Name of Person or Organisation	Alan Wainwright on behalf of the Institute of Biomedical Science
Position	Executive Head of Education
Contact Details	alanwainwright@ibms.org
Name of PTP curriculum being reviewed and/or specific specialism within the curriculum e.g. Life Sciences (Cellular Science)	Life Sciences (all specialisms)

Do you think that overall the curriculum describes an up-to-date training programme that puts the patient at the centre of care, prioritises patient safety and emphasises the excellence of practice and high quality care in the development of healthcare science practitioners?

#### Comments

No. The curriculum does not meet the subject areas of the QAA subject benchmark statement for biomedical science which is fundamental to some of the HCPC standards of proficiency for biomedical scientists.

Students who graduate from one of the streams of the healthcare science degree are limited in their knowledge of the remaining biomedical science core areas, outside of their chosen discipline. They are only exposed in year 1 to some elements of the other areas which is insufficient to meet the HCPC standards of proficiency for biomedical scientists and limit the ability of graduates to apply an integrated approach to their work, thereby potentially impacting on patient safety. Graduates from this programme in this format are not eligible to apply to the HCPC for statutory registration.

# Will the scope of the curriculum result in a healthcare science practitioner workforce fit for the needs of patients and the service?

The curriculum has been designed to equip healthcare science practitioners to work within their scope of practice and within multi-professional teams in the provision of healthcare science technological services in the UK health service. Do you think the knowledge, skills and professional practice described in this draft curriculum covers the breadth and depth of practice for a healthcare science practitioner in the specialism, taking into account the changes/advances in science and technology in recent and those anticipated in the future?

### Comments

No. See comment above.

In addition the current design of the degree actually has a significant negative impact on

developing the workforce for the needs for the patients and service.

Students following the proposed curriculum cannot be employed outside of the core discipline without substantial re-training. The service will become very inflexible and unable to respond to changes in the demand and future innovations in the biomedical sciences.

### Are the rotational elements of the curriculum right?

Each Practitioner Training Programme commences with a first year involving work-based rotations through related and relevant specialisms. Are these appropriate and do they contain appropriate learning outcomes for the areas in the rotation?

### Comments

It is not clear to some employers what the purpose of work-based rotations through unrelated and irrelevant specialisms and why are some included/excluded? In reality many employers are ignoring this requirement in favour of more focussed training in pathology disciplines which is more relevant to the degree.

### Are the learning outcomes set at an appropriate level for a BSc (Hons) degree?

### Comments

The curriculum should follow the Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies which degree-awarding bodies in the UK are required to use the relevant frameworks in setting and maintaining academic standards.

## Should anything more be added to or removed from the curriculum for the specialism?

### Comments

Yes. The curriculum does not meet the subject areas of the QAA subject benchmark statement for biomedical science which is fundamental to some of the HCPC standards of proficiency for biomedical scientists. In order to have graduates eligible to apply for HCPC registration as a biomedical scientist by virtue of the programme being IBMS accredited and/or HCPC approval the subject specific areas in the second year have to be strengthened to better reflect the benchmark statement so that all students can meet it before the discipline specific third year.

### Other comments:

There is no mention of quality indicators or quality objectives in the curriculum for every specialism.

Validation & verification needs to be added to all specialisms in light of ISO 15189. Different types of audit need to be defined/explained.

It is unclear as to which modules will be linked to specific work placements, therefore there may be future confusion.

# Should there be any more emphasis in any area of the curriculum for each specialism?

### Comments

Yes. The curriculum does not meet the subject areas of the QAA subject benchmark statement for biomedical science which is fundamental to some of the HCPC standards of proficiency for biomedical scientists. In order to have graduates eligible to apply for HCPC registration as a biomedical scientist by virtue of the programme being IBMS accredited and/or HCPC approval the subject specific areas in the second year have to be strengthened to better reflect the benchmark statement so that all students can meet it before the discipline specific third year.

Other areas to emphasise:

Sample reception, minimum ID criteria,

Postal regulations for sample transport.

Given the depth of certain sections COSHH, RIDDOR etc do not seem to be mentioned anywhere.

Risk management is not mentioned,

### Are there any further comments you would wish to add?

### **Comments**

If the aim is to produce specialist practitioners this may make workforce planning difficult and may not suit local employers' needs, particular those who would prefer multidisciplinary practitioners. These graduates would require additional training if they are to switch another specialism.

Who will be responsible for the monitoring and verification of the work based placement portfolios?

The references to registration with the AHCS is misleading. Graduates in Life Sciences must register with the HCPC as a biomedical scientist.

References to the AHCS "acting as the overarching body for professional issues related to education, training and development in UK health system, including the provision of UK wide quality assurance across education and training arrangements" ignores the vital role of the Institute of Biomedical Science in approving laboratories for training and accrediting HCS degrees.

P.90 Under Patient safety & quality "Treat all samples without discrimination" would be beneficial if added.

p.96 Pathology and Laboratory Medicine: Organisation|: to include under Quality Standards....... the addition of HTA

It is difficult to fully understand how patient and public involvement (section 31) will enhance the curriculum. The views of service users are important but <a href="#">I am</a> unsure how lay personnel will even be able to understand some of the concepts of the PTP programme never mind contributing to the development of programmes.

Thank you for taking the time to give your feedback on the curriculum and for returning it to Suzie Normanton at <a href="mailto:suzienormanton@googlemail.com">suzienormanton@googlemail.com</a> by close of play on the 1<sup>st</sup> February 2016.