

Alternative and Simulated Placement

Augmenting Routes to Registration for Biomedical Scientists



Ian Davies
Senior Lecturer in Biomedical Science
Healthcare Science Apprenticeship
Course Leader
Ian.Davies@staffs.ac.uk
@StaffsBMS



Aimee Pinnington
Lecturer in Biomedical Science
Keele University
Aimee.Pinnington@keele.ac.uk
@AimeePinnington



Lee Peters
Blood Sciences Manager
Bwrdd Lechyd Prifysgol
Hywel Dda
University Health Board
@LeeGeorgePeters

► **The lack of clinical placement** availability across NHS pathology services is well documented and is a factor linked to a nationwide shortage of newly registered Biomedical Scientists entering the clinical diagnostic workforce.

This lack of workforce capacity is a contributory factor in diagnostic delays and increased staff turnover as the National Health Service embarks on ambitious and challenging recovery plans to tackle the post-pandemic backlogs to clinical services.

Despite the recent adaptation to simulated and alternative placements across other allied health professions to mitigate against loss of placement capacity, such alternatives have not been adopted within Biomedical Scientist education.

We suggest that alternative and simulated placement could help improve placement capacity and access to registration for Biomedical Scientists, thereby helping to address the recruitment and retention issues in the field.

► **To explore pinch points** within current clinical placement capacity and to develop and evaluate best practice for implementing alternative or simulated placement options, we adopted the four-stage methodology below:

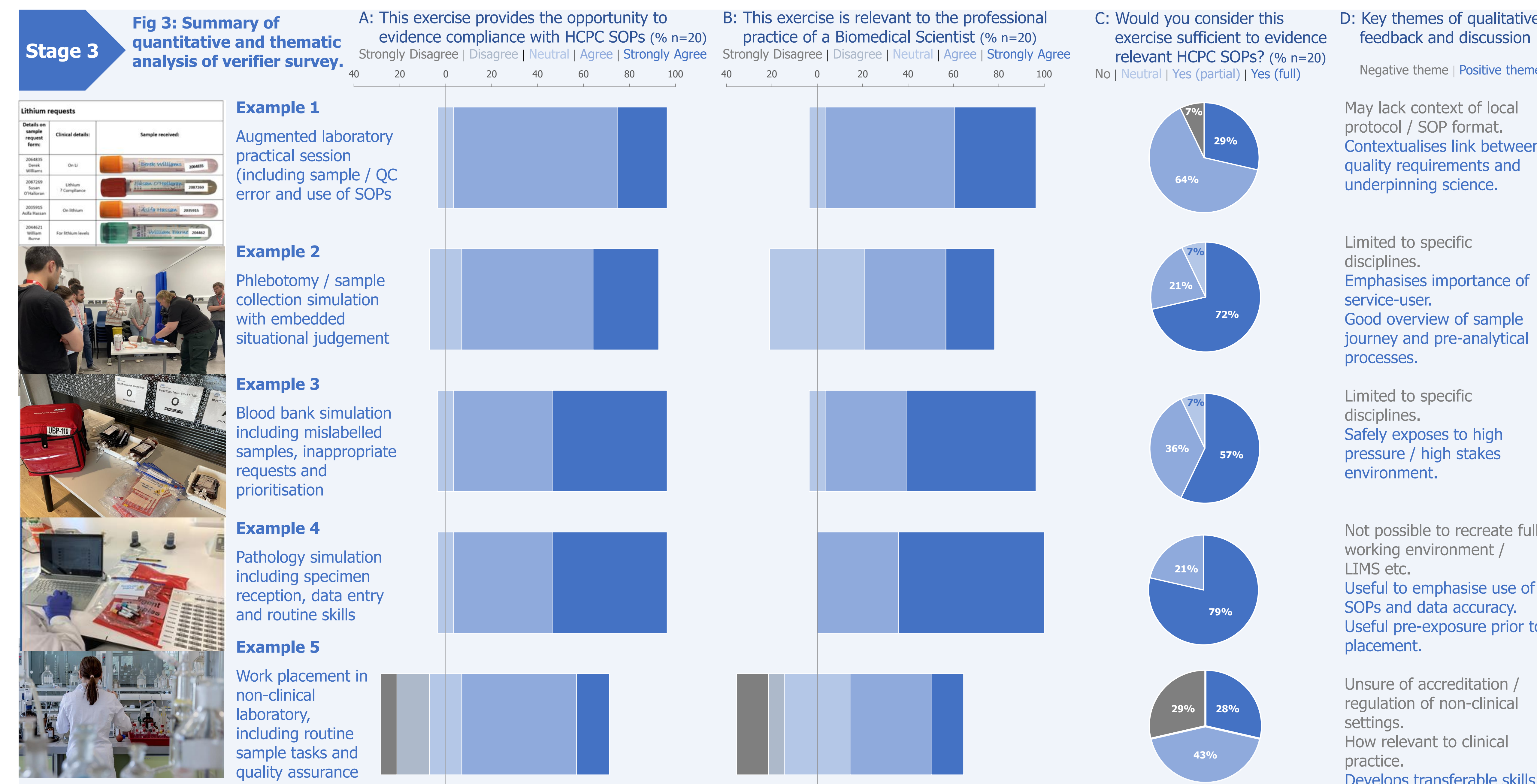
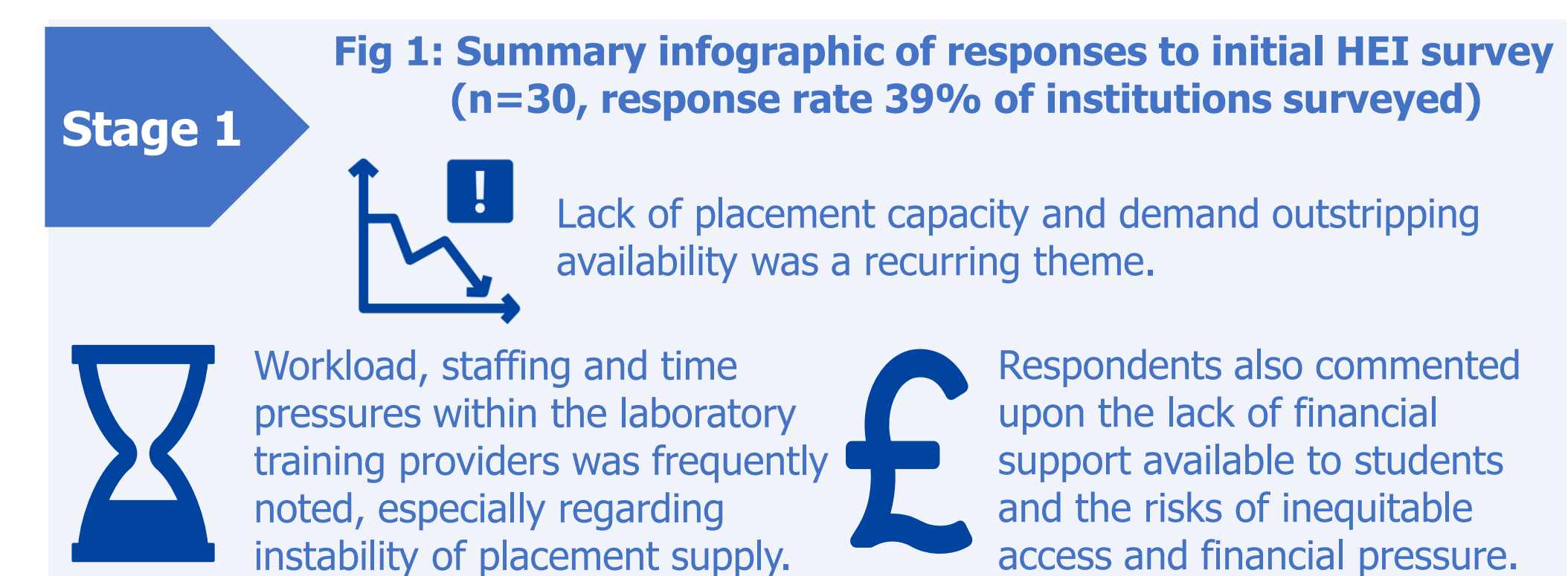
Stage 1 A placement capacity survey was sent to all Higher Institution Educations offering Institute of Biomedical Science Accredited programmes. The survey assessed current placement capacity and explored challenges faced in facilitating placement capacity.

Stage 2 An ideation event for key stakeholders (including academic, practitioner and professional body representatives) was held at Staffordshire University. Guided discussion, world café methodology, showcasing of simulation examples and pre/post event surveys were used to generate narrative discussion for analysis.

Stage 3 Based upon the themes of discussion at the ideation event, an anonymous survey was sent to active registration portfolio verifiers and training officers showcasing different approaches to simulation and alternative placement, using Likert scales and narrative comment to quantify and qualify levels of acceptance.

Stage 4 Feedback and narrative analysis of survey and ideation day feedback prompted a scoping review of practice across a range of healthcare professions, professional, statutory and regulatory body guidance, and published literature. This scoping shaped the development of our five guiding principles to encourage future work.

► **Our results show** that both practitioners and academics unanimously acknowledged challenges within current clinical placement provision and were keen to work towards innovative solutions. There were however also justified concerns in ensuring that evidence underpinning statutory registration were appropriate, had parity with traditional placement experience and remained fit for purpose.



► **We have demonstrated** both the need and appetite for additional strategies to augment traditional clinical placements and suggest that the following principles may be useful in guiding further development:

Simulation experiences should be co-produced between university and clinical Laboratory colleagues.

Co-production is vital to establish practitioner trust in the educational assessment and to negotiate appropriate and proportionate context into simulation activities.

Simulation experiences should be mapped against the relevant HCPC Standards of Proficiency.

Training officer and verifier confidence in simulated activities will be increased where there is evident mapping to the relevant professional standards.

Universities should investigate alternative placement solutions, such as industry and academic laboratories to augment clinical pathology laboratory capacity.

Widening the understanding of the commonality of regulatory standards and transferable skills may unlock potential for rotational placements outside of the clinical laboratory.

Universities and clinical laboratory partners should review training plans to allow a balance of alternative ways to generate registration portfolio evidence.

A blended approach to clinical, simulated and alternative placements is supported within other clinical groups and may increase the richness and accessibility of placements.

The creation of a central bank of simulation and alternative placement examples to enable sharing of best practice.



More Information
For more information on our work, simulation examples and key references, please scan the QR code.

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