at academic levels 4, 5 and 6
- The intention may be for students to **share** ultrasound simulators and simulation suites



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Ask about the interface with other MSc programmes

When accrediting a BSc ultrasound programme, it is vital to consider how it will **interface** with other ultrasound programmes delivered by the University. For example,

- The intention may be for students to be **co-taught** on certain modules. This could be in relation to elements of the curriculum that are common across ultrasound programmes, such as ultrasound physics and the clinical applications of ultrasound. If this is the intention, it will be important to ascertain whether the curriculum is entirely appropriate for both BSc and MSc ultrasound students and that the assessments are aligned to the correct academic level
- There must be a clear distinction between BSc and MSc programmes
- The intention may be for students to share of ultrasound simulators and simulation suites



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Ask about the sustainability of Clinical Placements

- Universities and NHS Trusts have formal contractual arrangements in relation to clinical placements for BSc students
- The contract will include the number of BSc students that each individual NHS Trust can offer
- Annual Contract Review meetings are held to review key issues, including the number of clinical placements on offer versus the number required
- All BSc clinical ultrasound departments offering placements will need to undergo formal audits in accordance with the contract



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Ask about the students' experience whilst on clinical placements?

- It needs to be stipulated that students must be exposed to, and have experience of, a wide range of cases from different referral sources throughout their clinical placements
- Level 4 clinical competencies can include the phrase “describe appearances”; however, levels 5 and 6 must include phrases such as “scan and determine normality” or “scan and interpret”
- Clinical competencies that are subject to automatic fail mechanisms must be clearly identified on clinical assessment forms and the process explained in the associated documentation
- In order for clinical staff and BSc students to feel supported, all Personal Tutors/Link Tutors must make regular, pre-planned visits to clinical departments



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Ask about clinical placement sharing

- There are potential risks associated with BSc students and MSc students (who are employees) learning and being assessed within the same department
- Clinical staff, particularly supervisors / mentors and assessors, will need to undergo a robust induction process and regular updates in relation to the BSc programme so that they fully understand the programme and what is commensurate with Level 4, 5 and 6 clinical competence
- Formative and summative clinical assessment forms must be tailored to the clinical competencies that need to be demonstrated by students at levels 4, 5 and 6. MSc forms must **not** be used for undergraduate clinical assessments
- The definition of an 'uncomplicated scan' or a patient with uncomplicated pathology, is the scanning of a patient with no significant, potentially sinister clinical indications, no known previous pathology or, if relevant, no known fetal abnormality
- The entire requested scan must be undertaken when clinical competency is being assessed in relation to just one organ. For example, if the student is being assessed on the spleen, the entire upper abdomen must be scanned. However, the clinical supervisor will only need to judge and provide feedback on their ability to scan the spleen.



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Ask about delivery of clinical education

- Timetables/student rotas will need careful scrutiny, as BSc Medical Ultrasound students may be expected to **share clinical placements** with BSc Diagnostic Radiography students and postgraduate ultrasound students
- There must be **parity** in terms of the amount of time students spend on clinical placement and a robust system for allocating BSc students to placements which takes into account the presence of part-time postgraduate students
- Students may be required to work in pairs as part of a 2:1 model whereby two students are allocated to the same supervisor during the same timeframe
- As an accreditor, you need to be confident that each student will be receiving **sufficient exposure** to relevant clinical cases in order to succeed



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How can clinical education be optimised?

- Peripatetic trainer covering several sites;
- Dedicated training lists;
- Creative use of non-ultrasound clinical placements e.g. to learn about value-based healthcare;
- Placements that cover early and late shifts, seven days per week;
- Consider different models of clinical placements such as the Hub & Spoke model;
- Simulation



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What's different about a BSc post-qualification?

- The documentation must ensure that the expectations of a BSc qualified sonographer upon completion of the BSc are consistent with the HEE Career and Progression Framework (2019) which states that at Career Level 5 (Academic Level 6), “normal cases will be reported using standardised reports. Abnormal findings will be reviewed by a senior colleague to provide interpretive/actionable reports and further management advice”.
- The graduates will be career-level 5 practitioner sonographers
- They will work with a degree of autonomy and will be supervised by an experienced sonographer, especially in relation to clinical reporting
- A preceptorship period is strongly advised



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Any questions?