Clinical Laboratory Standards for IBMS Qualifications and Guidance for Training Laboratory Management and Approval

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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. A strong training culture benefits not just the individual but also the employer and the service user.

The UK health departments have put patient care and safety at the heart of healthcare provision. It is the responsibility of the respective providers and all those involved in the delivery of service and care to deliver safe and high-quality patient care. It is the responsibility of the professions themselves to establish those standards of best practice relative to their own service.

The IBMS is an education provider for the Health and Care Professions Council (HCPC) and in order to maintain this we must satisfy the HCPC Standards of education and training (SETs). The requirements of our laboratory approval process are aligned with those SETs, thereby allowing us to declare that training taking place within our approved training laboratories satisfies the SETs and will in turn maintain our education provider status.

This document gives guidance on all aspects of training approval and should become your reference text. It contains links to other useful information.

2. LABORATORY STANDARDS

Laboratory standards are set by the IBMS to ensure that laboratories approved by us meet the expectations of the HCPC standards of education and training (SETs). They 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. For example, see point 2.3.1, it would be almost impossible for us to stipulate a trainee to training officer ratio as the training model employed by laboratories differs greatly, but we would expect you to re-consider your application should you have a single training officer and a large number of staff undertaking qualifications.

2.1 Environment, Facilities and Equipment

2.1.1 The laboratory must have an environment with adequate space to support training activities. (*Please make us aware of any immediate plans to change facilities that might affect training activities, and the intended action to deal with this.)*

2.1.2 Staff facilities should be adequate to support the appropriate level of training. Staff should have access to a range of current and relevant literature, and opportunities for training and development/courses. (*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 investigations with due diligence to quality and accuracy, and appropriate to the 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.

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. (*This is difficult to assess from an external viewpoint, so we are dependent on a professional and honest assessment of this. Some laboratories have a very high number of trainees,*

resulting in a high trainee: trainer ratio and occasionally the training experience will suffer because of it. Please make the IBMS aware if this becomes the case in your laboratory and we will work with you to ameliorate the effects.)

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 for each 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 Biomedical science practitioners must work to the IBMS *Code of Conduct and Good Professional Practice* (www.ibms.org/my-ibms/ibms-code-of-conduct) and HCPC standards of conduct, performance and ethics (2016).

2.5 Education and Training

2.5.1 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 i.e appropriate to the portfolio they are working on.

2.5.2 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.

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-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
- rotation arrangements within the department
- demonstration of a progressive approach to completion of portfolio standards and regular reviews.

2.6.3 If the laboratory is supporting placement students from universities for completion of the Registration Training Portfolio, there must be:

- appropriate training provided by the university to individual practice placement educators
- collaboration between the placement provider laboratory and the university
- awareness by students and placement educators of learning outcomes
- understanding of the individual requirements from the university and the Institute for both the integrated and sandwich placement models.

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 wear many hats…

3.1 Role nomenclature and definitions

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 the overseeing of training within a section or department.

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.

Training responsibility requirements

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, 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 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 training qualification such as the Institute's Certificate of Expert Practice in Training.

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 in to 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 unsure 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.

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 staff 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.

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.

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.

4. GUIDANCE FOR LABORATORY TRAINING APPROVAL

The IBMS is an education provider for several routes to registration with the Health and Care Professions Council (HCPC) and in order to maintain these we must satisfy the HCPC Standards of education and training (SETs). The requirements of our laboratory approval process are aligned with those SETs, thereby allowing us to declare that training taking place within our approved training laboratories satisfies the SETs and will in turn maintain our education provider status. The questions asked in the declaration form and the information provided as part of the training programme allows us to assure the HCPC that anyone training on our behalf fulfils the requirements of the SETs. The information you provide allows us to build a picture of the training environment.

In laboratories undertaking pre-registration training, a senior member of staff (usually laboratory manager) must ensure that potential registrants are able to meet the HCPC requirements for registration with regard to health and Criminal Conviction/ Disclosure and Barring Service checks. Checks must be carried out on each trainee and a declaration must be made by them at the point of application for the registration portfolio. If this check raises an issue which may affect a trainee's eligibility to become registered the senior member of staff should formally discuss this with the trainee, document the discussion and guide the trainee to seek advice from the HCPC *at that*

point. A portfolio will not be released unless the IBMS receive a declaration to say that this process has been followed.

A declaration from the trainee will be required at the end point, following verification, which states that there have been no changes to their health or DBS check during the training period and that they do not know of any reason which might affect their eligibility to apply to become registered.

4.1 IBMS Training Approval

The IBMS has three categories of training approval, which link to three levels of qualifications.

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

Pre-Registration Training Approval – This category refers to the training of biomedical scientists for registration with the Health and Care Professions Council through the IBMS Registration Portfolio, leading to the Certificate of Competence.

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

The Institute maintains an up-to-date database of approved laboratories at a departmental level, including key training staff within each department. This list of key staff is expected to match any named staff on any portfolio application***. It is the responsibility of the individual laboratory to communicate any changes in training or of staff to the IBMS by emailing Registration@ibms.org***

Please note: IBMS training approval links only to Institute qualifications and not to any other training schemes.

4.2 Key Staff Involved in Training

Each laboratory is expected to have a core set of staff with responsibility to oversee the completion of IBMS portfolio qualifications.

In line with communication of best practice, the IBMS would strongly recommend at least one external verifier for IBMS registration portfolios and one external examiner for specialist portfolios in each laboratory. This could be an experienced training officer or other equally experienced senior member of staff that meets the IBMS criteria for external verifiers/examiners . The benefits of this are that elements of good practice are shared across laboratories and internal processes are informed by experience of processes used externally.

Where appropriate, for post registration training, there should be a named person with the necessary discipline-specific knowledge and skill to support that qualification.

A typical laboratory will have the following staff responsible for training:

- Laboratory manager
- Training manager/coordinator (usually at a pathology-wide level)
- Training officer (expected to have discipline-specific knowledge and skills)

4.3 Laboratory Training Approval Process

If this is the first time your laboratory has applied for training approval you will need to contact the Education Team by emailing registration@ibms.org. You will need to submit a full set of training documentation which includes the declaration form, training programme and training policy.
For renewal of training approval or additional levels of training approval the laboratory will only have to submit the declaration form and training programme.

As part of our quality monitoring procedures we will undertake a full documentation audit of 5% of applicant laboratories. Please submit the appropriate documentation if requested to do so by the IBMS. Details of exactly what should be submitted will be given at the point of request.

In addition to the above, the IBMS also reserves the right to request a full documentation submission and/or visit in cases where there has been attention drawn to the training experience of a candidate/candidates.

The process- step-by-step

- The laboratory Identifies the categories of approval required
- First time applicants- contact IBMS for advice registration@ibms.org
- Renewing approval- (complete the declaration form plus all relevant sheets on training programme spreadsheet)
- Submit the required documentation electronically to registration@ibms.org
- Documentation reviewed by IBMS staff; feedback given on any areas requiring further information
- Revised documentation submitted (if required)
- Approval granted for five years
- Assessment of IBMS qualification relevant to level of approval will provide confirmation of training practices and give an opportunity to identify and raise issues of non-compliance.
- At the end of five years, laboratory re-applies for training approval.
- Please note- the IBMS must be informed if there are changes within that timeframe. These changes could include change of training lead, change of lab situation, ability to provide full training as described in the programme or other factor which may affect the quality of the training provided.

4.4 Required Documentation to Accompany Application

- Completed Laboratory Training Approval Declaration Form
- Training programme for the relevant Institute qualification(s) (i.e. Certificate of Achievement, Certificate of Competence, Specialist Diploma), including indicative timeframes (dates not necessary), standards to be met and short notes on ***how*** the standards might be met in the area.

4.4.1 Completed Laboratory Training Approval Application Form

This form must be completed for ***each department.***

Guidance on departments across multiple sites can be found in Section 8 of this document.

We will require a Training Link (person signing the declaration form). This can be a Laboratory Manager/ coordinator or Training Lead/ Officer. In addition, all relevant management and

training staff need to be listed, as this will be recorded against the department and be checked against all future portfolio applications. Any applications received with mismatching names will be followed up with the department and may cause delay in the issue of the portfolio.

4.4.2 Induction Documentation

When renewing, this documentation does not need to be submitted but a declaration made to confirm that such documentation is in existence and includes the information below. It can be organisation-wide and/or department-specific but should cover the following:

- health and safety arrangements
- relevant organisation and departmental policies
- facilities available to all staff.

4.4.3 Training Policy

The training policy is a key document that serves as an index to the laboratory training scheme and associated documentation. It should describe the training management strategy of the laboratory.

This document can be pathology-wide or department/discipline-specific.

It should provide information relevant to training of all staff grades and their opportunities for development.

The training policy must provide information on the following areas:

- overview of education and training within the department
- training opportunities available to all staff grades
- in-house competence assessment programme
- training support roles (e.g. training officer, training manager, coordinator, mentor)
- information on relevant professional bodies (i.e. IBMS)
- information on relevant regulatory/registration bodies (i.e. HCPC/Science Council)
- information on Certificate of Achievement (required for support staff training approval)
- information on Certificate of Competence (required for pre-registration training approval)
- information on Specialist Diplomas (required for post-registration training approval)
- placement arrangements (where appropriate)
- secondments/off-site training arrangements (where appropriate).

It is possible that one training policy could be written to cover all levels of training approval.

When renewing, this documentation does not need to be submitted but a declaration made to confirm that such documentation is in existence and includes the information below. An example can be found in Appendix One of this document.

4.4.4 Training Programme for the Relevant IBMS Qualifications

The training programme must be submitted and must demonstrate a well-organised, structured and progressive approach to the completion of the relevant IBMS qualification.

Separate training programmes should be provided for each level of Institute qualification for which the laboratory wishes to undertake training. Training programmes must also be provided for each discipline towards the Specialist Diploma.

Each training programme should cover the following areas:

- intended duration of training period in each area of the laboratory, with sections of the portfolio identified for completion and suggested ways that this could be achieved
- knowledge and practical skills required for the relevant section of the laboratory, and links to the relevant IBMS portfolio standards
- rotation arrangements
- information on training reviews and support available to the candidate (e.g. How often will the meetings take place? How will the meeting be recorded?)
- methods of assessment and suggested ways that the standards could be met
- off-site training arrangements (where appropriate).

4.4.5 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.

There must be a designated trainer for the candidate during the period of off-site training (based at the off-site laboratory), in addition to a designated trainer at the main laboratory.

4.4.6 Information on Placements

Some laboratories will provide integrated placement training for university students completing an IBMS-accredited/HCPC-approved degree programme with completion of the IBMS Registration Training Portfolio integral to the award (these include both biomedical and healthcare science degrees) or sandwich placements (IBMS accredited programmes with optional completion of the IBMS Registration Training Portfolio.)

Depending on the individual university and degree programme, the placement structure and requirements from the laboratory will vary.

In addition to the requirements previously mentioned, laboratories are expected to provide a training programme that covers the placement arrangements and any university-specific requirements. As part of the IBMS accreditation process, a university offering an integrated degree will only issue the IBMS Registration Portfolio to laboratories that hold IBMS pre-registration training approval. Universities are expected to have their own monitoring processes to check training status.

4.4.7 Multi-Site Organisations and IBMS Training Approval

The IBMS holds training 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.

4.4.8 Frequently Asked Questions

1. ***Why do I need IBMS laboratory training approval?***

   Institute training approval allows a laboratory to provide training to complete an IBMS qualification such as the Registration Training Portfolio for the award of the IBMS Certificate of Competence. If a laboratory does not hold training approval, you will not be able to undertake the corresponding IBMS qualification.

2. ***Who can achieve IBMS laboratory training approval?***

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

3. ***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 training approval has been granted; however, if the candidate has moved to a non-approved laboratory their examination/verification may be delayed while the laboratory gains training approval.

4. ***How long does training approval take to achieve?***

   This depends on the documentation submitted. If the documentation does not meet IBMS requirements, then the laboratory will need to revise and resubmit their documentation for further review. We strongly recommend that laboratories review their documentation in line with this guidance prior to submitting their application for training approval.

5. ***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.

6. ***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.

7. ***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 IBMScan 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.

8. ***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.

9. ***My department operates on multiple sites. How do I get training approval?***

   IBMS training approval is held at departmental level.

   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.

10. ***What if I already have laboratory approval?***

    If your department holds current training approval 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.

11. ***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.

12. ***Do you need training approval for other post-registration qualifications (e.g. 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.

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 trust education and training policy (a 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, in order 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.

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.

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 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.

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.

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 ***twice***. 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.

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.

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 ***twice***. 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 is it 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 IN HAEMATOLOGY WITH HOSPITAL TRANSFUSION PRACTICE

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.

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.

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 ***twice***. 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 is it 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. don't 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.

APPENDIX TWO – Expectations of the training programmes

EXAMPLE TRAINING SCHEDULE

The following screenshots are taken from example training schedules which have been created using the training programme template spreadsheet. When submitting an application for laboratory training approval, you will need to include a copy of the completed spreadsheet containing indicative training schedules for each qualification being trained. The spreadsheet is organised into tabs, under which you will find blank templates for each qualification portfolio. There is also an 'Overview' tab which should be completed to indicate which levels and disciplines of training approval are being sought:

Overview

Training Level key:	Qualification:	Approval required? ('Y' or leave blank)
Support Staff	Certificate of Achievement	Y
Pre-Registration	Certificate of Competence	Y
Post-Registration	Specialist Diploma in Cellular Pathology	
	Specialist Diploma in Clinical Biochemistry	
	Specialist Diploma in Clinical Immunology	
	Specialist Diploma in Cytopathology	
	Specialist Diploma in Haematology with Hospital Transfusion Practice	Y
	Specialist Diploma in Histocompatability and Immunogenetics	
	Specialist Diploma in Medical Microbiology	
	Specialist Diploma in Transfusion Science	
	Specialist Diploma in Virology	
	Diploma in Biomedical Science	

Certificate of Achievement example training programme (part I):

Certificate of Achievement part I			
Portfolio Standard/Module	**Laboratory Section**	**Assessment Methods**	**Any Relevant Competencies**
Section 1: Professional			
Module 1 (Core) Personal Responsibility and Development	Specimen Reception	Direct observation, Q&A	
Module 2 (Core) Equality and Diversity	Specimen Reception	Direct observation, Q&A	
Module 3 (Core) Communication	Haematology - Automation	Direct observation, Q&A	LP-COMP - 001 FBC
Module 4 (Core) Data Handling	Haematology - Automation	Direct observation, Q&A	LP-COMP - 001 FBC
Module 5 (Core) Contributing to Team Work	Haematology - Automation	Direct observation, Q&A	LP-COMP - 001 FBC
Section 2: Health and Safety			
Module 1 (Core) Safety at Work	Haematology - Specials	Direct observation, Q&A	LP-COMP - 002 ESR
Module 2 (Core) Maintaining a Healthy Environment	Coagulation - Automation	Direct observation, Q&A	LP-COMP - 002 ESR
Module 3 (Core) Cleaning and Decontamination	Coagulation - Automation	Direct observation, Q&A	LP-COMP - 002 ESR
Module 4 (Optional) Waste Management	Haematology - Specials [2nd rotation]	Direct observation, Q&A	
Section 3: Quality			
Module 1 (Core) Maintaining Standards of Working Practice	Coagulation - Specials	Direct observation, Q&A	
Module 2 (Optional) Preparing Stock Solutions	Haematology - Specials [2nd rotation]	Direct observation, Q&A	
Module 3 (Optional) Routine Maintenance of Laboratory Equipment	Haematology - Specials [2nd rotation]	Direct observation, Q&A	
Section 4: Specimen			
Module 1 (Core) Receiving Specimens	Coagulation - Specials	Direct observation, Q&A	
Module 2 (Core) Storage and Retrieval	Transfusion - Grouping & Antenatal	Direct observation, Q&A	
Module 3 (Core) Sample Disposal	Transfusion - Grouping & Antenatal	Direct observation, Q&A	
Module 4 (Optional) Preparation of Specimens for Investigation	Haematology - Specials [2nd rotation]	Direct observation, Q&A	
Module 5 (Optional) Specimen Packaging and	Coagulation - Automation [2nd rotation]	Direct observation, Q&A	
Module 6 (Optional) Obtaining Venous Blood Samples	Coagulation - Automation [2nd rotation]	Direct observation, Q&A	
Section 5: Performing			
Module 1 (Optional) Simple Manual Method or Commercial Kit	Coagulation - Automation [2nd rotation]	Direct observation, Q&A	
Module 2 (Optional) Use of an Automated Analyser	Coagulation - Automation [2nd rotation]	Direct observation, Q&A	

Accompanying laboratory rotation schedule:

Rotation Arrangements		
Laboratory sections	**Duration of training in each section**	**Number of rotations**
Specimen Reception	1 month	2
Haematology - Automation	1 month	2
Haematology - Specials	1 month	2
Coagulation - Automation	1 month	2
Coagulation - Specials	1 month	2
Transfusion - Grouping & Antenatal	1 month	2

Registration Training Portfolio example training programme excerpt:

Certificate of Competence (Registration Training Portfolio)				
Portfolio Standard/Module	**Laboratory Section**	**Assessment Methods**	**Any Relevant Competencies**	**Notes**
Section 1: Professional Conduct				
Module 1 Personal Responsibility and				
Knowledge standards				
1 (HCPC SoP 1.1)	Specimen reception	Written work, questions and answers		
2 (HCPC SoP 1.2)	Specimen reception			
3 (HCPC SoP 2.1)	Specimen reception			
4 (HCPC SoP 2.2)	Specimen reception			
5 (HCPC SoP 2.3)	Specimen reception			
6 (HCPC SoP 2.4)	Specimen reception			
7 (HCPC SoP 2.5)	Specimen reception			
8 (HCPC SoP 2.6)	Specimen reception			
9 (HCPC SoP 2.7)	Specimen reception			
10 (HCPC SoP 3.1)	Specimen reception			
11 (HCPC SoP 3.2)	Specimen reception			
12 (HCPC SoP 3.3)	Specimen reception			
13 (HCPC SoP 4.4)	Specimen reception			
14 (HCPC SoP 4.6)	Specimen reception			
15 (HCPC SoP 11.1)	Specimen reception			
Competence standards				
a (HCPC SoP 1)	Specimen reception	Witness statements, written work, competency assessment		Standards revisited during a second rotation following rotation into Tissues and fluids
b (HCPC SoP2)	Specimen reception		LP-COMP - 001 FBC	
c (HCPC SoP 2.4)	Specimen reception			
d (HCPC SoP 2.7)	Specimen reception			
e (HCPC SoP 2.8)	Specimen reception			
f (HCPC SoP 3)	Specimen reception			
g (HCPC SoP 4)	Specimen reception		LP-COMP - 002 ESR	
h (HCPC SoP 4.1)	Specimen reception			
i (HCPC SoP 4.2)	Specimen reception			
j (HCPC SoP 4.3)	Specimen reception			
k (HCPC SoP 4.4)	Specimen reception			
l (HCPC SoP 4.5)	Specimen reception			
m (HCPC SoP 11)	Specimen reception			
n (HCPC SoP 14.1)	Specimen reception			
Module 2 Equality and Diversity				
Knowledge standards				
1 (HCPC SoP 5)	Blood cultures	Written work, questions and answers	Questions on HCPC, IBMS, professional standards	
2 (HCPC SoP 5.1)	Blood cultures			
Competence standards				
a (HCPC SoP 6)	Blood cultures	Witness statements, competency assessment		
Module 3 Communication				
Knowledge standards				
1 (HCPC SoP 8.3)	Blood cultures	Written work, questions and answers		
2 (HCPC SoP 8.6)	Blood cultures			
3 (HCPC SoP 8.7)	Blood cultures			
4 (HCPC SoP 8.8)	Blood cultures			
5 (HCPC SoP 8.9)	Blood cultures			
Competence standards				
a (HCPC SoP 8)	Blood cultures	Witness statements, written work, competency assessment		
b (HCPC SoP 8.1)	Blood cultures		LP-COMP - 003 ESR	
c (HCPC SoP 8.2)	Blood cultures			
d (HCPC SoP 8.4)	Blood cultures			
e (HCPC SoP 8.5)	Blood cultures			
f (HCPC SoP 14.34)	Blood cultures			

Accompanying laboratory rotation schedule:

Rotation Arrangements		
Laboratory sections	**Duration of training in each section**	**Number of rotations**
Specimen reception	1 months	2
Blood cultures	2 months	1
Hospital / GP bench	4 months	1
Enterics	2 months	1
Respiratory	2 months	1
Tissues and fluids	2 months	1

Specialist Diploma example training programme excerpt (Haematology with Hospital Transfusion Practice):

Specialist Diploma in Haematology with Hospital Transfusion Practice				
Portfolio Standard/Module	**Laboratory Section**	**Assessment Methods**	**Any Relevant Competencies**	**Notes**
7.1 Primary Investigations of Blood and its				
7.1a Cell Counting and Haemoglobin Concentration	Haematology - Automation	LP-COMP - 001 FBC		
7.1b Erythrocyte Sedimentation Rates (ESR)/Plasma Viscosity	Haematology - Automation			
7.1c Identification and Enumeration of Peripheral Blood Cells by	Haematology – Morphology			
7.1d Infectious Mononucleosis	Haematology - Automation			
7.1e Sickle Cell	Haematology – Specials	LP-COMP - 002 ESR		
7.1f Malaria Parasites	Haematology – Morphology			
7.1g Haemostasis Function	Coagulation – Automation			
7.1h Fibrinogen	Coagulation – Automation			
7.1i Fibrin Degradation Products	Coagulation – Automation			
7.1j Anticoagulant Therapy	Coagulation – Automation			
7.2 Iron Deficiency Anaemia and Iron Overload				
7.2a Iron Deficiency Anaemia and Iron Overload	Haematology – Specials			
7.3 Haemolytic Anaemia				
7.3a Haemolytic Anaemia Screening Tests	Haematology – Specials			
7.3b Inherited and Acquired Haemolytic Anaemia	Haematology – Specials			
7.4 Abnormal Haemoglobins and				
7.4a Haemoglobin Variants (HbS, C, D, E)	Haematology – Specials			
7.4b Imbalanced Globin Chain Production	Haematology – Specials			
7.4c Unstable Haemoglobin	Haematology – Specials			The department is able to provide practical training for all portfolio standards except for 7.4c. The candidate will achieve a sound theoretical knowledge in this topic.
7.5 Megaloblastic Anaemia				
7.5a Vitamin B12 Deficiency	Haematology – Specials			
7.5b Folate Deficiency	Haematology – Specials			
7.6 Haematological				
7.6a White Cell Malignancy	Haematology – Specials			
7.6b Polycythaemia	Haematology – Specials			
7.7 Haemostasis				
7.7a Bleeding Disorders	Coagulation – Specials			
7.7b Thrombotic Disorders	Coagulation – Specials			
7.7c Lupus Anticoagulant	Coagulation – Specials			

Accompanying laboratory rotation schedule:

Rotation Arrangements		
Laboratory sections	**Duration of training in each section**	**Number of rotations**
Haematology - Automation	2 months	2
Haematology – Morphology	1 month	2
Haematology – Specials	1 month	2
Coagulation – Automation	2 months	2
Coagulation – Specials	1 month	2
Transfusion – Grouping &	1 month	2
Transfusion – Cross matching	1 month	2

Glossary

Competency programme - the in-house assessment of competence against skills required for a specific service element

Department – a specific area within a larger laboratory service

Laboratory - the primary service unit that may comprise a number of separate laboratories with their own manager and training individuals

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

Training policy - The training policy is a generic departmental document that details the strategic approach to education, training and development of all non-medical staff.

Training programme – this is specific to each individual qualification and describes the detailed structured approach to the delivery of training and assessment of competence for each stage and the schedule for 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 time and duration within each section of the department

Training placement – the period of time spent by an individual as a mandatory part of an 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 or a particular qualification.

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