Guidance Notes for the Accreditation of a Training Centre for the Clinical Technologists Training Scheme

Introduction

These guidance notes should be read in conjunction with IPEM document 03-10b-02 0294 'Application for Accreditation of a Training Centre' which is available to download from: https://www.ipem.ac.uk/TrainingWorkforce/IPEMClinicalTechnologistTrainingScheme/IPEMAccreditationofTrainingCentres.aspx or can be requested by emailing membership@ipem.ac.uk

The IPEM CT Accreditation Panel (referred to hereafter as 'the Panel') accredits centres who wish to enter candidates on the IPEM Clinical Technologists Training Scheme specialising in Physics and Engineering in Health Care. This route is the 'Education Only' route and further details can be found in the training scheme handbook.

To gain accreditation for the IPEM Diploma in Clinical Technology (and restricted practice), training centres or consortia must be able to offer comprehensive training in each subject area applied for. In each subject area there must be a training supervisor who is either a Full Member of the Institute (MIPEM) or of equivalent status. There would normally be at least two other clinical technologists, scientists or engineers working in the subject area. Training centres must demonstrate that there is good management for training, there is commitment to training and assessment and an environment in which educational, skill and personal development can take place.

Timetable/Process

Applicants should be aware that the Panel does most of its business by e-mail. If the application is straightforward, applications should be processed within 4 months of receipt. If an audit visit is required this may take longer. Please return the form to the IPEM office in York.

The Panel retains the right to audit centres between accreditation applications and to rescind accreditation if there is concern about a centre's ability to train effectively. The Panel receives reports from the Training Scheme Registrars and Chief Moderator which assist in the monitoring of the performance of individual training centres.

Training centres that are not accredited will not be able to register candidates for the IPEM Diploma in Clinical Technology.

The Panel will, when appropriate, make available the status of training centre accreditation to the organisations that commission training (e.g. the appropriate Work Force Development Confederation).

Guidance Notes

The questions on the application form are self-explanatory but a number of additional comments to aid in the completion of the form are included below:

1.5 *Recruitment* – It is considered that the advantages of selection by advertised open competition are overwhelming but is willing to consider a Centre's justification of other methods.

2 *Organisation* – The Centre should provide evidence of sufficient co-ordination to ensure the delivery of the proposed training programmes. Responsibilities for all training should be clearly identified.

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2.3 *Complement of Clinical Technologists* – Small centres may need to form a consortium or join an existing one in order to satisfy the ability to provide **all** aspects of the training criterion. Consortia should demonstrate the strengths of working together rather than be seen as a number of small centres trying to achieve accreditation. Where a small department feels it is not appropriate to join a consortium or it is unable to join a consortium, it must ensure that there is a suitable agreement in place with other organisations to ensure that the full scope of training can be delivered.

2.4 *Organisation of training* – The organisation of training is an important part of the assessment for accreditation. Centres must ensure that there is a consistency of training across a department or consortium. Centres who are a consortium must demonstrate the advantages of the consortium arrangement for the trainee.

3 *Subject areas to be offered* – Note that section 3 should be completed for each distinct location (e.g. hospital) in the consortium where training is offered. As an alternative, it is acceptable to submit the data in a single tabulated form.

3.1 *Core Competency* – Note that section 3.1 may need to be repeated for different locations. This will deal with the common subjects such as health and safety, control of infection, basic IT skill, basic anatomy and physiology, patient care and quality systems that affect everyone. Accreditation to prior learning may be applied where applicable however the details of how the accreditation was carried out must be documented in the individual's portfolio.

3.2 *Subject areas to be offered* – Note that section 3.2 will be needed for **each** subject area in **each** distinct training location. Details of the scope of work undertaken, the annual workload and the major equipment available for training must be included, to demonstrate that the centre can provide training in the range of competencies.

The competency document is an important part of the assessment criteria and should reflect the latest national curriculum. One competency document should be submitted for each subject area (any variations due to a consortium providing the same subject area training in different locations should be submitted as an appendix). Any aspects of the training that is to be delivered in other parts of the consortium or by another organisation should be highlighted.

The training plan is also an important part of the assessment for accreditation. One training plan should be submitted for each subject area (any variations due to a consortium providing the same subject area training in different locations should be submitted as an appendix). Any aspects of the training that is to be delivered in other parts of the consortium or by another organisation should be highlighted. It should detail when elements of the training will be delivered.

Either the competency document or the training plan should demonstrate how the competencies will be met, and the type of activities used (observation, project work, seminars, one-to-one training etc.)

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3.3 *Supervisor* – Each major subject area in section 3.2 must be accompanied by at least one section 3.3 describing a person of MIPEM level or above who will be responsible for supervision of the major subject area. If the same person supervises more than one major subject area, cross-referencing a previous description is acceptable. However, the Panel may seek reassurance on the workload implications of such an arrangement. The supervisors should state their relevant experience in each **subject area and their experience in training or ability to train**. Training requires a considerable commitment on the part of supervisors. Please detail the amount of time you will spend with the trainee whilst they are on a placement with you.

For each subject area submit sections 3.2 and 3.3 **together** so that it is clear which subject area is being supervised by which supervisor.

4. This section is to provide a broad overview of the support for training.

5. Section 5 seeks confirmation from the training centre that the training scheme structure will be supported. IPEM requires departments to provide External Moderators to help support the scheme as part of the accreditation.

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Protocol for Accreditation of Clinical Technologist Training Centres

1. The Membership and Training Department sends the application form and guidance notes to the Training Centre Co-ordinator. Alternatively, the application form and guidance notes can be downloaded from the IPEM website by the Training Co-ordinator.

2. The Centre's completed application form, together with supporting documents, should be returned to the IPEM office. The application is then circulated to the members of the Panel together with a reply form. Copies of the application are also sent to the appropriate Registrar of the Training Scheme – depending on the subject area(s) to be accredited – with a request to identify any areas requiring particular attention.

3. If no Panel member opposes the application, and the Registrar's advice does not raise serious doubts, the Centre is normally accredited for three years to train in the subject areas and to the levels specified in the application.

4. If a Panel member is not content or the Registrar's advice raises serious doubts, the Chair will request the Panel to give further consideration to the application electronically or by way of a teleconference. Following appropriate consideration the Panel will decide on one of the following courses of action by a simple majority of those participating:

   a) accredit (with or without recommendations for change);
   b) accredit with restricted scope (with or without recommendations for change);
   c) schedule an early audit visit (and indicate the most critical areas to be reviewed);
   d) warn the Centre of loss of accreditation (effective date) and invite a revised application;
   e) a request for clarification.

5. If an audit visit is scheduled, the Panel will consider the application again either electronically or by way of a teleconference following the receipt of the audit report.

   The method of 4 above will apply, except that action c) will not be available.

6. A Centre may appeal only on the grounds that the procedures of this protocol have not been followed. Appeals must be in writing, must cite the departure(s) from the protocol and must be received by the Chair of the Panel within six weeks of the notification of loss of accreditation.