



**CLINICAL LABORATORY STANDARDS
FOR IBMS QUALIFICATIONS**

Version 4

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1. INTRODUCTION

As the UK professional body for biomedical science the Institute of Biomedical Science (IBMS) has established the following guidance on training for those responsible for the management and delivery of clinical pathology laboratory services. The IBMS believes that training does not cease at the point of qualification, or the confirmation of competence, but continues through all career levels as a strong training culture benefits not just the individual but also the employer and the service user.

IBMS standards of training are the basis for three categories of training approval for laboratories engaged in training linked to three levels of IBMS qualifications.

Support Staff Training Approval – This category refers to the training of laboratory support staff through to the award of the IBMS Certificate of Achievement Parts I and II.

Pre-Registration Training Approval – This category refers to the training of those seeking registration as a biomedical scientist with the Health and Care Professions Council through the IBMS Registration Training Portfolio, leading to the award of the IBMS Certificate of Competence.

Post-Registration Training Approval – This category refers to the training of qualified biomedical scientists in specialist areas of practice through to the award of the IBMS Specialist Diploma.

As the IBMS is an education provider approved by the Health and Care Professions Council (HCPC), IBMS standards for biomedical scientist pre-registration training are specifically aligned with the HCPC standards of education and training (SETs). These are required for HCPC approved programmes leading to eligibility to apply for statutory registration with the HCPC.

This document gives guidance on all aspects of training approval, and also contains links to other useful information. It should be used as a reference document to support departments seeking to establish standards of good professional practice relative to their own service, thereby meeting their responsibility to deliver safe and effective pathology services in support of the patient healthcare pathway.

Glossary

Competency programme - the in-house assessment of competence against skills and knowledge required for a specific area of professional practice.

Department - A Pathology Department is a unit which is managed as a separate entity by a consultant, or non-medical scientist of equivalent standing, which deals with diagnostic and investigative test requests for pathology. The Pathology Department may consist of one or more pathology laboratories that may be located on one or more sites.

Laboratory - A Pathology Laboratory is a laboratory where tests are carried out on clinical specimens to obtain information about the health of a patient to aid in diagnosis, treatment, and prevention of disease. Laboratories are usually identified by the range of investigations relating to a specific discipline or disciplines in biomedical science. IBMS training approval is awarded on the basis of training programmes within a designated laboratory, and for specialist portfolio specific disciplines, that may be part of a larger department.

Support staff - Staff who are not regulated by statute and who are under the supervisory responsibility of professionally qualified staff.

Training policy - The training policy is usually a generic departmental document that details the strategic approach to education, training, and development of all non-medical staff and in the context of IBMS approval applied to individual laboratories.

Training programme - this is specific to each individual qualification and describes the detailed structured approach to the delivery of training and assessment of competence in a particular laboratory. It should cover each stage and the training schedule, including any rotational training programme through other disciplines, where applicable. It must include the programme of seminars and tutorials, proposed secondments (if appropriate) and an indication of expected time and duration within each section of the laboratory/department.

Training placement – the period of time spent by a student on an IBMS accredited degree course whereby practical experience is gained in an approved training laboratory.

Training secondment – the period of time spent by an individual in a different location from that where they are routinely employed in order to gain experience that they would not routinely encounter, and which may be necessary for a particular qualification.

Training manager/co-ordinator – the individual with overarching responsibility for training in a multi-section single department, or over a multi-department laboratory service (this may cover more than one site).

Training officer – the individual(s) responsible for oversight training within a particular section or laboratory.

Where a laboratory is a satellite laboratory of a network service there must be a named local trainer when receiving individuals for training and verification of competencies.

Training mentor – an experienced professional colleague who assists the ‘mentee’ in developing specific skills and knowledge that will enhance their professional and personal growth. It is recommended that mentors and prospective mentors will have had some training or instruction that enables them to understand the purpose and significance of this role.

2. LABORATORY STANDARDS

Laboratory standards for IBMS approval of laboratory training are generic to allow flexibility for adaptation to the many differing laboratory models seen in modern healthcare.

Our expectation is that you apply professional integrity when considering whether you meet these standards in the context of your own laboratory services and resources available. For example, see point 2.3.1, a trainee to training officer ratio is not stipulated as the training model employed by laboratories may differ greatly, but we would expect you to consider what is achievable with the staff resources you have.

2.1 Environment, Facilities and Equipment

2.1.1 The laboratory must have an environment that supports training activities. *(Please be aware that plans to change facilities that might affect training activities may impact on training standards and compromise ongoing training approval if adverse effects are brought to the attention of the IBMS).*

2.1.2 Staff facilities should be adequate to support the appropriate level of training. Staff should have access to resources (literature and opportunities for staff development) to support training. *(If a large proportion of the training needs to be undertaken as a secondment to another laboratory or you are unable to deliver much of the curriculum then please make this clear in the training programme and seek advice from the IBMS.)*

2.1.3 Equipment should be maintained to the necessary standard to perform the range of investigations required of the IBMS qualification, with due diligence to the quality and accuracy required to meet service needs.

2.2 Health and Safety

2.2.1 The laboratory must be a safe and secure environment in which to train, work and instruct all candidates completing an Institute qualification. There must be access to the following:

- all current and relevant health and safety information;
- adequate well-maintained personal protective equipment appropriate to the range of tasks undertaken within the laboratory;
- appropriate spillage containment equipment;
- relevant COSHH assessments.

2.2.2 There must be safety policies and procedures in place, and relevant assessments of risk must have been carried out.

2.2.3 There must be a named health and safety officer.

2.2.4 Induction procedures must clearly document that staff are informed of potential risks and safety issues.

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2.3 Workload and Staffing

- 2.3.1 There should be appropriate numbers of staff with the required knowledge and skills to support training for Institute qualifications while also meeting the demands of the service. Training programmes should therefore reflect availability of staff and resources.
- 2.3.2 The skill mix of staff should reflect the competences required to perform the range and repertoire of investigative techniques.
- 2.3.3 There should be staff development reviews conducted on an annual basis with evidence of actions taken.
- 2.3.4 The training strategy should reflect the current and anticipated needs of the service.
- 2.3.5 There must be a named trainer overseeing completion of the Institute qualification by the candidate. This person should have the knowledge, skills and understanding appropriate to the qualification.

2.4 Quality

- 2.4.1 The laboratory should operate in accordance with an appropriate quality standards framework, such as ISO 15189.
- 2.4.2 Members of the IBMS must work to the *IBMS Code of Conduct and Good Professional Practice* (www.ibms.org/my-ibms/ibms-code-of-conduct), which is also advocated for other staff involved in training. HCPC registrants must comply with HCPC standards of conduct, performance, and ethics.

2.5 Education and Training

- 2.5.1 The structure, duration and range of practice-based learning must support the achievement of the learning outcomes and standards required of the qualification. The IBMS does not specify how long training should take and depending on ability, experience, and local resources it may take more time than indicated below. Please be aware that evidence should not be older than 3 years and portfolios are time-limited if new editions are published. Indicative times are:

Support staff (Certificate of Achievement): Usually for Part I between 6 and 12 months, Part II may take a little longer.

Pre-registration training: usually 12 months. University placements are for a defined period and may be shorter.

Post-registration (specialist) training: usually 1-2 years.

- 2.5.2 Training must be supervised or delivered by appropriately trained, competent, and qualified staff. These staff should also be aware of the level at which this training should be carried out for the qualification (portfolio) they are working on.

- 2.5.3 If the laboratory is supporting university students for completion of the IBMS Registration Training Portfolio, there must be:
- regular liaison with the university in accordance with the university's arrangements for placement students
 - a training programme specific to the placement model that enables the Registration Training Portfolio to be completed in accordance with the placement agreement with the university.
 - Those completing pre-registration training for the IBMS Certificate of Competence should work in accordance with the HCPC guidance on conduct and ethics for students (2016).

2.6 Training Documentation

- 2.6.1 A training policy statement is required that defines and provides the following:
- overview of education and training within the department
 - training opportunities available to all staff grades
 - in-house competence assessment programme
 - training support roles such as training officer, training manager/coordinator, mentor
 - information on relevant professional bodies (i.e. IBMS)
 - information on relevant regulatory bodies or registration authorities (i.e. HCPC, Science Council)
 - information on Certificate of Achievement (required for support staff training approval)
 - information on Certificate of Competence (required for pre-HCPC registration training approval)
 - information on Specialist Diplomas (required for post-registration training approval)
 - placement arrangements where appropriate
 - off-site training arrangements (where appropriate).
- 2.6.2 A training programme, specific to the relevant Institute qualification, should detail the following:
- intended types of evidence and assessment methods within the laboratory
 - demonstration of a progressive approach to completion of portfolio standards and regular reviews.
 - rotation arrangements within the department (if applicable)

Specific to the Registration Training Portfolio:

- opportunities for the trainee to learn with and from, learners from other professions and provide evidence for this in their registration training portfolio.
 - opportunities for services users and carers to contribute to the learning and development of the trainee
 - opportunities for the trainee to demonstrate and provide evidence of the understanding and application of how the HCPC standards of conduct, performance and ethics apply to professional practice.
- 2.6.3 If the laboratory is supporting placement students from universities for completion of the Registration Training Portfolio, there must be:

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- collaboration between the placement provider laboratory and the university to ensure understanding of the individual requirements from the university and the IBMS for both the integrated and sandwich placement models.
- awareness by students and placement educators of required learning outcomes

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3. MANAGEMENT OF THE TRAINING LABORATORY

Depending on the size and profile of your laboratory there may be a number of staff involved in training or, in smaller laboratories, one member of staff may have a number of overlapping roles.

Individuals with responsibility for training are required to have the appropriate knowledge and skills to deliver a training and education programme in accordance with guidelines from the relevant professional and regulatory/registration bodies, and commensurate with the needs of the service and professional development of staff. Training Managers/Co-ordinators and training officers must have specific named responsibilities irrespective of whether this is a full-time role or an element within a wider remit. Whilst all biomedical scientists are expected to be involved in training as part of their professional responsibility, it should be recognised that some individuals may have a specific joint role between a higher education institution and the employer or may act as mentors within an education and training programme. The Institute expects training officers to be members of the IBMS, although this is not a mandatory requirement for laboratory approval.

3.1 The role and responsibilities of the Training Manager/Co-ordinator

The Institute recommends the appointment of a Training Manager/Co-ordinator with overall responsibility across all laboratory departments for the oversight and planning the training needs of all non-medical personnel, from support staff to senior scientists. The Training Co-ordinator may in some instances be the laboratory manager, but it is essential that whoever undertakes this role is of sufficient seniority to direct training across all disciplines. This role forms an integral part of the overall laboratory management team and, within this structure, is responsible for overseeing the implementation, development and co-ordination of training processes and procurement projects within pathology.

It is strongly recommended that a Training Co-ordinator should be an appropriately registered Member (MIBMS) or Fellow of the Institute (FIBMS) and have a minimum of five years post-registration experience in an Institute approved training laboratory. It is also strongly recommended that the Training Manager/Co-ordinator holds a recognised vocational training qualification such as the Institute's Certificate of Expert Practice in Training, or a recognised academic qualification such as a post graduate certificate in education (PGCE).

The post of Training Manager/Co-ordinator is a position with comparable responsibility to that of quality manager and should be recognised as such. The role requires knowledge of the different levels of qualifications, training, and the options therein. The breadth of responsibilities of a Training Manager/Co-ordinator is dependent upon the needs of the individual service provider and the training activities undertaken in the laboratory which may include scientific, technical, and clerical staff. The objective of the Training Manager/Co-ordinator is to ensure there is a training policy that covers all staff, which enables mandatory, departmental, and individual training objectives to be met.

The Training Manager/Co-ordinator is responsible for the co-ordination of training officers, who in turn are the focus for delivering the training strategy and respective training programmes.

The Training Manager/Co-ordinator is responsible for the development of an overarching training policy that addresses relevant professional standards and guidelines.

In laboratories providing a service to the NHS it is the responsibility of the training manager/co-ordinator to be aware of the requirements for the fulfilment of HCPC registration training for biomedical scientists and to ensure that the department has the capacity to train, whether delivered through a dedicated post or through the acceptance of undergraduate placement students. The Training Manager/Co-ordinator has the authority to determine and prioritise training needs taking into account the skills requirement of the department, the human and financial resources available to deliver training and the developmental needs of the individuals concerned.

Where service providers do not have a Training Manager/Co-ordinator, it is the responsibility of the overall departmental manager to ensure the co-ordination of training through the individual laboratory training officers to ensure uniformity of approach and prioritisation of training issues within the overall context of laboratory management.

Dependent on the scope of the Training Manager/Co-ordinator's responsibility, the role is usually supported by discipline specific departmental training officers with responsibility for the delivery of training.

3.2 Role and responsibilities of a Training Officer

The training officer is the individual who delivers the training or who delegates specific aspects of training to named individuals. It is strongly recommended that training officers should be appropriately registered Members of the Institute (MIBMS) with a minimum of three years post-registration experience in an Institute approved training laboratory. The Institute also strongly recommends that training officers hold a recognised training qualification such as the Institute's Certificate of Expert Practice in Training.

Training officers support the training manager/co-ordinator in the development of a training policy and the accompanying training programme and are responsible for overseeing the delivery of training. It is essential that, as a minimum, departmental training officers are familiar with:

- The Institute's support staffs qualifications (the Certificates of Achievement Parts I and II)
- The Institute's Registration Training Portfolio,
- The HCPC Standards of Proficiency for Biomedical Scientists
- The Institute's Specialist Portfolios and their training requirements
- The Institute's Higher Specialist Diploma
- The Institute's Expert and Advanced diplomas
- The Institute's requirements for training laboratory approval

The training officer must meet regularly with the trainees in their care, maintaining all procedures and records that relate to individual training.

3.3 The role and responsibilities of a Mentor

A mentor is not the same as a trainer: mentoring is “relational,” while training is “functional.”

The role of mentor is not a formal laboratory role, rather it is a named individual who is there to support and encourage their mentee. A mentor is usually a more experienced staff member (but not necessarily at a senior level) who is willing and able to pass on the benefit of their experience. The role is not simply to ‘tell’ the mentee what to do, the role of the mentor is to listen and be supportive, provide guidance and pass on knowledge and experience.

Mentoring can be a valuable experience; not only for the trainee being mentored but also for the mentor as a development opportunity. Managers often use mentoring opportunities to further develop middle career staff, sometimes as a prelude to a training position.

Where staff are undergoing a period of cross discipline training (e.g., as part of a multi-discipline blood sciences service) a mentor is recommended to support the training officer in the training and familiarisation process for already qualified staff.

3.4 Training governance arrangements

Management structures vary according to local preference and need. However, it is expected that the training manager/co-ordinator (if not a dual role as the laboratory manager) will be responsible directly to the laboratory manager. It remains the responsibility of the laboratory manager to agree and implement the recommendations of the training manager/co-ordinator.

In organisations where there is an individual training manager/co-ordinator across all laboratory disciplines it is the responsibility of this individual to ensure the uniformity of understanding and implementation of the laboratory training policies. To this end the training manager/co-ordinator is advised to form a training committee, if one does not already exist, that holds minuted meetings, and which reports to the formal departmental committee structure. The training committee must include individuals with training responsibility at a departmental level. Its purpose is to address common training issues and to provide an effective mechanism for the dissemination of training information within the laboratory and between the laboratory and laboratory service users. It is essential that the role of the laboratory training co-ordinator is recognised outside of the laboratory context and that provision exists for laboratory representation by the training manager/co-ordinator on appropriate external committees. It is essential that the training committee, through the training manager/co-ordinator, ensures co-operation with professional colleagues, that the profile of training in the laboratory is maintained and appropriate to the requirements of the service.

3.5 Off-Site Training

Definition of off-site: A site not within the management structure of the main department seeking training approval.

It is important that if a laboratory is unable to provide on-site training for specific sections of the portfolio, there must be an agreed arrangement with another laboratory to provide the necessary training. This must be identified clearly within the training programme. Any theory-based learning must also be clearly identified in the training programme.

In order to achieve training approval, the laboratory is expected to be able to provide the majority of training on-site, with only a small proportion of the portfolio completed off-site. These scenarios will be reviewed on an individual basis, but the IBMS reserves the right to withhold training approval on the basis that the majority of the portfolio is not provided by the applicant department.

The laboratory to which the portfolio is issued (referred to as the main laboratory) is responsible for the training of the entire portfolio (i.e., both on-site and off-site elements). All evidence and portfolio standards completed off-site should be reviewed and countersigned by the main laboratory trainer.

The training programme should identify which section(s) of the portfolio are completed off-site, how long the training is expected to take and in which sections of laboratory training will be provided.

3.6 Multi-Site Organisations and IBMS Training Approval

The IBMS holds training laboratory approval information at a departmental level.

The IBMS does not provide organisation-wide training approval. However, when a single department operates on multiple sites (i.e., staff rotate around multiple sites), and where there is consistent documentation which is in effect for the single department, this may be submitted just once, as long as each site is listed on the application form.

For example: A blood science department operating on two hospital sites will submit a single application form listing both sites and training staff. Training staff and approval will be listed against each site within the IBMS database.

3.7 Student placement training

Some employers may work with education providers who wish to offer a four-year undergraduate course as part of a bachelor's degree that involves a sandwich-year, normally after the second year at university. Irrespective of IBMS approval of the laboratory for training the education provider must maintain a thorough and effective system for approving all placements and criteria for accreditation of the placement apply that dovetail with the laboratory training standards and in some areas may have specific requirements. These criteria do not apply if the student takes a break year from their programme and the education provider does not recognise or contribute to the placement experience. In these cases, the accreditation process only recognises the taught academic components and award title of degree only.

The following criteria apply if there is a placement opportunity in an IBMS-approved laboratory, or internship in industry, where professional work experience can be gained but the absolute requirement for completion of the IBMS Registration Training Portfolio does not apply. In these degrees the placement period is still recognised as part of the degree programme and therefore stays within the responsibility of the education provider for student welfare and placement support and is recognised in the final degree award title (e.g., degree + placement).

There are also requirements that are specific for placements that are integrated into the degree (thereby often referred to as 'integrated degrees') and require completion of the IBMS Registration Training Portfolio for the degree award. These are listed separately.

a) Placement requirements for non-integrated degrees (IBMS registration portfolio completion not mandatory)

- I. For students undertaking a clinical laboratory (e.g., NHS) placement the laboratory must be approved by the IBMS for pre-registration training, and the placement provider must have an underlying commitment to provide the student with the opportunity to complete all or part of the IBMS Registration Training Portfolio. The portfolio is applied for by the training laboratory and is only valid for completion for the duration of the degree. It does not form part of the degree award.
- II. Depending on the individual university and degree programme, the placement structure and requirements from the laboratory will vary. For this reason, in addition to the requirements previously mentioned in section 2, laboratories are expected to provide a training programme that covers the placement arrangements and any university-specific requirements.
- III. There must be clear evidence of the collaboration and partnership arrangements between the two organisations, including audit of training standards, monitoring of students and feedback arrangements, and clear lines of responsibility (student, placement provider and education provider).
- IV. There are qualified and experienced staff to deliver student placement education and training and if appropriate the contribution of the placement to the degree award.
- V. Students and practice placement providers/trainers are fully prepared for placement. A placement handbook should be available for students and employers and must contain the following information:
 - information provided prior to placement.
 - timings and the duration of any placement experience
 - intended learning outcomes to be achieved and means of assessment
 - expectations of professional behaviour
 - communication and lines of responsibility/accountability
 - support and monitoring during placement
 - arrangements for completion and external verification of the IBMS Registration Training Portfolio where applicable.
- VI. Learning, teaching and supervision must be designed to encourage safe and effective practice, independent learning, and professional behaviour.
- VII. The measurement of student performance and progression is an integral part of the wider process of monitoring and evaluation and uses criteria that ensure fairness for all students.
- VIII. Professional aspects of practice are integral to the assessment procedures in both the education setting and practice placement.

b) Additional requirements for integrated degrees (Applied Biomedical Science, Healthcare Science and Apprenticeship degrees - IBMS registration training portfolio completion is mandatory)

- I. Completion of the IBMS Registration Training Portfolio can only take place in an IBMS-approved training laboratory.

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- II. It is the responsibility of the university to ensure that placement laboratories have current training approval status (To note: approval status is recorded on the IBMS database system and must be current to the programme being offered).
- III. The placement provider must have an underlying commitment to provide the student with the opportunity to complete all the IBMS Registration Training Portfolio. The portfolio is provided by the university and forms part of the degree award.
- IV. The portfolio is only valid for the duration of the degree. This must be made clear to students that the portfolio is only valid for the specific degree course that has been accredited by the IBMS.
- V. Evidence must be provided to demonstrate that the approval status of the laboratory has been independently audited by the education provider and confirmed as having an IBMS-approved training programme and qualified staff to support this for the duration the programme.
- VI. A mapping document specific to the programme (i.e. laboratory approval training programme spread sheet) must be provided to demonstrate that those who successfully complete the programme meet all of the HCPC standards of proficiency for biomedical scientists through completion of the IBMS Registration Training Portfolio.
- VII. The person responsible (directly or indirectly) for training and assessing students completing the IBMS Registration Training Portfolio must:
 - be a registered biomedical scientist
 - confirm they understand the training and assessment requirements for the IBMS registration portfolio.
- VIII. There must be evidence that placement educators and trainers are fully prepared for students completing the Registration Training Portfolio.
- IX. The student must be fully informed with regard to:
 - evidence required for the IBMS registration training portfolio and that this must demonstrate how the HCPC standards of proficiency apply to practice
 - the external verification processes.
- X. Students must have opportunities to learn with and from, learners from other professions and provide evidence for this in their registration training portfolio.
- XI. There must be opportunities for services users and carers to contribute to the learning and development of the student.
- XII. Students must have opportunities to demonstrate and provide evidence of their understanding and application of how the HCPC standards of conduct, performance and ethics apply to their practice.
- XIII. A range of learning and teaching methods must be employed throughout the placement to demonstrate the student respects the needs of patients/clients and colleagues.

- XIV. All assessments provide a rigorous and effective process by which compliance with the requirements for completion of the IBMS Registration Training Portfolio for the Certificate of Competence can be measured.
- XV. Assessment of student portfolios and verification that the HCPC standards of proficiency have been partially met (i.e., further dependent on completion of the degree) must be conducted in accordance with IBMS requirements and by IBMS-approved external verifiers in partnership with the education provider.
- XVI. There must be evidence of external verifier training, laboratory audits and quality assurance processes for training and portfolio verifications.

4. APPENDIX ONE – Example training policy

Please note: these examples can be used, adapted, and incorporated into in-house documents.

EXAMPLE EDUCATION AND TRAINING POLICY

NAME OF ORGANISATION

Introduction

In conjunction with the organisation education and training policy (*link could be added here*), the Department is committed to providing training which ensures all staff have the appropriate skills and knowledge to provide a high-quality pathology service. The training policy covers all staff in the department, including scientific and medical staff, support, administration, and clerical. Policy and specific requirements are detailed below.

Key Staff

The clinical director and general manager have overall responsibility for education and training within the department. Their role is to ensure adherence to the education and training policy and ensure that departments have the necessary resources to fulfil identified education and training requirements.

Laboratory Manager

Each laboratory manager is responsible for the education and training within their department, to ensure adherence to the education and training policy, and that staff have the necessary resources to achieve identified education and training.

Pathology Training Manager

The training manager has overall responsibility across all departments for the oversight, planning and training needs of all non-medical staff, from support staff to senior scientists. Discipline-specific knowledge and skills are not required for this role, but a broad understanding is necessary.

They undertake the following:

- in collaboration with other members of staff (including the overall management team), develop an overall training policy and accompanying departmental training manuals
- provide support for and guidance to all staff members regarding training
- oversee implementation, development, and coordination of training processes within pathology
- ensure adherence to relevant professional standards and guidelines
- oversee any clinical placement arrangements
- be aware of any potential legislation that could impact on the training management system
- ensure all staff are aware of the various education and training opportunities available to support and develop their role
- provide guidance and support for continuing professional development (CPD) programmes
- ensure each department holds appropriate IBMS training approval, to allow staff to undertake IBMS qualifications as required
- ensure support is provided for individuals undertaking approved research projects.

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Department Training Officer

Each department within pathology will have a named training officer, who will oversee training within the department.

They will undertake the following:

- support the training manager in the development of the training policy and training manuals
- implement the departmental training policy
- be responsible for training at a local level
- work with staff members, training manager and laboratory manager to identify and implement a training plan
- provide support and guidance for staff members undertaking an IBMS qualification:
 - construct training plans
 - undertake regular training and progress reviews
 - perform assessments and review evidence required, relevant to the IBMS qualification
- ensure all staff undertake in-house competences and identify any training needs as an outcome of competence assessment
- organise and implement any training requirements for any staff in the department
- if appropriate, provide support and guidance for any university placement students
- liaise with the laboratory and training manager to review a staff member's progress and development.

Professional Body

The Institute of Biomedical Science (IBMS) is the professional body for individuals working in biomedical science.

The aims are to promote and develop the role of biomedical science within healthcare to deliver the best possible service for patient care and safety. It does this by supporting biomedical scientists in their education and training, improving standards of practice, representing the profession, and working with organisations to improve laboratory service.

The IBMS provides multiple relevant qualifications for all staff grades, designed to support individuals throughout their careers. In order to undertake the majority of these qualifications, you need to be a member (grade dependent on qualification) and work in a laboratory approved by the IBMS for training.

The department currently holds all three categories of training approval (certificates are displayed on training boards) and is committed to maintaining training approval.

The IBMS also provides a CPD scheme to allow its members to record CPD activities.

Regulation and Statutory Registration

Biomedical scientists and clinical scientists are required by law to hold current registration with the Health and Care Professions Council (HCPC).

The HCPC is the regulator for a number of health and care professions, including biomedical scientists and clinical scientists. The aim of the HCPC is to protect patient safety.

The HCPC has a range of standards that cover areas including training, conduct, performance, and ethics, CPD and proficiency. These standards are used to determine whether you are fit to practise as a biomedical scientist in the UK.

In order to join the register, an individual must hold the correct academic qualification for their profession and successfully undertake a period of laboratory training.

In order to maintain registration, registrants must demonstrate continued adherence to the HCPC standards of proficiency and demonstrate appropriate CPD according to the HCPC CPD standards.

For further information, please refer to the following websites:

HCPC: www.hcpc-uk.org.uk/aboutregistration

IBMS: <https://www.ibms.org/registration/hcpc-registration>

Voluntary Registration

The IBMS is licensed by the Science Council to hold three voluntary registers which confer three professional designations:

- Registered Science technician (RSciTech)
- Registered Scientist (RSci)
- Chartered Scientist (CSci)

These registers are available to IBMS members and, in order to be eligible, individuals must fulfil set criteria based on levels of qualifications and professional practice.

For further information, refer to the following websites:

IBMS: <https://www.ibms.org/registration/science-council-professional-registers>

Science Council: www.sciencecouncil.org

Biomedical Support Staff

There are various qualifications available to biomedical support staff:

- IBMS Certificate of Achievement Part I
- IBMS Certificate of Achievement Part II
- S/NVQs
- Foundation degrees
- Apprenticeship route
- HNC
- HND

If a member of staff wishes to undertake any of the above qualifications, they must approach their laboratory manager.

Pre-Registration Training for Biomedical Scientists

In order to achieve registration with the HCPC as a biomedical scientist, an individual must meet the HCPC standards of proficiency. These can be met through an HCPC-approved or IBMS-accredited degree, and completion of the IBMS Registration Portfolio.

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The IBMS will assess non-accredited degrees and highlight any supplementary education required.

The IBMS Registration Portfolio can be completed either as part of an approved/accredited degree, while on placement in a laboratory, or following graduation.

There is a structured training programme in place for any member of staff who wishes to undertake this portfolio, subject to agreement by the relevant laboratory manager.

Successful completion of the IBMS Registration Portfolio, in conjunction with the correct academic qualification, will result in the award of the IBMS Certificate of Competence, which indicates eligibility to apply to the HCPC for registration as a biomedical scientist.

Further information on the IBMS Certificate of Competence can be found on the IBMS website: <https://www.ibms.org/education/registration-portfolio/>

Post-Registration Training

There are various post-registration qualifications available, ranging from academic courses (e.g., MSc) to professional qualifications (e.g., IBMS Specialist Diploma).

The Institute offers a range of higher-level qualifications which support biomedical scientists throughout their careers (e.g., Higher Specialist Diploma, Certificate of Expert Practice etc).

IBMS Specialist Diploma

This qualification allows an individual to demonstrate specialist knowledge and skills required for *Agenda for Change* (AfC) Band 6 (or equivalent) roles.

There is a structured training programme in place for any member of staff who wishes to undertake this portfolio, subject to agreement by the relevant laboratory manager.

Further information on the IBMS Specialist Diploma, and other Institute qualifications can be found on the IBMS website <https://www.ibms.org/education>

Statutory and Mandatory Training

Statutory and mandatory health and safety (H&S) and governance training must be completed by all staff as specified in current legislation.

Competence

Each staff grade will have a specified set of competences based on their job description and scope of practice. Competences will be renewed on, for example, an annual basis.

Staff are expected to work within their own level of competence and highlight to their line manager any areas which require further training to achieve the correct level of competence required.

5. APPENDIX TWO – Expectations and Example of the training programmes

A copy of the training program for the applying department will be required for first-time training approval request. The following should be Identified within the training program submitted for review:

- I. The secondment laboratory site and department should be identified within the training programme for modules completed while on secondment. (e.g., identify sites for Multidiscipline Specialist Portfolio completed across sites/departments other than the main training laboratory).
- II. It should be clear whether the method of evidence collection (assessment method) for modules will be through theoretical or practical assessment. Examples of assessment methods and intended evidence can be found within the Guidance Document for each qualification.
- III. Additional Notes columns for further information and list of any relevant competencies are encouraged.

Sample Training Programme: (This can be arranged according to your laboratory training requirements and flexibility depending on the nature of employment and availability of staff)

Specialist Diploma in Blood Sciences			
Portfolio Standard/Module	Main Training Site / Secondment Site		Type of Assessment conducted
7A.1a Laboratory Quality	Clinical Biochemistry	Main Training Laboratory	Observation, Questions set by trainer, Completion of Audits
7A.2a Laboratory Automation	Clinical Biochemistry		Observation, Questions set by trainer
7B.1a Cell Counting and Haemoglobin Concentration Measurement	Haematology & Transfusion Practice	Secondment Department (Off-site training)	Practical & Questions set by trainer
7C.1a Routine ABO/D Typing and Antibody Screening	Haematology & Transfusion Practice		Competency assessment(s), Question set by trainer, additional evidence, and viva

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Please note: these examples can be used, adapted, and incorporated into in-house documents.

EXAMPLE TRAINING PROGRAMME FOR IBMS CERTIFICATE OF ACHIEVEMENT

IBMS Certificate of Achievement

The IBMS offers the Certificate of Achievement Part I and II, which provide a structured approach to training for laboratory support staff as well as an opportunity for staff to achieve a qualification and demonstrate the knowledge and skills required for their employment and potential career progression.

Once the portfolio is completed, the laboratory training officer/laboratory manager will contact the IBMS and confirm that the candidate has completed the portfolio to the appropriate standard and apply for validation. If successful, the candidate will receive a certificate and be eligible to apply to become an Associate member of the IBMS (if not already in that grade).

Candidates undertaking this qualification are expected to read the guidance notes and information available on the IBMS website (www.ibms.org).

Training Reviews

Each candidate will have an assigned training officer who will oversee progress of the portfolio and will be the first point of contact to address any issues. There will be monthly reviews during which targets will be set and evidence reviewed.

Competence and Assessment

There is a range of competence assessment methods which can vary depending on the individual and the portfolio requirements (e.g., direct observation, written question and answers, verbal question, and answers, EQA etc.).

Candidates must achieve the necessary level of competence according to the portfolio undertaken (Part I or Part II) and complete the set pieces of evidence. The individual Evidence of Achievement sections should be signed off by an appropriately qualified member of staff. However, each module should be signed off by the laboratory manager.

The training programme indicates appropriate in-house competences that should be covered in each section. Once competence has been achieved, they may trigger the sign off of a section in the evidence of achievement.

Part I

Certificate of Achievement Part I requires completion of the 12 core modules and at least two optional modules. Selection of the optional modules will depend on the needs of the department and the candidate's personal interests. This will be negotiated by the candidate and training officer, and the optional modules for completion will be identified at the beginning of the training programme.

Part II

Certificate of Achievement Part II requires completion of the 14 core modules and at least four optional modules. Selection of the optional modules will depend on the needs of the department and the candidate's personal interests. This will be negotiated by the candidate and training officer, and the optional modules for completion will be identified at the beginning of the training programme.

Portfolio Validation

Once the portfolio is completed the laboratory manager will sign the declaration form to that effect, indicating that the trainee has demonstrated the necessary knowledge and skills.

A copy of the portfolio is not required for submission, although the IBMS reserves the right to request a copy of the Evidence of Achievement sections for the purposes of audit.

Duration of training and Rotation

A member of staff undertaking the IBMS Certificate of Achievement is expected to complete the certificate in a 12-month period. However, the IBMS allows a maximum of three years for completion.

For new members of staff, there will be a period of induction prior to starting the training programme (not indicated in this training programme).

Each candidate is expected to follow the training programme indicated and will rotate through each section as required. The department will endeavour to follow this programme as closely as possible, but, due to leave and sickness, amendments may be made. The duration indicates the length of time it is expected for a candidate to achieve the necessary level of competence; however, this will vary for each individual.

Each rotation has indicated portfolio standards to be covered; these should not be viewed as exclusive as there will be crossover.

Candidates are expected to collate evidence as it becomes available, rather than waiting for the relevant rotation.

Owing to the range of tests undertaken by the department, there is no requirement to attend other departments or laboratories on secondment for additional training.

Please note: these examples can be used, adapted, and incorporated into in-house documents.

EXAMPLE TRAINING PROGRAMME FOR IBMS REGISTRATION PORTFOLIO

IBMS Registration Portfolio

The IBMS Registration Portfolio is a formal demonstration of an individual's fitness to practise as a biomedical scientist. Candidates undertaking this qualification are expected to read the guidance notes and information available on the IBMS website (www.ibms.org).

Certificate of Competence

The IBMS Certificate of Competence is awarded to those who have demonstrated that they have met the Health and Care Professions Council (HCPC) standards of proficiency. This can be achieved through one of three main routes:

- Integrated degree (completion of the Registration Portfolio as part of the degree programme)
- IBMS-accredited degree plus Registration Portfolio (completion of Registration Portfolio can be completed after the degree)
- Non-accredited degree (plus completion of any supplementary education identified by the IBMS) and Registration Portfolio.

Successful candidates will be eligible to become a Licentiate member of the IBMS (if not already in that grade).

Training Reviews

Each candidate will have an assigned training officer who will oversee progress of the portfolio and will be the first point of contact to deal with any issues. There will be a monthly review during which targets will be set and evidence reviewed. Please set a realistic review period such that issues can be identified and responded to in a timely manner.

Competence and Assessment

There is a range of competence assessment methods which can vary depending on the individual and the portfolio requirements (e.g., direct observation, written question and answers, verbal question and answers, EQA etc.).

Candidates must achieve the necessary level of competence according to the portfolio undertaken and compile a portfolio of evidence demonstrating competence. The individual Evidence of Achievement sections should be signed off by an appropriately qualified member of staff.

The training programme indicates the appropriate in-house competences that should be covered in each section. Once competence has been achieved, this may trigger the sign off of a section in the Evidence of Achievement.

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Portfolio Verification

Verification may only be arranged if the candidate has achieved competence in all parts of the Registration Portfolio and holds either an IBMS-accredited degree certificate or supplementary education as identified by the IBMS.

Upon completion, an application is made to the IBMS by the laboratory (application form available on IBMS website) to arrange an assessment visit by an external verifier.

Further details on the verification process can be found in the Registration Portfolio, and on the IBMS website.

Duration of training and Rotation

A member of staff undertaking the IBMS Registration Portfolio is expected to complete the training within a 12-month period.

For new members of staff, there will be a period of induction prior to starting the training programme (not indicated in this training programme).

Each candidate is expected to follow the training programme indicated and will rotate through each section as required. The department will endeavour to follow this programme as closely as possible, but, due to leave and sickness, amendments may be made. The minimum duration indicates the minimum time it is expected for a candidate to achieve the necessary level of competence; however, this will vary for each individual.

Each rotation has indicated portfolio standards to be covered, but these should not be viewed as exclusive as there will be crossover, and candidates are expected to collate evidence as it becomes available, rather than waiting for the relevant rotation.

Owing to the range of tests undertaken by the department, there is no requirement to attend other departments or laboratories on secondment for additional training.

Please note: these examples can be used, adapted, and incorporated into in-house documents.

EXAMPLE TRAINING PROGRAMME FOR IBMS SPECIALIST DIPLOMA

IBMS Specialist Diploma

The IBMS offers Specialist Diplomas in a range of disciplines, which provide a structured approach to post-registration training and an opportunity for staff to achieve a qualification that demonstrates the specialist knowledge and skills required for *Agenda for Change* (AfC) Band 6 roles, or equivalent.

Once the portfolio is completed, the laboratory will apply for an examination, during which the candidate's knowledge and portfolio of evidence will be formally examined. If successful, the candidate will receive a certificate and be eligible to become a Member of the IBMS (MIBMS).

Candidates undertaking this qualification are expected to read the guidance notes and information available on the IBMS website (www.ibms.org).

Training Reviews

Each candidate will have an assigned training officer who will oversee progress of the portfolio and will be the first point of contact to address any issues. There will be a monthly review during which targets will be set and evidence reviewed.

Competence and Assessment

There is a range of competence assessment methods, which can vary depending on the individual and the portfolio requirements (e.g., direct observation, written question and answers, verbal question, and answers, EQA etc.).

Candidates must achieve the necessary level of competence and collect appropriate evidence according to the Evidence of Achievement requirements. The individual Evidence of Achievement sections should be signed off by an appropriately qualified member of staff. However, the internal assessor section should be signed off by the allocated training officer and will only be signed off once the candidate can demonstrate the necessary level of knowledge, competence, and evidence.

The training programme indicates appropriate competences that should be covered in each section. Once competence has been achieved, this may trigger completion of the competence section in the Evidence of Achievement.

Portfolio Examination

Upon completion of the portfolio, an application is made to the IBMS by the laboratory (application form available on the IBMS website) to arrange a visit by an external examiner.

Further details on the examination can be found in the Specialist Portfolio and on the IBMS website.

Duration of training and Rotation

A member of staff undertaking the IBMS Specialist Diploma is expected to complete the diploma over an 18-month period. The IBMS allows a maximum of three years for completion, until the portfolio expires.

For new members of staff, there will be a period of induction prior to starting the training programme (not indicated in this training programme).

Each candidate is expected to follow the training programme indicated and will rotate through each section as required. The department will endeavour to follow this programme as closely as possible, but, due to leave and sickness, amendments may be made. The minimum duration indicates the minimum amount of time it is expected for a candidate to achieve the necessary level of competence; however, this will vary for each individual.

Each rotation has indicated portfolio standards to be covered, which should not be viewed as exclusive as there will be crossover, and candidates are expected to collate evidence as it becomes available, rather than waiting for the relevant rotation (e.g., do not wait until working in 'specials' to collect evidence of a new leukaemia).

Owing to the range of tests undertaken by the department, there is no requirement to attend other departments or laboratories on secondment for additional training.

EXAMPL

Frequently Asked Questions

Laboratory Training Approval

Why do I need IBMS laboratory training approval?

Institute training approval allows a laboratory to provide training to complete IBMS qualifications for support staff, pre-registration, and specialist level. If a laboratory does not hold training approval, you will not be able to undertake the corresponding IBMS qualification.

Who can achieve IBMS laboratory training approval?

Any laboratory that can provide the necessary training and satisfy the criteria can gain IBMS laboratory training approval can apply for training approval in one or more categories. Depending on the service provided by the laboratory, it may not be desirable or possible to achieve all three categories for training approval.

When do I submit my document for re-approval for my department?

We advise that all applications for renewal of approval be completed and submitted to the IBMS no later than 3 months before the laboratory training approval expires to ensure that this is renewed on or before the day of expiration.

How long does training approval take to achieve?

The IBMS does not specify how long training should take. Indicative times are provided in section 2.5.1 of the guidance document. Depending on ability, experience, and local resources it may take more or less time than indicated. Please be aware that evidence should not be older than 3 years and portfolios are time-limited if new editions are published.

My department operates on multiple sites.

If you have a department that is on multiple sites, where staff rotate over each site, and there is consistent training documentation and training staff, then the IBMS is able to grant training approval. However, you will need to provide information for all sites on the application form.

What if I already have laboratory approval?

If your department holds current training approval for a laboratory you do not need to do anything. We suggest that three months prior to expiry you begin the process of applying for continued training approval.

I want to apply for a multidiscipline portfolio do I need approval in all disciplines?

The department must have approval for each individual discipline which they are applying for within this portfolio.

We have had multiple candidates complete a portfolio over the past couple of years. Why has our training approval expired?

Training approval is for a fixed five-year period and is no longer updated after a portfolio is completed successfully. This was introduced in 2013 so any portfolio completed since then will not result in an updated expiry date.

My department holds UKAS and/or MHRA accreditation. Why do I need to gain IBMS training approval?

IBMS training approval allows laboratories to undertake training for IBMS qualifications. No other accreditation body covers the necessary checks to ensure that the appropriate training is in place to meet the standards required for the qualifications.

What happens if I have been completing my portfolio in an approved laboratory and move to another laboratory that is not approved?

End-point assessments will only be carried out if the laboratory takes responsibility for the portfolio. It may be possible for the candidate to be assessed in the laboratory where they have been previously trained (if this can be by agreed) or their new laboratory will have to apply for training approval.

My department provides high-quality training, but our application has been rejected.

An application is usually rejected due to missing information in the documentation. This does not automatically reflect on the training provided, but rather that the documentation needs to reflect the training which takes place.

General Information

Will the Institute issue a portfolio to a non-approved laboratory?

No. The Institute will only issue portfolios to approved laboratories. This also applies to universities issuing portfolios to students on integrated placements.

Do you need training approval for other post-registration qualifications (e.g., CEP, HSD)?

No. Post-registration training approval is specific to the IBMS Specialist Diploma. Higher-level qualifications assume a greater proportion of self-directed learning rather than a structured training programme provided by the laboratory. However, we do expect approved laboratories to ensure that staff are aware of all IBMS qualifications.

Can you apply for verification/examination if the laboratory training approval has expired?

If the portfolio was issued to the laboratory requesting verification/examination prior to approval expiry, the application will be processed. No new portfolios will be issued until re-approval of training has been granted.

For example: Blood Sciences – This portfolio offers the option of applying for the minimum of two disciplines falling under this portfolio (*excluding Haematology and Transfusion alone*)

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for we have a separate portfolio hosting these two disciplines). If the department wishes to host training for the Blood Sciences portfolio Clinical Biochemistry and Haematology or Clinical Biochemistry and Transfusion Science.

Can I apply for individual disciplines in the Blood Sciences Portfolio?

No. With Blood Sciences training approval alone, you can apply for the Blood Sciences portfolio but not for the individual disciplines within this portfolio.

I have been issued with an IBMS portfolio but am not getting the training and support to complete it.

If you experience any problem with training within a department your first step should be to highlight this to the laboratory manager. The IBMS can provide support and guidance when consulted; however, if an issue is not able to be resolved this may impact on the department's continued training approval.

We have had multiple candidates complete a portfolio over the past couple of years. Why has our training approval expired?

Training approval is for a fixed five-year period and is no longer updated after a portfolio is completed successfully. This was introduced in 2013 so any portfolio completed since then will not result in an updated expiry date.

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