



COVID-19 Inquiry Terms of Reference – IBMS response

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Introduction

The UK COVID-19 Inquiry has been set up to examine the UK's preparedness and response to the COVID-19 pandemic, and to learn lessons for the future. However, the Institute of Biomedical Science (IBMS) deems that the Terms of Reference should have a bigger and broader focus on COVID-19 testing and the workforce involved.

At present, testing is only referred to in two brief points in the Inquiry's draft Terms of Reference. In relation to central, devolved and local public health decision-making and its consequences:

“testing and contact tracing, and isolation;”

Also, in relation to the response of the health and care sector across the UK, including:

“preparedness, initial capacity and the ability to increase capacity, and resilience;”

The second of these points could be interpreted in a variety of ways (number of beds, ventilators etc). As the professional body representing Health and Care Professions Council (HCPC) registered biomedical scientists and other healthcare laboratory staff involved in COVID-19 testing across the UK, we would like to clarify some details which must not be overlooked in the Inquiry.

Workforce Redeployment

While the UK's biomedical science profession was developing COVID-19 testing capability and expanding capacity, the IBMS was sending all relevant professional guidelines and informational support to the UK Government and media, as well as our 20,000 strong network of biomedical science professionals across the UK.

On 16th March 2020, the IBMS issued [specification for biomedical scientists who could be deployed to support the diagnostic virology laboratory service](#). This should have been acknowledged and shared through government channels.

Temporary Register - Returning to Practice

In order to support recent HCPC registered retirees returning to practice via the temporary register, an IBMS member [developed IBMS approved guidelines and training procedures](#) to make sure there

was no risk to the quality of testing and therefore no harm to patients. This was shared widely in our professional network and should have been acknowledged and validated by the UK Government.

Prioritisation of Pathology Testing

Later in March 2020, the IBMS, in collaboration with professional bodies the Royal College of Pathologists (RCPATH), Association of Clinical Biochemistry and Laboratory Medicine (ACB) and the Association of Clinical Pathologists (ACP), issued [joint guidance](#) on the prioritisation of pathology testing during the COVID-19 pandemic and this was approved and shared by NHS England and NHSI.

Key Worker Status

Despite contacting the UK Government in March 2020 to stress our concern that healthcare laboratory workers were not directly referenced in their classification list of key workers, the list was not altered and a lot of our members involved in COVID-19 testing found it unnecessarily difficult to receive education provision for their children.

[Our Chief Executive had to write a letter of support](#), explaining the role of healthcare laboratory workers to education providers – identifying that they met the key worker criteria set out by the classification list.

100,000 Tests a Day

On 2nd April 2020 Matt Hancock MP promised the public 100,000 tests a day by May - despite disruptions in supply lines of test kits, plastics and reagents. As a professional body we had to protect the professional reputation of our members by clarifying that 100,000 tests a day was possible in terms of capacity (though, with a huge strain on an already stretched workforce) but [only if the UK Government could secure the supply chain](#).

Mass Testing Centres

With the emergence of mass testing centres in mid-April 2020, we had to [restate that it was a global supply shortage holding NHS biomedical scientists back](#), not a lack of capacity. NHS laboratory managers were already maximising testing capacity by funnelling their limited test kits to larger NHS laboratories. The profession was concerned that mass testing centres would only increase competition for scarce supplies.

We also had to clarify that our established diagnostic services were delivered by highly qualified and

experienced HCPC registered biomedical scientists working in heavily regulated United Kingdom Accreditation Services (UKAS) accredited laboratories. Therefore, the quality of testing in mass testing centres would not represent the quality of our profession's services unless registration and accreditation measures were put in place.

We also warned that mass testing centres needed to be integrated with NHS services. Despite this, in June 2020 [we had to restate](#), given the situation described in [The Independent's article](#), that expanding the lighthouse laboratory network on the current model would compound data connectivity problems.

In August 2020, with further media reports on missing tests and incorrect results, we again stated [the need for registered staff and accreditation in all laboratories doing COVID-19 testing](#).

Disinformation

Even beyond April 2020, major news outlets were confused by the difference between “taking samples” and “testing”, and [the difference between PCR and serology testing](#). On behalf of the biomedical scientists and laboratory staff of the NHS, we utilised experts on our Specialist Advisory Panels to consistently provide the UK Government and media with clear and concise information.

For example, in August 2020, when we [outlined and assessed the principal testing options currently available for the SARS-CoV-2 virus](#), in November 2020, when we [outlined and assessed the principal rapid testing options currently available for the SARS-CoV-2 virus](#) or, in December 2021, when IBMS Fellow and Virology Panellist Sarah Pitt explained [what COVID-19 testing can and cannot tell you following the rapid spread of the Omicron variant](#).

The UK Government should have utilised the expertise offered and on hand, and looked to the IBMS for support on sharing useful and objective information.

PPE

[Our statement](#) (27th April 2020) on the use of Personal Protective Equipment (PPE) in Pathology Laboratories advocated following current Government advice. However, we received reports from members in various locations across the UK that appropriate PPE was not available to them.

Lack of Public Strategy

On 30th April 2020, we [called upon the UK government](#), in consultation with the professional bodies for pathology services and other key stakeholders, to articulate a clear strategy, based on modelling, for virus testing, antibody testing and how “test, trace and isolate” should be carried out – offering the profession’s four point plan.

In May 2020, the IBMS [began meeting with key stakeholders](#) and further extended our open offer to help inform and guide the UK Government and relevant institutions regarding the biomedical science profession’s role in the response to the COVID-19 pandemic.

Workforce

The COVID-19 pandemic highlighted the importance of laboratory tests and laboratory professionals within healthcare. Our microbiology, virology and infection control teams continued to support patients and the public despite many Trusts being unable to fill microbiology posts, and the resulting workforce pressures. Capacity will always be required in this vital area and the current staffing shortfall was already an issue at the outset of the pandemic.

Diagnostics laboratories now have to face the huge amount of work involved in dealing with the backlog of elective care caused by COVID-19 so the UK Government must support them and prepare for future pandemics by investing in the biomedical science workforce.

Conclusion

In order to identify the lessons to be learned from the above, thereby to inform the UK’s preparations for future pandemics, it must be established that liaising with the biomedical science profession – particularly the 17,000 IBMS members who work in NHS hospital laboratories – and their professional body – the IBMS – is a key component in understanding “preparedness, initial capacity and ability to increase capacity”.

The UK COVID-19 Inquiry must examine each of the publicly stated issues above and clarify that the UK Government would have benefited from engaging with the experts involved in testing, and their professional body - and that they will seek the guidance of and ensure support for the biomedical science profession in the event of a dangerous new COVID-19 variant, or the next pandemic.