

Accreditation report June 2020 for AGM October 2020

Claire Colebourn: Accreditation Chair

Main achievements and future directions

At the time of writing this report, all our lives are dominated by the global coronavirus pandemic. From the perspective of accreditation, we like everyone else have had to sit quietly, waiting until conditions change and then try to re-invent our systems to allow people to accredit safely while maintaining our established standards.

Headlines:

- 1. We will offer face to face, socially distanced practical examination on 1st August 2020 to accommodate all candidates unable to be examined in March and June of this year.**
- 2. All candidates have been given an automatic 12-month extension to accreditation and re-accreditation. Some logbook modifications will also be allowed temporarily. Please see the website for full details.**
- 3. All logbooks are now examined using the electronic portal: paper submissions are no longer examined.**
- 4. We aim to have a new Level I TOE accreditation up and running by early 2021.**
- 5. We are taking a new approach to congenital heart disease accreditation establishing a curriculum which covers all ages and pathologies.**
- 6. Community echocardiography has ceased to run due to very low uptake by candidates.**

Practical examinations

Since the last AGM we were able to run two practical examinations at the following centres:

St Bartholomew's Hospital London: November 2019

Wythenshawe Hospital Manchester: January 2020

We have combined the candidates eligible for the previously scheduled March and June examinations into a practical examination to be held in Coventry on 1st Augustst 2020.

The exam will follow our usual format with some important modifications to ensure everyone's safety:

1. Logbooks will be pre-marked through the portal to reduce the length of time examiners spend in one room together. Logbooks not meeting the pass criteria will then be reviewed by a small group of senior examiners and moderated appropriately. These examiners will meet on the day of the practical and will work at a social distance.
2. Candidates will register and exit from the exams from different departmental locations to encourage flow through.

3. All candidates, examiners and support staff will wear masks and use hand gel as they leave and enter each station.
4. Live scanning will be performed using five Heart Works simulators kindly loaned to us for the day: a huge thankyou to the Heart Works team for this.
5. Candidates will be moved one at a time from station to station.
6. Any candidate who becomes ill immediately prior to the examination with coronavirus symptoms will be given a free sitting at the next available practical date on provision of reasonable evidence that they have had to self-isolate.

We have taken this approach to adhere to our quality standards in the framework of social distancing and current governmental guidelines. This exam will include candidates sitting Level I and II TTE, ACCE and TOE examinations.

We will review the pandemic situation continuously and make decisions on further practical sittings based on that information. It is likely that we can return to a normal examination pattern from January 2021. The website will be continuously updated with up to date information and will be the best source of information for candidates: please see the accreditation pages on our website for help.

Results so far this year:

Oct 2019: Stress echo examination: 5 candidates, 2 passed.

Nov 2019: TTE (66), TOE (9) & CC (1): breakdown of passes TTE (31) CC (1) TOE (7).

Dec 2019: Stress echo: 5 candidates, all passed.

Jan 2020: TTE (51), TOE (7), CC (1) Comm (1): breakdown of passes TTE (37) TOE (6) CC (1).

Written examinations

Our written examination processes are now well established through our partner provider Pearson-Vue. Written examinations run twice a year in spring and autumn for all disciplines other than stress and transoesophageal echo, which run once a year at the autumn session. We are currently delivering exams to approximately 500 candidates a year which reflects a significant workload for the exam setters, so a particular thank you to the exam setting teams for their hard work refreshing, reviewing and improving our exams.

This year we have hit our target reliability score of 0.8 for the first time for our largest exam, Adult TTE Level II. This figure suggests our written exams are on a par with other nationally delivered professional exams and reflects our annual question quality review and testing process in a good light.

Results so far this year:

Oct 2019: hosted TTE Level II, ACCE, TOE and Stress echocardiography.

213 candidates attended and 178 passed.

Breakdown for Oct 2019:

TTE 167 candidates 138 passed.

ACCE 2 candidates both passed.

TOE 31 candidates, 25 passed.

Stress 13 candidates, all passed.

March 2020: hosted TTE Level II and ACCE.

TTE 176 candidates 143 passed.
ACCE 2 candidates, both passed.

We plan to run our written autumn examinations in Level II TTE, TOE and ACCE at Pearson-Vue centres on Tuesday 14th October. Pearson-Vue centres will adhere to government guidelines on social distancing as appropriate at the time of the examination. Candidates who are required to shield should contact us as soon as possible via the BSE office so that we can make appropriate arrangements.

Examiner quality assurance

Our examiner quality assurance process is now 18 months old. Through this process we educate and 'induct' our new examiners and keep our established examiner group up to date as processes change. Echo will always be part art and part science. Difficult examination outcome decisions taken by our chief examiners and station leads often lie in grey areas of practice which require experience and co-operation to tease out. Our examiner quality process focuses on this difficult area of practice in particular. To date 36 of our 90 Level II TTE examiner group have been through this training which is a three-yearly requirement for maintaining your position as an examiner.

This year we plan to expand this process to include Level I TTE and ACCE examiners.

Appeals

We value our appeals process for the feedback it gives us. Appeals are heard at the practical examination following the date of the appeal receipt, by a team of three senior examiners. We receive approximately two appeals per practical examination and endeavour to release the outcomes of the appeal in the four weeks following the practical exam.

Reaccreditations

This year we have processed 123 re-accreditations so far. There are 209 members due to re-accredit in December.

Course endorsement

Last year we re-launched our course endorsement guidelines and process. Endorsement decisions are allocated to a suitably qualified member of the accreditation team who has expertise in the area of the proposed course. Endorsement allows course directors to use our logo for advertising and provides assurance to candidates that the course is aligned with BSE accreditation and re-accreditation processes.

Logbook portal

One big success this year has been transfer of all log-book submissions to the electronic log-book portal. This has gone smoothly thanks to our intrepid accreditation manager Jo Thanjal who has relentlessly tweaked and adjusted to get it working for both candidates and examiners. The portal cuts down examiner workload considerably and now allows us to store examiner feedback in an easily accessible location. The portal is certainly a bonus to us in the 'time of COVID'.

Future directions

We currently have two major projects in development.

Level I TOE accreditation

Prior to lockdown we had reached agreement with critical care colleagues on the content and process of a new Level I TOE examination to complement our ACCE and Level I TTE examinations. This process will be a 'single shot' rule in, rule out test which is not designed for continuous monitoring in theatre, but is designed to provide binary responses to common emergency clinical indications in whatever clinical setting these may occur.

CHD accreditation

Congenital heart disease accreditation has long been a difficult area to marshal due to its size and depth. In January of this year we had a very successful meeting with Professor John Simpson, President of the BCCA and his colleagues.

We reached early agreement to create a curriculum which covers the whole of CHD practice but to design logbooks which are tailored to practice. The first of these logbooks to be rolled out will be within adult CHD practice.

We look forward to picking these projects back up when the pandemic is no longer 'top of the charts'.

Contacting us and joining us:

Each year we like to make face to face contact with as many of you as possible through the accreditation stand at conference. This year we will not be able to meet you all in person but please do get in touch via the office team with any questions and queries – we can usually answer very quickly and help you get on with achieving your accreditation. If you think you have the skills and time to join the accreditation committee, please do get in touch. We are always thinking about succession planning and knowing who is 'out there' is a great help.

Thanks

This is my last AGM report as Chair of Accreditation: I am very grateful for the fantastic learning experience I have had delivering this role. It has allowed me to make so many 'echo' friends from all over the UK and beyond.

Accreditation will now be co-chaired by Mr Steve Hodgson and Ms Sadie Bennett who will take over my role jointly from the AGM. I know they will drive accreditation forward as a team and I wish them every success.

My last line must be a huge thankyou to the whole accreditation committee and our fantastic group of 90 dedicated examiners; for working hard, driving up quality and giving up their time for the BSE over the last three years. I would also like to say a big thank you to our amazing office team, Jo Sopala, Jo Thanjal, Hatty Grant and Liam Thompson who are the engine behind the accreditation committee.

Stay well.

Claire Colebourn