



Policy on Supervision of Biomedical Support Staff

**(Assistant and Associate
Practitioners)**

Introduction

As the UK professional body for biomedical science the Institute has established the following policy on supervision of biomedical support staff for those responsible for the delivery of clinical laboratory services.

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 professional bodies to establish and promote those standards of best practice relative to their own professions and support their members, particularly those managing services in the local delivery of those standards.

What this policy does

This policy provides professional best practice guidance on the supervision of laboratory support staff. These staff may be registered on a voluntary Science Council register but are not regulated by statute with the Health and Care Professions Council (HCPC). All references to registered staff are in respect of those regulated by statute on the HCPC register and must not be confused with staff on any voluntary register. In the context of this document support staff, irrespective of local job title, are considered to be those on pay bands 2-4 or the non-NHS Agenda for Change equivalent.

These are professional best practice standards produced by the Institute of Biomedical Science to support the delivery of high quality, effective, safe and efficient diagnostic services, whether provided in a hospital laboratory environment, a remote clinic, near patient environment or community service. It states the difference between directly supervised work, indirectly, or remotely supervised work and unsupervised work. Its purpose is to support the integration of non-regulated staff in to the diagnostic workforce while maintaining professional standards and quality of service. This policy recognises the role and benefits of biomedical support workers but makes a clear distinction between the scope of practice and responsibilities of this staff group and that of the HCPC regulated biomedical scientists.

What this policy does not do

This policy does not attempt to be fully prescriptive about which tests, roles or functions can be undertaken by Assistant and Associate Practitioners with or without direct supervision.

This policy should be read in conjunction with the Institute's policy on Management of Staffing and Workload for Clinical Diagnostic Laboratory Services.

Professional Workforce

Laboratory pathology services provide clinician access to a comprehensive range of investigations, which support diagnosis of clinical pathologies in most, if not all, patient care pathways in addition to providing long-term disease or therapy monitoring and screening for early detection or disease prevention. This service is delivered by a multi-professional team of medical, scientific and support staff. The medical, scientific and support staff of the clinical laboratory or department include:

- consultant pathologists and clinical directors
- laboratory managers
- biomedical scientists and clinical scientists
- trainee biomedical scientists, clinical scientists and junior doctors
- anatomical pathology technologists
- assistant and associate practitioners
- cervical cytology screeners
- phlebotomists
- administrative staff.

Voluntary registration

Support staff are a key part of the laboratory workforce and as such are encouraged to become a member of the Institute and, through the Institute, gain registration on one of the Science Council's voluntary registers: Registered Scientist or Registered Science Technician. Voluntary registration must not be confused with statutory HCPC registration, but enables support staff to demonstrate high levels of professional practice and ethical standards.

Skill mix

Skill mix refers to knowledge, skills and expertise required by the workforce to deliver and maintain the scope of service expected and/or contracted by service users. This will define the required composition, grade, staff numbers of multi-discipline teams, with respect to professional group and support staff. Any proposed changes in skill mix need to take account of financial, legislative and regulatory constraints.

To maintain the quality of service there must be a staff structure that recognises levels of responsibility based on professional competence, seniority and scientific and clinical experience, with clear lines of professional accountability. There are certain tasks and tests within the service provision that could be undertaken by laboratory support staff under regulated biomedical scientist supervision without increased clinical risk to patient care. However, there must be biomedical scientists in sufficient number and seniority to perform complex analytical investigations, result interpretation and to provide scientific/clinical advice. Additional responsibilities of biomedical scientists include education and training of pre and post registration staff, quality management, audit and improvement and scientific leadership within the laboratory.

Supervision

Irrespective of the systems operated, laboratory support staff (assistant and associate practitioners) are not autonomous practitioners and as such must only work within a clearly defined scope of practice adhering to departmental protocols, supervised by an HCPC registered biomedical scientist. Non-HCPC registered staff must not deputise for, or supervise, registered biomedical scientist staff.

Support staff must only practise within the limits of the role and their competency, must not work beyond the level of their supervision, and must be made aware of the potential risks the tasks within their role brings in compromising patient care. They must have a complete and approved set of laboratory training records and competencies for the procedure they are performing. Those that do not have a complete record must not perform procedures without direct supervision. Confirmatory assessment of competency must be performed by a HCPC registered biomedical scientist

Supervision is the direction and inspection of the performance of workers or work. Non-HCPC registered staff may not work unsupervised in an NHS laboratory or a laboratory providing a service to the NHS. It is the Institute's recommendation that this should also apply in non-NHS laboratories providing a clinical service.

For clarification, supervision for support workers can be divided into three categories: direct, indirect and remote supervision.

a) Direct supervision

Direct supervision is where the work of the untrained member of staff is supervised at all times by another member of staff who has been fully trained and signed off as competent in the task/work area. The supervision may be given by a non-HCPC registered support staff such as the team leader. During this time the appropriately trained and/or qualified individual works alongside a member of staff being trained to monitor and assess the way the task is being undertaken and to verify compliance with departmental standard operating procedures. For example, direct supervision is necessary for an individual who is undergoing training in a specific task and has yet to demonstrate competence to execute that task fully and reliably in accordance with departmental standard operating procedures.

b) Indirect supervision

When a member of support staff has been trained and deemed competent their work will become "indirectly supervised" by their line manager and by a biomedical scientist who takes overall responsibility for the support staff's work. In this context, indirect supervision is where an appropriately trained and qualified HCPC registered biomedical scientist is readily available in physical proximity to provide guidance and verbal advice to a trained and competent but non-HCPC registered individual undertaking duties in accordance with departmental standard operating procedures.

c) Remote supervision

Competent support staff working to agreed protocols may not require supervision by an HCPC registered biomedical scientist in the same physical locality. While the latter would be expected to

be aware of, and responsible for, the individual and the tasks they are performing they may not be on the same site, so they can only give advice verbally or electronically. In this context, remote supervision is where laboratory work is performed at a remote site, with advice and/or scrutiny and validation by staff at another site, for example remote electronic issue of blood or point of care testing (POCT). Support staff must not be validating results autonomously. Reference and guidance should be sought from ISO 22870:2006: Point-of-care Testing (POCT) – Requirements for quality and competence; IBMS guidance Point-of-Care Testing (Near-Patient Testing).

What types of procedures are suitable for remote supervision?

A range of pre-analytical and analytical test process including:

- Dispatch of samples to a different site for processing
- Loading and running analysers remotely according to the department policies and procedure; this may include Full Blood Count (FBC) and electrolytes (U&E's) where the internal quality control (IQC) is auto-validated within defined parameters and the use of rule-based IT technology would auto validate 'normal' results with any 'abnormals' directed to a validation/authorisation queue for attention of an HCPC registered biomedical scientist. Management would have to risk assess this strategy and have a plan for business continuity in place for conformation and further investigation of abnormal results, procedures in place in case of analyser failure and process of supervision/site visits to ensure process procedures are being followed and maintained.
- Equipment maintenance
- Measuring and aliquoting
- Stock control

Types of procedure not suitable for support workers under remote supervision

- Support workers must not clinically validate or authorise patient results.
- Support workers must not provide to clinicians, or other requestors, validated, but clinically unauthorised, results.
- Unsupervised support workers must not perform manual tests or run an analyser in a remote location that is not electronically linked to the main laboratory to be able to release results that could be automatically authorised. An HCPC registered biomedical scientist is required to have the visual assurance of interrogating the quality control (QC) and the maintenance records that results could be auto authorised.

The biomedical support workforce has roles predominantly in the pre-analytical tasks in a laboratory and certain analytical procedures. Complex analytical investigations and the post analytical phase is the responsibility of qualified, regulated biomedical scientist staff.

Note: Blood Transfusion

In blood transfusion a 'result' is a component/product issued. The overarching principles stated in this document are the same; support staff may issue a blood component when the end to end process is directed by the LIMS but may not where interpretation or decision making is required.

Similarly, a request coming into a blood transfusion laboratory (by phone or sample arrival) will often require decision making as to whether the request is appropriate, a step that should be performed by a registered biomedical scientist.

Note: Cervical cytology

With respect to cervical cytology screening programmes, there are specific supervision standards for cytology screeners



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