



## CPD Profile

- 1.1 Full Name: Head of Section
- 1.2 Profession: Biomedical Scientist
- 1.3 Registration No: BS XXXX

## 2. Summary of recent work/practice

My primary role is to support the Laboratory Manager by having responsibility for the day-to-day management of staff and other resources, including allocation of staff to duties, staff training and the recruitment and appraisals of staff with the Laboratory Manager. I am also fully involved in the introduction of new technologies and equipment, and ensuring staff work in accordance with local and national quality assurance requirements. I am Safety Officer to the Department.

I have recently been involved in the implementation of the British Society for Antimicrobial Chemotherapy (BSAC) method of antimicrobial sensitivity testing into the Department as a response to poor results in NEQAS specimens, following attendance at a BSAC training course.

The Department acted as a pilot site within the Trust for the introduction of a new computerised ordering system. This required me to establish a close working relationship with the Procurement Department, enabling a systematic review of the departmental expenditure to ensure best value and quality with demonstrable cost savings. I hope to introduce alongside this an electronic stock control system for the Microbiology Department both to help satisfy Clinical Pathology Accreditation (CPA) requirements and also to streamline ordering within the Department.

Following off site training with an equipment supplier, a colleague and I were able to introduce the first molecular based technique into our Department resulting in faster turn-round times for clinicians and cost savings to the Trust.

Total words: 232 (Maximum 500 words)

## 3. Personal statement

### **Standard 1 – a registrant must maintain a continuous, up-to-date and accurate record of their CPD activity**

The award of Chartered Scientist reflects best practice in science and is aimed at those for whom scientific knowledge and practice form an essential element of

their role. I keep an examination portfolio of evidence of self-directed learning I am undertaking to prepare for the IBMS Higher Specialist Diploma which will give me eligibility for Fellowship of the Institute (see evidence 1).

I actively participate in the CPD scheme run by the Institute of Biomedical Science (IBMS) and keep a portfolio of my CPD activities which I send to the IBMS for validation on an annual basis. I was recently awarded my second CPD diploma and I am currently working towards my 3rd diploma (see evidence 2).

### **Standard 2 – a registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice**

I seek to increase personal knowledge within my field by attending scientific conferences where I can attend lectures from experts in microbiology and maintain my scientific knowledge, particularly with regards to current research and what impact this will have within a diagnostic laboratory setting. I also have the opportunity to talk to colleagues informally and to network with other healthcare practitioners. Together with other CPD activities (see below) this constitutes self-directed learning against the indicative curriculum for the Higher Specialist examination on Medical Microbiology. The portfolio of CPD activities that arise from my preparation for the Higher Specialist examination includes journal based learning, case studies and a reflective diary based on literature searches and notes from conference presentations (see evidence 1).

Other CPD activities I participate in include:

- The IBMS Journal based learning scheme.
- Literature reviews
- Seminars and workshops

An example of the latter is attendance at the BSAC training course (see evidence 3) and background reading focussed me on the following learning outcomes:

- Review and increase current knowledge of antimicrobial sensitivity testing
- Develop new knowledge of antimicrobial sensitivity testing
- Be able to discuss implications of methodology with other professions.

The IBMS Journal Based Learning scheme encourages me to review articles outside my own discipline, so that I keep up to date with current developments within my own particular field by reviewing articles from other disciplines. It enables me to maintain a broader understanding of disease processes. Management articles within this scheme also help to bring in the bigger picture of NHS/Government policy e.g. NHS Connecting for Health (see evidence 4).

I completed the Institute of occupational safety and health course 'Healthcare: Risk and Safety Management'.

I sit on various committees both within the Pathology Directorate (Health and Safety, Knowledge and Skills Framework (KSF), Transport) and also within the

Trust (Health and Safety). These enable me to develop a greater expertise in these areas and provide networking opportunities which are important to developing my managerial skills.

I attend regular departmental meetings used to update staff on technical improvements, policy changes, and reviews of standard operating procedures.

I attend weekly lunchtime clinical lectures within the hospital, many of which are case presentations, both single and multidisciplinary. These provide an opportunity to broaden my knowledge base regarding the contribution of pathology to patient care.

Outcomes of these examples are recorded in a reflective diary (see evidence 5).

### **Standard 3 and 4**

**A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.**

**A registrant must seek to ensure that their CPD benefits the service users.**

My CPD activities ensure my knowledge remains current to the needs of the service and that I am able to advise appropriately when discussing service improvements.

The CPD I have undertaken has contributed to both the quality of my practice and has benefited colleagues and the department. The CPD activities have enabled me to reflect both on my own performance and that of the service and, by assessing these, identify areas for improvement. Specific examples are:

#### **1. Standardised Antimicrobial Sensitivity Testing Method**

Following several failures in the NEQAS antimicrobial sensitivity testing scheme, the Laboratory Manager and I put together an action plan to improve performance. This required me to attend the BSAC training course for their Standardised Antimicrobial Sensitivity Testing Method in spring 2005. I was able to bring this knowledge back to the laboratory and feed back to other staff. I then carried out literature searches, arranged visits from and to manufacturers and suppliers, visited sites of existing users and organised lunchtime presentations by suppliers, not only for the staff of the laboratory but also other interested groups e.g. Pathology General Manager, ward based pharmacists.

The Department was able to make an informed decision about which system to opt for and the knowledge gained during this process has been invaluable in helping produce the business case, which is currently under consideration, for the procurement of this piece of equipment. The introduction of the new method of antimicrobial sensitivity testing into the laboratory resulted in a demonstrable improvement in the quality of antimicrobial sensitivity results produced. There were also cost benefits to the department and improved quality of the service to users in terms of turnaround times and accuracy of results (see evidence 6).

For the future I will seek to optimise the full data managing potential of the system by ensuring that it is fully integrated with the Pathology laboratory computer system and will enable improvement in performance to be monitored. I will also aim to demonstrate that this has had an impact on patient management within the hospital.

## **2. Healthcare: Risk and Safety Management Course**

My attendance on the Institution of Occupational Safety and Health course 'Healthcare: Risk and Safety Management' enabled me to produce Health and Safety documentation within the Trust format. This is intended to help ensure that the laboratory maintains CPA accreditation with regards to health and safety. As it also built on existing health and safety qualifications and experience I was able to help formulate the new COSHH policy for the Trust ensuring that it was applicable to use within a laboratory environment as well as clinical areas (see evidence 7).

## **3. Development of KSF profiles for staff**

Over the last year I have been actively involved in working in a group formulating KSF profiles for pathology staff and relating these to the National Occupational Standards so that more targeted personal development plans can be produced for staff at their next performance review. This in turn will identify training priorities and inform my approach to training with regard to maintaining the currency of my knowledge in specific areas (see evidence 8).

## **4. Helicobacter pylori stool antigen detection**

In November 2006 I attended the Federation of Infection Societies annual scientific meeting held in Cardiff. At this conference I was able to attend a lecture on *Helicobacter pylori* stool antigen detection, which had been highlighted, as a result of meetings with consultant medical staff and a review of the NICE guidelines, as a potential future development for the Department. I was able to discuss informally with the speaker about the various testing systems and any potential problems that may be encountered. I was then able to contact the suppliers of the different testing kits and arrange for trial kits to be supplied to the Department. These were then used in a comparative trial to see which method would suit the workflow of the Department and predicted workload that would be encountered. This enabled me to make a recommendation based on ease of use, quality and cost to the Consultant Head of Department to take to the potential users of the service for funding discussions.

Following off site training with an equipment supplier, a colleague and I were able to introduce the first molecular based technique into our Department, resulting in faster turn-round times for clinicians and cost savings to the Trust (see evidence 9).

Total words: 1321 (Maximum 1500)

#### 4. Summary of supporting evidence submitted

<b>Evidence number</b>	<b>Brief description of evidence</b>	<b>No of pages or description of evidence format</b>	<b>CPD standards that this evidence relates to</b>
1	Copy of contents page from portfolio of learning for Higher Specialist exam	2 pages	Standard 1 and 2
2	IBMS CPD Diploma and related activity sheets	6 pages	Standard 1
3	BASC attendance certificate	1 page	Standard 2
4	IBMS Journal Based Learning	4 pages	Standard 2
5	Extracts from reflective diary	6 pages	Standards 2, 3 and 4
6	NEQAS Antimicrobial Sensitivity Testing score sheets	2 pages	Standards 3 and 4
7	IOSH Healthcare: Risk and Safety Management Certificate and COSHH assessment sheets	4 pages	Standards 3 and 4
8	Example KSF profile (Biomedical support worker) and example training priorities	7 pages	Standards 3 and 4
9	Notes regarding implementation of Helicobacter pylori stool antigen detection system	6 pages	Standards 3 and 4