Train the Trainer – Specialist Portfolio Assessor Training

Donna Torrance- Head of Learning and Development IBMS
26th January 2023
Introduction

Agenda:
• Introduction and Specialist Portfolio Assessment with Q&A - Donna Torrance 13:15-14:15
• Assessing the military Specialist Portfolio and our experiences so far - Stuart Hill 14:15-14:35
• Break 14:35 – 14:45
• Breakout room with assessors - Alison Hague / Christopher Harrison 14:45 – 15:15
• Post breakout discussion 15:15 – 15:30
• Specialist Portfolio assessment reports – Donna Torrance 15:30-16:00
• Next steps, Q&A and close meeting 16:00 – 16:15
Housekeeping

- Respect confidentiality
- Mute microphone when not in use, keep cameras off
- Use chat function during the meeting to ask a question
- QA’s not addressed during the meeting from the chat will be addressed in due course
- The meeting is recorded and will be available after the event, you will be sent a link.
Role of an IBMS Specialist Portfolio Examiner

• Examiners are responsible, alongside trainers, for upholding the quality of specialist portfolios
• Determine appropriate training has been undertaken by reviewing the portfolio of evidence
• Check all sections have been signed off
• Assess candidates knowledge and understanding of their speciality through presentation and tour
• Assess whether or not the laboratory is complying with IBMS standards for approval of the laboratory for post-registration training.
Who can be an Examiner?

To become an IBMS Specialist Portfolio Examiner you need to:

• Be an IBMS Member or Fellow
• Be Health and Care Professions Council (HCPC) registered (or equivalent registration authority for non-UK members)
• Have a minimum of 3 years post registration experience
• Be currently working in an IBMS approved training laboratory
• Be actively participating in a CPD scheme for at least the last two years
Benefits of Being an Examiner

**Personal Benefits**
- It refreshes your knowledge
- You become aware of different methodologies
- It provides new experiences and new ideas
- You develop new skills in peer review and assessment
- It creates networking opportunities
- It can refresh your CV by demonstrating active professional engagement

**Organisational Benefits**
- Learning opportunities to continue to develop and improve internal training processes
- Ensure individuals within your organisation are assessed in a timely manner
- Networking opportunities
Skills Required for Examiners

• Good comprehension of the requirements for IBMS specialist portfolio knowledge and competences and the process for assessing them
• Ability to discern between good and poor evidence
• Good communication
• Ability to focus and isolate issues
• Firm but fair
• Tact
• Confidence in decisions
• Professional but approachable
Specialist Portfolios

Personal Details

Name: 
IBMS Membership Number: 
IBMS Membership Grade: 
HCPC Registration Number: 
Date of HCPC Registration: 
Employment Address: 
Telephone Number: 
Date Specialist Training Commenced: 
Name of Training Officer: 

Confirmation of Completed Training

<table>
<thead>
<tr>
<th>Date Training Completed</th>
<th>Training Officer’s Signature</th>
<th>Candidate’s Signature</th>
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Training Review

A training review should occur on a monthly basis between the trainee and training officer. These will provide an opportunity for feedback, set targets, agreed deadlines and monitor progress.

<table>
<thead>
<tr>
<th>Reviewed by</th>
<th>Date</th>
<th>Comments</th>
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</thead>
</table>

Details in the portfolio to be completed

Recommendation for Award of Specialist Diploma

<table>
<thead>
<tr>
<th>Date of External Examination</th>
<th>External Examiner’s Signature</th>
<th>External Examiner’s Name</th>
</tr>
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Specialist Portfolio Sections

Each section of the portfolio is comprised of knowledge and competence.

### KNOWLEDGE

The candidate is expected to be able to demonstrate knowledge and understanding of the following:

1. Interpretation and identification of bacterial pathogens in mucosal and soft tissue samples. This includes:
   - presumptive identification of these pathogens
   - confirming the identity of these pathogens.
2. Common pathogens associated with mucosal surface infection.
3. Composition and method of action of various media used in isolation of mucosal pathogens.
4. Theory behind the different confirmation techniques.
5. When it is necessary to send bacterial isolates for further typing.
6. When it is necessary to send bacterial isolates for toxigenicity testing.
7. Different sample types available and their advantages and disadvantages.
8. Safety implications when performing procedures likely to create aerosols.

### COMPETENCE

Be able to:

a. Demonstrate safe and efficient inoculation of mucosal samples, in accordance with laboratory procedure.

b. Presumptively identify the different organisms present, using all the information provided.

c. Fully identify the significant organisms present, in accordance with laboratory procedure, using relevant kits when appropriate.

d. Determine which isolates require susceptibility testing and set up relevant susceptibility tests.

e. Record and report an accurate result according to laboratory procedure.
Specialist Portfolio

EVIDENCE OF ACHIEVEMENT
This section requires the trainer to sign to confirm that the candidate has successfully achieved fitness to practice as a biomedical scientist at the specialist level. The candidate is required to present the supporting evidence indicated below as a separate specialist portfolio of evidence.

Candidate has been assessed by the trainer to work in accordance with standard laboratory procedures. (No other evidence is required)

Date of completion:
Trainer’s name:
Trainer’s signature:

Candidate has answered questions set by the trainer on the knowledge and skill components required to complete this module. (Evidence to support this is required).

Date of completion:
Trainer’s name:
Trainer’s signature:

One other piece of evidence chosen by the candidate as an example of their competence in this area.

Date of completion:
Trainer’s name:
Trainer’s signature:

This is to confirm that the knowledge and competence requirements for this section and the requirements in the Evidence of Achievement section have been met.

Internal Assessor’s signature:
Internal Assessor’s name:
Date:

No evidence required. Trainers name, signature and date of sign-off

Appropriate trainer/internal assessors name, signature and date when set question evidence completed and signed

Trainees name, signature and date of sign-off of evidence selected by candidate.

Internal assessor to sign when section completed and signed-off
Specialist Portfolio Guidance

Specialist-portfolio-guidance-to-candidates-trainers-and-external-examiners-v2.2

Candidate Assessed by the trainer to work in accordance with standard laboratory procedures

• Other than the trainers signature no other evidence is required

This will have been assessed in-house by the trainer and might have been formed from competence assessments or additional activities, such as:

• Work based training and observation
• Case based discussions
• Tutorials and discussions
• Self-directed study and reflection
• Question/answer sessions
Specialist Portfolio Guidance cont.

Questions set by trainer
For each module the application of knowledge and understanding is assessed, primarily through the answering of questions set by the trainer.
The portfolio is not prescriptive about the type of assessment, which may be done via an oral tutorial, written questions or other suitable task. (Please note: Essays are NOT considered a suitable form of assessment).
Methods could include:
• Written short question/answers
• Verbal QA- Evidenced by witness statement from individual who assessed the candidates knowledge and the areas covered
• Set of questions with set answers ticked off as candidate answers
• Multiple choice questions.

Evidence of constructive feedback is expected.
Additional piece of evidence

Although evidence of training and assessment may be generated as part of good laboratory practice only ONE other example of evidence is required for the Evidence of Achievement section. This is chosen by the candidate and is an opportunity for the candidate to choose something interesting. The choice of evidence needs to be justified in the reflective practice statement.

Evidences selected can be varied and could include:

• Case studies
• Method comparisons
• Annotated morphology images
• Annotated results
• Reflection on training sessions
• Comparison table, advantages and disadvantages of methods
Specialist Portfolio Guidance cont.

- Evidence should not exceed that stipulated and should be no more than 1 lever arch file. This does NOT mean one full lever arch file is required. Training officers should be guiding evidence requirements and as they set the questions for the bulk of evidence this should inform the amount of evidence collected.
- Evidences should be dated within 3 years of the examination.
- There should be annotations of any piece of evidence not the candidates original work.
- Evidence should be clearly linked to the relevant module.
- Full cross-referencing is important.
- All work must be signed and dated by trainee and assessor.
- Expect to see constructive feedback.
- Plagiarism statement- evidence of plagiarism will result in failure of the portfolio and the candidate will be required to complete a new portfolio.
Example of Portfolio Section

Section 7.6 Liver Function and Associated Disease States

**KNOWLEDGE**

The candidate is expected to be able to demonstrate knowledge and understanding of the following:

1. Role of the liver: carbohydrate, fat, protein and hormone metabolisms; storage; the metabolism and excretion of bilirubin; and detoxification of drugs and foreign compounds.
2. Common disease processes affecting the liver and their management including: cholestasis; hepatitis; cirrhosis; malignancy.
3. Causes of pancreatitis, and the importance of the laboratory in providing differential diagnosis and ongoing support for the patient.
4. Epidemiology of liver disease according to race, age and sex and the role of liver disease in pregnancy.
5. Metabolism and breakdown of haemoglobin; the excretion and physiological importance of total and direct bilirubin.
6. Major causes of jaundice, including pre-hepatic, post-hepatic and hepatic.
7. Inherited abnormalities of bilirubin metabolism, including Gilbert’s syndrome.
8. Significance of abnormal bilirubin in plasma/serum/urine.
10. Link between measurement of total protein, albumin and secondary globulin estimation, including the significance of abnormalities of globulin fraction.
11. Link between bile acid measurement and cholestasis in pregnancy.
12. Metabolic function of the enzymes listed and the principles and limitations of diagnostic enzymology.
13. Role and significance of alkaline phosphatase isoenzymes.
14. Investigations to measure the following core analytes:
   - total bilirubin
   - conjugated (direct) bilirubin
   - total protein and albumin
   - bile acids
   - AST, ALT, GGT, ALP, amylase

May not do all of these, should still have knowledge, e.g. verbal QA

15. Investigations to measure the following associated analytes:
   - autoantibodies
   - ALP isoenzymes
   - urine bilirubin and urine urobilinogen
   - y-gamma globulins
   - alpha-fetoprotein
   - alpha1-antitrypsin
   - copper and ceruloplasmin.

16. Principles and limitations of the analytical methods employed and sample requirements.
17. Factors affecting sample integrity and specific risks associated with the reagents or method of investigation.
18. Reference ranges for stated analytes and understand the significance of abnormal results individually and as part of a multi-analyte profile.

**COMPETENCE**

Be able to:

1. Assess suitability of sample for analysis on the appropriate laboratory analyser and take action if not.
2. Perform and validate the following in accordance with standard laboratory procedures (including quality control and audit procedures):
   - total bilirubin in serum/plasma/urine
   - conjugated (direct)
   - urine urobilinogen
   - albumin, total protein and bile acids
   - stated enzymes in serum/plasma
   - alkaline phosphatase isoenzymes.
3. Monitor results, consider possible interference, and take appropriate action.
4. Identify abnormal results and likely significance to clinical detail.
Reflective Statements

Section 7.1 Reflective Practice

This section is used to demonstrate that you can relate knowledge from several areas, draw conclusions and reflect on your own performance with regard to current and future practice as an independent professional learner. It is therefore a useful source of information for your CPD profile should you be audited by the Health and Care Professions Council (HCPC).

The external examiner will review this reflective report which should cross reference to the evidence contained in the portfolio. This may lead to further discussion during the viva voce.

Candidate’s Reflective Practice Statement Part 1.

Summarise your laboratory role in the context of the previous sections:

Include why the additional piece of evidence was selected in this section

Section 7.1 Candidate’s Reflective Practice Statement Part 2.

The ethos of undertaking reflective practice should be the recognition that it is a naturally occurring characteristic of those wishing to improve. How you complete this section is personal to your own circumstances. It should be approached by recognising you have a responsibility to demonstrate self-awareness when analysing gaps in your knowledge. This is therefore an opportunity to reflect on aspects of training, the application of new knowledge and skills, and how goals have been achieved.

Personal reflection on training and examples of evidence:
Examples of Portfolio Evidence

Page 1 of 7

Name: ____________________________ Date: 18.11.2020

Relating to Standards 7.3 Fluid and Electrolytes

1. Describe the body’s physiological response to dehydration and how this response is homeostatically controlled.

The body responds to dehydration primarily in 3 ways. The first 2 ways are initiated by osmo receptors in the hypothalamus detecting an increase in plasma osmolality (e.g., during dehydration), and a healthy subject, whose osmo receptors are triggered by 2 physiological responses are initiated. The first is to promote thirst to increase water intake and reduce osmolality. The second is to trigger the release of vasopressin (ADH) from the pituitary gland. Vasopressin acts on the kidneys to increase aquaporin expression and increase the water permeability in collecting tubules of the kidneys and so reabsorbing more water. Vasopressin also promotes vasopressin producing in order to maintain blood pressure whilst dehydrated.

If pure water loss (osmotic) has occurred, water will be re-distributed from intracellular fluid as a response to increased ECF osmolality. This would not occur in isotonic loss as there would be no osmotic gradient created. Despite this, hypovolemia is probable and the 3rd of the body’s responses is triggered. When there is no reduction in glomerular perfusion, the Juxtaglomerular apparatus act to detect this and the kidneys produce the enzyme renin activating the RAAS pathway (see question 3). The effect of this is aldosterone mediated sodium and water reabsorption in the kidneys as well as vasconestriction and tachycardia to maintain blood pressure. Also additional vasopressin is secreted.

2. What circumstances might cause an increase in plasma aldosterone levels?

Aldosterone is secreted from the adrenal cortex following activation of the renin-angiotensin-aldosterone system. This is brought on when the juxtaglomerular apparatus in the kidneys detect hypovolemia through reduced renal perfusion. Hypovolemia is a typical consequence to isotonic fluid loss. Aldosterone acts to restore ECF volume by reabsorbing Na+ from the distal tubule at the expense on K+. For this reason aldosterone may also be raised in hyperkalaemia.

There may be other causes of increased aldosterone (aldostremism). Aldosteroneism can be primary for example in adrenal tumours or hyperplasia where the cause is adrenal gland based. Secondary aldosteroneism can be caused by such conditions as renal failure, heart attacks or strokes. These cause reduced blood flow through juxtaglomerular apparatus in the kidneys leads to the release of renin, activating the renin-angiotensin-aldosterone system leading to increased aldosterone production in the adrenal cortex.

3. What is renin and what physiological role does it play?

Renin is an enzyme secreted by the kidneys in response to a reduction in glomerular perfusion which converts angiotensinogen (produced by the liver) to angiotensin I. This is a key regulatory step in the RAAS pathway.

Renin converts angiotensinogen into angiotensin I. ACE then converts angiotensin I to angiotensin II which acts on the adrenal cortex to secrete aldosterone. This is known as the renin-angiotensin-aldosterone system (RAAS). As well as aldosterone, angiotensin II plays an important role in correcting hypovolemia. It acts as a vasconstrictor and increases sympathetic nervous activity (and therefore heart rate) to maintain blood pressure. Vasopressin is also secreted in response to angiotensin II.

Signature of specialist registrant ____________________________ Date: 05.02.21

Name of trainer/ training manager ____________________________ Date: 16-2-21

Created 19.02.19
Examples of Portfolio Evidence

Pictures from laboratory show that the evidence is original, as does the use of results. Candidate has added notes and there is evidence of feedback from the internal assessor.
Examples of Portfolio Evidence

Name present, questions asked, evidence of correction and feedback.
Examples of Portfolio Evidence

Relating to Standards: 7.13 Gastrointestinal Disorders and Malabsorption

1. For each of the labelled parts of the digestive tract below, describe the function in relation to digestion, label those parts arrowed and also describe their function.

Name: ____________________________ Date: ____________

Relating to Standards: 7.6

1. Briefly describe how and why glucagon stimulates ketogenesis.

Ketogenesis is a biochemical process through which organisms produce ketone bodies through breakdown of fatty acids and ketogenic amino acids. This process supplies energy under circumstances such as fasting or caloric restriction to certain organs, particularly the brain, heart and skeletal muscles.

Insufficient gluconeogenesis can cause hypoglycemia and excessive production of ketone bodies, ultimately leading to a life-threatening condition known as ketoadisis.

Ketogenesis may or may not occur, depending on levels of available carbohydrates in the cell or body. This is closely related to the pathways of acetyl-CoA:
- When the body has ample carbohydrates available as energy source, glucose is completely oxidized to CO2, acetyl-CoA is formed as an intermediate in this process. First entering the citric acid cycle followed by complete conversion of its chemical energy to ATP in oxidative phosphorylation.
- When the body has excess carbohydrates available, some glucose is fully metabolized, and some of it is stored in the form of glycogen or, upon citrate excess, as fatty acids. (CoA is also recycled here.)
- When the body has no free carbohydrates available, fat must be broken down into acetyl-CoA in order to get energy. Under these conditions, acetyl-CoA cannot be metabolized through the citric acid cycle because the citric acid cycle intermediates (mainly oxaloacetate) have been depleted to feed the gluconeogenesis pathway. The resulting accumulation of acetyl-CoA activates ketogenesis.

Insulin and glucagon are key regulating hormones of ketogenesis. Both hormones regulate hormone-sensitive lipase and acetyl-CoA carboxylase. Hormone-sensitive lipase produces diacylglycerides from triglycerides, freeing a fatty acid molecule for oxidation. Acetyl-CoA carboxylase catalyzes the production of malonyl-CoA from acetyl-CoA. Malonyl-CoA reduces the activity of carnitine palmitoyltransferase I, an enzyme that brings fatty acids into the mitochondria for β-oxidation. Insulin inhibits hormone-sensitive lipase and activates acetyl-CoA carboxylase, thereby reducing the amount of starting materials for fatty acid oxidation and inhibiting their capacity to enter the mitochondria. Glucagon activates hormone-sensitive lipase and inhibits acetyl-CoA carboxylase, thereby stimulating ketone body production, and making passage into the mitochondria for β-oxidation easier.

2. Read the following statements, select true or false where appropriate.
   - The process of glycolysis is essentially gluconeogenesis in reverse.  True False
   - Gluconeogenesis and glycolysis occurring in the liver both produce glucose that is released into the general circulation. True False
   - Glucose synthesized from glycogen breakdown in muscle tissue is used both as energy by the muscles and released into the general circulation. True False

3. In which two tissues is glycogen primarily synthesized and stored?
Specialist Portfolio Examination Process

Application Process

The application form should be accompanied by a signed statement from the laboratory manager testifying to the range of laboratory investigations undertaken by the candidate. This will be used by the external examiner to guide the areas for questioning during the laboratory tour.

Allocation Process

Once an Examiner is identified, the IBMS introduce the Training Officer to the Examiner(s) by email with the details for the assessment so that the Training Officer and the Examiner liaise to find a suitable date and time for the assessment.

Laboratories, at application, can state a preference for face to face or on-line assessment.
IBMS Communication

Dear Examiner,

Please find below the pending examinations details.

Note: We will prioritise the older applications where possible when allocating an examiner.

<table>
<thead>
<tr>
<th>Portfolio Discipline:</th>
<th>Cellular Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of pending allocations:</td>
<td>16</td>
</tr>
<tr>
<td>Oldest pending allocation date:</td>
<td>31/03/2022</td>
</tr>
<tr>
<td>Number of urgent allocations:</td>
<td>10</td>
</tr>
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</table>

If you would be available to carry out one (or more) of these examinations, please let us know and we will send the details to you as soon as possible.

Training Officers are informed upon submission of an examination application that the IBMS will endeavour to allocate an examiner within 3 months of application. Once appointed, it is expected that the examiner will then contact the training officer within two weeks to arrange a mutually convenient date and time to receive the portfolio being assessed and to carry out the examination.

Examiners must be from the same discipline as the portfolio they are applying to examine, not employed within the same department as the candidate and will be expected to sign a declaration on the examiner report to confirm that the candidate is not previously known to them.

If you are an IBMS member you can submit your expenses claim electronically via the secure portal on our website (www.ibms.org). If you do not currently have a login for the IBMS website you can register on the Home page.

For details on how to submit a claim and further information for this, please click on this link: - www.ibms.org/my-ibms/expenses/

Please note you must be logged into the website before you click the link. If you are unable to access the website please contact website@ibms.org

Thank you for taking the time to read this and for your services to the Institute.

NB: Our staff members are working hard to ensure that we continue to maintain a high level service for our members and service users wherever possible.

The examiner should contact the training officer as soon as possible to arrange an examination date.
Allocation of Examiner

Re: Specialist Portfolio Examination allocation

Thank you for agreeing to represent the Institute as a Specialist Portfolio Examiner.

Please find below all the relevant information and documentation for the forthcoming On-site portfolio examination for the trainee(s) below. If you have any questions about this matter, please do not hesitate to contact us.

We would be grateful if you could contact the training officer XXXX on Tel No or by email on email to arrange a mutually convenient date and time. Please be sure to discuss the most convenient format for exchanging the electronic copy of the portfolio if the examination will be completed virtually.

Name of Trainee:

Case Number:

Discipline:

Laboratory Address:

Prior to sending in your examination report we ask that all examiners confirm the following information in a responding email, or under separate cover, providing the candidate's details (forename & surname):

<table>
<thead>
<tr>
<th>Date of examination:</th>
<th>DD/MM/YY</th>
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</thead>
<tbody>
<tr>
<td>Do you recommend Specialist Diploma for this candidate?</td>
<td>Y / N</td>
</tr>
<tr>
<td>Examination completed remotely?</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

Result of examination returned prior to the feedback form

Examination reports and Feedback forms should be submitted within one week after the virtual examination. The Specialist Diploma will not be issued until the IBMS has received both documents confirming successful examination and laboratory feedback form.

The following documents are attached:

1) Specialist Diploma Examination Report
2) Specialist Diploma Laboratory Feedback

Submit examination report within 1 week
Communication Between Examiner and Training Officer

Online Examination

• Ideally arrange a method and deadline for when the portfolio and other requested material is sent.
• Examiner should check that they have received the material and they can access it, they can then let the lab know they have it or they don’t.
• Give enough time between receiving the portfolio and setting the examination to review the material and request clarification if required.
• Communication is key to a comfortable assessment- This does not mean things won’t go shaped.
**Presentation** - 15-20 mins. The candidate should cover:
- Current scope of practice and how this has developed since registration
- Current developments in the laboratory and recent trends
- Their special interest areas or professional activities

Presentation should be presented on powerpoint or equivalent. Presentation skills are not being tested.

**Portfolio Assessment** - 90 mins
- Review of the Portfolio - Verifiers can check before a face to face visit that the portfolio of evidence is only 1 lever arch and if not request that it is before the visit. If reviewing online it is useful to receive the material with sufficient time to ensure it can be viewed correctly.
Specialist Portfolio Examination Process cont.

Lab tour with viva- max 60 mins

- Not to include specimen reception, this was covered in registration verification
- Examiner should proactively question the candidate and record examples of questions asked
  - Candidates should be able to answer questions on:
    - Correct sample handling, pre and post-analysis
    - Application of H&S requirements
    - Principles of laboratory investigations
    - Practical aspects of particular tests
    - Significance of abnormal results, possible causes and further testing indicated
    - Correct operation and maintenance of equipment
    - Principles of quality control and quality assurance
Specialist Portfolio Examination Feedback

• The examiner may wish to meet first with the trainer to discuss any issues or concerns raised
• Examiner should communicate Pass/Fail to the candidate before feedback is given
• If candidate fails the examiner will provide detailed feedback and guidance on how to address the issues raised and a timeframe for this agreed. A partial or full re-examination will be arranged through the IBMS
• The examiner will consider if the laboratory continues to meet IBMS laboratory approval standards for post registration training
• If the lab fails, the examiner will provide specific details in the examiners report and the IBMS will provide guidance and support to address the issues
• It is possible for a candidate to pass the examination and a lab to fail
Feedback should be concise, constructive and based on the Institute’s guidance in relation to Specialist Portfolio training and completion.

Labs might seek guidance from the examiner on evidence and completing the portfolio. This is at the discretion of the examiner and should happen outside the examination process.

Unsuccessful candidates may appeal the decision, appeals will come from the training officer within 7 days of the examination.

Appeals are heard by an appeals panel consisting of the external examiner and two HCPC registered members of the IBMS Council who have not been involved with the applicant.
Specialist Portfolio Examination Feedback

In order for the examination process to be complete and the specialist diploma certificate issued the following must occur:

• Submission of the Specialist Diploma examination report within 1 week of the examination process.
• Laboratory feedback form within 1 week of the examination.

When received and no issues have been identified the candidate will be sent their certificate awarding them the Specialist Diploma.
Examination Feedback Form

Let's look at the report- 7 pages
• Comment on the presentation
• Does the portfolio meet the standards?
• Comment on range of evidence used, overall standard of the portfolio and ease of use.
• Highlight strong and weak areas
• Does the lab tour meet the standards?
• Provide a brief summary, indicating the range of questions asked and the candidates response.
• Set questions to candidate on training and laboratory
• Does the laboratory meet the standards for training approval?
• Comment on training in the laboratory
• Feedback given to trainer and candidate
External Examiner’s Report for Examination of the Record of Laboratory Training for the Specialist Diploma

Please complete this report in full and return via email to specialistportfolio@ibms.org. Reports which merely confirm the standards were met (through use of check boxes) will be returned to the examiner for further comment.

We request that your report is submitted within one week of the date of assessment, which will allow the IBMS to issue a Specialist Diploma without undue delay.

Examination Details

Date of Verification: ____________________________

Case Number: ____________________________ Membership Number: ____________________________

Specialist Diploma Candidate Laboratory Details

Department: ____________________________

UKAS Ref (if applicable): ____________________________

Hospital: ____________________________

NHS Trust/Board: ____________________________

Laboratory Address: ____________________________ Postcode: ____________________________

Laboratory Manager Contact Details

Surname: ____________________________ Title: ____________________________

Forename(s): ____________________________ HCPC No: ____________________________

IBMS No: ____________________________ Telephone No: ____________________________

Email Address: ____________________________

Training Officer Contact Details

Surname: ____________________________ Title: ____________________________

Forename(s): ____________________________ HCPC No: ____________________________

IBMS No: ____________________________ Telephone No: ____________________________

Institute of Biomedical Science, 12 Coldharbour Square, London EC1R 5HL
Tel 020 7713 0214 Fax: 020 7737 9658 E-mail specialistportfolio@ibms.org Web site: www.ibms.org
External examiners report for examination of the record of laboratory training for the Specialist Diploma
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### Training Programme Details

<table>
<thead>
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<tbody>
<tr>
<td>Date of Completion of Training:</td>
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### 1. Assessment of the Presentation (15 – 20 minutes)

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<th>Criteria for Assessment of Presentation</th>
<th>STANDARD MET</th>
<th>STANDARD NOT MET</th>
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<tbody>
<tr>
<td>Presentation was 15-20 mins.</td>
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<tr>
<td>Presentation described individual's scope of practice.</td>
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<tr>
<td>Presentation highlighted current trends in the laboratory.</td>
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<tr>
<td>Presentation highlighted specialist interests or activities.</td>
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### COMMENTS

Please indicate the content of the presentation and overall standard of presentation skills.
### 2. Assessment of the Specialist Portfolio (maximum length – 90 minutes)

<table>
<thead>
<tr>
<th>Criteria for Assessment of Portfolio</th>
<th>STANDARD MET</th>
<th>STANDARD NOT MET</th>
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</thead>
<tbody>
<tr>
<td>Signed statement from laboratory manager regarding candidates’ scope of practice</td>
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<tr>
<td>Evidence of achievement sections had been completed and signed.</td>
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<tr>
<td>Evidence reflected the requirements of the Evidence of Achievement Section, e.g., answered questions set by trainer.</td>
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<tr>
<td>Reflective practice sheets completed.</td>
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**COMMENTS**

Please indicate the range of evidence used (highlighting weak and strong areas), the overall standard of the portfolio and ease of use.
2. Laboratory Tour with viva (maximum length – 60 minutes)

<table>
<thead>
<tr>
<th>CANDIDATE ABILITY</th>
<th>STANDARD MET</th>
<th>STANDARD NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate was able to answer questions on the correct procedures for handling specimens, pre and post analysis.</td>
<td></td>
<td></td>
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<tr>
<td>Candidate was able to answer questions on the application of health and safety requirements.</td>
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</tr>
<tr>
<td>Candidate was able to answer questions on the principles and practice of laboratory investigations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate was able to answer questions on the significance of abnormal results, possible causes and further testing indicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate was able to answer questions on the correct operation and maintenance of equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate was able to answer questions on the principles of quality control and quality assurance.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS**

Please provide a brief summary, indicating the range of questions asked and the candidate’s response.
## 3. Approval of Laboratory for Specialist Training

<table>
<thead>
<tr>
<th>OVERALL STANDARDS</th>
<th>STANDARD MET</th>
<th>STANDARD NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment, Facilities and Equipment</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Workload and Staffing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Quality</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Education and Training</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Documentation</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Questions to Candidate

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does each specialist trainee have a structured Training Programme?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does each specialist trainee have a nominated HCPC registered training officer/mentor?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does each specialist trainee have access to current textbooks and journals?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does each specialist trainee have access to a quiet area for study?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does each specialist trainee have access to a PC with internet access?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does the Department have a training notice board?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does the Department have a Health &amp; Safety notice board?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does the Department have training logs for all equipment used by the trainee?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### COMMENTS

Please indicate the overall level of training within the department:
4. Feedback Comments to Trainer and Candidate

This also provides an opportunity to seek further clarification on points of evidence if required.

RECOMMENDATIONS:
Please note this is meant to be constructive and helpful where you are able to suggest one or two areas where future training may benefit.

COMMENDATIONS:
Highlight any areas of good practice.
5. **Result of Assessment**

**AWARD OF SPECIALIST DIPLOMA RECOMMENDED**

(YES OR NO):

If **No**, indicate further evidence required. (Continue on extra sheet if necessary.)

**TRAINING APPROVAL OF THE LABORATORY RECOMMENDED**

(YES OR NO):

If **No**, indicate further evidence required. (Continue on extra sheet if necessary.)

**IS THERE ANY PARTICULAR ISSUE YOU WISH TO BRING TO THE ATTENTION OF THE INSTITUTE?**

---

I confirm that this external examination has been carried out in a manner consistent with the guidelines provided and in line with the requirements of the Institute of Biomedical Science and that the candidate is previously unknown to me.

<table>
<thead>
<tr>
<th>Examiner Name:</th>
<th>☐ ☐ ☐ ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Date:</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>
Laboratory Feedback Form

Laboratory Feedback
Laboratories will feedback on:
• Communication with IBMS and assessor
• Length of assessment process
• Whether assessment was consistent with IBMS guidelines and with other visits and if the answer is, No, then to comment.
Questions
Examples of Presentation Feedback

Comments on the presentations

Please indicate the content of the presentation and overall standard of presentation skills.

Candidate gave a good clear presentation and included all the expected elements. The scope was extensive and easily understood, but did miss out serology testing. His special interests were given as antimicrobial resistance, Enteric bench especially parasitology and Wounds. He has attended the parasitology course. There are a number of new developments the candidate and the laboratory has been involved in, including the:

- introduction of the Sedimax for automated urine microscopy
- introduction of the replacement Fx blood culture system
- the formation of a Joint venture for the provision of pathology services with the Microbiology planned to be performed out of 2 hubs.

Clear description of what the candidate covered and how they communicated the presentation. Special interest areas are noted.
Feedback Examples cont.

What do we think of these?

No details on what was presented or areas of interest.

<table>
<thead>
<tr>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate the content of the presentation and overall standard of presentation skills.</td>
</tr>
<tr>
<td>Well-presented covering all required areas, delivered with enthusiasm and passion,</td>
</tr>
<tr>
<td>Discussed her interest in pathology very early on.</td>
</tr>
<tr>
<td>Career started in [blank].</td>
</tr>
<tr>
<td>5 years in [blank] has rotated around all sections before beginning her portfolio.</td>
</tr>
<tr>
<td>Very passionate about histology.</td>
</tr>
<tr>
<td>Minimal wording in presentation but confidently talked and presented all areas.</td>
</tr>
<tr>
<td>Special interest in IHC and potential molecular work in the future.</td>
</tr>
<tr>
<td>No details on sections rotated through or areas mentioned in presentation, or on progression from HCPC registration till now.</td>
</tr>
</tbody>
</table>
Examples of Portfolio Feedback

Comments on the portfolio

<table>
<thead>
<tr>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate the range of evidence used (highlighting weak and strong areas), the overall standard of the portfolio and ease of use.</td>
</tr>
<tr>
<td>The portfolio was well organised and cross referenced well making it simple to follow and to review the evidence associated with each section.</td>
</tr>
<tr>
<td>A number of pieces of evidence presented was in the format of questions and answers. These showed evidence of review by others within the laboratory and trainer comments were included on the pages. Where further information was required from the candidate there was evidence of inclusion in some areas.</td>
</tr>
<tr>
<td>Other types of evidence included a summary of a visit to a ward, annotated amplification graph for a molecular assay, annotated pictures of lateral flow point of care cassettes and case studies.</td>
</tr>
<tr>
<td>Referenced external documents relevant to the area/section e.g. UKSMI and other publications in her portfolio. The use of these supports knowledge and awareness of information other than that obtained within the laboratory.</td>
</tr>
<tr>
<td>Reflective statements were completed for all sections and made good use of occurrences where events had not gone according to plan to highlight learning. Cross references to supporting evidence was included in these statements although not for all sections.</td>
</tr>
</tbody>
</table>

Questions and answers contained feedback from trainer and candidate.

References within the work were relevant.

Mentions reflective statements used examples of negative experiences and good cross references were in place.
Please indicate the range of evidence used (highlighting weak and strong areas), the overall standard of the portfolio and ease of use.

Good indexing, portfolio easy to navigate.

Excellent progress reports and targets for completion, and great comments from training officer.

All answers were handwritten which was nice to see. A very personal portfolio.

Questions were very comprehensive and [REDACTED] and her supervisor had annotated answers and diagrams.

Evidence included: competencies, SOP’s (annotated), witness statements, lists of staff, monitoring sheets, practical staining reviews, quizzes, pages from training manual, power points from lunchtime talks, equipment information (annotated), Macropath images and several very good case studies. [REDACTED] also included some detailed reflective pieces which were excellent.

Maybe more photos, especially of special stains would have been good as there was a lot of writing, especially in the pathology of tissue sections.
Please indicate the range of evidence used (highlighting weak and strong areas), the overall standard of the portfolio and ease of use.

- There was a signed in house training/competency booklet which was very detailed and demonstrated the candidate’s scope of practice and the laboratory training programme.

- Log demonstrating when sections had been completed and evidence of regular meetings with the training officer.

- There were questions set by the training officer. It was evident by his answers that he had thoroughly researched each portfolio section.

- Evidence included case studies, photographs, annotated diagrams, daily logs, copies of forms from which patient identifiable data had been removed, witness statements, certificates from courses which he had attended as part of his training. Copies of SOP’s on which the candidate had made comments referencing them to his portfolio work and written tests which the candidate had done on tissue recognition etc.

The portfolio was well presented, and met all of the required standards. A good range of evidence was used, which was relevant, to the point and demonstrated that all of his work had been well researched.

The portfolio was easy to navigate through. There was an index at the front referencing evidence to each section.

Mentions areas of the portfolio pertaining to how well it was organised. Questions set by training officer. Summarises the variety of evidence used within the evidences.

What do we think about certificates from courses and annotated SOPS as evidence?
Portfolio Feedback cont.

<table>
<thead>
<tr>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate the range of evidence used (highlighting weak and strong areas), the overall standard of the portfolio and ease of use.</td>
</tr>
<tr>
<td>Wide range of evidence used:</td>
</tr>
<tr>
<td>- Comprehensive reflective logs</td>
</tr>
<tr>
<td>- Case studies</td>
</tr>
<tr>
<td>- Annotated EQA reports</td>
</tr>
<tr>
<td>- Annotated worksheets</td>
</tr>
<tr>
<td>- Question / Answer sheets</td>
</tr>
<tr>
<td>- Written notes on background and principles of technologies</td>
</tr>
<tr>
<td>- SOPs written by the candidates</td>
</tr>
<tr>
<td>- Validation reports written by candidates</td>
</tr>
<tr>
<td>No comments on weak/strong evidence, nothing written on interaction between trainer and candidate, nothing to say how easy the portfolio was to navigate, nothing on referencing or cross referencing. This is simply a list of evidence types observed.</td>
</tr>
</tbody>
</table>
Feedback on Tour and Questions Answered

Please provide a brief summary, indicating the range of questions asked and the candidates’ response.

Covered all sections within the scope of practice

- **Demand management**: discussed testing algorithms and repeat testing intervals and review of tests
- **Utility of tests**: including requests received for histone antibodies
- **Technological appraisal**: review of testing strategies for GAD antibodies for both diabetes and stiff person syndrome and why ELISA or blot is used
- **Technological limitations**: able to explain prozone and Ag excess in relation to SFLC assay
- **Principles of technology**: good understanding of nephelometry and turbidimetry as well as ELISA, and indirect immunofluorescence
- **NICE Guidelines**: able to defend Coeliac testing protocol and how it is being reviewed in line with NICE guidelines
- **Sample Integrity**: understood requirements for tryptase requesting in terms of number of samples and baseline result.
- **Allergy**: able to understand rationale of testing and selection of tests depending on the clinical details provided. Understood utility of mixes vs single allergens
- **Clinical Association**: understood rational of IgG subclass testing for both immunodeficiency as well as for IgG4 disease.
- **QC/QA**: able to show IQC and levy Jennings plots and explain review of trends, bias, drift etc

Report on tour

Good summary of what was discussed. Unsure what was prompted by the assessor and what was part of the tour.
Feedback on Tour and Questions Answered

Outlines the questions asked, in this case no details given but the examiner was happy with all answers to the questions.

Questions were asked on the following:
- Dealing with a Formalin spillage
- Handling fresh tissue
- Handling infectious specimens and their fixation times
- Advantages of using barcode labels for tracking specimens
- Specimens requiring special orientation during embedding
- Ways to decontaminate a cryostat
- Methods of freezing frozen tissue
- Alternative processing reagents
- Alternative types of tissue processor
- Rationale of a PAS stain
- Rationale of Trichrome stains
- Stains used for micro-organisms
- The categories of silver stains with examples, and how they differ
- Why pathologists may require further testing
- The use and maintenance of equipment
- Importance of Quality & Assurance

The candidate had no trouble answering questions and all answers were detailed and relevant. He came across as very confident in the delivery of his answers and again demonstrated good communication skills.

Please provide a brief summary, indicating the range of questions asked and the candidate’s response.

In depth confident tour. Very knowledgeable about techniques and processing.

Questions asked:
- What would you do if there were less pieces than expected in a wax block
- Good response about stopping, checking request form, checking embedder, asking other staff to help, reporting to pathologist and logging on discrepancy sheet.
- What would you do if you suspected a piece of tissue had been incorrectly orientated during embedding
- Good response about not trimming in, melting block and re-orientating correctly after checking form and any macropath information.
- What would you do if a special stain did not show the expected results
- Good response about checking reagents, controls, correct SOP followed. Go back and fix if tissue can be re-stained to preserve remaining tissue or cut another section and start again after informing pathologist of potential delay.

Pointed out H&S, training and quality notice boards. Good all round knowledge, and understanding of why things are done in a certain way.

Notes on questions asked and responses given.
Feedback on Tour and Questions Answered

Both of these reports outline areas discussed and responses given. No real notes on questions asked particularly for the evidence above. The report opposite includes comment where responses were not as full as they could have been.
Feedback on Overall Training Within the Department

Examiner provides feedback on the training within the departments, e.g. support for the portfolio training, support for CPD,

**COMMENTS**

Please indicate the overall level of training within the department

- Small department of 4 people so had to be flexible with training
- Committed to good training practice
- Protected time given to complete portfolio
- Supported secondments to external laboratories to gain experience
- External courses attended

**COMMENTS**

Please indicate the overall level of training within the department

Training appeared to be well organised and well structured and of a high standard.

The lab appeared to be clean and tidy and staff were very helpful and friendly.

There were various noticeboards throughout the department including one for CPD and education. From speaking with the candidate and training officer, the Laboratory appeared to be quite accommodating to staff wanting to attend training courses.
5. Feedback Comments to Trainer and Candidate

This also provides an opportunity to seek further clarification on points of evidence if required.

| Great portfolio, nicely organised. Overall evidence is good and quite varied. |
| Training questions go into great detail and have diagrams to annotate. |
| Sometimes too much evidence in the form of lab competencies, but having said that, they were annotated by [redacted] so it was clear to see she understood. |

RECOMMENDATIONS:

Please note this is meant to be constructive and helpful where you are able to suggest one or two areas where future training may benefit.

Maybe photographs of special stains and IHC carried out by candidate, and photographs showing candidate using PPE while carrying out a task.

COMMENDATIONS:

Highlight any areas of good practice.

Reflective work was excellent and well thought out. Case studies were good and interesting.

I really liked the inclusion of the macropath images.

Excellent thyroid case study.

Excellent progress reports.

Opportunity to provide feedback to the trainer and candidate on the evidence seen, the tour and to give one or two points that could benefit future training.
FAQs

In order to sign off some of the sections it says "answered questions set by trainer..." (on a particular subject). Does this mean that there is no point getting other evidence for this, and that the only evidence required are some questions I have answered? Also, I have several pieces of evidence for some sections but haven’t yet been given any questions to answer from my trainer, so I’m guessing this section cannot be signed off until I’ve done them?

The requirements for the evidence of achievement sections are clearly stated. All of them have "questions set by trainer". It is essential that your trainer conducts an assessment exercise that tests your knowledge as applied to the particular techniques - this is the purpose of the "questions asked by trainer". Once completed and you have evidence of this the trainer can sign off this part of the standard.

I have partially completed my portfolio in a previous laboratory. Do I have to start over in my new job?

No, evidence collected from a previous job can be used as long as it is still up to date and relevant to the standard. However, it is the responsibility of the training officer in your current laboratory to check your knowledge, competency and portfolio to ensure it is up to standard and ready to be assessed. They may ask for you to review some of your previous work if they feel it is not up to standard or they wish to confirm your competency.

Is the person who signs the person who actually trained you in that technique, or does it have to be the training officer? Is it okay for a BMS1 to sign (if they did the training) or does it have to be a more senior person?

The person in the laboratory who has assessed your competence should provide the signature for the portfolio. As long as they are competent to train and assess you, the grade of staff should not be an issue. However, the training officer (or someone senior) should take responsibility for assessing the evidence is appropriate for each section and sign the section underneath the Evidence of Achievement section (assessor’s box).
The portfolio says: "Answered questions set by the trainer". What questions do I set?

Questions must relate to the knowledge and competence sections and are informed by your own professional ‘working’ knowledge of the principles and application of the techniques. The level of knowledge should reflect that required of a specialist practitioner (see Learning Outcomes in the introductory section). Questions may be verbal during a tutorial session (if so, keep a record of them), written short questions and answers or multiple-choice exercises. The format is at the discretion of the individual trainer and will depend on local circumstances. The purpose of this section is to check the candidate has the required knowledge.

Once I am a Verifier or Examiner do I need to participate in any additional training?

We advise the following:
• Refresher training session every two years to remain current.
• Shadow experienced assessors.
• Discuss any issues that arise at a verification.
• Feel free to ask questions
How to Become a Specialist Examiner

How to apply
To apply to become an IBMS portfolio Verifier or Examiner send:
• a completed application form
• an overview of your past 2 years of CPD
to: cpd@ibms.org if you are applying to become an IBMS Registration Training Portfolio Verifier, or IBMS Specialist Portfolio Examiner

If you meet the criteria listed above the IBMS Education Team will add your details to our listing of IBMS Verifiers and Examiners.

Before you can carry out a portfolio verification or examination, you will need to attend an IBMS training session.

Application form to become a specialist portfolio examiner is on the IBMS website.