

**T**he current UK career and development route for a biomedical scientist necessitates registration with the Health and Care Professions Council (HCPC). This requires attainment of an IBMS-accredited degree (or successful completion of a non-accredited degree plus “top-up” modules) and completion of the IBMS Registration Portfolio for the Certificate of Competence. Following registration, biomedical scientists can complete a Specialist Diploma in their chosen discipline, but this is not compulsory.

The previous system for registration required completion of a logbook that encompassed generic, registration-level training and specialist, discipline-specific training together. Trainees had to complete both generic and specialist elements in order to become state registered. The switch to the current system took place for various reasons, but now raises the question: has the change led to fewer biomedical scientists with the same breadth of discipline-specific, specialist knowledge and skills? Has removing elements of specialist knowledge from the requirement for registration had an impact on the workforce?

### Standards of Proficiency

In July 2003, the Council for Professions Supplementary to Medicine (CPSM) was replaced by the Health Professions Council (HPC), later to become the Health and Care Professions Council (HCPC). The HPC Standards of Proficiency became a legal requirement for safe and effective practice, which had a significant impact on the way in which laboratory scientists became registered. These standards were generic for all 12 regulated professions – a diverse group of professional roles.

Formerly, the CPSM logbook was a series of subject-related tick boxes, covering generic laboratory topics and

skills, as well as discipline-specific knowledge addressed in a set of specialist modules. Not all of these modules had to be covered, but each trainee was required to complete a minimum number to meet the logbook requirements. Once complete, the candidate had to pass a *viva voce* – an oral examination with one internal and one external assessor, a professional peer representative of the CPSM, focusing on specialist-level knowledge.

This method of assessment lacked standardisation and consistency, as did the training delivered by labs to complete the logbook. All applicants to the HPC professional register were required to meet the standards of proficiency and have hard evidence to demonstrate they had done so within their laboratory training and practice. As a result, the IBMS introduced evidence-based assessment, in the form of the

Registration Portfolio to demonstrate the HCPC requirement to meet the standards of proficiency at a threshold level for safe, effective practice.

However, the Registration Portfolio only covered generic topics and skills applicable to all disciplines. The discipline-specific knowledge and skills would now be covered in post-registration training, via the Specialist Portfolio.

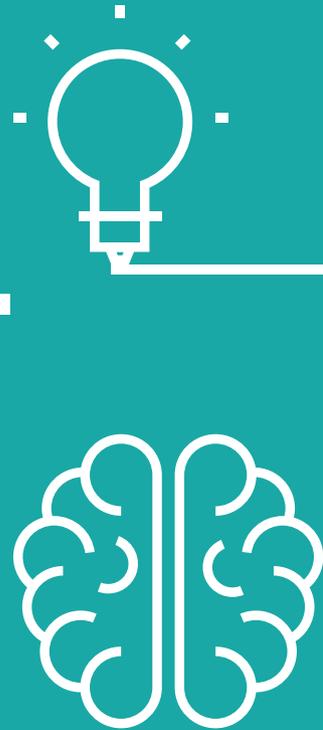
Initial implementation of these portfolios was challenging – it was a big change to the system and laboratories had to adapt their training programmes to accommodate the new requirements. Some found this easier than others; the production of evidence was an especially novel element for some.

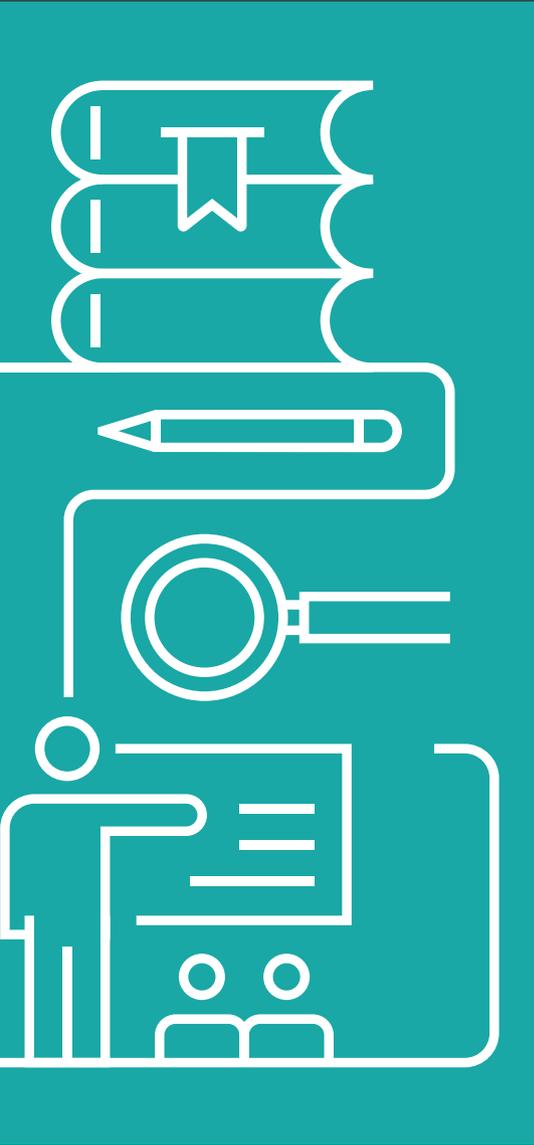
### Specialist Portfolio

In my personal experience at the time, the Specialist Portfolio was particularly

# BIOMEDICAL SCIENTIST SPECIALIST TRAINING

Blood Sciences Manager  
**Victoria Moyse** looks at how to deliver  
and recognise specialist training.





difficult – training officers weren't sure what was “enough” and no one wanted to risk applying for an assessment only to be told they hadn't hit the mark. Some Specialist Portfolios took years to complete – when I took on my first training officer role I inherited two Specialist Portfolios that were getting on for five years in progress. Things eventually settled down, and as an assessor I've got to see some great examples of Specialist Portfolios, and some fantastic biomedical scientists produced through this training route. However, I am aware that this is not the full picture.

In my professional role, I have often found it difficult to motivate biomedical scientists to undertake and complete the Specialist Diploma. Those who choose not to, may accumulate years of post-registration experience, but the knowledge and skills gained in those

years may be lacking compared to the recommended curriculum. But is the recommended curriculum still as relevant to the modern service?

Laboratory experience is invaluable, but it doesn't necessarily add up to a fully developed specialist biomedical scientist. Variation in scope of practice, training and support from the local laboratory means that five years' experience produces a spectrum of knowledge and skills. The aim of the Specialist Portfolio is to help address this. It is supposed to support a biomedical scientist's immediate post-registration training; to get them from a basic, generic level to the level of a fully functioning biomedical scientist within their department. Is this how your laboratory uses it?

All sections of the Specialist Portfolio are mandatory. It aims to ensure candidates are knowledgeable in all key areas of their discipline, even if it doesn't fall within the scope of their current laboratory repertoire, and to encourage some consistency and comparability in what this level can be expected to be.

### Training staff

In practice, I've noticed that people often have long gaps between completing the Registration Portfolio and starting the Specialist one. Either they have chosen to do so, or the laboratory encourages it. In effect, however, the training they are receiving at the bench during this time is exactly the training that the Specialist Portfolio is designed to support.

Some labs find it difficult to support Specialist Portfolio training, whether that be in terms of time or expertise, but they must still be training their staff above the generic registration level. I have also experienced laboratories where Specialist Portfolios are applied for and given to candidates, but the laboratory support ends there and candidates are left to get on with it for themselves, which

is far from the intended process. To some end, UKAS may have helped us with this – the requirement to provide objective evidence of competence falls in line with the aim of collecting evidence for the portfolio. Well-designed competence assessment exercises can be used to generate some evidence for the portfolio.

Personal observation has shown that recruitment issues can be a factor in motivating and retaining staff long enough to complete the Specialist Portfolio. Biomedical scientists without a Specialist Diploma often advance into roles for which it is a recommended requirement. It may be that some staff can demonstrate relevant knowledge and skills through an alternative route, but this is not always the case.

### Different laboratories

This diverse subject is where my current interest lies. As part of an education qualification, I am embarking on a research project and have chosen to look at the area of specialist training in clinical laboratories. I'm interested to see how the existing system is used and regarded in different laboratories. Why do some staff choose to do the Specialist Portfolio and some do not? Why do some laboratories support this qualification and some do not? I would like to investigate how it shapes up to the previous system and whether laboratories use it for career progression, or find it a suitable way of producing staff with the knowledge and skills they need.

Should the Specialist Portfolio be mandatory? Or designed more like a preceptorship used in nursing and other allied health professions? If you would

be interested in participating in a survey as part of my research, I would love to hear from you. 

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