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		
Date Training Completed	Training Officer's Signature	Candidate's Signature

Recommendation for Award of Specialist Diploma		
Date of External Examination	External Examiner's Signature	External Examiner's Name

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.

Reviewed by	Date	Comments
Details in the portfolio to be completed		

Contents

Specialist Portfolio Sections

Section 7.4 Mucosal and Soft Tissue Samples
Subsection 7.4c Mucosal swabs

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.

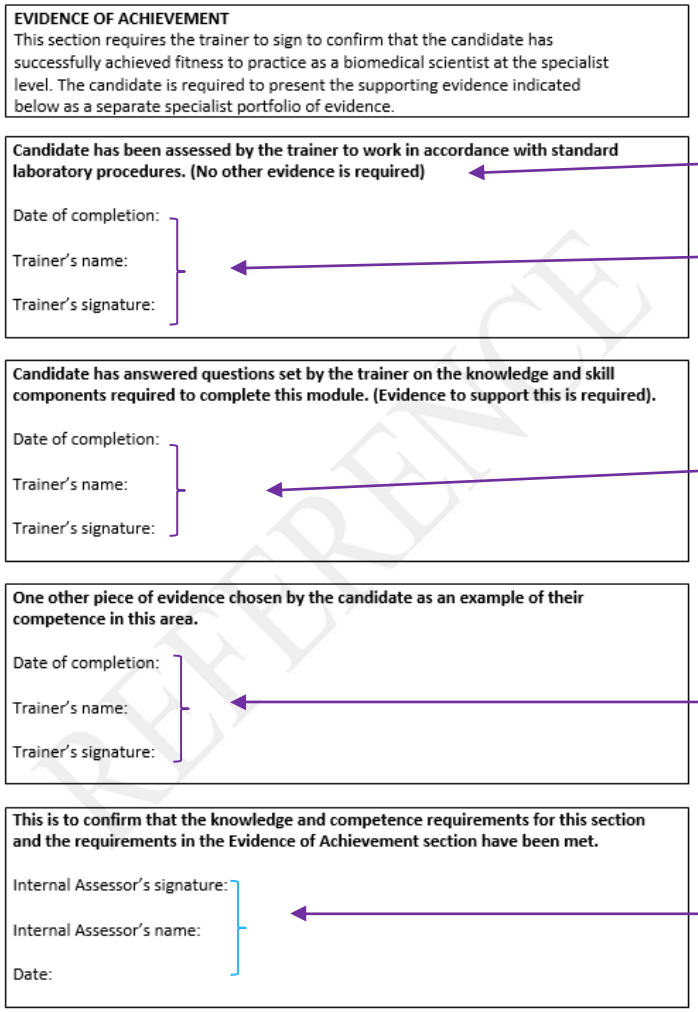
Each section of the portfolio is comprised of knowledge and competence.

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

Trainers 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.

Specialist Portfolio Guidance cont.

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 in: carbohydrate, fat, protein and hormone metabolism; 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.
9. Synthesis of albumin in the liver and its use to indicate functional capacity of the organ.
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.

KNOWLEDGE (continued)

15. Investigations to measure the following associated analytes:
    - autoantibodies
    - ALP Isoenzymes
    - urine bilirubin and urine urobilinogen
    - γ-gamma globulins
    - α-fetoprotein
    - α1-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.

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

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 procedure (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:

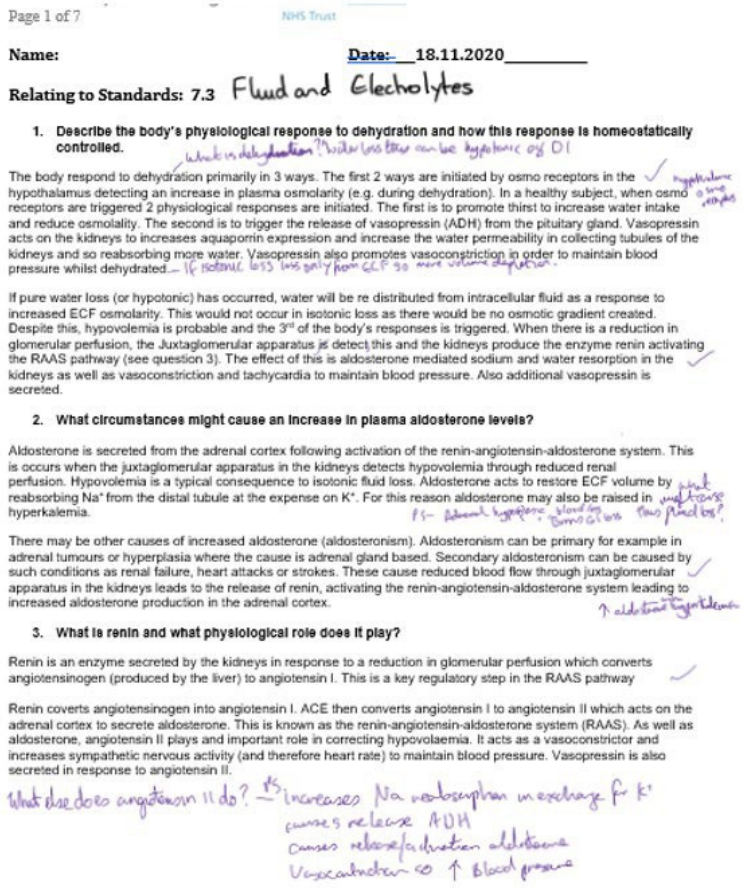
Section 7.1 Candidate's Reflective Practice Statement Part 2.

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:

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

Examples of Portfolio Evidence



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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 respond to dehydration primarily in 3 ways. The first 2 ways are initiated by osmo receptors in the hypothalamus detecting an increase in plasma osmolarity (e.g. during dehydration). In a healthy subject, when osmo receptors are triggered 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 increases aquaporin expression and increase the water permeability in collecting tubules of the kidneys and so reabsorbing more water. Vasopressin also promotes vasoconstriction in order to maintain blood pressure whilst dehydrated.

If pure water loss (or hypotonic) has occurred, water will be re distributed from intracellular fluid as a response to increased ECF osmolarity. 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 a reduction in glomerular perfusion, the Juxtaglomerular apparatus is 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 resorption in the kidneys as well as vasoconstriction 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 occurs when the juxtaglomerular apparatus in the kidneys detects 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 hyperkalemia.

There may be other causes of increased aldosterone (aldosteronism). Aldosteronism can be primary for example in adrenal tumours or hyperplasia where the cause is adrenal gland based. Secondary aldosteronism 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 coverts 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 and important role in correcting hypovolaemia. It acts as a vasoconstrictor and increases sympathetic nervous activity (and therefore heart rate) to maintain blood pressure. Vasopressin is also secreted in response to angiotensin II.

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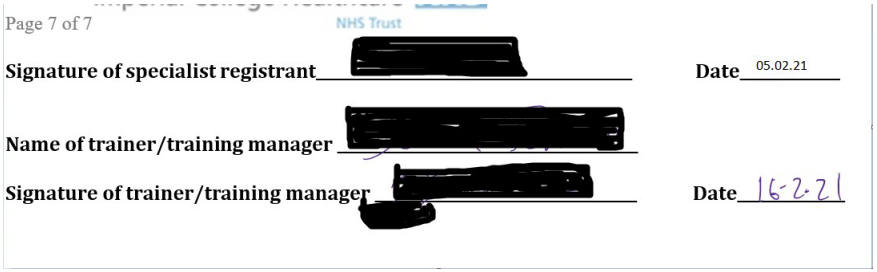
Name present, date, evidence titled, questions set by trainer



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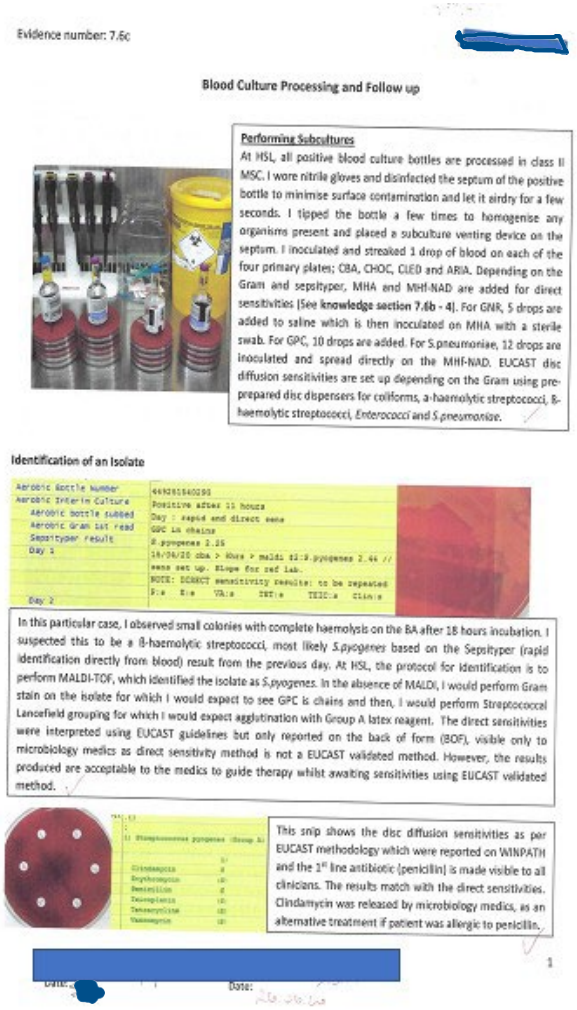
Signature of specialist registrant [redacted] **Date** 05.02.21

Name of trainer/training manager [redacted]

Signature of trainer/training manager [redacted] **Date** 16.2.21

Examples of Portfolio Evidence


Evidence number: 7.6c

Blood Culture Processing and Follow up

Performing Subcultures

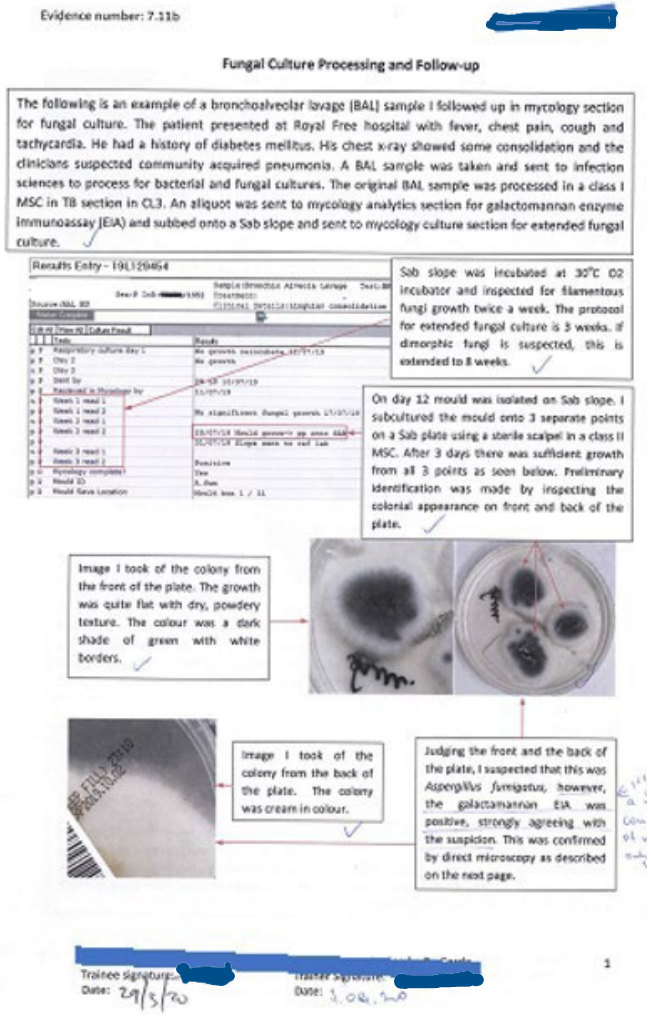
At HSL, all positive blood culture bottles are processed in class II MSC. I wore nitrile gloves and disinfected the septum of the positive bottle to minimise surface contamination and let it airdry for a few seconds. I tipped the bottle a few times to homogenise any organisms present and placed a subculture venting device on the septum. I inoculated and streaked 1 drop of blood on each of the four primary plates; CBA, CHOC, CLED and ARIA. Depending on the Gram and sepsityper, MHA and MHF-NAD are added for direct sensitivities (See **knowledge section 7.6b - 4**). For GNR, 5 drops are added to saline which is then inoculated on MHA with a sterile swab. For GPC, 10 drops are added. For S.pneumoniae, 12 drops are inoculated and spread directly on the MHF-NAD. EUCAST disc diffusion sensitivities are set up depending on the Gram using pre-prepared disc dispensers for coliforms, a-haemolytic streptococci, ß-haemolytic streptococci, *Enterococci* and *S.pneumoniae*.

Identification of an Isolate

In this particular case, I observed small colonies with complete haemolysis on the BA after 18 hours incubation. I suspected this to be a ß-haemolytic streptococci, most likely *S.pyogenes* based on the Sepsityper (rapid identification directly from blood) result from the previous day. At HSL, the protocol for identification is to perform MALDI-TOF, which identified the isolate as *S.pyogenes*. In the absence of MALDI, I would perform Gram stain on the isolate for which I would expect to see GPC is chains and then, I would perform Streptococcal Lancefield grouping for which I would expect agglutination with Group A latex reagent. The direct sensitivities were interpreted using EUCAST guidelines but only reported on the back of form (BOF), visible only to microbiology medics as direct sensitivity method is not a EUCAST validated method. However, the results produced are acceptable to the medics to guide therapy whilst awaiting sensitivities using EUCAST validated method.

This snip shows the disc diffusion sensitivities as per EUCAST methodology which were reported on WINPATH and the 1st line antibiotic (penicillin) is made visible to all clinicians. The results match with the direct sensitivities. Clindamycin was released by microbiology medics, as an alternative treatment if patient was allergic to penicillin.

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.


Evidence number: 7.11b

Fungal Culture Processing and Follow-up

The following is an example of a bronchoalveolar lavage (BAL) sample I followed up in mycology section for fungal culture. The patient presented at Royal Free hospital with fever, chest pain, cough and tachycardia. He had a history of diabetes mellitus. His chest x-ray showed some consolidation and the clinicians suspected community acquired pneumonia. A BAL sample was taken and sent to infection sciences to process for bacterial and fungal cultures. The original BAL sample was processed in a class I MSC in TB section in CL3. An aliquot was sent to mycology analytics section for galactomannan enzyme immunoassay (EIA) and subbed onto a Sab slope and sent to mycology culture section for extended fungal culture.

Sab slope was incubated at 30°C 02 incubator and inspected for filamentous fungi growth twice a week. The protocol for extended fungal culture is 3 weeks. If dimorphic fungi is suspected, this is extended to 8 weeks.

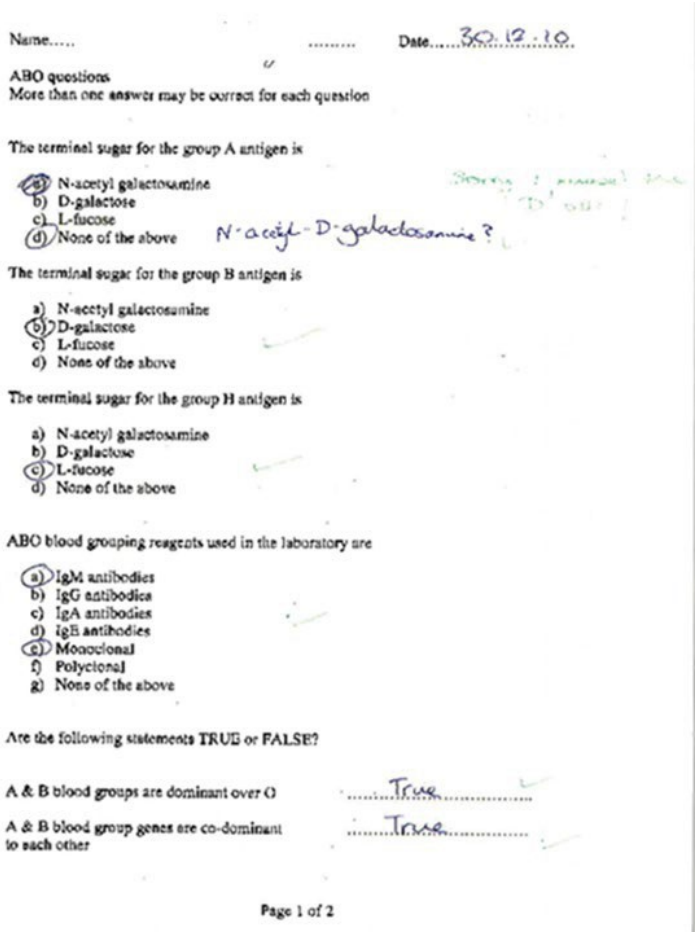
On day 12 mould was isolated on Sab slope. I subcultured the mould onto 3 separate points on a Sab plate using a sterile scalpel in a class II MSC. After 3 days there was sufficient growth from all 3 points as seen below. Preliminary identification was made by inspecting the colonial appearance on front and back of the plate.

Image I took of the colony from the front of the plate. The growth was quite flat with dry, powdery texture. The colour was a dark shade of green with white borders.

Image I took of the colony from the back of the plate. The colony was cream in colour.

Judging the front and the back of the plate, I suspected that this was *Aspergillus fumigatus*, however, the galactomannan EIA was positive, strongly agreeing with the suspicion. This was confirmed by direct microscopy as described on the next page.

Examples of Portfolio Evidence



Name..... ..... Date.....30.12.10

ABO questions
More than one answer may be correct for each question

The terminal sugar for the group A antigen is

a) N-acetyl galactosamine
b) D-galactose
c) L-fucose
d) None of the above N-acetyl-D-galactosamine?

The terminal sugar for the group B antigen is

a) N-acetyl galactosamine
b) D-galactose
c) L-fucose
d) None of the above

The terminal sugar for the group H antigen is

a) N-acetyl galactosamine
b) D-galactose
c) L-fucose
d) None of the above

ABO blood grouping reagents used in the laboratory are

a) IgM antibodies
b) IgG antibodies
c) IgA antibodies
d) IgE antibodies
e) Monoclonal
f) Polyclonal
g) None of the above

Are the following statements TRUE or FALSE?

A & B blood groups are dominant over O .....True.....

A & B blood group genes are co-dominant to each other .....True.....

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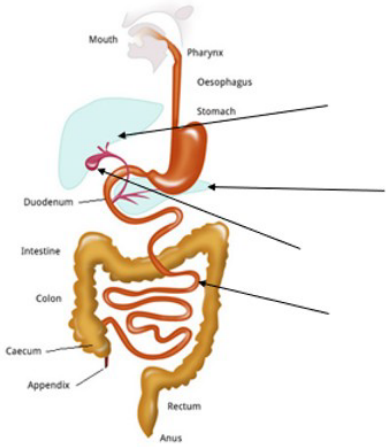
Name present, questions asked, evidence of correction and feedback.

Examples of Portfolio Evidence

Relating to Standards: ____ 7.13 Gastrointestinal Disorders and Maladsorption ___

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.



No name, no labelling, no comments or evidence of interaction between trainer and candidate.

Mouth

- The mouth is the first part of the gastrointestinal tract and is equipped with several structures that begin the first processes of digestion.
- Teeth are used to chew and breaks the food down making it easy to swallow.
- Salivary glands secrete amylase which breakdown and act on carbohydrates (transforming starch into maltose).
- Von Ebner's gland are found on the surface of the tongue that encircle taste buds - they are exocrine glands found which secrete lingual lipase. Lipase is a digestive enzyme that catalyses the hydrolysis of lipids (fats).

Pharynx

- The pharynx, or throat, is a funnel-shaped tube connected to the posterior end of the mouth. The pharynx is responsible for the passing of masses of chewed food from the mouth to the oesophagus. The pharynx also plays an important role in the respiratory system, as air from the nasal cavity passes through the pharynx on its way to the larynx and eventually the lungs. Because the pharynx serves two different functions, it contains a flap of tissue known as the epiglottis that acts as a switch to route food to the oesophagus and air to the larynx.

Name: _____ **Date:** _____

Relating to Standards: _____ **7.6** _____

1. Briefly describe how and why glucagon stimulates ketoneogenesis.

Ketogenesis is the 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 muscle.

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

Ketogenesis may or may not occur, depending on levels of available carbohydrates in the cell or body. This is closely related to the paths of acetyl-CoA:

- When the body has ample carbohydrates available as energy source, glucose is completely oxidized to CO_2; 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 diglycerides 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** X
- Gluconeogenesis and glycogenolysis occurring in the liver both produce glucose that is released into the general circulation. **True** False
- Glucose synthesised 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 synthesised and stored?

Text from Wikipedia, answer identified as incorrect, no evidence of correction or discussion.

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.

Portfolio Discipline:	**Cellular Pathology**
Number of pending allocations:	**16**
Oldest pending allocation date:	**31/03/2022**
Number of urgent allocations:	**10**

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 carried 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

Both the training officer and Examiner receive an email to connect the two parties.

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.

Details of training officer and lab are sent to the examiner.

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):

Date of examination:	DD/MM/YY
Do you recommend Specialist Diploma for this candidate?	Y / N
Examination completed remotely?	Y / N

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  naped.

Specialist portfolio Examination Process cont.

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- 90mins

- 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

Specialist Portfolio Examination Feedback cont.

- 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

Lets 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:	

Email Address:	

Training Programme Details

Date of Commencement of Training:	
Date of Completion of Training:	

1. Assessment of the Presentation (15 – 20 minutes)

Criteria for Assessment of Presentation	STANDARD MET	STANDARD NOT MET
Presentation was 15-20 mins.	☐	☐
Presentation described individual's scope of practice.	☐	☐
Presentation highlighted current trends in the laboratory.	☐	☐
Presentation highlighted specialist interests or activities.	☐	☐

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

2. Assessment of the Specialist Portfolio (maximum length – 90 minutes)

Criteria for Assessment of Portfolio	STANDARD MET	STANDARD NOT MET
Signed statement from laboratory manager regarding candidates' scope of practice.	☐	☐
Evidence of achievement sections had been completed and signed.	☐	☐
Evidence reflected the requirements of the Evidence of Achievement Section, e.g., answered questions set by trainer.	☐	☐
Reflective practice sheets completed.	☐	☐

COMMENTS
Please indicate the range of evidence used (highlighting weak and strong areas), the overall standard of the portfolio and ease of use.

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2. Laboratory Tour with viva (maximum length – 60 minutes)

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

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

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3. Approval of Laboratory for Specialist Training

OVERALL STANDARDS	STANDARD MET	STANDARD NOT MET
Environment, Facilities and Equipment	☐	☐
Health and Safety	☐	☐
Workload and Staffing	☐	☐
Quality	☐	☐
Education and Training	☐	☐
Documentation	☐	☐

Questions to Candidate	**Y**	**N**
Does each specialist trainee have a structured Training Programme?	☐	☐
Does each specialist trainee have a nominated HCPC registered training officer/mentor?	☐	☐
Does each specialist trainee have access to current textbooks and journals?	☐	☐
Does each specialist trainee have access to a quiet area for study?	☐	☐
Does each specialist trainee have access to a PC with internet access?	☐	☐
Does the Department have a training notice board?	☐	☐
Does the Department have a Health & Safety notice board?	☐	☐
Does the Department have training logs for all equipment used by the trainee?	☐	☐

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.

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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.

Examiner Name:	
Signature:	
Date:	

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.

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Questions

Examples of Presentation Feedback

Comments on the presentations

COMMENTS
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.

COMMENTS
Please indicate the content of the presentation and overall standard of presentation skills. [redacted] gave a good talk which included background on the development of the hospital, laboratory and herself. She first worked in the laboratory during her placement year which at university returning to the laboratory after completion of her degree to complete her registration portfolio. Following this she worked as a locum in the Virology department at [redacted] Hospital and the difference in laboratory size and workload was considerable. She returned to the laboratory in summer 201[redacted] and has now completed nearly all sections within the molecular dept that she had not previously rotated into. As a result of this rotation she has been part of the development process for an inhouse PCR for the detection of Hepatitis E and hopes to be involved in NGS for the detection of recombinants of Hepatitis C. [redacted] has just started a MSc in Global public health and hopes to use this combined with her training in the laboratory into the public health field in the future.

Feedback Examples cont.

COMMENTS
Please indicate the content of the presentation and overall standard of presentation skills.
Well-presented covering all required areas, delivered with enthusiasm and passion,

No details on what was presented or areas of interest.

What do we think of these?

Please indicate the content of the presentation and overall standard of presentation skills.
Discussed her interest in pathology very early on. Career started in [redacted] 5 years in [redacted], has rotated around all sections before beginning her portfolio. Very passionate about histology. Minimal wording in presentation but confidently talked and presented all areas.
Special interest in IHC and potential molecular work in the future.

No details on sections rotated through or areas mentioned in presentation, or on progression from HCPC registration till now.

Examples of Portfolio Feedback

Comments on the portfolio

COMMENTS
Please indicate the range of evidence used (highlighting weak and strong areas), the overall standard of the portfolio and ease of use.
[redacted] portfolio was well organised and cross referenced well making it simple to follow and to review the evidence associated with each section.
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.
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.
[redacted] referenced external documents relevant to the area/section e.g. UKSMI and other publications in her portfolio. The use of these supports [redacted] knowledge and awareness of information other than that obtained within the laboratory.
Reflective statements were completed for all sections and [redacted] 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.

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.

Portfolio Feedback cont.

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.

Comments on how easy the portfolio was to use, list of different types of evidences used, commenting on both strong areas within the portfolio and where improvements could be made.

Portfolio Feedback cont.

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.

COMMENTS
Please indicate the range of evidence used (highlighting weak and strong areas), the overall standard of the portfolio and ease of use. Wide range of evidence used: • Comprehensive reflective logs • Case studies • Annotated EQA reports • Annotated worksheets • Question / Answer sheets • Written notes on background and principles of technologies • SOPs written by the candidates • Validation reports written by candidates 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.

Feedback on Tour and Questions Answered

Please provide a brief summary, indicting 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 defence 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

COMMENTS

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

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

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

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 restained 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

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

The laboratory tour started within the specimen reception area which is a triage area for all microbiology samples. Once sorted and entered onto the LIMS samples are sent to the appropriate laboratory; molecular or serology.

The molecular laboratory has a combination of large- and small-scale extraction instruments. Extraction procedures were discussed and questions answered on the composition of the extraction reagents and the functions of them. Small extraction instrumentation is used for CSF samples and a clear explanation on the reasoning for this (precious samples, small volume & prevent contamination) was given.

[redacted] discussed the requirement for separation of different areas for Molecular and the use of a unidirectional flow to prevent contamination.

Good knowledge of Health and Safety requirements was demonstrated and different waste streams highlighted.

The serology laboratory is located in a different location to the molecular laboratory and samples are transported to it via a "dumb waiter". Currently the laboratory is experiencing some building work in the area that would normally house the serology department and as a result instruments are in temporary locations, with the manual serology work being performed on a bench adjacent to blood sciences.

[redacted] explained the use of Levy-Jennings plots in the acceptance of assay validity on the architect analyser and provided an explanation of how the analyser was used to process both routine and urgent samples.

The laboratory use a Panther instrument for the detection of C.trachomatis and N.gonorrhoeae in genital samples. [redacted] provided a clear explanation on why this molecular instrument could be located in the serology are (a closed system) and the type of assay that it used (TMA) compared to conventional molecular techniques.

The laboratory has recently replaced their Liaison with Liaison XL instruments which has necessitated a replacement of the p24 assay on the Vidas with a 4th generation assay for the detection of HIV. The use of the Liaison XL was discussed in this setting.

The laboratory has a small number of manual procedures; two EIAs and two agglutinations assays. [redacted] was able to explain how a capture EIA worked and demonstrated an awareness of prozoning and possible limitations which using agglutination assays at a single titre.

The laboratory has a number of notice boards; H&S, Quality, training which provides information. A review of an EQA report on the Quality report showed that [redacted] did not have a full understanding of the report and the information presented however she did attempt an explanation which was reasonable and further discussion on the information provided was included.

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

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

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 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.

Feedback Comments to Trainer and Candidate

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).

FAQs cont.

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.

IBMS Institute of Biomedical Science