



Return to Practice Policy Information Pack

This pack is for all members seeking to regain their accredited status, enabling a return to echocardiography practice.

Date of release: 02/07/2024

Updated: 06/03/2026



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Welcome message from the Chair of Accreditation

Dear Member,

Welcome back to the British Society of Echocardiography (BSE). The return-to-practice process is designed to assist the echocardiographer in returning to clinical practice after an extended career break. The aim is to re-achieve and maintain a high standard of clinical echocardiography to benefit our patients.

We aim to enable as many members as possible to achieve, re-achieve, and maintain accreditation. A list of accredited members is maintained on the BSE website.

Please let us know if we can assist you with this process or if you have constructive feedback for the accreditation committee. We are here to support you.

Good luck with your return-to-practice journey.

Best wishes,

Michâel Purdon

Chair, BSE Accreditation Committee



Introduction & aims

Accredited members are expected to perform and report echocardiographic studies unsupervised and to maintain their skills and knowledge through continued education and clinical practice in echocardiography. This is achieved by all accredited members undergoing a 5-yearly re-accreditation process.

It is acknowledged that some members whose accreditation has lapsed following a career break may wish to return to working in echocardiography. This policy sets out the requirements needed for such a member to undertake, should they wish to return to practice and regain their previously held BSE-accredited status.

Summary of process requirements

- Must be a current member of the BSE.
- Must have gained BSE TTE accreditation post-1993 and not via the initial “grandparenting” route.
- Must have undergone a minimum of one five-yearly re-accreditation process.
- The reinstated BSE accreditation is not transferable to another accreditation speciality and is only applicable to the initial accreditation held by the member. I.e., if a member previously held TTE accreditation, they are only permitted to apply for TTE re-accreditation via this route
- This policy applies to transthoracic echocardiography, acute critical care, congenital heart disease, and transoesophageal echocardiography. It is not applicable to members previously holding level I accreditation.
- This process has two options for regaining BSE accreditation, this is dependent upon the length of time the member has been out of clinical practice and is detailed below.

Option 1

If a member has been out of practice for 2 - 5 years, BSE accreditation may be reinstated if the member can provide evidence that they have completed:

- 30 days updating professional skills and knowledge.
- Logbook (see below for details).
- Passed the practical scanning assessment

Option 2

If a member has been out of practice for 5 - 8 years, BSE accreditation may be reinstated if the member can provide evidence that they have completed:

- 60 days updating professional skills and knowledge.
- Logbook (see below for details).
- Passed the practical scanning and video-case assessment.

If a member has been out of practice for over 8 years, they will need to recommence the BSE accreditation process from the written exam.



Updating professional skills and knowledge

Updating professional skills and knowledge is vital to ensuring members are familiar with the most up-to-date working practices.

If a member has been out of clinical practice for between 2 and 5 years, the member will need to undertake 30 days (1 day is equivalent to 7.5 hours) of activities to ensure their knowledge base is sufficient and up to date.

If a member has been out of clinical practice for between 5-8 years, the member will need to undertake 60 days (1 day is equivalent to 7.5 hours) of activities to ensure their knowledge base is sufficient and up to date.

For each professional skill and knowledge base, the evidence proforma as in Appendix 1 will need to be completed.

Professional skills and knowledge activities can include:

- Attending echocardiographic courses or completing distance learning modules
- Supervised clinical work (must account for a maximum of 50% of the time needed for updating professional skills and knowledge).
- Relevant shadowing of healthcare professions
- Self-directed learning

Exam fees

The BSE membership (pre-accredited rate) is required to access the online logbook portal, which includes all educational resources and support. Once ready to attend a practical assessment, all registrations are online, and practical spaces are secured upon payment of the compulsory booking fee (see updated prices online).

Logbook submission

A logbook submission will be required from the member undertaking the option of returning to practice. This is to ensure the member regains confidence in reporting whilst also allowing a period to familiarise the member with any new guidelines or protocols that may have been published prior to the member returning to practice.

The logbook will consist of a number of clinical reports over a range of pathologies, as detailed in the relevant appendices below.

- If the member is looking to return to practice within transthoracic echocardiography, please see Appendix 2 for details of the logbook.
- If the member is looking to return to practice within acute critical care echocardiography, please see Appendix 3 for details of the logbook.
- If the member is looking to return to practice within congenital heart disease echocardiography, please see Appendix 4 for details of the logbook.
- If the member is looking to return to practice within transoesophageal echocardiography, please see Appendix 5 for details of the logbook.

The logbook must be uploaded and submitted via the BSE online logbook portal. See Appendix 6 for details.

The logbook will be marked in accordance with the accreditation pack for the relevant



echocardiography speciality. Please see Appendix 7. The logbook must be fully anonymised; further details are provided in Appendix 8.

For members who have been out of clinical practice for between 5 and 7 years, the logbook will be reviewed at the halfway point. At this point, if the logbook demonstrated an appropriate level of knowledge, the member may not need to continue collecting the remaining logbook reports.

Practical scanning assessment

The practical scanning assessment will involve the member acquiring up to 10 different echocardiographic imaging views within 20 minutes. A real-life model or simulator may be used.

This part of the assessment is designed to assess a candidate's practical scanning ability along with their ability to perform basic image optimisation.

All imaging views used in this assessment are taken from the BSE minimum transthoracic echocardiography dataset.

A pass mark/trigger score of 66% is used. Once obtained, the candidate will be deemed successful at this part of the assessment process.

The candidate is not expected to be familiar with the equipment. The Assessor will alter the equipment setting as directed by the candidate.

For full details of the practical scanning marking criteria, please see Appendix 9.

Viva case submission

The viva case assessment will consist of one patient case study. The member can choose any ONE case from the list of cases, as shown in Appendix 10.

The candidate will be expected to discuss their patient cases with the Assessor.

For full details of the viva case marking criteria, please see Appendix 11.

The case should be assessed using the most up-to-date BSE guidance. The member will be expected to know the most up-to-date BSE guidance and local deviations in practice **will not** be accepted.

The case must represent a complete, high-quality study. It should be accompanied by a printed report that is complete, comprehensive, and reflects the patient case study being presented.

The member must ensure that at least one full cardiac cycle is recorded. The case must play automatically / continuously within a PowerPoint presentation (or equivalent). If the case does not play appropriately, it may be classified as an unsuccessful attempt.

The candidate must bring and present their case studies on their own laptop. It is the candidate's responsibility to ensure these are anonymised and can be viewed in a manner that allows an assessment of the cases being presented.

Outcomes and process for re-attempts

The member will have two attempts in total to pass the practical assessment component of the



return-to-practice policy.

If the member is successful in all parts, they will be re-awarded BSE accreditation and rejoin the accredited member list.

- If the member is unsuccessful in any part of the practical assessment, the member will be deemed unsuccessful on this first attempt. The member will be provided with constructive feedback to facilitate a re-attempt. See below for more details.

In the event of an unsuccessful first attempt, the member may be requested to resubmit logbook reports/patient case studies. These must be new reports / patient case studies. The member is not permitted to resubmit previously assessed work under any circumstances.

If the member is unsuccessful on the second attempt of the practical assessment, the accreditation process must be restarted, and the candidate must retake the written examination.



Appendix 1: Professional skills evidence proforma

To be completed and uploaded to the 'Supporting information' section of the logbook portal or emailed to accreditation@bsecho.org when registering for the practical assessment.

[Available as a word document here](#)

Member Name & BSE ID number:

Date professional activity undertaken:

| Details of professional activity |
|----------------------------------|
| |

| What were the main learning objectives of this activity? |
|--|
| |



How will this improve your practice moving forward?

I confirm that this professional skills activity has been undertaken as stated:

Managers signature & date:



Appendix 2: Transthoracic echocardiography logbook

Please see below for details of the 75- and 150-case logbook.

For members undertaking the 150-case logbook, please ensure there is a good mix of the sections below to enable an adequate review of your logbook at the halfway stage.

75 case logbook case mix:

- 10 LV assessment
- 20 valve disease assessment
- 10 RV assessment
- 5 valve repair/replacement
- 5 LVH (including HCM +/- obstruction) assessment
- Maximum of 5 no significant pathology
- Remaining number can be made up of a variety of any pathology

150 case logbook case mix:

- 20 LV assessment
- 20 valve disease assessment
- 20 RV assessment
- 10 valve repair / replacement
- 5 LVH (including HCM +/- obstruction) assessment
- Maximum of 5 no significant pathology
- Remaining number can be made up of a variety of any pathology



Appendix 3: Acute Critical Care Echocardiography

Please see below for the details of the 75 and 150 case logbook.

For members who have undertaken the 150-case logbook, please ensure a good mix of the sections below so that an adequate review of your logbook can be undertaken at the halfway stage.

75 case logbook mix:

- 15 shock assessment
- 15 valve disease assessment
- 10 volume status and volume responsiveness
- 5 RV assessment
- 5 refractory hypoxaemia/ difficulty to wean
- 3 pericardial disease / effusion
- 2 endocarditis / mass / thrombus
- 1 abnormality of the aorta
- Maximum of 10 no significant pathology
- Remaining number can be made up of a variety of any pathology

150 case logbook mix:

- 30 shock assessment
- 30 valve disease assessment
- 20 volume status and volume responsiveness
- 10 RV assessment
- 10 refractory hypoxaemia/ difficulty to wean
- 6 pericardial disease / effusion
- 2 endocarditis / mass / thrombus
- 2 abnormality of the aorta
- Maximum of 20 no significant pathology
- Remaining number can be made up of a variety of any pathology



Appendix 4: Congenital heart disease

Please see below for the details of the 75 and 150 case logbook.

For members undertaken the 150-case logbook, please ensure there is a good mix of the sections below to ensure an adequate review of your logbook can be undertaken at the half way stage.

75 case logbook mix:

- A maximum of 5 cases to demonstrate sequential segmental analysis where there is no significant cardiac abnormality (PFO/PDA acceptable in a new born case).
- At least 10 cases should be for unrepaired shunt lesions.
- At least 10 cases should be for repaired shunt lesions.
- At least 5 cases should be for unrepaired cyanotic or complex congenital disease.
- At least 10 cases should be for repaired cyanotic or complex congenital disease.
- At least 10 cases should be for valve disease / outflow obstruction.
- At least 2 cases should be for suspected coronary artery anomalies.

150 case logbook mix:

- A maximum of 5 cases to demonstrate sequential segmental analysis where there is no significant cardiac abnormality (PFO/PDA acceptable in a new born case).
- At least 20 cases should be for unrepaired shunt lesions.
- At least 20 cases should be for repaired shunt lesions.
- At least 5 cases should be for unrepaired cyanotic or complex congenital disease.
- At least 20 cases should be for repaired cyanotic or complex congenital disease.
- At least 20 cases should be for valve disease / outflow obstruction.
- At least 5 cases should be for suspected coronary artery anomalies.



Appendix 5: Transoesophageal echocardiography

Please see below for the details of the 30 and 50 case logbook.

For members undertaken the 50-case logbook, please ensure there is a good mix of the sections below to ensure an adequate review of your logbook can be undertaken at the half way stage.

30 case logbook mix:

- 10 valve disease assessment
- 5 valve repair / replacement assessment
- 2 for infective endocarditis assessment
- Maximum of 5 no significant pathology
- Remaining number can be made up of a variety of any pathology

50 case logbook mix:

- 20 valve disease assessment
- 10 valve repair / replacement assessment
- 5 for infective endocarditis assessment
- Maximum of 5 no significant pathology
- Remaining number can be made up of a variety of any pathology



Appendix 6 Logbook portal: User guide

1. User Login Details:

- Request login details by emailing the accreditation team- accreditation@bsecho.org.
- Provide your **BSE ID number**, the type of *accreditation you are pursuing.
- An automated message from the portal will be emailed to you with your login details.
- Link to the portal: <https://logbook.bsecho.org/>

British Society
of Echocardiography

Username or Email
accreditation@bsecho.org

Password
.....

Remember me

[Forgot your password?](#) **Login**

- a. If you have forgotten your password, please click the link titled [Forgot your password?](#)

British Society
of Echocardiography

Forgot your password? No problem. Just let us know your email address and we will email you a password reset link that will allow you to choose a new one.

Email
[Input Field]

Email Password Reset Link



2. Update your profile

- Click on your name, then **'Profile'** to update your name, email and password.

Candidate Dashboard Mentor Dashboard Assessor Dashboard Admin Dashboard Jo Vashishta ▾

Profile

Manage Account
Profile
Logout

Profile Information
Update your account's profile information and email address.

Membership Number
BSE Staff

Username
thanjo

First Name
Jo

Surname
Vashishta

Email
jo@bsecho.org

Save

Enter new password and click 'save.'

Update Password
Ensure your account is using a long, random password to stay secure.

Current Password

New Password

Confirm Password

Save

Browser Sessions
Manage and logout your active sessions on other browsers and devices.

If necessary, you may logout of all of your other browser sessions across all of your devices. Some of your recent sessions are listed below; however, this list may not be exhaustive. If you feel your account has been compromised, you should also update your password.

Windows - Chrome
This device

Logout Other Browser Sessions

3. User dashboard (e.g. Candidate, Mentor or Assessor)

- Click on the visible heading to access your dashboard

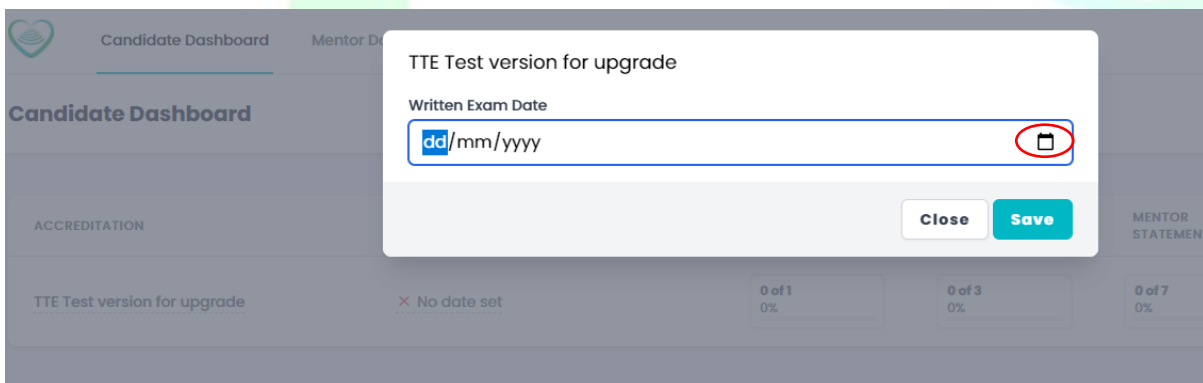


Candidate Dashboard

| ACCREDITATION | WRITTEN EXAM DATE | LOGBOOK | COMPETENCIES | MENTOR STATEMENTS | STATUS |
|------------------------------|-------------------|--------------|--------------|-------------------|----------------------------|
| TTE Test version for upgrade | ✗ No date set | 0 of 1 0% | 0 of 3 0% | 0 of 7 0% | In Progress > |

a. Enter Written Exam Date (or date that you have started the current accreditation process)

- Click on ✗ No date set to bring up the calendar and select the date you began the current accreditation process.



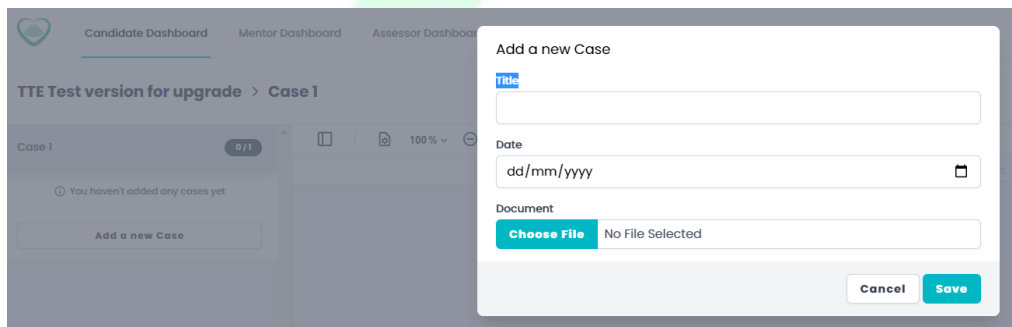
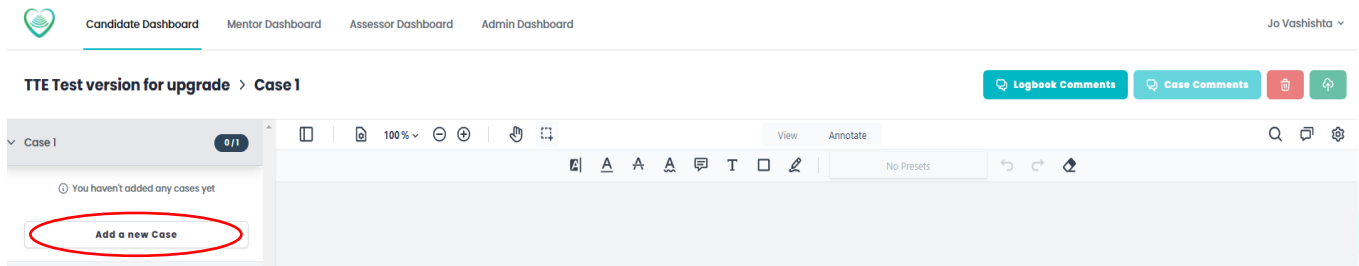
b. Click the box under the Logbook title to begin uploading PDF reports. The portal will take only PDF uploads.



[Candidate Dashboard](#) [Mentor Dashboard](#) [Assessor Dashboard](#) [Admin Dashboard](#)

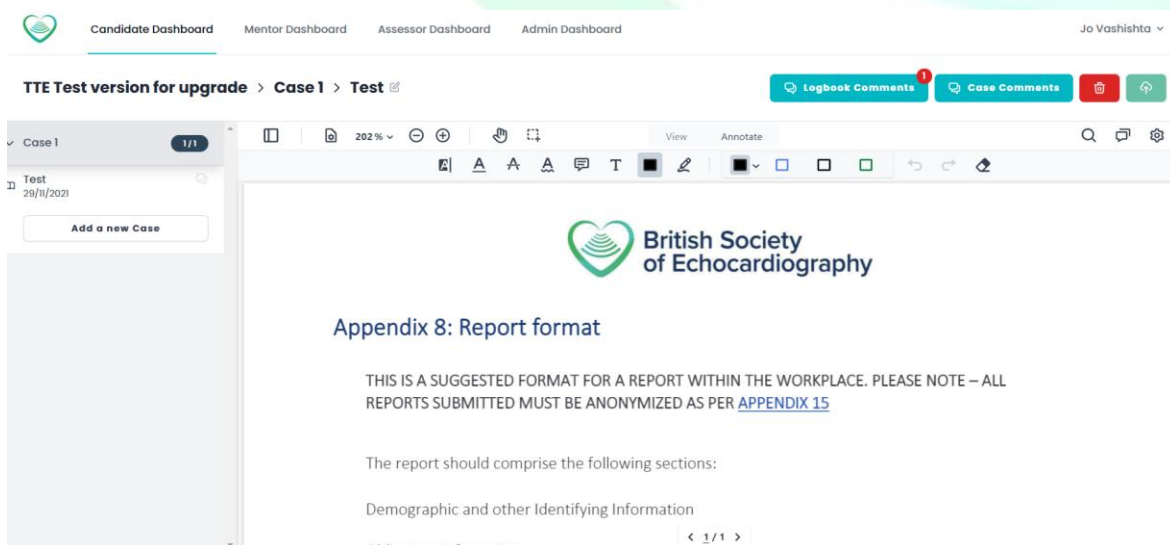
Candidate Dashboard

| ACCREDITATION | WRITTEN EXAM DATE | LOGBOOK |
|------------------------------|-------------------|--------------|
| TTE Test version for upgrade | 10/11/2021 | 0 of 1 0% |

To add a new case, click on **'Add a new Case'**, give it a Title, enter the date of the case and Choose File.

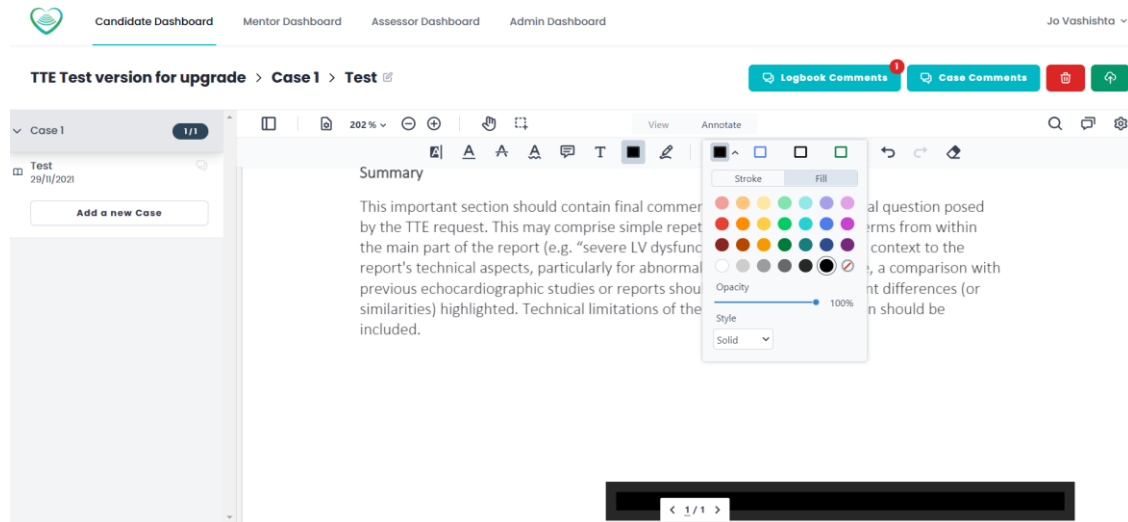


- Explore the features and tools by hovering over the icons to find what they can do.
- To **save** your work, click , to **delete** click 






The 'Rectangle' tool allows masking over unwanted data. Click the Save button to keep the anonymise changes.



4. Candidate logbook submission

Candidate can check the progress of their logbook in the dashboard and click the arrow after 'In Progress'.

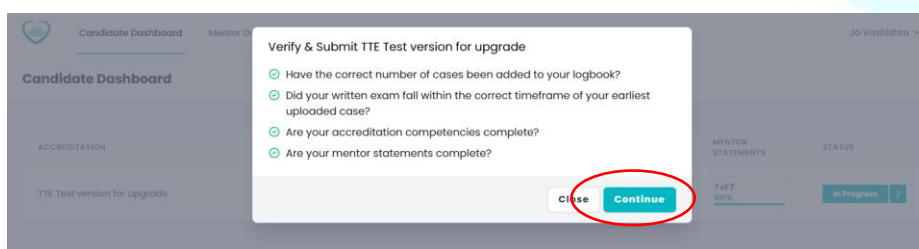
Candidate Dashboard

| ACCREDITATION | WRITTEN EXAM DATE | LOGBOOK | COMPETENCIES | MENTOR STATEMENTS | STATUS |
|------------------------------|-------------------|----------------|----------------|-------------------|---|
| TTE Test version for upgrade | 10/11/2021 | 1 of 1 100% | 3 of 3 100% | 7 of 7 100% | In Progress  |

Note: Under the competency section please upload Appendix 1- Professional skills evidence proforma

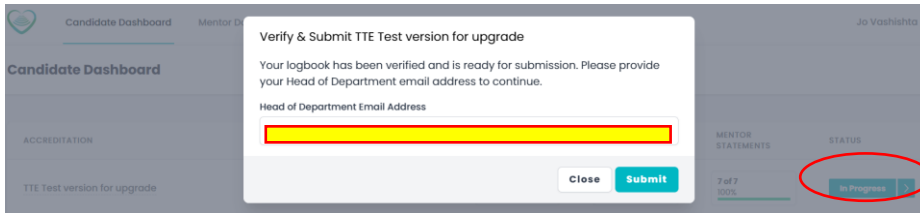
Mentor statement for this accreditation is not required and can be skipped

a. Verify and submit: Check that you have completed the requirement before clicking 'Continue.'





b. Enter Head of Department Email Address and click submit:



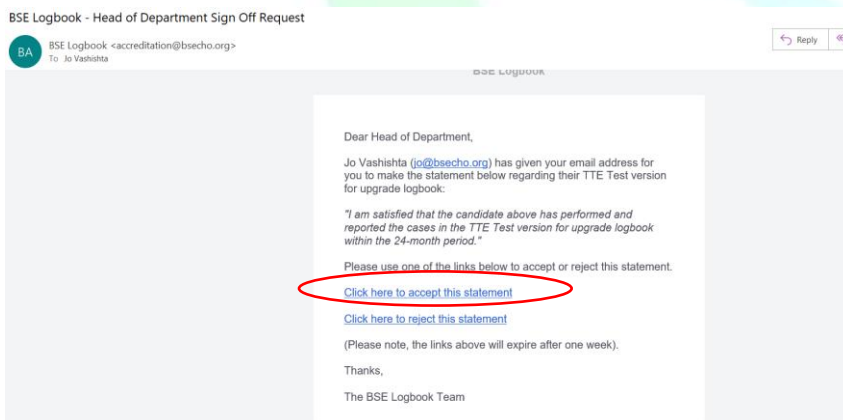
c. Contact accreditation@bsecho.org to inform you have entered your HOD's email address and clicked submit.

Candidate Dashboard

| ACCREDITATION | WRITTEN EXAM DATE | LOGBOOK | COMPETENCIES | MENTOR STATEMENTS | STATUS |
|------------------------------|-------------------|----------------|----------------|-------------------|-------------------------------|
| TTE Test version for upgrade | 10/11/2021 | 1 of 1 100% | 3 of 3 100% | 7 of 7 100% | Validating Head of Department |

5. Validate logbook

Your Head of Department must click the link to accept the statement.



a. Head of Department verified: After clicking the statement, the Head of Department receives the message below.



Thank you for verifying the Head of Department statement, the BSE accreditation team have been informed.

If you need you can contact accreditation admin at accreditation@bsecho.org.

Please note that some NHS emails may block messages from the logbook portal- accreditation@bsecho.org. In this case, candidates should consider providing an alternative email address, e.g. non-NHS email addresses.

6. Logbook submitted

Once the logbook has been validated, it is ready for an assessor to mark.

Candidate Dashboard

| ACCREDITATION | WRITTEN EXAM DATE | LOGBOOK | COMPETENCIES | MENTOR STATEMENTS | STATUS |
|------------------------------|-------------------|----------------|----------------|-------------------|---------------------------|
| TTE Test version for upgrade | 10/11/2021 | 1 of 1 100% | 3 of 3 100% | 7 of 7 100% | Submitted |

- No further action is required from this point.
- Candidates will be notified when marking is complete.

If you experience any issues please email a screenshot of the issue to accreditation@bsecho.org



Appendix 7: Logbook guidance and marking criteria

In order to meet all competencies of this accreditation process the logbook should represent good/excellent examples of the member's daily workload. Ideally, it should reflect the most up to date BSE guidance.

Whilst we encourage the use of good / excellent work to be included in the logbook, however it is acknowledged that not every report in the logbook will meet this standard.

Please see below for the marking criteria for each speciality.

Logbook marking criteria for transthoracic, acute critical care and congenital heart disease echocardiography includes:

| Does the report meet the following criteria? | Yes / No (if no, state reasons why) |
|--|-------------------------------------|
| Fully Anonymised | |
| Indication for echo present | |
| Appropriate measurements present | |
| Appropriate Doppler calculations present | |
| Do measurements / Doppler calculations match descriptions? | |
| All parts of heart described | |
| Descriptions complete | |
| Appropriate to request | |
| Conclusion present | |

Logbook marking criteria for transoesophageal echocardiography includes:

| Does the report meet the following criteria? | Yes / No (if no, state reasons why) |
|--|-------------------------------------|
| Fully Anonymised | |
| Indication for TOE present | |
| Appropriate measurements present | |
| Appropriate Doppler calculations present | |
| Do measurements / Doppler calculations match descriptions? | |
| All parts of heart described | |
| Descriptions complete | |
| Appropriate to request | |
| Conclusion present | |



Appendix 8: Guidance for the removal of patient identifiable data

The duty of confidentiality arises out of the common law of confidentiality, professional obligations and also staff employment contracts. Breach of confidence may lead to disciplinary measures, bring into question professional reputation and possibly result in legal proceedings.

Guidance is provided to Healthcare Professionals in the 'NHS Code of Practice on Confidentiality' (November 2003):

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4069254.pdf

Patient information that can identify individual patients is confidential and must not be used or disclosed in any part of the submission required for this accreditation process. In contrast, anonymised information is not confidential and may be used.

Key identifiable information includes:

- Patient's name
- Address
- Full post code
- Date of birth
- NHS number and local identifiable codes

Key identifiable information may also include information that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatment or statistical analyses which have very small numbers within a small population may allow individuals to be identified.

Guidance to candidates submitting Logbooks and Cases for Accreditation

The NHS Code of Practice on confidentiality means that evidence submitted for this accreditation process must have removed **ALL** patient identifiable information beyond that of gender and age/year of birth.

Reports – Please use the BSE [online portal](#) and electronically delete all patient information except age and gender.

We would advocate against the use of other electronic anonymisation as sometimes data is still present. If in doubt, manually remove patient identification information prior to use.

Video cases - We appreciate that the removal of patient ID may be difficult. Therefore, advise that the video cases are specifically collected, and the data inputs are made relevant to your cases (E.g. Patient Name could be 'BSE Case 1', Patient Number could be your membership number followed by case number, '1111-1').

The final decision remains at the discretion of the Chair of the Accreditation Committee.



Appendix 9: Practical scanning assessment

The marking criteria used for the practical scanning assessment for transthoracic, acute critical care and congenital heart disease echocardiography can be seen below.

| | |
|--------------------|--|
| 2 minutes: | <ul style="list-style-type: none">• Familiarisation of echo machine/equipment.• Assessor will be on hand if assistance is required. |
| 20 minutes: | <ul style="list-style-type: none">• Candidate to have 2 minutes to obtain and acquire each image.• The Assessor will instruct the candidate on the images to acquire.• The Assessor can alter echo machine / equipment setting to optimise images at the direction of the candidate. |

The pass mark is set at 66%. Once this mark is achieved the candidate will be deemed as being successful at this station.

Each image the candidate acquires is scored as per the marking scheme below.

| | |
|---|--|
| F = Fail = 0 points: | unable to demonstrate appropriate skill set |
| BF = Borderline Fail = 1 point: | unable to demonstrate appropriate skill set, is able to describe reasons how improvement could be achieved |
| BP = Borderline Pass = 2 points: quality | able to acquire/demonstrate skill set although fails to optimize image acquisition |
| P = Pass = 3 points: optimization of images | able to fully demonstrate high quality image acquisition with appropriate |

All images used in the practical scanning assessment are taken from the BSE (or equivalent if BSE guidance is unavailable) minimum dataset.

The marking criteria for the practical scanning assessment for congenital heart disease echocardiography can be seen below.

The candidate will be asked to acquire a good-quality image of a particular view.

N.B. No blind spot between upper oesophageal and mid oesophageal views.

Not all views may be possible in the available time.

Image acquisition should take no more than 20 mins (10 images at 2 mins each).

If there are concerns, assessors should question the candidate - if they can demonstrate appropriate knowledge/competence when questioned this may be sufficient.

Candidates should not fail as a result of one poor image.



Pass mark = 80% of acquired images are of good quality.

Constructive feedback can be provided by the senior assessor in a separate room to enable direct comparison of candidate's image acquisition and the expected standards.

Image acquisition list

| Spend 1-2 minutes on each acquisition | Image | Satisfactory | |
|---------------------------------------|--|--------------|----|
| | | Yes | No |
| 1. | 2D MO 4 Chamber view | | |
| 2. | 2D MO 5 Chamber view | | |
| 3. | 2D MO mitral commissural view | | |
| 4. | 2D MO 2 Chamber view | | |
| 5. | 2D MO LAX view | | |
| 6. | 2D MO AV SAX view | | |
| 7. | 2D MO AV LAX view | | |
| 8. | 2D MO LA appendage view | | |
| 9. | 2D MO R/L Upper/lower pulm. veins | | |
| 10. | 2D RV inflow/outflow view | | |
| 11. | MO Bicaval view | | |
| 12. | MO modified bicaval view | | |
| 13. | 2D TG Basal SAX view | | |
| 14. | 2D TG Mid Papillary view | | |
| 15. | 2D TG 2 Chamber view | | |
| 16. | 2D TG LAX with CWD across aortic valve | | |
| 17. | 2D TG RV inflow view | | |
| 18. | 2D Deep TG view | | |
| 19. | Desc Aorta SAX view | | |
| 20. | Desc Aorta LAX view | | |
| 21. | UO Aortic arch LAX view | | |
| 22. | UO Aortic arch SAX view | | |
| 23. | MO Asc Aorta LAX view | | |
| 24. | MO Asc Aorta SAX view | | |



Appendix 10: Viva case pathologies

The transthoracic viva case studies should include one of each of the following:

1. A study showing no significant abnormality.
2. Moderate or severe aortic stenosis.
3. Moderate or severe mitral or aortic regurgitation.
4. Previous or recent myocardial infarction.
5. The fifth case should show an example of one of the following (and which has not previously been shown in the cases above):
 - a) Valve repair / replacement.
 - b) Mass or thrombus.
 - c) Simple congenital heart disease.
 - d) Significant left ventricular hypertrophy.
 - e) Significant pericardial effusion, mitral stenosis or right heart disease.

The acute critical care viva case studies should include one of each of the following:

1. A study showing no significant abnormality.
2. Fluid responsiveness and volume status assessment in a critically unwell patient.
3. Cardiogenic shock of any cause in a critically unwell patient.

Patient case studies **four and five** should include any of the below pathologies:

- At least moderate valvular dysfunction.
- Significant pericardial effusion.
- Intra-cardiac mass.
- Significant structural abnormality such as severe left ventricular hypertrophy or hypertrophic obstructive cardiomyopathy.

The congenital heart disease viva case studies should include one of each of the following:

1. A study showing no significant abnormality.
2. A study showing echocardiographic assessment of a simple unrepaired lesion.
3. A study showing echocardiographic assessment of uncorrected complex or cyanotic heart disease.



4. A study showing echocardiographic assessment of a repaired case of complex CHD.
5. A study showing left or right heart obstruction.

The transoesophageal viva case studies should include one of each of the following:

1. A study showing no significant abnormality.
2. Moderate or severe aortic stenosis.
3. Moderate or severe mitral or aortic regurgitation.
4. Regional wall motion abnormality.
5. The fifth case should show an example of one of the following (and which has not previously been shown in the cases above):
 - a. Prosthetic valve with size and type noted and reference to normal values for that valve
 - b. Mitral repair
 - c. Infective endocarditis
 - d. Intracardiac mass including thrombus with differential diagnoses
 - e. Basic adult congenital heart disease (e.g. ASD, VSD or pulmonary stenosis)
 - f. Aortic pathology (e.g. dissection, aneurysm, intramural haematoma)
 - g. Hypovolaemia/septic shock assessment
 - h. Pericardial effusion
 - i. Right ventricular abnormality or pulmonary embolism assessment



Appendix 11: Viva case generic marking criteria

Please see below for the generic marking criteria used for the viva case assessment. This should be used regardless of which speciality the member is working towards re-accreditation in.

All criteria must be met to a satisfactory standard in order for the patient case study to be passed.

| Generic marking criteria for re-accreditation. Practice must be satisfactory in all areas to pass | | | |
|---|--------------------------|---|--------------------------|
| Evidence of satisfactory practice | Tick | Evidence of unsatisfactory practice | Tick |
| ECG Largely present throughout without 2D image interference | <input type="checkbox"/> | ECG Unstable or frequently absent, making timings inaccurate | <input type="checkbox"/> |
| Optimization Infrequent, non-repetitive optimization errors which do not detract from the case conclusion | <input type="checkbox"/> | Optimization Frequent, repetitive optimization errors which detract from the case conclusion | <input type="checkbox"/> |
| Complete study Images are complete enough to allow full assessment of the selected pathology, including Doppler study and measurements | <input type="checkbox"/> | Incomplete study Images are missing which are relevant to the accurate assessment of the selected pathology, including inadequate Doppler study or relevant measurements quoted in report but not demonstrated. | <input type="checkbox"/> |
| 2D measurements Accurate throughout with minor errors that do not change the categorisation of the chosen pathology | <input type="checkbox"/> | 2D measurements Frequent inaccuracies or isolated inaccuracies that change the categorisation of the chosen pathology | <input type="checkbox"/> |
| Colour Doppler Accurate box size, gain, scale and baseline settings demonstrating anatomy clearly | <input type="checkbox"/> | Colour Doppler Frequent inaccuracies of box size, gain, scale and baseline settings which prevent clear demonstration of the anatomy | <input type="checkbox"/> |
| Spectral Doppler Accurate use with good cursor alignment and optimised waveforms | <input type="checkbox"/> | Spectral Doppler Inaccurate use with poor cursor alignment or waveform optimization altering pathology assessment | <input type="checkbox"/> |
| Pathology assessment No images missing which are key to pathology assessment No measurements significantly inaccurate that are key to pathology assessment | <input type="checkbox"/> | Pathology assessment Poor quality or missing images missing which are key to pathology assessment Measurements key to pathology assessment significantly inaccurate and change the categorisation of the pathology | <input type="checkbox"/> |
| Report is complete and accurate Comprehensive/accurate description of all parts of the heart Correct categorisation of chosen pathology (NB none significant abnormalities may be included in this case) Correct interpretation of findings in the clinical context | <input type="checkbox"/> | Report is incomplete or inaccurate Partial/inaccurate description of parts of the heart Incorrect categorisation of chosen pathology Incorrect interpretation of findings in the clinical context | <input type="checkbox"/> |



Appendix 12: Mentor statement and declaration

The candidate must email a completed copy to accreditation@bsecho.org at the point of registration for a practical assessment.

I confirm that I have provided overall supervision and guidance for the following candidate : **Click or tap here to enter text.**, during the period in which they have performed and reported logbook studies and viva cases.

I have reviewed the logbook and viva cases prior to the submission, and I am fully satisfied that the candidate has met the BSE submission criteria.

I believe the candidate is ready to attend the practical assessment to present their work.

Following the assessment, should the BSE wish to contact me for any information, I will be able to answer any questions the BSE may have regarding the candidate's performance.

| | |
|----------------------------------|----------------------------------|
| Full name | Click or tap here to enter text. |
| Job Title | Click or tap here to enter text. |
| Place of work | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Contact phone number | Click or tap here to enter text. |
| Name of candidate | Click or tap here to enter text. |
| BSE ID of the candidate | Click or tap here to enter text. |
| Candidate's place of work | Click or tap here to enter text. |

By signing this document, I declare that the information provided in this document is true and correct to the best of my knowledge.

Mentor signature:

Date:



Useful Links & Contacts

Click the following titles to link to areas of www.bsecho.org

- [Accreditation process](#)
- [Education resources \(protocols & guidelines\)](#)
- [Extension requests](#)
- [Logbook portal](#)
- [Pearson VUE Testing](#)
- [Practical assessments](#)
- [Re-accreditation](#)
- [Regional representatives map](#)

Join the Accreditation Clinics every first Thursday of the month at 1 pm to ask questions about accreditation. These clinics are hosted by the Accreditation team, with support from a committee member involved in the assessment process.

Sign up for a 🗨️ [Accreditation clinics](#)

Contacts

- **All accreditation** queries (including exam registrations) and requests to access the portal should be made to accreditation@bsecho.org
- Membership questions should be sent to membership@bsecho.org
- Events, education and e-learning questions should be sent to events@bsecho.org
- Concerns or complaints should be directed to admin@bsecho.org
- Phone number for all areas: 0208 065 5794 (Mon-Fri 9 am-5 pm, excluding UK public holidays)