



Version 3

IBMS Clinical Scientist Certificate of Attainment (Experiential Route)

GUIDANCE FOR EXTERNAL ASSESSORS

CONTENTS

1.	Structure and Function of the Assessment Panel	Page 2
2.	Assessment Process	Page 6
3.	General Guidance Notes to Assessors	Page 11
Appendix 1.	Guidance on the Evaluation of Evidence Provided by Academic Qualifications	Page 14
Appendix 2.	IBMS Clinical Scientist Certificate of Attainment (Experiential Route) Initial Assessor Training and Learning Outcomes	Page 16
Appendix 3.	IBMS Clinical Scientist Certificate of Attainment (Experiential Route) Assessor Refresher Training and Learning Outcomes	Page 18

1. Structure and Function of the Assessment Panel

- 1.1 Assessment of the evidence provided for the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) will be carried out by peer review: this will be three assessors comprising a clinical scientist who will act as the designated lead, a biomedical scientist (both of these specific to the speciality) and a lay representative to provide a patient perspective as a user of pathology services.
- 1.2 Potential assessors will be required to submit a short CV to confirm they have the appropriate qualifications and experience to be able to assess the candidate in a specific discipline. They will be appointed by the Institute of Biomedical Science (IBMS) against the criteria listed in Para 1.3 once they have undergone IBMS training to be assessors for the IBMS Clinical Scientist Certificate of Attainment Experiential Portfolio. Assessors will be drawn from membership of the modality specific Advisory Panel, graduates of the Scientist Training Programme specific to the modality (including those from the equivalence route). The assessors will determine whether the applicant's evidence submitted against the HCPC standards of proficiency is equivalent to the threshold standards of proficiency for clinical scientists.
- 1.3 External assessors for the panel must meet the following criteria:

Clinical Scientist

- Member or Fellow of the Institute of Biomedical Science
- HCPC registered
- Currently practicing as a Clinical Scientist with a minimum of 4 years' experience in the specialist subject relevant to the candidate being assessed
- Actively participating in the IBMS CPD scheme or equivalent (submission of overview of past 2 years CPD required)
- Have attended an IBMS training session for External Assessment Panels for IBMS Clinical Scientist Certificate of Attainment (Experiential Route) and met the learning outcomes for the training. (see Appendix 2)

Biomedical Scientist

- Member or Fellow of the Institute of Biomedical Science with a minimum qualification at academic level 7 (level 11 in Scotland) such as MSc, MPhil, IBMS Higher Specialist Diploma relevant to the specialist subject they practice in.
- HCPC registered

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IBMS Certificate of Attainment for Clinical Scientist registration (experimental route)

Guidance for External Assessors

- Currently practicing as a band 7 Biomedical Scientist or above with a minimum of 4 years' experience post registration in the specialist subject relevant to the candidate being assessed
- Actively participating in the IBMS CPD scheme or equivalent (submission of overview of past 2 years CPD required).
- Experience as an external examiner for the IBMS Specialist Diploma.
- Have attended an IBMS training session for External Assessment Panels for IBMS Clinical Scientist Certificate of Attainment (Experiential Route) and met the learning outcomes for the training. (see Appendix 2)

Lay Representative

- Honours degree or equivalent level qualification.
- Has experience of quality assurance or assessment processes;
- Agrees to the ethics, principles, values and commitments of the Lay Representative role;
- Is able to provide a patient perspective as a user of pathology services.
- Has attended an Institute approved training session for Assessment Panels for IBMS Clinical Scientist Certificate of Attainment (Experiential Route) and demonstrated an understanding of the requirements for assessing evidence.

- 1.4 All assessors must be fully conversant with the process for assessing applicants against the IBMS Clinical Scientist Certificate of Attainment (Experiential Portfolio), the standard of evidence expected and the role of individual panel members, having undergone IBMS training specific for this purpose. Assessors will also be required to attend update training sessions.
- 1.5 Appointed assessors should use their professional knowledge, understanding and where appropriate, experience of the role of a clinical scientist to assess the applicant's competence and fitness to practice against the assessment outcome indicators in the following table:

Assessment Outcome Indicators		
Assessment Outcome Part One	Action	Reason
Portfolio is rejected	Candidate advised further training is required before reapplication	Many of the standards lack appropriate evidence. There may be omissions or lack of depth in the evidence that indicate candidate lacks experience in the scope of practice required to meet the standards of proficiency for a clinical scientist .
Portfolio partially accepted	Candidate asked to address shortfall in evidence against specific HCPC standards of proficiency and resubmit evidence within 6 months	Evidence demonstrates majority of standards of proficiency (<80%) have been met but evidence for some may be limited in depth and extent.
Portfolio accepted	Action proceeds to Part Two of the assessment process.	Evidence is sufficient to demonstrate HCPC standards of proficiency have been met or can be met based on further exploration in the viva voci.
Assessment Outcome Part Two	Action	Reason
Candidate has met all of the requirements for the award of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route);	Candidate recommended for award of IBMS Certificate of Attainment	Candidate displays a sound understanding of the central issues. There are no significant absences in evidence of knowledge and ability relevant to the subject specific areas of the speciality.
Candidate has failed to meet the requirements for the award of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route).	Candidate not recommended for award of IBMS Certificate of Attainment. Candidate must resubmit their application.	Candidate attempted to address the questions but answer contains some significant factual or conceptual errors. There may be major omissions related to knowledge or ability relevant to the subject specific areas of the speciality indicating insufficient understanding to merit a pass

- 1.6 Assessment decisions are based on generic curriculum of the programme and subject specific academic curriculum articulated in the Curriculum Handbooks, and specifically the Programme Learning Outcomes for IBMS Clinical Scientist Certificate of Attainment Experiential Portfolio which are mapped to the HCPC

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IBMS Certificate of Attainment for Clinical Scientist registration (experimental route)

Guidance for External Assessors

standards of proficiency for clinical scientists. The candidate should be able to provide evidence that they have worked in an environment that has enabled them to receive training and gain experience at a level that can unequivocally demonstrate the relevant standard of proficiency for clinical scientists has been met.

- 1.7 Assessors should record any potential concerns that arise during the assessment of the portfolio with regard to the suitability of the evidence, and during the viva voce with the candidate with regard to application of knowledge, patient safety and fitness to practice.
- 1.8 The Clinical Scientist member of the assessment panel will be the designated lead who has the principal role to ensure fairness to the candidate and guide the process to ensure appropriate assessment of the candidate's fitness to practice based on the evidence presented in the portfolio and answers to questions posed in the viva voce.

2. Assessment Process

- 2.1 For Part One of the assessment process each assessor will be sent a copy of the evidence compiled by the candidate and their mapping document to the IBMS Clinical Scientist Certificate of Attainment (Experiential Portfolio).
- 2.2 Each assessor will determine, on a case by case basis, whether the evidence mapped by the candidate to the IBMS Clinical Scientist Certificate of Attainment Experiential Portfolio is at the level required to meet the HCPC standards of proficiency for Clinical Scientists. They will confirm this for each standard of proficiency. Where a standard has not been met comments must be made to reflect the reasons why the evidence provided is considered to be insufficient.
- 2.3 As the HCPC standards of proficiency are standards that apply to an individual's scope of practice, assessment against the standards is contextualized by the role the individual undertakes. Some standards will therefore need to be interpreted according to the applicant's specific role.
- 2.4 The assessment process of experiential evidence must take in to account the requirement for competence assessment at this level to have been carried out by a registered clinical scientist or medical practitioner.
- 2.5 The assessors must independently complete a Part One report on-line (instructions will be given each event to allow for any updates to the process). From this a joint report is agreed within 6 weeks of receipt of the portfolios.
- 2.6 A copy of the final Part One report agreed by the assessors will be sent to the applicant. It should be completed in sufficient detail for the applicant respond fully to questions posed at the viva voce, and any third parties (e.g. Education and Professional Standards Committee) to be able to understand the assessors' recommendations and the reasons for them without the need to refer to other documents.
- 2.7 This report will make a recommendation whether or not the candidate should proceed to Part Two based on the following outcomes:
 - Outcome 1: Candidate has met all of the requirements for mapping evidence against the IBMS Clinical Scientist Certificate of Attainment Experiential Portfolio and may proceed to Part Two;
 - Outcome 2: Candidate has partially met the requirements for mapping evidence against the IBMS Clinical Scientist Certificate of Attainment

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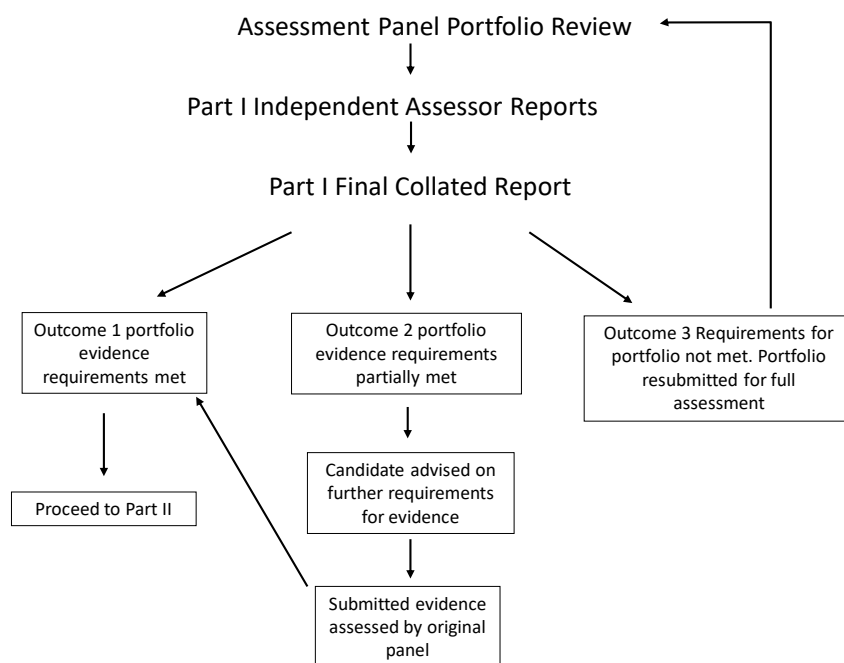
IBMS Certificate of Attainment for Clinical Scientist registration (experimental route)

Guidance for External Assessors

Experiential Portfolio and is required to submit further evidence to address specific standards of proficiency before they proceed to Part Two;

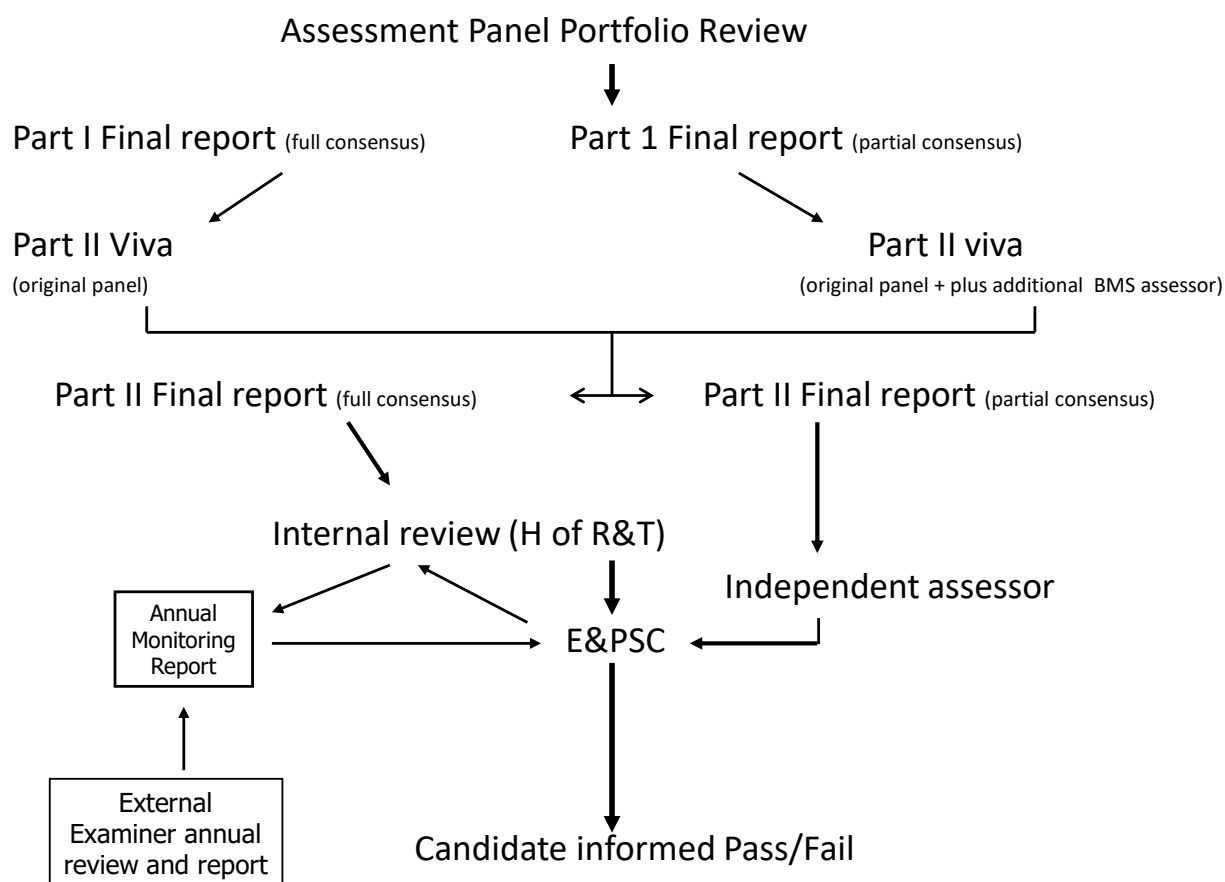
As candidates must have already completed their training before being accepted onto the programme they will be advised that evidence must relate to prior learning and development and must not be generated from additional training that has taken place since they were admitted to the programme. They will also be advised on the possible sources of evidence specific for the standard that would be suitable to demonstrate the standard has been met. Candidates will be allowed a maximum of 6 months to submit further evidence. Only the standards requiring additional evidence will be reassessed. If the evidence submitted by the candidate is insufficient further advice will be provided and the candidate will have a further 3 months to provide suitable evidence. Following this stage either outcome 1 or outcome 3 of the portfolio assessment will apply.

- Outcome 3: Candidate has failed to meet the requirements for mapping evidence against the IBMS Clinical Scientist Certificate of Attainment Experiential Portfolio and will need to resubmit their portfolio of evidence for full assessment. Candidates will be advised on the type of evidence that would be suitable to demonstrate the standards have been met. As further training may be required candidates will not be allowed to remain on the programme and will need to re-apply for admittance to the programme. They will not be able to re-apply before 12 months has elapsed. A charge of £100 will apply for re-assessment and admission.
- 2.8 If the evidence provided has been accepted and a recommendation made for the candidate to proceed to Part Two of the assessment process, the candidate will be sent a copy of the final Part One report by the IBMS and invited to attend a viva voce with the assessment panel. If the evidence provided is not accepted as sufficient and the recommendation in the final Part One report is not to proceed to Part Two the candidate will be advised in accordance with the recommendations of the report.
- 2.9 In the event of the assessors being unable to reach a consensus opinion on the assessment outcome the candidate is still referred to Part Two and areas of concern are specifically examined in addition to other areas of the portfolio. However, in this instance a third assessor will automatically be appointed to the viva panel, with a requirement that they are a registered clinical scientist.



- 2.10 **Part Two:** A viva voce will be held in order for the panel to explore aspects of the candidate's education and training, and their understanding of the standards of proficiency based on the evidence submitted in the portfolio and questions related to the practice of their speciality, thereby confirming their suitability for the award. Each assessment will normally last about 60 minutes.
- 2.11 Prior to the meeting with the candidate both assessors will agree which areas of the portfolio they wish to explore with the candidate and which questions they will ask regarding the submitted evidence and the scope of practice of the candidate. The clinical scientist on the panel will take the lead in asking questions related to skills and experience related to clinical aspects of the candidate's practice.
- 2.12 At the meeting with the candidate the lead assessor will:
- Welcome each candidate and introduce themselves and the other assessor;
 - Outline the purpose of the viva voce;
 - Ensure both assessors ask their specified questions and record any comments on the Candidate Assessment Record;
 - Ensure the assessment is conducted within the allotted time;
 - Advise the candidate of when they can be expected to be notified the outcome of the assessment;

- 2.13 At the formal assessment review the assessors are expected to ask questions to confirm the evidence for the portfolio is based on the candidate's own work, determine whether the relevant competencies for the specialism have been met and to establish the candidate is fit to practice as a Clinical Scientist.
- 2.14 After the assessment the lead assessor will lead the discussion of the candidate's performance with their co-assessor and ensure outcomes are agreed.
- 2.15 The assessors will produce a combined Part Two report identifying whether or not additional evidence is required in relation areas of the Registration Equivalence Portfolio that need to be completed in order to fully evidence the standards of proficiency for clinical scientists have been met.
- 2.16 The assessors will be expected to make one of the following summative recommendations in their report:
- Outcome 1: Candidate has met all of the requirements for the award of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route);
 - Outcome 2: Candidate has failed to meet the requirements for the award of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route).
- 2.17 In the event of the assessors being unable to reach a consensus opinion on the assessment outcome it is referred to the IBMS Education and Professional Standards Committee for the appointment of an independent clinical scientist assessor. This individual would be required to review all submitted candidate material and assessor reports and to discuss the issues with each of the two professional assessors to enable a final recommendation to be reached.
- 2.18 Following consideration of all reports from Stage One and Stage Two by the IBMS Education and Professional Standards Committee candidates will be notified in writing of the outcome of their assessment and invited to complete a feedback form to enhance process monitoring.
- 2.19 A summary of the assessment process is detailed in a flowchart below.



3. General Guidance Notes to Assessors

- 3.1 The recommendations by the assessors will be used by the IBMS Education and Professional Standards Committee in the final decision whether or not to award the candidate with the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) so that they are eligible to apply to the HCPC for registration as a clinical scientist. In completing this record assessors are reminded that:
- a. They must observe the Guidance for External Assessors issued by the IBMS ;
 - b. All reports must provide clear and detailed reasons for any recommendations.
- 3.2 The **Part One** portfolio assessment is to compare the evidence submitted to the requirements of the IBMS Clinical Scientist Certificate of Attainment (Experiential Route) and hence the standards of proficiency for clinical scientists. This should take into account the candidate's academic qualification, and any other education, training and relevant experience which the applicant may have. The conclusions reached by the assessors at the completion of Part One should be confined to the evidence of education, training and experience provided by the candidate. Only clear discrepancies between the evidence and the standard of proficiency should be identified. More detailed guidance on the assessment of academic qualifications and the candidates' scope of practice is contained in Appendix 1.
- 3.3 The assessment should be based on a broad and professional assessment of the candidates' scope of practice in relation to the requirement to demonstrate the threshold level for the HCPC standards of proficiency for clinical scientists has been met. The conclusions reached will be informed by the relevance of the candidate's experience, including its nature, extent and duration.
- 3.4 In the context of this assessment process a "discrepancy" means an important difference (in terms of level, duration or content) from the training and knowledge evidenced against a standard of proficiency and what is considered essential to practise in the profession.
- 3.5 The question which must be answered is why the standards are not met? In providing this feedback the assessor must recognise that the focus should be upon outcomes. The issue is whether the candidate has a particular knowledge or skill required to practice as a clinical scientist, not whether it was delivered in a format typical of structured training or education programmes.

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IBMS Certificate of Attainment for Clinical Scientist registration (experimental route)

Guidance for External Assessors

- 3.6 It is not sufficient here simply to quote from the standards of proficiency or to paraphrase them preceded by the phrase “there is no evidence of....”.
- 3.7 Further evidence should only be requested if there is a realistic prospect that the applicant will be able to provide specific information that will assist the assessor to resolve a shortfall. This should clearly identify the information sought and the nature and extent of the evidence required. Additional information is considered by the Assessors before the candidate is able to proceed to Part Two of the assessment.
- 3.8 The **Part Two** viva voce assessment of the applicant will normally last about 60 minutes. Any health or character issues disclosed in the application will have been considered at the applicant screening stage. The purpose of the viva voce is twofold: to provide the opportunity for the candidate to clarify evidence that the assessors feel is unclear; and for the assessors to satisfy themselves that the applicant is fully conversant with the regulatory process and responsibilities of a registered clinical scientist. This is achieved by asking questions to confirm the evidence for the portfolio is based on the candidate’s own work, determine whether the relevant competencies for the specialism have been met and to establish whether the candidate is fit to practice as a Clinical Scientist.
- 3.9 Selection of specific questions for each candidate should be done in light of their portfolio, based on the report from its assessment. It is important that questioning of all applicants is performed in a consistent and equitable manner, and the interview should be based on objective evidence and observation related to specialist practice of the candidate, not preconceived ideas about the candidate.
- 3.10 If the candidate has a disability that might affect the assessment interview, it must be declared upon application, and the panel will be provided with a declaration of disability form. The panel must then consider how to mitigate the effects on the interview and ensure fairness. Any disability that is not declared on the application form cannot be taken into account at interview.
- 3.11 The assessment should identify whether or not there is a clear discrepancy between the response to questions and evidence of the candidate’s education, training and professional experience that calls into question the applicants ability to meet the a standard of proficiency in the IBMS Clinical Scientist Certificate of Attainment (Experiential Portfolio).
- 3.12 Where applicable it is insufficient simply to state that the further information provided has not addressed the concerns or shortfalls identified. The candidate must be given specific feedback on what those concerns or shortfalls are and

why it has or has not done so that they have an opportunity to offer a further explanation.

Appendix 1. Guidance on the Evaluation of Evidence Provided by Academic Qualifications

1. Introduction

- 1.1 This section provides specific guidance notes for the assessment of academic qualifications.
- 1.2 All overseas qualifications must include an assessment against UK NARIC (United Kingdom National Academic Recognition Information Centre) criteria to provide a comparison to UK qualifications.
- 1.3 All applications are assessed on the basis of the subject content and level of the qualifications award. The assessment is carried out by assessors who are HCPC registered clinical scientists and HCPC registered biomedical scientists. The following information serves to provide a formalised record of how these assessments should be approached and underpins the requirement that each decision made must be defensible and transparent.

2. Assessment Process

- 2.1 Assessments are carried out by scrutiny of the following information:
 - university transcript(s) of the course i.e. a list of modules receiving an award of academic credits or pass mark;
 - full module descriptors, including areas of study and learning outcomes.
- 2.2 The assessor must confirm the following:
 - title of award, awarding institution and date of award;
 - level of award;
 - UK NARIC assessment of comparability to UK award (if applicable).
- 2.3 The assessor must make a reasoned judgment to assess the content of the qualification(s) against the generic curriculum in Curriculum Handbooks for the speciality. The must determine if the threshold standard in subjects relevant to the knowledge required in the HCPC standards of proficiency for clinical scientists has been met.
- 2.4 It is recognised that some of the learning for these areas that will have taken place may not have been at master's level (as is permitted in university regulations for MSc qualifications). However, this provides the foundation for

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IBMS Certificate of Attainment for Clinical Scientist registration (experimental route)

Guidance for External Assessors

further development to enable the application of knowledge for the specialist to be at master's level, therefore fulfilling the requirements for demonstrating the HCPC standards of proficiency for clinical scientists have been met.

- 2.5 For subjects required of the HCPC standards of proficiency that are not identified in the academic qualifications the candidate must provide evidence of attainment derived from other means such as additional taught courses, self-directed learning, training, CPD, other professional qualifications, previous laboratory experience or periods of secondment. Assessment of this evidence must take in to account the requirement for the involvement of a registered clinical scientist or medical practitioner.

Appendix 2

IBMS Clinical Scientist Certificate of Attainment (Experiential Route) Initial Assessor Training and Learning Outcomes

Agenda

1. Overview of IBMS Clinical Scientist Certificate of Attainment (Experiential Route) programme including roles and responsibilities
2. Curriculum and learning outcomes
3. Structure of Portfolio and Submission of Evidence
4. Role of Assessors and Assessment Panel
5. Assessing applications
6. Assessing Evidence
7. Complaints and Fitness to Practice Issues
8. Review of day and Final Discussion

Training will be delivered by IBMS appointed experts with proven experience of contributing to the writing of the Scientist Training Programme (STP) for Clinical Scientists in Life Sciences, and/or assessment of candidates for the award of the Certificate of Attainment or who are Academy of Healthcare Science (AHCS) trained assessors for the STP equivalence programme.

Learning Outcomes

Assessors will be expected to achieve the following learning outcomes:

- Appreciate the rationale of the programme and the role of the assessor.
- Recognise the requirements for the Clinical Scientist standards of proficiency.
- Know how the portfolio of evidence must be presented and the specific requirements for evidence.

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IBMS Certificate of Attainment for Clinical Scientist registration (experimental route)

Guidance for External Assessors

- Be able to assess evidence of experiential learning at M level in a manner consistent with other assessors.
- Confidently conduct face to face interviews with the candidate in a manner consistent with other assessors.

Appendix 3

IBMS Clinical Scientist Certificate of Attainment (Experiential Route) Refresher Assessor Training and Learning Outcomes

Agenda

1. Update on IBMS Clinical Scientist Certificate of Attainment (Experiential Route) programme based on annual monitoring/review processes.
2. Major changes to Programme (if applicable)
3. Examples of Good/Poor Evidence
4. Question and Answer Session
5. Review of day and Final Discussion

Training will be delivered by IBMS appointed experts with proven experience of contributing to the writing of the Scientist Training Programme (STP) for Clinical Scientists in Life Sciences, and/or assessment of candidates for the award of the Certificate of Attainment or who are Academy of Healthcare Science (AHCS) trained assessors for the STP equivalence programme.

Learning Outcomes

Assessors will be expected to achieve the following learning outcomes:

- Confirm recognition of the requirements for the Clinical Scientist standards of proficiency.
- Confirm knowledge of how the portfolio of evidence must be presented and the specific requirements for evidence.
- Continue to be able to assess evidence to demonstrate the candidate has met the HCPC standards of proficiency for clinical scientist in a specialist discipline.
- Be able to reflect on own performance and ensure consistency with other assessors.

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