

**INSTITUTE OF BIOMEDICAL SCIENCE**

**Application for Laboratory Training Approval to deliver IBMS Qualifications**

This form should be completed for **each** department and sent to [educationsupport@ibms.org](mailto:educationsupport@ibms.org)

**Note:** Departments applying for first time training approval will be required to provide the training policy documentation and training programme alongside this application.(*Please refer to Clinical Laboratory Standards for IBMS qualifications and guidance for training laboratory*

*Management and approval page 23 appendix two - Expectations of the training programmes*)

Any sections which indicate standards are not met will be followed up by the IBMS as part of the application process. Further information on the standards can be found here:

<https://www.ibms.org/resources/documents/ibms-laboratory-training-approval>

Tick the relevant boxes to indicate which level of IBMS qualifications you are seeking training approval status for. (NB: Multiple boxes may be ticked):

|  |  |
| --- | --- |
| Support Staff Training Approval (For Certificate of Achievement Part I & II) |  |
| Pre-Registration Training Approval (For the Registration Training Portfolio) |  |
| Post-Registration Training Approval (For the Specialist Diploma) |  |

Please indicate which of the following have previously been approved for training by the IBMS and the date of expiry:

|  |  |  |
| --- | --- | --- |
| Support Staff Training Approval (For Certificate of Achievement Part I & II) |  |  |
| Pre-Registration Training Approval (For the Registration Training Portfolio) |  |  |
| Post-Registration Training Approval (For the Specialist Diploma) |  |  |

**Section One - Organisation/Department Details:**

Example department: Microbiology, Haematology etc.

**If one department is on multiple sites, please give details below. (Additional tables may need to be created)**

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | | |
| Organisation/Trust Name: |  | | |
| Hospital Name: |  | | |
| Hospital Address: |  | | |
|  | Postcode: |  |

**Please indicate all disciplines being applied for by this department.**

|  |  |  |  |
| --- | --- | --- | --- |
| Cellular Pathology |  | Clinical Biochemistry |  |
| Clinical Immunology |  | Cytopathology |  |
| Cervical Cytology |  | Diagnostic Cytopathology |  |
| Haematology |  | Histocompatibility & Immunogenetics |  |
| Transfusion Science |  | Medical Microbiology |  |
| Genetics/Molecular |  | Virology |  |

Please indicate if your laboratory has been accredited by UKAS, and/or another regulatory agency (e.g., MHRA). This is for information only and not a requirement for laboratory training approval.

|  |  |
| --- | --- |
| **Accreditation/regulatory body** | **Accreditation period** |
|  |  |
|  |  |
|  |  |

Placements (Applicable to Pre-registration Training Approval Only) (Std 2.5,2.6)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you provide laboratory-based placements for university students? | | | | |
| **Yes** | |  | **No** |  |
| **If Yes, please provide the following details:** | | | | |
| Name of University(s): |  | | | |
|  | | | |
| Length of placements offered: |  | | | |

If your organisation accepts student placements from a university for pre-registration training, please indicate if your laboratory is compliant or not with the following requirements.

|  |  |  |
| --- | --- | --- |
| **Student Placements** | **Confirmation** | |
| **Y** | **N** |
| Do you confirm which approved route the student is currently on (see page 12 of the **IBMS Laboratory Training Standards)** |  |  |
| Students Placement on Integrated Degrees - Degree with Registration Portfolio |  |  |
| Students Placement on sandwich degrees - Degree followed by Registration Portfolio (i.e., verifications organised by the laboratory through the IBMS) |  |  |
| Do you have a formal agreement with the respective university? |  |  |
| Have your practice placement tutors received training from the university related to placements? |  |  |

**Section Two – Training Staff Details (Std 2.5):**

Details of training staff should be provided for first time approval **only** as a contact list provided separately. Changes in training staff should be provided in a laboratory update form for each department which can be found on our website.

**Please note -** all training staff listed will be allocated against the department (and against each site where application has multiple sites for the department).

Please provide details of training staff responsible for organising training within a specialty/department. It may be appropriate in combined departments to have more than one individual responsible for training to ensure discipline specific knowledge e.g., blood sciences; therefore, additional tables may be created below).

|  |  |  |  |
| --- | --- | --- | --- |
| Role title: |  | | |
| Department: |  | | |
| Name: |  | | |
| IBMS Number: |  | HCPC Number: |  |
| Email Address: |  | | |
| Telephone Number: |  | | |
| Training completed: IBMS Qualifications / Verifier or Examiner Training / other training qualifications *(Please specify)* |  | | |

**Section Three – Declaration of compliance:**

I can confirm that the following policies are in place and accessible to all staff:

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy** | **Location** | **Confirmation** | |
| **Y** | **N** |
| Induction Policy (Organisation wide) |  |  |  |
| Induction Policy (local) |  |  |  |
| Equality and Diversity |  |  |  |
| Health and Safety |  |  |  |
| Training Policy |  |  |  |

I can confirm that the following requirements have been met:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | | | **Confirmation** | |
| **Y** | **N** |
| **Pre-Registration Training Approval (For the Registration Training Portfolio) only**  Health and criminal conviction checks carried out for trainees/ students- and if anything is identified which may result in the trainee being ineligible to apply for registration, they will be directed to seek advice from the HCPC. | | |  |  |
| There are adequate resources to support a meaningful training experience (Std 2.3) | | |  |  |
| Training is provided to staff delivering training for IBMS qualifications. | | |  |  |
| Checks are carried out to confirm that the trainee or student have or will obtain the accredited undergraduate degree or supplementary education requirements. | | |  |  |
| In-house or external training is available for staff assisting in the training process for IBMS qualifications hosted under department/s which approval is being applied for. | | |  |  |
| There is a structured training programme which clearly indicates the expectations for timeframe and outcome of training (Std 2.6.2) | | |  |  |
| There are regular monitoring and evaluation systems for training in place (**indicate how often**) (Std 2.6) ………... | | |  |  |
| There is a named person who has overall professional responsibility for the training process (**give name and HCPC number**) (Std 2.3) | | |  |  |
| **Name**: | | **HCPC number**: |
| Training will be undertaken by staff with the relevant expertise in accordance with standard protocols. (Std 2.1,2.3) | | |  |  |
| There is a safe and supportive environment for training and development of staff. (Std 2.1,2.2) | | |  |  |
| Trainees have the opportunity to engage with Service users (Std 2.6.2) | | |  |  |
| There is the opportunity for staff development (Std 2.1,2.3) | | |  |  |
| **Please indicate below:** | | | | |
| Currently there are: | ……. registered Biomedical Scientists  ……. registered Clinical Scientists | | | |
| Currently there are: | …..... trained Registration portfolio verifiers  …….. trained Specialist portfolio examiners | | | |
| Currently there are: | …….. Certificate of Achievement portfolios being undertaken  …….. Registration Training Portfolios being undertaken  …….. Specialist portfolios being undertaken | | | |

I can confirm that the Training Policy includes the following topics:

|  |  |  |
| --- | --- | --- |
| **Key areas (Std 2.6)** | **Confirmation** | |
| **Y** | **N** |
| Overview of training and education in the department (can be pathology wide) |  |  |
| Training available to all staff grades (Support/pre-registration/post-registration) |  |  |
| In house competency programme |  |  |
| Support roles such as training officer |  |  |
| Relevant professional bodies (IBMS plus any others) |  |  |
| Relevant regulatory bodies (HCPC required for pre-registration training) |  |  |
| Certificate of Achievement (required for support staff) |  |  |
| Certificate of Competence (required for pre-registration training) |  |  |
| Specialist Diploma (required for post-registration) |  |  |
| Placement student arrangements (if appropriate) |  |  |
| Full details of monitoring and evaluation mechanisms |  |  |

*For each level of IBMS qualification (select* ***‘N’*** *or delete which is not applicable: Certificates of Achievement, Registration Training Portfolio, Specialist Portfolio)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Programme** | | **Confirmation** | |
| **Y** | **N** |
| 1. **Structured training program available for those completing the:** | Certificate of Achievement Part I & II |  |  |
| Certificate of Competence |  |  |
| Specialist Portfolio |  |  |
| 1. Off-site arrangements (if appropriate) (**indicate expected timeframe in secondment site**) ………..... | |  |  |
| 1. Trainee biomedical scientists are allowed access to other laboratory sections throughout the duration of training | |  |  |
| 1. Multidiscipline training offered to trainee biomedical scientists | |  |  |
| 1. Suitable assessment methods for evidence collection are advised (**note: suitable assessment methods can be found in the IBMS Laboratory Training Standards and Guidance Document for each qualification**) | |  |  |

**Section Four- Final Declaration:**

**The signatory of this form will be considered the primary link and contact for the IBMS. It can be the manager or training lead.**

**The IBMS must be informed of any changes to this to ensure the lines for communication remain open.**

|  |  |
| --- | --- |
| I confirm the details provided within this document are accurate.  I understand that the IBMS may undertake auditing procedures throughout the year and should evidence of the above be requested, I will need to provide it.  I also understand that the IBMS may undertake a visit to assess training as part of the auditing procedure.  I understand that failure to facilitate this could result in withdrawal of training approval. | |
| Signed: | Print Name: |
| Job Title: | 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 <https://www.ibms.org/privacy/>