1a. Informal Interview with Candidate (15 – 20 minutes)

Based on requirements of meeting the HCPC SETs. STANDARD MET:	Y	N
Describe your formal trust and departmental induction process.	☒	☐
How were you made aware of the location of the policies on equal opportunities and anti-discrimination?	☒	☐
Describe what you should do if you feel that you may have been discriminated against or if you have concerns about the safety and well-being of service users.	☒	☐
How were you made aware of the grievance procedure and how to initiate it?	☒	☐
Do you feel you have followed a structured training programme?	☒	☐
Was your training supportive to satisfy all of the above?	☒	☐
Were there any difficulties in delivering your training?	☒	☐
Were there any other trainees?	☒	☐
Was all the training done on one site?	☒	☐
Was there any rotation or collaboration with other departments?	☒	☐
Can you give examples of being able to take part in inter-professional learning? (learning with and from other professionals)?	☒	☐

1b. Specific requirements to confirm standards for IBMS Approval for Pre-registration Training are being met.

Based on requirements of meeting the HCPC SETs. STANDARD MET:	Y	N
Was a copy of the training programme made available?	☒	☐
Does each trainee have a nominated HCPC registered training officer/mentor?	☒	☐
Do they have access to current textbooks and journals?	☒	☐
Do they have access to a quiet area for study?	☒	☐
Does the Department have a training notice board? (wall or electronic)	☒	☐
Does the Department have a Health & Safety notice board? (wall or electronic)	☒	☐

Did the candidate or training officer wish to make any further comments about the training process?

2. Verification of the Registration Portfolio (maximum length – 90 minutes)

Please include your comments below on the candidate's disposition, only if you feel it may have affected the verification process.

Initial review of the portfolio of evidence showed some areas of concern and a few deficiencies, in my opinion. These were discussed with the Training Officer and some additional evidence was requested.

A summary of the feedback discussed was as follows:

- Witness statements are on a template that has a review date two years ago (not demonstrating good document control awareness!), and it still says 'CPA' on it, which hasn't existed for a number of years now – given that knowing about quality regulations and standards is in the portfolio, this doesn't look great.

- Lots of very short, witness statements, not written by the candidate, very few examples of personal practise – a bit weak. As a one-off not too bad, but there are quite a few of them (6 out of the 30 piece of evidence). When you are limited to only 30 pieces of evidence, I would suggest choosing things that are a bit stronger than this, or adding some examples/ explanation from the candidate to them, for example.

- Certificates of training – e.g. Sysmex certs, equality & diversity evidence, H&S training certs – doesn't say what was covered, and aren't really evidence that the candidate has gained some knowledge or achieved competence in line with the requirements of the Standards of Proficiency.

  What was covered? Is it at BMS level? Is it relevant to the standards? The evidence should demonstrate this, so I'd suggest to add an example of practise, or a summary of what was covered, or a reflection from the candidate on the training/session and how they have implemented it.

- Data protection – the year on the data protection act is incorrect. General evidence is a bit brief – restricting staff access and passwords are the only measures? How is this done, what systems, what information is there? Disposal/storage of confidential info?

- Section 1, module 5 – example of interacting with another professional – 'a consultant wanted a sample and I gave it to him' - Is this really the best example to demonstrate HCPC registration level competence?

- The reflective statement in this module is also a bit brief and not very reflective on the candidate's learning and professional development. This is a mandatory piece of evidence.

- Project used in mod 5, from 2012 – too old. Evidence should be from within last 3 years, ideally from within training period. Projects can be used but they need to be updated, or the candidate should demonstrate how it is relevant to current practise. An additional piece of evidence in this module appears to be a description of something from the same project? Not sure this counts as a separate piece of evidence.

- Evidence of Achievement justifications were not completed for the evidence submitted.

After discussion a new deadline was agreed for additional evidence to be submitted, after the verification meeting and laboratory tour.

The IBMS was also informed at this point of my feedback, to seek advice and ensure the requirements were reasonable.

The portfolio was revised and resubmitted (electronically), and verified. The evidence descried below is the final submission, including the additional evidence supplied.

SECTION 1 – PROFESSIONAL CONDUCT		
SECTION 1 – Module 1: Personal Responsibility and Development		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standards SoP numbers: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 3.1, 3.2, 3.3, 4.4, 4.6, 11.1	☒	
Competence standards SoP numbers: 1, 2, 2.4, 2.7, 2.8, 3, 4, 4.1, 4.2, 4.3, 4.4, 4.5, 11, 14.1	☒	
COMMENTS		
Please indicate the range of evidence provided, highlighting any strong or weak areas. E1 – A witness statement written by the training officer, stating that XXXXXX understand the HCPC Code of Conduct & Ethics and IBMS guidance of professional practise. Refers to Evidence 2. Outlines having observed XXXXXX behave in accordance with codes of conduct and practise. E2 – A piece of work in which the candidate is asked to describe the HCPC and the requirements to be a registered BMS. The purpose of the HCPC is summarised and the requirements to become registered, and to maintain registration (CPD), are briefly described. E3 – Example of types of CPD activities that can be undertaken to meet CPD requirements for registered professionals. An example from the trainees practise is given in that she has completed online training modules on the Sysmex analysers, and some reflective statements on training undertaken are supplied. Given that this is such a large module, covering so many topics, it would be nice to see a bit more variation in the evidence selected.		

SECTION 1 – Module 2: Equality and Diversity		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET

Knowledge standards SoP numbers: 5, 5.1	☒	
Competence standards SoP numbers: 6	☒	

COMMENTS

Please indicate the range of evidence provided, highlighting any strong or weak areas.

E1 – A witness statement, written by the training officer, describing how XXXXXX works and behaves in a non-discriminatory manner, how she interacts with other staff members and with service users who contact the laboratory.

E2 – A description of how HCPC registrants are expected to behave, summarising some of the standards of performance and ethics.

E3 – A print out showing a screenshot of completion of equality & diversity training, but doesn't show XXXXXX's name on the record, so no evidence it is hers. No evidence of what was covered, or how a 'Pass' was assessed, however XXXXXX provided a brief reflection stating that she learned about the different backgrounds of staff working in the health service and that HIV positive patients and cancer patients should not be discriminated against.

SECTION 1 – Module 3: Communication

HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standards SoP numbers: 8.3, 8.6, 8.7, 8.8, 8.9	☒	
Competence standards SoP numbers: 8, 8.1, 8.2, 8.4, 8.5, 14.34	☒	

COMMENTS

Please indicate the range of evidence provided, highlighting any strong or weak areas.

E1 – A witness statement written by the training officer describing that the candidate is able to use the LIMS to book in samples, make the necessary information checks, and check for pending files. The statement also describes that the candidate can check if analyser maintenance has been done, perform maintenance and QC records, ensuring records are accurate and up to date and that she can use Microsoft Office and the internet as tools. The statement also states that XXXXXX can use QPulse and that she understand information governance. It would be good to see these elements described in the trainees own words, using examples from their practise, rather than in the training officers words and just statements.

E2 – A piece of work where the candidate is asked to 'List the various ways or situations in which information is given to, and disseminated between staff, within your work area'. XXXXXX gives a short description of verbal and written communication and where they might be used. She describes that the department has noticeboards and whiteboards, and mentions the use of MOLIS (LIMS), QPulse and SOPs to deliver information to staff.
She mentions emails, phone calls, faxes and post are all used with the service – it might be nice to expand this with examples of where these are used and where they are not appropriate forms of communication.

E3 – A list of abbreviations commonly seen in laboratory practise, covering test codes, clinical detail codes and abbreviations, acronyms for UKAS and HCPC. This is followed by the

terminology used to describe blood cell type and morphology, and a description of a few commonly seen conditions. A nice, comprehensive list.

SECTION 1 – Module 4: Patient Records and Data Handling		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standard SoP numbers: 7, 7.1, 7.2, 7.3, 10.2, 10.3, 10.5, 10.6	☒	
Competence standards SoP numbers: 7, 10, 10.1, 10.3, 10.4	☒	
COMMENTS		
Please indicate the range of evidence provided, highlighting any strong or weak areas. E1 – A laboratory competency from specimen reception signed off to show that XXXXXX can book in samples and deal with commonly occurring situations such as leaking samples. It would be nice to see some of the objective evidence that accompanies the signed document. E2 – A written piece of work form the candidate describing how they would deadl with: - An insufficient specimen - A specimen received with incorrect preservative/fixative - An incorrectly/inadequately labelled specimen The final element just described samples being accepted or rejected, it would be useful for the candidate to demonstrate they know if samples are still booked in, recorded with an error code, reported to the user and or tracked & trended for quality purposes etc. E3 – A written description of the purpose of the Data Protection Act (quite brief, 2 sentences), and a description of Caldicott principles and their intention.		

SECTION 1 – Module 5: Professional Relationships		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standards SoP numbers: 9.2, 9.3, 9.5, 13.3, 13.4, 13.5	☒	
Competence standards SoP numbers: 9, 9.1, 9.4, 12.2	☒	
COMMENTS		

Please indicate the range of evidence provided, highlighting any strong or weak areas.

E1 – Reflective statement on how engagement with service users has contributed positively to the candidate professional development (see below).

E2 – A witness statement written by the training officer, describing that XXXXXX demonstrates good interpersonal skills, communicates well with service users, uses verbal and non-verbal communication, completes laboratory records and can use a fax machine.

E3 – A very short piece of evidence listing some of the departments that the lab has contact with and an example of communicating with the ward about an underfilled sample for coagulation tests.

IMPORTANT:

The candidate must produce a reflective statement on how the engagement with service users and learning with and from professionals and learners in other relevant professions has contributed positively to their professional development (HCPC SoP 9.3, 12.2)

Please comment specifically on this in terms of identified outcomes.

XXXXXX lists some of the professionals she has interacted with, mostly by describing that it is important to be polite and to help with enquiries. She also lists some ways in which service users can be engaged with, for example using questionnaires and in POCT settings. She gives one example where she dealt with an enquiry from a doctor who was enquiring about results on grossly haemolysed samples for coagulation tests, and she explained how she interacted with the doctor. It would be good to have some more real examples here as the statement is not very specific, and reflection is limited.

SECTION 2 – PROFESSIONAL PRACTICE		
SECTION 2 – Module 1: Professional Knowledge		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standards SoP numbers: 13, 13.1, 13.2, 13.6, 13.7, 13.8	☒	
Competence standards SoP numbers: 14, 14.14, 14.17, 14.18, 14.19, 14.20, 14.21, 14.23, 14.24, 14.25, 15.6	☒	
COMMENTS		

Please indicate the range of evidence provided, highlighting any strong or weak areas.

E1 – A very short piece of evidence (1 side) answering the set question: "Describe with reference to legal and professional requirements, how the laboratory in which you have been trained stores and disposes of human samples." The answer describes the Human Tissue Authority and their purpose, describes guidelines without mentioning the Act and describes the guidelines as 'primordial' (?). XXXXXX mentions 'this has given me great insight to how to conduct myself according to the laboratory principles' but it isn't clear what has given insight, or what principles are applied in practise.
XXXXXX describes that samples are stored in fridges and freezers for different lengths of time (but not why they are different) and that they are disposed of in yellow bins that must be appropriately labelled for traceability.

E2 – A list of investigations in which the candidate has been trained and a brief description of their diagnostic purpose. A nice list showing a broad repertoire has been covered within the training period.
It would be nice to see practical evidence of these and/or knowledge of some of the basic underlying method principles in other evidence in this section, especially as this was an area that XXXXXX struggled with on the tour. Knowledge of underlying scientific principles is specifically mentioned within the standards (SoP 13.7)

E3 – An example of a disease or condition chosen by the candidate for a case study – glandular fever selected. A nice piece of evidence incorporating a summary of what glandular fever is and how it affect the patient, how the body reacts and how this can be used to detect the infection using laboratory tests. XXXXXX describes the kit that is used (but not how it works) and FBC results that might be seen in a GF patient. She include a screenshot from the laboratory LIMS showing abnormal results observed in a patient.

SECTION 2 – Module 2: Health and Safety		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standards SoP numbers: 15, 15.1, 15.2, 13.11	☒	
Competence standards SoP numbers: 15.2, 15.3, 15.4, 15.5	☒	
COMMENTS		

Please indicate the range of evidence provided, highlighting any strong or weak areas.

E1 – A brief description of COSHH and a summary table of a number of different chemicals and reagents used within the training laboratory, describing hazards, prevention measures and first aid advice.

E2 – A certificate for Health & Safety Level 1 completion by XXXXXX, plus a reflective statement outlining that she learned about using PPE in the lab and the location of flammable storage, the use of risk assessments and that there are requirements for disposing of samples, reagents and chemical waste. XXXXXX mentions there are policies that she can use but doesn't mention what the policies are or where they can be located.

E3 – A witness statement written by the trainer to describe that XXXXXX can work in a safe manner in compliance with requirements from the H&S policy or job description. It describes the PPE that XXXXXX was issued with at induction and the training lectures she has attended within the Trust, also that XXXXXX understands why incident reporting is important and how to deal with a spillage.

SECTION 2 – Module 3: Quality		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standards SoP numbers: 11.2, 12.3, 12.5, 12.7, 14.15, 14.16	☒	
Competence standards SoP numbers: 12, 12.1, 12.4, 12.5, 12.6, 12.8, 12.9	☒	
COMMENTS		
Please indicate the range of evidence provided, highlighting any strong or weak areas. E1 – A witness statement written by the training officer describing that XXXXXX can comply with IQC procedures and is aware of the use of EQA schemes within the lab. E2 – A description of what vertical and horizontal audits are, and that the candidate had undertaken a vertical audit in transfusion. There is a brief description of what was checked during the audit. It would be nice to see some extract of the actual audit recors here, or what happens once the audit is completed e.g. recorded on QPulse? How are findings dealt with, CAPA etc.? E3 – A piece of written work explaining the difference between IQC and EQA, what controls are used in one part of the lab and some of the record sheets filled in in the lab. It would be nice to see some IQC or EQA results here – perhaps showing what is acceptable/ not acceptable and why – especially as XXXXXX seemed to struggle with this on the tour. A basic knowledge of levy Jennings, mean, s.d., CV and QC shifts/ trends, actions taken when results are unacceptable – all make great evidence and can be annotated onto laboratory screenshots/records.		

SECTION 2 – Module 4: Performing Standard Investigations		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standards SoP numbers: 13.10, 14.22	☒	
Competence standards SoP numbers: 13.9, 14.2, 14.3, 14.4, 14.5, 14.6, 14.7, 14.8, 14.9, 14.10, 14.11, 14.12, 14.13, 14.26	☒	
COMMENTS		

Please indicate the range of evidence provided, highlighting any strong or weak areas.

E1 – A copy of a competency document signed to record that XXXXXX can perform some duties in relation to the Sysmex XN10, ESR, glandular fever screen and reception etc. – only partially completed, much of it is not filled in – including some areas that the tour would suggest have been covered such as malaria testing. It would be good to see the objective evidence that supports sign-off of these elements.

E2 – A description of the journey of a sample through the lab. A nice piece of evidence with well-laid out descriptions and explanations of various parts of the lab.

E3 – A piece of written evidence where the candidate is asked to "Give an example during your training where you have encountered problems with an intended analytical method and how you have resolved them." XXXXXX describes a nice example where she was working in the coagulation section and received a sample that was lipaemic, which meant a reliable result couldn't be produced by the analyser for APTT. She then describes the next steps to do the test manually, but describes this as having been done by 'a staff member', there is no indication of whether she got to perform this herself at all. She describes the results are reported and recorded. A good piece of evidence, it would be good to see her involvement in the procedure, if possible.

SECTION 2 – Module 5: Research and Development		
HCPC STANDARDS OF PROFICIENCY COVERED	STANDARDS MET	PLEASE INDICATE WHICH (IF ANY) STANDARDS HAVE NOT BEEN MET
Knowledge standards SoP numbers: 14.30, 14.31	☒	
Competence standards SoP numbers: 14.27, 14.28, 14.29, 14.32, 14.33	☒	
COMMENTS		
Please indicate the range of evidence provided, highlighting any strong or weak areas. E1 – A piece of written work describing what the candidate understands by the term 'evidence based laboratory practise' – the candidate gave a brief description of the principles of evidence-based practise, and the intended purpose. An example was given as to the requesting of D-Dimer tests in high-risk patients. E2 – A literature review providing an update on a research project that XXXXXX carried out as part of her undergraduate degree. The project was looking at the repair of the anterior cruciate ligament. XXXXXX used PubMed as a resource for the literature review, she analysed abstracts from a targeted search and used defined exclusion criteria to identify 8 articles of relevant subject matter. XXXXXX summarised the findings and recent results on ACL reconstruction, and the consideration of genetic factors, plus areas of continuing research. E3 – A piece of work on measurement uncertainty, its purpose, how it is calculated and why it is useful in a laboratory service. A nice exercise, good use of a worked example.		

OVERALL COMMENTS ON PORTFOLIO

The portfolio showed evidence of sign-off by trainer and trainee throughout, which was good to see. However, there was little evidence of marking or feedback to the candidate on the work. A lot of evidence was quite brief and would have benefitted from some additional explanation, or inclusion of examples and evidence form laboratory practise by the candidate.
Lots of witness statements were included as evidence, not written by the candidate. As a one-off piece of evidence, this is OK, but with the current limit of 30 pieces of evidence, I would suggest choosing things that are a bit stronger than this, or adding some examples/explanation from the candidate to them, for example.

Just for some general feedback, when doing a reflective statement and there is the prompt "How will you be able to apply/use what you have learned in the future?" – the response could be a bit more specific than, for example [quote],
"This knowledge is extremely important and can be applied at any hospitals I would be working in. I am looking forward to implement it as a Biomedical Scientist."
That could be written for anything, and doesn't show the candidate actually understand how they will apply or use the knowledge in the future.
Give a specific example or two.

3. Tour of Laboratory (maximum length – 40 minutes)

This is an opportunity to observe the training environment and candidate's knowledge and understanding of the service delivery. The candidate should be able to demonstrate an understanding of the routine service and respond correctly to pro-active questioning.

The criteria below should be verified in accordance with the knowledge and understanding of the candidate in respect of the discipline(s) in which their training has taken place.

CANDIDATE ABILITY	STANDARD MET	STANDARD NOT MET
Candidate was able to show they knew the correct procedures for handling specimens, pre and post analysis.	☒	☐
Candidate was able to show a knowledge and application of health & safety requirements.	☒	☐
Candidate was able to show they knew how to use the main laboratory computer system in accordance with service requirements.	☒	☐
Candidate was able to show they knew how to operate equipment used in the preparation and analysis of samples	☒	☐

COMMENTS
Please provide a brief summary of the topics covered on the tour and the candidate's scope of practice. The tour was conducted virtually, with XXXXXX using a phone and camera to give a guided tour of the lab. XXXXXX began in sample reception and described how sample arrive via the drop-off hatch and pod system. She described the minimum identifiers that must be present on a request but didn't seem very sure of the procedure if a sample did not meet the acceptance criteria. She described that the ward would be contacted and, after lots of prompting, that the sample would be booked in to create a record of receipt and the reason for rejection. XXXXXX described the separation of urgent and routine samples, but aside from A&E, didn't seem sure of which samples would be treated as urgent, or how the BMSs receiving the samples in haematology would know which ones were urgent. She initially said that a 'danger of infection' sticker on the sample would denote it as urgent, but then changed her mind on this. Moving into BT, XXXXXX described that samples go directly to transfusion and that 5 identifiers are required. She explained, when asked, why the requirements are more strict for blood transfusion. XXXXXX showed the Ortho Vision blood transfusion analysers and described the cassette used for grouping, and that the method uses AB Ag reactions to identify the patient blood group. She struggled a little bit to articulate the basic method principle, but it was there with a little coaxing; I feel she would benefit from a little bit more practise on this. XXXXXX showed the maintenance records and explained QC would be run before any patient samples, and that patient samples would not be run if a QC failed. XXXXXX then showed various blood products in storage in the lab. She showed FFP and cryo in the freezer, but when asked what these products were she didn't know, and wasn't able to answer. She showed red cells in the fridge and said it was important to keep them in the fridge, but didn't know the temperature range they should be kept between, only that it currently said 6° on the fridge.

XXXXXX described the Kleihauer test, covering the purpose of the test and how it is performed, and the clinical purpose of anti-D.
XXXXXX described the crossmatching progress, and explained that it is currently beyond the limit of her practise to cross-match, but has performed the test under supervision to gain experience.

Moving into the auto-haematology lab XXXXXX showed the Sysmex analysers and described that they are used for full blood count testing, and named the different cells reported in an FBC result. XXXXXX mentioned 'sheath flow detection' as a method principle, and spectrophotometry for the Hb, but struggled to describe the basics of what these terms meant. We covered spectrophotometery, with some prompting, but XXXXXX was clearly a bit flustered by this point and I didn't want to push her too much, so we moved on.
XXXXXX described the SP10 staining instrument and explained, when asked, that not all FBS samples get a film, only those that show abnormal results that might require a film. She gave an example of if the platelet count was low, a film might be made because there might be platelets clumps, which would be seen on the film.
Next XXXXXX showed the ESR machine, explaining that this stood for erythrocyte sedimentation rate, which was a marker of inflammation. She didn't seem sure if the sedimentation rate went up or down in inflammation.
Next we looked at the glandular fever test; XXXXXX explained that the patient sample would have antibodies, which would make lines appear on the test strip. When asked how this worked, she did not know, but she did give some background knowledge on the condition.
Looking next at malaria test strips, XXXXXX explained that this test would be done and also think and thin blood films would be made. When asked why two kind of films are made, not just the usual one, she did not know.

XXXXXX then moved to coagulation and showed the CS5100 analysers. She described that light is used to detect the formation of a clot in the plasma. I asked about any sample requirements for coag tests and XXXXXX said she knew about the importance of the fill level of the tube, to make sure there is enough to dilute the anticoagulant that is in there. She wasn't sure what the ratio was supposed to be, or what the minimum fill level was.
XXXXXX then showed us a QC chart on the instrument. I asked her to explain the different things we were looking at on the chart (shouldn't have been too difficult, as we were looking at the L-J plot labelled with 'mean' and 'SD' on the screen. XXXXXX said the target was the 'median' several times, and it took a lot of prompting to get to the acceptable range being 2 SD – I didn't go any further with this but registration level BMSs should be able to explain these basics, and usually can go further, where they can describe basic shifts and trends etc.
XXXXXX described the labs part in haemoglobinopathy screening and talked about the importance of gaining patient consent for genetic testing.

There was some confusion about the amount of time XXXXXX had been working in the lab and whether or not she is going back to university after her placement or not.

The Institute has published 'Clinical Laboratory Standards' for the approval of laboratories for pre- and post- registration training. Based on these criteria, the laboratory tour also gives the external verifier an opportunity to judge whether the laboratory has the appropriate requirements for training against the standards below.

OVERALL STANDARDS	STANDARD MET	STANDARD NOT MET
Environment, Facilities and Equipment (as well as can be judged via virtual tour)	☒	☐
Health and Safety (as well as can be judged via virtual tour)	☒	☐
Workload and Staffing (as well as can be judged via virtual tour)	☒	☐

Quality (as well as can be judged via virtual tour)	☒	☐
Education and Training	☒	☐
Documentation	☒	☐

4. Feedback Comments to Trainer and Candidates

This also provides an opportunity to seek further clarification on points of evidence if required.

FEEDBACK:

Additional evidence requested (see first section) was submitted by 21st June 2021, and the portfolio re-verified as a whole.

COMMENDATIONS: Highlight any areas of good practice.

A nice piece of evidence of glandular fever, encompassing lots of different elements, and photos and examples from the lab.

RECOMMENDATIONS:

Please note this is meant to be constructive and helpful where you are able to suggest one or two areas where future training may benefit.

Recommendations must be consistent with IBMS guidelines for registration training and portfolio completion.

While verification remain virtual, I would suggest using a powerpoint presentation for the lab tour, with photos and/or videos. This can make it less stressful for the candidate and also combat connectivity issues, as XXXXXX feed was a bit crackly at times and it was sometimes difficult to pick up what she said in the BT lab. More practise on the tour, and practise explaining basic principles would be useful.

It would be really good to see more real practise examples and objective evidence in the evidence selected for inclusion in the portfolio, and fewer piece of evidence written by someone other than the candidate. Witness statements would be detailed and have specific examples, a few general lines is not sufficient. Ideally witness statements would be kept to a minimum unless accompanied by a statement from the candidate, or something to demonstrate their input or understanding in their own words or practise.

I would like to see better examples used in the evidence – these should be selected because they are at BMS registrant level and meet the standards required for registration – I often felt like I was

looking at MLA level work, which meant I was looking for that extra step in the tour, which was difficult to discern, and difficult for XXXXXX to present under pressure.

5. Result of Verification

If completion of any academic study is still outstanding, the verifier should recommend the award of the Certificate of Competence subject to the relevant evidence being submitted to the Institute.

AWARD OF CERTIFICATE OF COMPETENCE RECOMMENDED
YES ☒ NO ☐ If degree has not been completed or if further evidence is required, please indicate below. (Continue on extra sheet if necessary.) Qualification information attached with this report.

TRAINING APPROVAL OF THE LABORATORY RECOMMENDED
YES ☒ NO ☐ If No, indicate further evidence required. (Continue on extra sheet if necessary.) But I do think the IBMS should review feedback given to the lab from previous verifiers, and whether this has been sufficient?

IS THERE ANY PARTICULAR ISSUE YOU WISH TO BRING TO THE ATTENTION OF THE INSTITUTE?
As above.

I confirm that this external verification has been carried out in a manner consistent with the guidelines provided and in line with the requirements of the Institute of Biomedical Science and that the candidate is previously unknown to me.

Verifier Name:	
Signature:	Date:

In providing IBMS with the information requested you are consenting to its use as indicated in the IBMS Privacy Notice. Further information can be found on the IBMS website at www.ibms.org/privacy