

**External Verifier’s Report for Verification of the Registration**

**Training Portfolio for the Certificate of Competence**

Please complete this report **in full** and return via email or post to the address shown at the bottom of this form. Reports which merely confirm the standards were met (through use of check boxes) **will be returned to the verifier for further comment**. All reports must be signed (either directly on the form or with a scanned electronic signature).

We request that the full report is submitted within **one week** of the date of verification, which will allow the IBMS to issue a Certificate of Competence without undue delay.

**Verification Details**

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| Date of Verification: |

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| Case Number: |

**Candidate Laboratory Details**

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| Department: | |
| UKAS Ref (if applicable): | |
| Hospital: | |
| NHS Trust/Board: | |
| Laboratory Address: | |
|  | Postcode: |

**Verifier Details**

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| Name: |
| IBMS Membership Number: |
| HCPC Number: |
| Email Address: |

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

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| **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.**

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| **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) |  |  |

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| Did the candidate or training officer wish to make any further comments about the training process? |
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**2. Verification of the Registration Portfolio (maximum length – 90 minutes)**

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

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| 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. | | |

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| 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. | | |

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| 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. | | |

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| 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. | | |
| **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. | | |

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| 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. | | |

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| 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. | | |

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| 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. | | |

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| 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. | | |

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| 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. | | |

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| OVERALL COMMENTS ON PORTFOLIO |
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**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.

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| 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 |  |  |

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| COMMENTS |
| Please provide a brief summary of the topics covered on the tour and the candidate’s scope of practice. |

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.

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| OVERALL STANDARDS | STANDARD MET | STANDARD NOT MET |
| Environment, Facilities and Equipment |  |  |
| Health and Safety |  |  |
| Workload and Staffing |  |  |
| Quality |  |  |
| 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.

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| FEEDBACK: |

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| COMMENDATIONS: Highlight any areas of good practice. |

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| 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. |

**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.

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| 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.) |

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| TRAINING APPROVAL OF THE LABORATORY RECOMMENDED  YES  NO  If No, indicate further evidence required. (Continue on extra sheet if necessary.) |

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| IS THERE ANY PARTICULAR ISSUE YOU WISH TO BRING TO THE ATTENTION OF THE INSTITUTE? |

**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.**

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| 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](http://www.ibms.org/privacy)