BTEC

HIGHER NATIONALS

Healthcare Practice for England

Specification

First Teaching from January 2018

First Certification from 2019

Higher National Certificate Lvl 4

Higher National Diploma Lvl 5

Pearson

About Pearson

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Summary of changes in Pearson BTEC Higher Nationals in Healthcare Practice for England Issue 5

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4.2 Programme structures Changes to structure of the Level 5 HND (Integrated Health and Social Care): • Reduced mandatory unit credit value from 90 to 75 and increased optional unit credit value from 30 to 45 (three units). • Removal of one specialist unit from mandatory units for the pathway (Unit 20 Care Planning Processes in Healthcare Practice).	41
6.5.2 Compensation of HNC. Clarified statement by inserting words "*attempted but*" as is the case with the wording on compensation of HND.	91
Unit 1 Minor changes to introduction text, amendments to essential content of to support clarity, enhance relevance to health and social care practice and holistic approach to assessment. Changes made to assessment criteria to provide more effective opportunities for holistic assessment of the unit, and to reflect the changes made to the content without affecting level of demand: • P1 – replaced with previous P2 • P2 – changed to P1, criterion now states – 'Summarise key features of the different levels of law'. • New P2 – 'Describe the relationship between ethics and legislation in relation to the work of health and social care practitioners.' • P5 – removed 'human rights'. Changed 'equal' to equitable	102-113

Summary of changes made between previous issue and this current issue	Page number
• M1 – changed to 'Analyse the relationship between ethics and the law in terms of their relevance to own professional responsibilities as a health or care practitioner'. • D1 – now assesses LO1 and LO2 and states 'Evaluate the relationship between ethics and the law and their impact on organisational policy and practice towards protecting the rights and maintaining the wellbeing of users of health, care or support services in own country' • M2 – 'safe and non-discriminatory practice' amended to 'within a legal framework' • M3 – added 'to provide safe and equitable care' • D2 – removed and incorporated in D1 to support holistic assessment • D3 – nominal change to D2. 'in relation to a real case scenario' added	
Unit 9 Change in title from 'Anatomy and Physiology for Health and Ill-Health', to '**Fundamentals of** Anatomy and Physiology for Health and Ill-Health' to reflect level of delivery of required content. D1 changed from 'Critically evaluate' to 'Critically analyse' so that operative assessment verb is more aligned with the criteria at P and M level	193

If you need further information on these changes or what they mean, contact us via our website at: qualifications.pearson.com/en/support/contact-us.html.

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1 Introduction

BTEC is one of the world's most recognised applied learning brands, engaging students in practical, interpersonal and thinking skills, for more than thirty years.

BTECs are work-related qualifications for students taking their first steps into employment, or for those already in employment and seeking career development opportunities. BTECs provide progression into the workplace either directly or via study at university and are also designed to meet employer's needs. Therefore, Pearson BTEC Higher National qualifications are widely recognised by industry and higher education as the principal vocational qualification at Levels 4 and 5.

When developing the Pearson BTEC Higher National qualifications in Healthcare Practice for England, we collaborated with a wide range of students, employers, higher education providers, colleges and subject experts to ensure that the new qualifications meet their needs and expectations. We also worked closely with relevant Professional Bodies, to ensure alignment with recognised professional standards.

There is now a greater emphasis on employer engagement and work readiness. The new Pearson BTEC Higher National qualifications in Healthcare Practice for England are designed to reflect this increasing need for high quality professional and technical education pathways at Levels 4 and 5, thereby providing students with a clear line of sight to employment and to progression to a degree at Level 6. This is never more evident than in the Health and Social Care Sector, where the expectation that students who are progressing on to employment, or Level 6 vocational degrees have substantial, meaningful work experience in the sector is now the norm. The new Pearson BTEC Higher National qualifications in Healthcare Practice for England embrace this development and enhance students' progression opportunities through mandatory work placement requirements that include assessment on placement to further embed meaningfulness.

1.1 The Student Voice

Students are at the heart of what we do. That is why, from the outset, we consulted with students in the development of these qualifications. We involved them in writing groups, sought their feedback, and added their voices and views to those of other stakeholders.

The result, we believe, are qualifications that will meet the needs and expectations of students worldwide.

1.2 Why choose Pearson BTEC Higher Nationals?

Pearson BTEC Higher Nationals are designed to help students secure the knowledge skills and behaviours needed to succeed in the workplace. They represent the latest in professional standards and provide opportunities for students to develop behaviours for work, for example by undertaking a group project, or responding to a client brief. A student may even achieve exemption from professional or vendor qualifications, or student membership of selected professional bodies, to help them on their journey to professional competence.

At the same time, the Pearson BTEC Higher Nationals are intended to keep doors open for future study should a student wish to progress further in their education after their level 5 study. They do this by allowing space for the development of higher education study skills, such as the ability to research. Clear alignment of level of demand with the Framework for Higher Education qualification descriptors at levels 4 and 5 means that students wishing to progress to level 6 study should feel better prepared. The Pearson BTEC Higher Nationals address these various requirements by providing:

- A range of Core, Optional and Specialist units, each with a clear purpose, so there is something to suit each student's choice of programme and future progression plans
- Fully revised content that is closely aligned with the needs of employers, professional bodies, vendors and higher education for a skilled future workforce
- The opportunity to develop transferable skills useful for work and for higher education, including research skills, the ability to meet deadlines and communication skills'
- Learning Outcomes mapped against Professional Body standards and vendor accreditation requirements, where appropriate
- Assessments and projects chosen to help students progress to the next stage (this means some are set by the centre to meet local needs, while others are set by Pearson). Students are required to apply their knowledge to a variety of assignments and activities, with a focus on the holistic development of practical, interpersonal and higher-level thinking skills
- An approach to demand at Level 4 and 5 which is aligned with the Framework for Higher Education Qualifications (FHEQ)
- Support for student and tutors, including Schemes of Work and Example Assessment Briefs.

1.3 HN Global

Pearson BTEC Higher Nationals are supported by a specially designed range of digital resources, to ensure that tutors and students have the best possible experience during their course. These are available from the HN Global website http://www.highernationals.com/

With HN Global, tutors can access programme specifications which contain useful information on programme planning and quality assurance processes. Tutors can also view Schemes of Work and Example Assessment Briefs, helping them create meaningful courses and assessments. HN Global also allows tutors to create and annotate reading lists for their students and also keep up to date on the latest news regarding HN programmes.

1.4 Qualification Titles

Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England

Specialist pathways are included within brackets in the qualification title:

- Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Integrated Health and Social Care)
- Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Healthcare Management)
- Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Public Health and Health Promotion)
- Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Healthcare and Nursing Assistant Practice).

Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England

Specialist pathways are included within brackets in the qualification title:

- Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Integrated Health and Social Care)
- Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Healthcare Management)
- Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Public Health and Health Promotion)
- Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Healthcare Assistant Practitioner)
- Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Nursing).

1.5 Qualification codes

Ofqual Regulated Qualifications Framework (RQF) Qualification numbers:

Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England: **603/2284/6**

Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England: **603/2285/8**

1.6 Awarding institution

Pearson Education Ltd.

1.7 Key features

Pearson BTEC Higher National qualifications in Healthcare Practice for England offer:

- A stimulating and challenging programme of study that will be both engaging and memorable for students
- The essential subject knowledge that students need to progress successfully into further study or the world of work
- A simplified structure: students undertake a substantial core of learning in the Level 4 HNC Diploma and can build on this in the Level 5 HND Diploma, with specialist and optional units linked to their specialist area of study
- Three specialist pathways in the Level 4 HNC Diploma, four specialist pathways in the Level 5 HND Diploma, and a general pathway at both levels, so there is something to suit each student's preference of study and future progression plans
- Refreshed content that is closely aligned with Professional Body, employer and higher education needs
- Assessments that consider cognitive skills (what students know) along with affective and applied skills (respectively how they behave and what they can do)
- Unit-specific grading and Pearson-set assignments
- A varied approach to assessment that supports progression to Level 6 and also allows centres to offer assessment relevant to the local economy, thereby accommodating and enhancing different learning styles
- Quality assurance measures – as outlined in *Sections 6 and 7* of this Programme Specification – to ensure that all stakeholders (e.g. professional bodies, universities, colleges and students) can feel confident in the integrity and value of the qualifications

- Two sets of available qualifications, designed to meet the needs and expectations of students aspiring to work in healthcare
- A pathway into employment for apprentices in relevant healthcare and social care settings through completion of the HND element of the Pearson BTEC Higher National in Healthcare Practice for England (Healthcare Assistant Practitioner) qualification which is recognised as meeting the qualification requirements for the Healthcare Assistant Practitioner Higher Apprenticeship Standard.

A thematic approach to learning in Health and Social Care

The Pearson BTEC Higher Nationals for the health and social care sector recognises that there are employability-related knowledge and skills that underpin effective practice across students' learning that are sector-specific. These are embedded across units in the Higher National in Healthcare Practice for England qualifications, and are referred to as the 'Practice Themes'. Further detail on these Practice Themes can be found in *Section 2.7*.

Work experience/placement requirements

The **Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England** requires at least 225 hours of work experience/placement in health and/or social care settings and a Professional Learning and Development portfolio (PLAD), including reflective accounts, to be completed.

The **Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England** requires at least 450 hours of work experience/placement in health and/or social care settings and a Professional Learning and Development portfolio (PLAD), including reflective accounts, to be completed over the two year period of the qualification.

Further detail on the mandatory elements of work experience/placement are provided in *Section 4.2* of this specification.

Qualification frameworks

Pearson BTEC Higher National qualifications are designated higher education qualifications in the UK. They are aligned to the Framework for Higher Education Qualifications (FHEQ) in England, Wales and Northern Ireland, and Quality Assurance Agency (QAA) Subject Benchmark Statements. These qualifications are part of the UK Regulated Qualifications Framework (RQF).

1.8 Collaborative development

Students completing their Pearson BTEC Higher Nationals in Healthcare Practice for England will be aiming to go on to employment or progress to the second or final year at university. Therefore, it was essential that we developed these qualifications in close collaboration with experts from professional bodies and universities, and with the providers who will be delivering the qualifications.

We are very grateful to the university and further education tutors, employers, Professional Body representatives and other individuals who have generously shared their time and expertise to help us develop these new qualifications.

- British Association of Social Workers
- Central and North West London NHS Foundation Trust
- College of Operating Department Practitioners
- Health Education England
- Hillingdon Hospital NHS Trust
- Independence Matters
- North West London NHS Trust HCSW Forum
- Nuffield Health
- Royal College of Nursing
- The Joint University Council – Social Work Education Committee
- University of West London
- Bucks New University
- Cumbria University
- London South Bank University
- Northumbria University
- University of Salford, Manchester
- Sheffield Hallam University
- Barnsley College
- Belfast Metropolitan College
- Blackburn College
- Hull College
- The Manchester College
- Newcastle-under-Lyme College

- North West Regional College
- Southern Eastern Regional College
- Sunderland College
- Sussex Coast College

The content and level of the Pearson BTEC Level 4 Higher National Certificate and Level 5 Higher National Diploma in Healthcare Practice for England have been written following advice from the professional bodies listed in *Section 1.8* above and are intended to support articulation to Level 6 in healthcare-related degree courses, *excepting* degrees to regulated professions such as Nursing, Midwifery and Operating Department Practice.

To support progression to Level 5 or Level 6 in healthcare-related degree courses through accreditation of prior learning or articulation, units in the Pearson BTEC Level 5 HND Diploma in Healthcare Practice for England are referenced against national healthcare standards in the UK.

Apprenticeships

The Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Assistant Practitioner) is referenced against the Healthcare Assistant Practitioner Higher Apprenticeship Standard.

The Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Nursing) is referenced against the Nursing Associate Higher Apprenticeship Standard.

Further details of this are provided in *Section 4.7*.

2 Programming purpose and objectives

2.1 Purpose of the Pearson BTEC Higher Nationals in Healthcare Practice for England

The purpose of Pearson BTEC Higher Nationals in Healthcare Practice for England is to develop students as professional, self-reflecting individuals able to meet the demands of employers in the healthcare sector and adapt to a constantly changing world. The qualifications aim to widen access to higher education and enhance the career prospects of those who undertake them.

2.2 Objectives of the Pearson BTEC Higher Nationals in Healthcare Practice for England

The objectives of the Pearson BTEC Higher Nationals in Healthcare Practice for England are as follows:

- To equip students with the healthcare practice skills, knowledge and the understanding necessary to achieve high performance in the global health and social care environment
- To provide education and training for a range of careers in healthcare, including: healthcare assistant practitioner roles in a range of settings, nursing assistant roles, care navigation, planning and assessment roles as well as roles in public health, health promotion and non-clinical healthcare supervisory or lower management
- To provide insight and understanding into the diversity of roles within the healthcare sector, recognising the importance of collaboration at all levels
- To equip students with knowledge and understanding of culturally diverse organisations, cross-cultural issues, diversity and values
- To provide opportunities for students to enter or progress in employment in healthcare, or progress to higher education qualifications such as an Honours degree in Nursing, Public Health, Healthcare Administration or a related area
- To provide opportunities for students to develop the skills, techniques and personal attributes essential for successful working lives
- To support students to understand the local, regional and global context of healthcare practice, management and health promotion and, for those students with a global outlook, to aspire to international career pathways

- To provide students with opportunities to address contemporary health and care issues facing the sector, and society at large, with particular emphasis on integrated and compassionate care, and person-centred approaches to providing healthcare to individuals across their lifespan
- To provide opportunities for students to achieve a nationally-recognised professional qualification within their chosen area of specialisation
- To offer students the chance of career progression in their chosen field, with particular emphasis on achieving management-level positions, professional recognition and beyond
- To allow flexibility of study and to meet local or specialist needs
- To offer a balance between employability skills and the knowledge essential for students with entrepreneurial, employment or academic aspirations
- To provide students with opportunities to engage in an industry-recognised higher apprenticeship scheme that aligns with their employer's needs and their own career aspirations
- To provide students with the context in which to consider professional ethics and their relation to personal, professional and statutory responsibilities within the industry.

We meet these objectives by:

- Providing a thorough grounding in healthcare principles and a degree of specialism at Level 4 that leads the student to a range of specialist progression pathways at Level 5 relating to individual professions within the healthcare sector
- Equipping individuals with sector-relevant acumen, understanding and healthcare practice skills for success in a range of the healthcare, health promotion, navigation and non-clinical supervisory or lower management roles in healthcare
- Enabling progression to a university degree by supporting the development of appropriate academic study skills.

Who is this qualification for?

The Pearson BTEC Higher National qualifications in Healthcare Practice for England are aimed at students wanting to continue their education through applied learning. Higher Nationals provide a wide-ranging study of the health and social care sector and are designed for students who wish to pursue or advance their career in healthcare practice or related fields. In addition to the knowledge, understanding and skills that underpin the study of the health and social care sector, Pearson BTEC Higher Nationals in Healthcare Practice for England give students experience of the breadth and depth of the sector that will prepare them for further study or training in healthcare related fields.

2.3 Aims of the Level 4 Higher National Certificate in Healthcare Practice for England

The Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England offers students a broad introduction to the subject area via a mandatory core of learning, while allowing for the acquisition of skills and experience through specialist pathways and the selection of optional units across a range of occupationally-relevant subjects at Level 4. This effectively builds underpinning core and specialist skills while preparing the student for further subject specialisation at Level 5. Students will gain a wide range of sector knowledge tied to practical skills gained in evidence-based practice, personal research, self-study, directed study and workplace learning and experience.

At Level 4, students develop a broad knowledge and awareness of key aspects of the healthcare sector through four Core units, which includes one unit assessed by a Pearson-set assignment. The units are:

- Law, Policy and Ethical Practice in Health and Social Care
- Demonstrating Professional Principles and Values in Health and Social Care Practice
- Supporting the Individual Journey through Integrated Health and Social Care
- Fundamentals of Evidence-based Practice (Pearson-set unit).

Depending on the 'specialist pathway', at Level 4, students will undertake a further one, two or three Specialist units (related to their Level 4 Pathway) from:

- Effective Healthcare Practice using Maths
- Addressing Health Inequalities
- Effective Reporting and Record-keeping in Health and Social Care Services
- Fundamentals of Anatomy and Physiology for Health and Ill Health
- Health Education in Action
- Developing Operational Management Skills for Healthcare Practice.

The centre can also choose two further optional units (pathway-dependent) at Level 4 from the following:

- Changing Perspectives in Public Health
- Supporting Adults in Residential Care
- Supporting Independent Living
- Supporting Dementia Care
- Supporting Individuals with Specific Needs
- Sociological and Psychological Perspectives on Health
- Healthcare Technology in Practice.

Graduates successfully completing the Pearson BTEC Higher National Certificate in Healthcare Practice for England will be able to demonstrate a sound knowledge of the basic concepts, values and principles of healthcare practice, and the skills to perform effectively as a support worker in a number of different settings in the healthcare sector. They will be able to communicate accurately and appropriately and they will have the behaviours and qualities needed for employment that requires some degree of personal responsibility. They will have developed a range of transferable skills to ensure effective team working, independent initiatives, organisational competence and problem-solving strategies. They will be adaptable and flexible in their approach to healthcare practice, show resilience under pressure, and meet challenging targets within a given resource.

2.4 Aims of the Level 5 Higher National Diploma in Healthcare Practice for England

The Level 5 Higher National Diploma in Healthcare Practice for England offers students three specialist pathways designed to support progression into relevant occupational areas or on to degree-level study. These pathways are linked to Professional Body and apprenticeship Standards (where appropriate) and can provide professional or apprenticeship status and progression to direct employment.

The Level 5 Higher National Diploma offers the following specialist pathways for students who wish to concentrate on a particular aspect of Healthcare Practice:

- Public Health and Health Promotion
- Healthcare Management
- Healthcare Assistant Practitioner
- Nursing.

The Nursing and Healthcare Assistant Practitioner HND pathways have specific placement and supervision requirements, detailed further in *Section 4.2.*

There is also a non-specialist 'Integrated Health and Social Care' pathway, which allows students to complete a Level 5 Higher National Diploma without committing to a particular professional specialism. This offers additional flexibility to providers and students and supports progression into a range of health and social care-related degrees.

Holders of the Level 5 Higher National Diploma will have developed a sound understanding of the principles in their field of study and will have learned to apply those principles more widely. They will have learned to evaluate the appropriateness of different approaches to solving problems. They will be able to perform effectively in their chosen field and will have the qualities necessary for employment in situations requiring the exercise of personal responsibility and decision-making.

2.5 What could these qualifications lead to?

The Level 4 Higher National Certificate provides a solid grounding in healthcare practice, which students can build on should they decide to continue their studies beyond the Certificate stage. The Level 5 Higher National Diploma allows students to further specialise by committing to specific career paths and progression routes to degree-level study.

On successful completion of the Level 5 Higher National Diploma, students can develop their careers in the healthcare sector through:

- Entering employment
- Continuing existing employment
- Completing a higher apprenticeship programme
- Linking with the appropriate Professional Body
- Committing to Continuing Professional Development (CPD)
- Progressing to university.

2.5.1 Progression to university

The Level 5 Higher National Diploma is recognised by Higher Education providers as meeting admission requirements to many relevant health and social care-related courses, for example:

- BSc (Hons) in Management Studies (Health and Social Care)
- BA/BSc (Hons) in Health and Social Care
- BA/BSc (Hons) in Health Studies
- BSc (Hons) in Adult Nursing
- BSc (Hons) in Public Health
- BSc (Hons) in Health Promotion.

University recognition and articulations

We work with a range of higher education institutions around the world that recognise and accept BTEC Higher Nationals as a qualification for entry onto an undergraduate degree. Many universities allow advanced entry onto the second or third year of a degree, and agreements can include credit transfer, articulation and case-by-case admission. Students should be aware that university admission criteria are always subject to change and remain at the discretion of the institution. Students should take time to understand the course entry requirements for subject, year and grade before applying.

For more information on entry requirements, including 2+1 articulations, please visit: https://www.highernationals.com/degree-finder.

2.5.2 Employment

After completing a Pearson BTEC Level 4 Higher National Certificate or Level 5 Higher National Diploma, students can also progress directly into employment.

Students completing the Level 5 HND in Healthcare Practice for England (Healthcare Assistant Practitioner) as part of a higher apprenticeship programme can progress directly into employment as Healthcare Assistant Practitioners, on successful completion of all elements of the Standard.

The skills offered as part of the Pearson BTEC Level 5 Higher National Diploma can provide graduates with the opportunity to work in many different areas of the health and social care sector. Below are some examples of job roles each qualification could lead to.

Pathway	**Job Roles**
Integrated Health and Social Care	Senior care assistant, senior support worker in a range of health and care settings, pathway tracker, integrated support worker, care navigator or co-ordinator
Public Health and Health Promotion	Health educator, public health practitioner, wellbeing co-ordinator, voluntary sector field worker or research assistant, health improvement officer
Healthcare Management	Lower non-clinical managerial, co-ordinator and supervisory roles in healthcare administration, operation and support services, e.g. information, office, patient services, estates, health improvement services
Healthcare Assistant Practitioner	Providing the additional elements of the Healthcare Assistant Practitioner Higher Apprenticeship Standard are completed as required, Assistant Practitioner roles in a range of areas of specialism, e.g. occupational therapy, operating theatre, rehabilitation services, clinical support
Nursing	Senior care assistant, nursing support/assistant/auxiliary roles. Other senior healthcare assistant roles

2.6 Use of maths and English within the curriculum

Those working within the healthcare sector cannot just rely on their technical skills and must ensure they develop all relevant employability skills to increase employment opportunities. For example, they will be required to communicate appropriately with stakeholders throughout their career, so the ability to use maths and English in a professional context is an essential employability skill that must be developed at all levels of study.

Development of essential maths and English skills are embedded throughout these qualifications in accordance with industry requirements and below are some examples of how these skills are developed in the Pearson BTEC Higher National curriculum.

- Written reports.
- Formal presentations.
- Informal conversations with a range of audiences including customers, other professionals and people accessing health or care services.
- Use of professional, sector-specific language.
- Use of mathematics in developing the skills to administer, manage and control the safe use of medications.
- Use of mathematical methods to accurately record and present data for diagnostic or treatment purposes in a health or care context.
- Use of analytical and computational methods to solve problems, and assist with clinical trials, audits and research projects as required.

Many aspects of healthcare practice require good maths skills and we strongly recommend all students complete diagnostic maths assessments preferably before beginning a Higher National course, as well as having an A* to C and or 9 to 4 grade in GCSE Maths (or equivalent) prior to starting the course (see *Entry requirements* in *Section 3.2*).

Throughout the programme, students on the Healthcare Assistant Practitioner and Nursing pathways will be using maths within the curriculum. In particular, it is vital that all students taking the following qualifications are aware that these skills will be required throughout their studies, as part of learning activities and assessments to ensure their skills are in line with current industry standards:

- Pearson BTEC Higher National Certificate in Healthcare Practice for England (Healthcare and Nursing Assistant Practice)
- Pearson BTEC Higher National Diploma in Healthcare Practice for England (Healthcare Assistant Practitioner)
- Pearson BTEC Higher National Diploma in Healthcare Practice for England (Nursing)

Students accessing the Pearson BTEC Higher National Diploma in Healthcare Practice for England (Healthcare Assistant Practitioner) and Pearson BTEC Higher National Diploma in Healthcare Practice for England (Nursing) pathways will typically be expected to demonstrate the ability to function at a minimum of Level 2 literacy and numeracy prior to enrolling on the programme.

2.7 How Pearson BTEC Higher Nationals in Healthcare Practice for England provide both transferable employability skills and academic study skills

Students need both relevant qualifications and employability skills to enhance their career prospects and contribute to their personal development. Pearson BTEC Higher National Healthcare Practice for England qualifications embed throughout the programme the development of key skills, attributes and strengths required by 21st century employers.

Where employability skills are referred to in this specification, this generally refers to skills in three main categories.

- **Cognitive and problem-solving skills**: critical thinking, approaching non-routine problems by applying expert and creative solutions, use of systems and digital technology, generating and communicating ideas creatively.
- **Intrapersonal skills**: self-management, adaptability and resilience, self-monitoring and self-development, self-analysis and reflection, planning and prioritising.
- **Interpersonal skills**: effective communication and articulation of information, working collaboratively, negotiating and influencing, self-presentation.

Pearson Example Assessment Briefs make recommendations for a range of real or simulated assessment activities, for example group work where appropriate, to encourage development of collaborative and interpersonal skills or a solution-focused case study to provide the opportunity to develop cognitive skills. There are specific requirements for the assessment of these skills, as relevant, within the assessment grids for each unit. Example Assessment Briefs are for guidance and support only and can be customised and amended according to localised needs and requirements. All assignments must still be verified as per the internal verification process.

Students can also benefit from opportunities for deeper learning, where they are able to make connections between units and select areas of interest for detailed study. In this way Pearson BTEC Higher Nationals provide a vocational context in which students can develop the knowledge and academic study skills required for progression to university degree courses, including:

- Active personal research skills
- Effective writing skills
- Analytical skills
- Critical thinking and reflective practice
- Evidence-based practice
- Creative problem-solving
- Decision-making
- Team building
- Exam preparation skills
- Digital literacy
- Competence and capability in practice-based skills in the workplace
- Competence in assessment methods used in higher education.

To support you in developing these skills in your students, we have developed a map of Higher Education relevant transferable and academic study skills, available in the appendices.

2.8 Sector-specific knowledge and skills: Themes for effective practice in health and social care

The Pearson BTEC Higher Nationals in Healthcare Practice for England also embed a range of employability-related knowledge and skills specific to the health and social care sector. These are embedded throughout the units in the qualification, and are referred to as the 'Practice Themes'. The Practice Themes that are mapped into, and assessed throughout, units in the qualification are:

a. **Law, Regulation and Ethical Practice**: This refers to the legal and regulatory frameworks that govern practice in health and social care. On an ongoing basis, students are expected to consider and apply relevant law and regulation and demonstrate an understanding of how these relate to ethical practice in health and social care.

b. **Professional Values, Attitudes and Behaviour**: These values, attitudes and behaviour refer to adopting a professional, knowledgeable and skilled approach to practice, particularly when interacting with others in health and social care. These include: care, compassion, competence, effective verbal, written, electronic and non-verbal communication, courage, commitment, working within the limits of own knowledge and skills, professional presentation and self- and time management. Students are expected to reflect these values, attitudes and behaviour throughout their learning, in the classroom and the workplace. The values, attitudes and behaviour identified reflect the requirements of codes of conduct as set out by professional bodies, including the Health and Care Professions Council and the Sector Skills Councils for Health and Care.

c. **Health, Safety and Safeguarding through the Lifespan**: A central tenet of health and social care practice. Most students will work with vulnerable individuals in their roles as students and as part of the health and social care workforce. Students are expected to consider and apply appropriate measures, strategies and approaches to support the health, safety and safeguarding of those they work with and demonstrate this application as appropriate throughout their learning.

d. **Valuing and Promoting Diversity, Difference and Inclusion**: This not only refers to respectful and non-discriminatory approaches including being person-centred, to working with others regardless of their personal characteristics, but also includes taking positive action to support a diverse and inclusive work and learning environment. Students will evidence their understanding that these approaches underpin much of the work they do in their roles as part of a health and social care workforce throughout their study.

e. **Promoting Physical and Mental Health and Emotional Wellbeing**: Students will develop their understanding of the interrelationship between physical and mental health and emotional wellbeing. Throughout their learning, students will develop skills in adopting a holistic approach to caring for others, taking into consideration physical and mental and emotional aspects of an individual's health and emotional wellbeing, recognising the value of mental health and emotional wellbeing in supporting an individual's overall health.

f. **Numeracy in Practice**: This is an essential feature of students' practice in healthcare and its value should not be underestimated. The appropriate and accurate use of numeracy skills can make a difference to the recovery or survival of a service user. Developing numerate students will support a health and social care workforce that is effective and efficient. Students are required to apply mathematical principles in a number of ways throughout their learning and work practice, from calculations and measurements, to data analysis and evaluation.

The employability-related knowledge and skills selected for the Practice Themes were identified through a rigorous process of research and consultation with a range of stakeholders, including the following professional and regulatory bodies:

- Skills for Health
- Skills for Care
- Royal College of Nursing.

They reflect the approach taken by a number of professional standards in the sector and are in line with the expectations for professional practice in healthcare.

The Practice Themes are referred to throughout the units studied in this programme and students are expected to demonstrate application of Practice Themes consistently as a feature of their learning.

3 Planning your programme

3.1 Delivering the Higher Nationals in Healthcare Practice for England

You play a central role in helping your students to choose the right Pearson BTEC Higher National qualification.

You should assess your students very carefully to ensure that they take the right qualification and the right pathways or optional units, to allow them to progress to the next stage. You should check the qualification structures and unit combinations carefully when advising students.

You will need to ensure that your students have access to a full range of information, advice and guidance in order to support them in making the necessary qualification and unit choices. When students are recruited, you need to give them accurate information on the title and focus of the qualification for which they are studying.

3.2 Entry requirements and admissions

Although Pearson do not specify formal entry requirements, as a centre it is your responsibility to ensure that the students you recruit have a reasonable expectation of success on the programme.

For students who have recently been in education, the entry profile is likely to include one of the following:

- A BTEC Level 3 qualification in Health and Social Care (or related subject)
- A GCE Advanced Level profile that demonstrates strong performance in a relevant subject or adequate performance in more than one GCE subject. This profile is likely to be supported by GCSE grades A* to C and/or 9 to 4 (or equivalent) in subjects such as maths and English
- Other related Level 3 qualifications
- An Access to Higher Education Diploma awarded by an approved further education institution
- Related work experience
- An international equivalent of the above.

Centres may wish to consider applicants' prior learning when considering their acceptance on a Pearson BTEC Higher Nationals, through Recognition of Prior Learning. (For further information please refer to *Section 8* of this document.)

3.2.1 English language requirements for Higher Nationals

Pearson's mission is to help people make more of their lives through learning. In order for students to be successful on Pearson BTEC Higher National qualifications which are **both** taught and assessed in English, it is critical that they have an appropriate level of English language skills.

The following clarifies the requirements for all centres when recruiting applicants on to new Pearson BTEC Higher National qualifications.

All centres delivering the new Pearson BTEC Higher National qualifications must ensure that all students who are non-native English speakers and who have not undertaken their final two years of schooling in English, can demonstrate capability in English at a standard equivalent to the levels identified below, before being recruited to the programme **where the programme is both taught and assessed in English**:

- Common European Framework of Reference (CEFR) level B2
- PTE **51**
- IELTS **5.5**; Reading and Writing must be at **5.5**
- or equivalent.

It is up to the centre to decide what proof will be necessary to evidence individual student proficiency.

The following clarifies the requirements for all centres when recruiting applicants on to new Pearson BTEC Higher National qualifications which are taught in a language other than English, but are assessed in English.

All centres delivering the new Pearson BTEC Higher National qualifications **wholly or partially** in a language other than English, but who are assessed in English, must ensure that all students can demonstrate capability in English at a standard equivalent to the levels identified below, on completion of the programme:

- Common European Framework of Reference (CEFR) level B2
- PTE **51**
- IELTS **5.5;** Reading and Writing must be at **5.5**
- or equivalent.

It is up to the centre to decide what proof will be necessary to evidence individual student proficiency.

3.2.2 Centre approval

To ensure that centres are ready to assess students and that we can provide the support that is needed all centres must be approved before they can offer these qualifications. For more information about becoming a centre and seeking approval to run our qualifications please visit the support section on our website (http://qualifications.pearson.com/).

3.2.3 Level of sector knowledge required

We do not set any requirements for tutors, but we do recommend that centres assess the overall skills and knowledge of the teaching team, which should be relevant, up to date and at the appropriate level. For practice-based evidence assessed in the workplace, tutor-assessors must have experience in working in the health or social care sector and hold or be working towards a recognised assessor qualification (please refer to *Tutor/Assessor placement visits* in the Practical Learning, Assessment and Development Portfolio for further details) within 12 months of starting to assess evidence in the workplace.

3.2.4 Resources required

As part of your centre approval, you will need to show that the necessary material resources and work spaces are available to deliver Pearson BTEC Higher Nationals. For some units, specific resources are required, this is clearly indicated in the unit descriptors.

3.2.5 HN Global support

HN Global is an online resource that supports centre planning and delivery of Pearson BTEC Higher Nationals by providing appropriate teaching and learning resources. For further information see *Sections 5 and 6* of this Programme Specification.

3.2.6 Modes of delivery

Subject to approval by Pearson, centres are free to deliver Pearson BTEC Higher Nationals using modes of delivery that meet the needs of their students. We recommend making use of a wide variety of modes, including:

- Full-time
- Part-time
- Blended learning.

3.2.7 Recommendations for employer engagement

Pearson BTEC Higher Nationals are vocational qualifications and as an approved centre you are encouraged to work with employers on the design, delivery and assessment of the course. This will ensure that students enjoy a programme of study that is engaging and relevant, and which equips them for progression. There are suggestions in *Section 5.2* about how employers could become involved in delivery and/or assessment, but these are not intended to be exhaustive and there will be other possibilities at a local level.

3.2.8 Support from Pearson

We provide a range of support materials, including Schemes of Work and Example Assessment Briefs, with supporting templates. You will be allocated an External Examiner early in the planning stage, to support you with planning your assessments, and there will be training events and support from our Subject Leads.

3.2.9 Student employability

All Pearson BTEC Higher Nationals have been designed and developed with consideration of National Occupational Standards, where relevant, and have been mapped to the following Professional Body standards and higher apprenticeship Standards as follows:

- Links to the Public Health Knowledge and Skills Framework, mapped in *Appendix 6*
- Links to the Healthcare Assistant Practitioner Higher Apprenticeship Standard, mapped in *Appendix 6*
- Links to the Nursing Associate Higher Apprenticeship Standard, mapped in *Appendix 6*
- Detailed mapping to the Healthcare Assistant Practitioner and Nursing Associate Standards, against requirements for Core and Specialist units in these pathways, is included in Form HCP 10 in the *Practical Learning, Assessment and Development portfolio (PLAD)* that accompanies this specification.

Employability skills such as team working and entrepreneurialism as well as practical hands-on skills have been built into the design of the learning aims and content. This gives you the opportunity to use relevant contexts, scenarios and materials to enable students to develop a portfolio of evidence demonstrating the breadth of their skills and knowledge in a way that equips them for employment.

3.3 Access to study

This section focuses on the administrative requirements for delivering a Pearson BTEC Higher National qualification. It will be of value to Quality Nominees, Programme Leaders and Examinations Officers.

Our policy regarding access to our qualifications is that:

- They should be available to everyone who is capable of reaching the required standards
- They should be free from any barriers that restrict access and progression.

There should be equal opportunities for all those wishing to access the qualifications. We refer Centres to our Pearson *Equality and Diversity Policy*, which can be found in the support section of our website (http://qualifications.pearson.com/).

Centres are required to recruit students to Higher National programmes with integrity. They will need to make sure that applicants have relevant information and advice about the qualification, to make sure it meets their needs. Centres should review the applicant's prior qualifications and/or experience to consider whether this profile shows that they have the potential to achieve the qualification. For students with disabilities and specific needs, this review will need to take account of the support available to the student during the teaching and assessment of the qualification. For further guidance and advice please refer to *Section 9* on reasonable adjustments.

3.4 Student registration and entry

All students should be registered for the qualification, and appropriate arrangements made for internal and external verification. For information on making registrations for the qualification, you will need to refer to the information manual available in the support section of our website (http://qualifications.pearson.com/).

Students can be formally assessed only for a qualification on which they are registered. If students' intended qualifications change (for example, if a student decides to choose a different specialist pathway), then the centre must transfer the student to the chosen pathway appropriately. Please note that student work cannot be sampled if the student is not registered or is registered on an incorrect pathway.

3.5 Access to assessments

Assessments need to be administered carefully, to ensure that all students are treated fairly, and that results and certification are issued on time, allowing students to move on to chosen progression opportunities.

Our equality policy requires that all students should have equal opportunity to access our qualifications and assessments, and that our qualifications are awarded in a way that is fair to every student. We are committed to making sure that:

- students with a protected characteristic (as defined in legislation) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to students who do not share that characteristic
- students achieve the recognition they deserve for undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

Further information on access arrangements can be found on the Joint Council for Qualifications website (http://www.jcq.org.uk/).

3.6 Administrative arrangements for internal assessment

3.6.1 Records

You are required to retain records of assessment for each student. Records should include assessments taken, decisions reached and any adjustments or appeals. Further information on quality and assessment can be found in our UK and international guides available in the support section on our website (http://qualifications.pearson.com/). We may ask to audit your records, so they must be retained as specified. All student work must be retained for **a minimum of 12 weeks** after certification has taken place.

3.6.2 Reasonable adjustments to assessment

A reasonable adjustment is one that is made before a student takes an assessment, to ensure that he or she has fair access to demonstrate the requirements of the assessments.

You are able to make adjustments to internal assessments to take account of the needs of individual students. In most cases this can be achieved through a defined time extension or by adjusting the format of evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable. You need to plan for time to make adjustments, if necessary.

Further details on how to make adjustments for students with protected characteristics are available on the support section of our website (http://qualifications.pearson.com/).

3.6.3 Special consideration

Special consideration is given after an assessment has taken place for students who have been affected by adverse circumstances, such as illness, and require an adjustment of grade to reflect normal level of attainment. You must operate special consideration in line with Pearson policy (see previous paragraph). You can provide special consideration related to the period of time given for evidence to be provided, or for the format of the assessment (if it is equally valid). You may not substitute alternative forms of evidence to that required in a unit, or omit the application of any assessment criteria to judge attainment. Pearson can consider applications for special consideration in line with the policy, which can be found in the document linked above.

Please note that your centre must have a policy for dealing with mitigating circumstances if students are affected by adverse circumstances, such as illness, which result in non-submission or late submission of assessment.

3.6.4 Appeals against assessment

Your centre must have a policy for dealing with appeals from students. These appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. The first step in such a policy could be a consideration of the evidence by a Programme Leader or other member of the programme team. The assessment plan should allow time for potential appeals after assessment decisions have been given to students. If there is an appeal by a student, you must document the appeal and its resolution. Students have a final right of appeal to Pearson, but only if the procedures that you have put in place have been followed.

Further details of our policy on enquiries and appeals is available on the support section of our website (http://qualifications.pearson.com/).

If your centre is located in England or Wales and the student is still dissatisfied with the final outcome of their appeal s/he can make a further appeal to the Office of the Independent Adjudicator (OIA) by emailing: enquiries@oiahe.org.uk. In Northern Ireland a further appeal may be lodged with the Northern Ireland Public Service Ombudsman (NIPSO) by emailing: nipso@nipso.org.uk

3.7 Dealing with malpractice in assessment

'Malpractice' means acts that undermine the integrity and validity of assessment, the certification of qualifications and/or may damage the authority of those responsible for delivering the assessment and certification.

Pearson does not tolerate actual or attempted actions of malpractice by learners, centre staff or centres in connection with Pearson qualifications. Pearson may impose penalties and/or sanctions on learners, centre staff or centres where malpractice or attempted malpractice has been proven.

Malpractice may occur or be suspected in relation to any unit or type of assessment within a qualification. For further details on malpractice and advice on preventing malpractice by learners, please see Pearson's Centre Guidance: Dealing with Malpractice, available on our website.

The procedures we ask you to adopt vary between units that are internally assessed and those that are externally assessed.

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Learners must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. The Centre Guidance: Dealing with Malpractice document gives full information on the actions we expect you to take.

Pearson may conduct investigations if we believe a centre is failing to conduct internal assessment according to our policies. The above document gives further information and examples, and details the penalties and sanctions that may be imposed.

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

3.7.1 Internally assessed units

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Students must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. Full information on dealing with malpractice and the actions we expect you to take is available on the support section of our website (http://qualifications.pearson.com).

Pearson may conduct investigations if it is believed that a centre is failing to conduct internal assessment according to Pearson policies. The above document gives further information, provides examples, and details the penalties and sanctions that may be imposed.

3.7.2 Student malpractice

The head of centre is required to report incidents of suspected learner malpractice that occur during Pearson qualifications. We ask centres to complete *JCQ Form M1* (www.jcq.org.uk/malpractice) and email it with any accompanying documents

(signed statements from the learner, invigilator, copies of evidence, etc) to the Investigations Processing team at candidatemalpractice@pearson.com. The responsibility for determining appropriate sanctions or penalties to be imposed on learners lies with Pearson.

Learners must be informed at the earliest opportunity of the specific allegation and the centre's malpractice policy, including the right of appeal. Learners found guilty of malpractice may be disqualified from the qualification for which they have been entered with Pearson.

Failure to report malpractice constitutes staff or centre malpractice.

3.7.3 Staff and centre malpractice

The head of centre is required to inform Pearson's Investigations team of any incident of suspected malpractice (which includes maladministration) by centre staff, before any investigation is undertaken. The head of centre is requested to inform the Investigations team by submitting a JCQ M2 Form (downloadable from www.jcq.org.uk/malpractice) with supporting documentation to pqsmalpractice@pearson.com. Where Pearson receives allegations of malpractice from other sources (for example Pearson staff, anonymous informants), the Investigations team will conduct the investigation directly or may ask the head of centre to assist.

Pearson reserves the right in cases of suspected malpractice to withhold the issuing of results/certificates while an investigation is in progress. Depending on the outcome of the investigation, results and/or certificates may not be released or they may be withheld.

We reserve the right to withhold certification when undertaking investigations, audits and quality assurance processes. You will be notified within a reasonable period of time if this occurs.

3.7.4 Sanctions and appeals

Where malpractice is proven, we may impose sanctions or penalties, such as:

- mark reduction for affected external assessments
- disqualification from the qualification
- debarment from registration for Pearson qualifications for a period of time.

If we are concerned about your centre's quality procedures we may impose sanctions such as:

- working with centres to create an improvement action plan
- requiring staff members to receive further training
- placing temporary suspensions on certification of learners
- placing temporary suspensions on registration of learners
- debarring staff members or the centre from delivering Pearson qualifications
- suspending or withdrawing centre approval status.

The centre will be notified if any of these apply.

Pearson has established procedures for centres that are considering appeals against penalties and sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from the head of centre (on behalf of learners and/or members or staff) and from individual members (in respect of a decision taken against them personally). Further information on appeals can be found in the JCQ Appeals booklet (https://www.jcq.org.uk/exams-office/appeals).

4 Programme structure

4.1 Units, Credits, Total Qualification Time (TQT) and Guided Learning (GL)

The Higher National Certificate (HNC) is a Level 4 qualification made up of 120 credits. It is usually studied full-time over one year, or part-time over two years.

The Higher National Diploma (HND) is a Level 4 and Level 5 qualification made up of 240 credits. It is usually studied full-time over two years, or part-time over four years.

Pearson would expect that an HND student would have achieved at least 90 credits at Level 4 before progressing to Level 5 units. This allows for the students to submit the remaining 30 credits at Level 4 while undertaking their Level 5 study.

Students undertaking an HND who fail to successfully complete the full qualification may be awarded an HNC, if their credit achievement permits.

Pearson BTEC Higher Nationals consist of Core units, Specialist units and Optional units.

- Core units are mandatory.
- Specialist units are designed to provide a specific occupational focus to the qualification and are aligned to Professional Body and/or higher apprenticeship Standards.
- Required combinations of units are clearly set out in the tables below.

Units are usually 15 credits in value, or a multiple thereof. These units have been designed from a learning time perspective, and are expressed in terms of **Total Qualification Time (TQT)**. TQT is an estimate of the total amount of time that could reasonably be expected to be required for a student to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification. TQT includes undertaking each of the activities of Guided Learning, Directed Learning and Invigilated Assessment. Each 15-credit unit approximates to a Total Unit Time of 150 hours with 60 hours of Guided Learning.

Total Qualification Time (TQT) Higher National Certificate (HNC) = 1,200 hours

Total Qualification Time (TQT) Higher National Diploma (HND) = 2,400 hours

Examples of activities which can contribute to Total Qualification Time include:

- Guided Learning in the classroom or workplace
- Independent and unsupervised research/learning
- Unsupervised compilation of a portfolio of work experience

- Unsupervised e-learning
- Unsupervised e-assessment
- Unsupervised coursework
- Watching a pre-recorded podcast or webinar
- Unsupervised work-based learning.

Guided Learning (GL) is defined as the time when a tutor is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example open learning centres and learning workshops. Guided Learning includes any supervised assessment activity; this includes invigilated examination and observed assessment and observed work-based practice.

Total Guided Learning (GL) Higher National Certificate (HNC) = 480 hours

Total Guided Learning (GL) Higher National Diploma (HND) = 960 hours

Some examples of activities which can contribute to Guided Learning include:

- Classroom-based learning supervised by a tutor
- Work-based learning supervised by a tutor/assessor
- Live webinar or telephone tutorial with a tutor in real time
- E-learning supervised by a tutor in real time
- All forms of assessment which take place under the immediate guidance or supervision of a tutor or other appropriate provider of education or training, including where the assessment is competence-based and may be turned into a learning opportunity.

4.2 Programme structures

The programme structures specify:

- The total credit value of the qualification
- The minimum credit to be achieved at the level of the qualification
- The Core units
- The Specialist units
- The Optional units
- The maximum credit value in units that can be centre-commissioned.

When combining units for a Pearson BTEC Higher National qualification, it is the centre's responsibility to make sure that the correct combinations are followed.

4.2.1 Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England

- Qualification credit value: a minimum of 120 credits. This is made up of seven units, six with a value of 15 credits, and one with a value of 30 credits.
- **Total Qualification Time (TQT)** Higher National Certificate (HNC) = 1,200 hours
- **Total Guided Learning (GL)** Higher National Certificate (HNC) = 480 hours
- There is a required mix of Core, Specialist and Optional units totalling 120 credits. All units are at Level 4.
- In some cases, a maximum of 30 credits from a Higher National qualification may be from units designed by the centre and approved by Pearson. Core units may **not** be substituted and are **mandatory**. For more information please refer to Higher National Commissioned Qualifications.
- Please note that some Specialist units are available as Optional units and some Optional units are available as Specialist units.

Work placement/experience requirements

The Total Qualification Time for the **Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England** includes a minimum requirement of 225 hours' work placement or experience in health and/or social care settings. The mandatory elements of work placement/experience are as follows:

Pathway	Min no. of placements	Types of settings	Minimum number of hours in each placement
Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Integrated Health and Social Care)	ONE	Any health and/or social care setting providing direct care to service users	75
Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Healthcare Management)	ONE	Any health and/or social care setting providing direct care to service users	75
Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Public Health and Health Promotion)	ONE	Any health and/or social care setting providing direct care to service users	75

Pathway	Min no. of placements	Types of settings	Minimum number of hours in each placement
Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Healthcare and Nursing Assistant Practice)	ONE	Any health and/or social care setting providing direct care to service users	75

Examples of recommended settings for placement are in *Appendix 7* in this specification.

Students can undertake placement in more than one setting, providing they meet the minimum requirement for types of setting as indicated above.

Students can undertake placement in more than the minimum requirement of different individual settings, providing they meet the minimum requirement for types of setting as indicated above.

Additional guidance

Placements in hospital or general practice settings are advised to include experience in different areas of practice, if this can be arranged.

Supervision and assessment requirements on placement

Students are expected to be allocated a placement supervisor during their placement in each setting who will monitor and contribute to the continuous assessment of their progress; students are also required to be assessed during their practice on placement by a tutor/assessor from the centre delivering the qualification. Further details of the placement supervision and assessment requirements are provided in the *Practical Learning, Assessment and Development portfolio (PLAD)* that accompanies this specification.

Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Integrated Health and Social Care)		Credit	Level
Level 4 units:			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**17 Effective Reporting and Record-keeping in Health and Social Care Services**	15	4
Plus TWO optional units which can be selected from the specialist and optional units given below. *Please note that only one specialist can be selected from each pathway group			
Group: Public Health and Health Promotion			
Specialist Unit	**8 Addressing Health Inequalities**	15	4
Group: Healthcare and Nursing Assistant Practice			
Specialist Unit	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4
Group: Shared Specialist			
Optional Unit	**5 Health Education in Action****	15	4
Optional Units			
Optional Unit	**6 Supporting Dementia Care**	15	4
Optional Unit	**11 Changing Perspectives in Public Health**	15	4
Optional Unit	**12 Supporting Independent Living**	15	4
Optional Unit	**13 Supporting Individuals with Specific Needs**	15	4
Optional Unit	**14 Sociological and Psychological Perspectives on Health**	15	4
Optional Unit	**15 Healthcare Technology in Practice**	15	4
Optional Unit	**16 Supporting Adults in Residential Care**	15	4

***If unit 5 is selected then unit 8 cannot also be chosen*

Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Public Health and Health Promotion)		Unit credit	Level
Level 4 units:			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**5 Health Education in Action**	15	4
Specialist Unit *Mandatory*	**8 Addressing Health Inequalities**	15	4
Plus ONE optional unit which can be selected from the specialist and optional units given below.			
Group: Healthcare Management			
Specialist Unit	**10 Developing Operational Management Skills for Healthcare Practice**	15	4
Group: Healthcare and Nursing Assistant Practice			
Specialist Unit	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4
Group: Shared Specialist			
Optional Unit	**17 Effective Reporting and Record-keeping in Health and Social Care Services**	15	4
Optional Units			
Optional Unit	**6 Supporting Dementia Care**	15	4
Optional Unit	**11 Changing Perspectives in Public Health**	15	4
Optional Unit	**12 Supporting Independent Living**	15	4
Optional Unit	**13 Supporting Individuals with Specific Needs**	15	4
Optional Unit	**14 Sociological and Psychological Perspectives on Health**	15	4
Optional Unit	**15 Healthcare Technology in Practice**	15	4
Optional Unit	**16 Supporting Adults in Residential Care**	15	4

Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Healthcare Management)		Unit credit	Level
Level 4 units:			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**10 Developing Operational Management Skills for Healthcare Practice**	15	4
Specialist Unit *Mandatory*	**17 Effective Reporting and Record-keeping in Health and Social Care Services**	15	4
Plus ONE optional unit which can be selected from the specialist and optional units given below.			
Group: Public Health and Health Promotion			
Specialist Unit	**8 Addressing Health Inequalities**	15	4
Group: Healthcare and Nursing Assistant Practice			
Specialist Unit	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4
Group: Shared Specialist			
Optional Unit	**5 Health Education in Action**	15	4
Optional Units			
Optional Unit	**6 Supporting Dementia Care**	15	4
Optional Unit	**11 Changing Perspectives in Public Health**	15	4
Optional Unit	**12 Supporting Independent Living**	15	4
Optional Unit	**13 Supporting Individuals with Specific Needs**	15	4
Optional Unit	**14 Sociological and Psychological Perspectives on Health**	15	4
Optional Unit	**15 Healthcare Technology in Practice**	15	4
Optional Unit	**16 Supporting Adults in Residential Care**	15	4

Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Healthcare and Nursing Assistant Practice)		Unit credit	Level
Level 4 units: All units are mandatory in this pathway			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**5 Health Education in Action**	15	4
Specialist Unit *Mandatory*	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit *Mandatory*	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4

4.2.2 Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England

- Qualification credit value: a minimum of 240 credits. This is made up of fourteen units, twelve with a value of 15 credits, and two with a value of 30 credits.
- Total Qualification Time (TQT) Higher National Diploma (HND) = 2,400 hours
- Total Guided Learning (GL) Higher National Diploma (HND) = 960 hours
- There is a required mix of Core, Specialist and Optional units totalling 240 credits. Units are at Level 4 and Level 5.
- In some cases a maximum of 60 credits from a Higher National qualification may be from units designed by the centre and approved by Pearson. Core units may not be substituted and are mandatory. For more information please refer to Higher National Commissioned Qualifications.
- Please note that some Specialist units are available as Optional units and some Optional units are available as Specialist units.
- The requirements of the HNC have to be met.

The Level 5 Higher National Diploma consists of the Level 4 Higher National Certificate (above) plus an additional 120 credits at Level 5 delivered via one of the four corresponding specialist pathways:

- Public Health and Health Promotion
- Healthcare Management
- Healthcare Assistant Practitioner
- Nursing.

Or a general pathway: Integrated Health and Social Care.

Students will typically progress from the HNC to the HND within the pathways as titled. A centre may allow students on the Integrated Health and Social Care pathway at the HNC level to progress to another specialist pathway in the HND, providing the student has completed (and passed) at least one of the specialist units for that pathway in the HNC. The centre must also undertake a suitable mapping of Recognition of Prior Learning (RPL) for the other specialist mandatory HNC unit in the specialist pathway elected in support of any potential review by an External Examiner.

Qualification credit value: a minimum of 240 credits, of which 120 credits are at Level 5, and 120 credits are at Level 4 and usually attained via the HNC.

There is a required mix of Core, Specialist and Optional units totalling 240 credits. The Core units required for each Level 5 Specialist pathway (in addition to the Specialist units) are *Unit 18: Innovation and Improvement through Action Research (Pearson-set Project)* which is weighted at 30 credits, and *Unit 19: Reflective Approaches in Implementing Person-centred Practice*, weighted at 15 credits.

The requirements of the Higher National Certificate (or equivalent) have to be met. In some cases, a maximum of 60 credits can be imported from another RQF Pearson BTEC Higher National qualification and/or from units designed by the centre and approved by Pearson. Core units and Specialist units may **not** be substituted.

Work placement requirements:

The Total Qualification Time for the Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England includes a requirement of 450 hours' work placement or experience in health and/or social care settings over the two-year period of the qualification. The mandatory elements of work placement/experience are as follows:

Pathway	Min. no. of placements	Types of settings	Minimum number of hours in each placement
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Integrated Health and Social Care)	ONE	Any health and/or social care setting providing direct care to service users	100
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Healthcare Management)	ONE	Any health and/or social care setting providing direct care to service users	100
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Public Health and Health Promotion)	TWO	Health and/or social care setting providing direct care to service users At least one setting must provide public health or health promotion information, advice and guidance	100
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Healthcare Assistant Practitioner)	TWO	Health and/or social care settings providing direct care to service users	100
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Nursing)	TWO	Any of two of the three following settings*: • hospital-based • at home • close to home	100

*Examples of recommended settings for placement are in *Appendix 7* in this specification.

Students can undertake placement in more than one setting, providing they meet the minimum requirement for types of setting as indicated above.

Students can undertake placement in more than the minimum requirement of different individual settings, providing they meet the minimum requirement for types of setting as indicated above.

Additional guidance

Placements in hospital or general practice settings are advised to include experience in different areas of practice, if this can be arranged.

Supervision and assessment requirements on placement

Students are expected to be allocated a placement supervisor during their placement in each setting who will monitor and contribute to the continuous assessment of their progress; students are also required to be assessed during their practice on placement by a tutor/assessor from the centre delivering the qualification. Further details of the placement supervision and assessment requirements are provided in the *Practical Learning, Assessment and Development portfolio (PLAD)* that accompanies this specification.

Assistant Practitioner and Nursing supervision and assessment requirements

Students on the Healthcare Assistant Practitioner and Nursing pathways of the Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England need to be employed in a setting where they can be appropriately supervised by a registered nurse or other appropriate health or care professional as specified in the relevant higher apprenticeship Standards.

Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Integrated Health and Social Care)		Unit credit	Level
Level 4 units:			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**17 Effective Reporting and Record-keeping in Health and Social Care Services**	15	4
Plus TWO optional units which can be selected from the specialist and optional units given below. ***Please note that only one specialist can be selected from each pathway group**			
Group: Public Health and Health Promotion			
Specialist Unit	**8 Addressing Health Inequalities**	15	4
Group: Healthcare and Nursing Assistant Practice			
Specialist Unit	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4
Group: Shared Specialist			
Optional Unit	**5 Health Education in Action****	15	4
Optional Units			
Optional Unit	**6 Supporting Dementia Care**	15	4
Optional Unit	**11 Changing Perspectives in Public Health**	15	4
Optional Unit	**12 Supporting Independent Living**	15	4
Optional Unit	**13 Supporting Individuals with Specific Needs**	15	4

***If unit 5 is selected at Level 4, then unit 8 cannot also be chosen*

Optional Unit	**14 Sociological and Psychological Perspectives on Health**	15	4
Optional Unit	**15 Healthcare Technology in Practice**	15	4
Optional Unit	**16 Supporting Adults in Residential Care**	15	4

Level 5 units:			
Core Unit *Mandatory*	**18 Innovation and Improvement through Action Research (Pearson-set Project)**	30	5
Core Unit *Mandatory*	**19 Reflective Approaches in Implementing Person-centred Practice**	15	5
Specialist Unit *Mandatory*	**22 Supporting Individuals through Significant Life Events**	15	5
Specialist Unit *Mandatory*	**26 Supporting Team and Partnership Working Across Health and Social Care Services**	15	5
Plus an additional THREE optional units which can be selected from the specialist and optional units given below. ***Please note that only one specialist can be selected from each pathway group.**			
Group: Public Health and Health Promotion			
Specialist unit	**24 Health Psychology**	15	5
Specialist unit	**27 Social Policy in Public Health**	15	5
Specialist unit	**28 Holistic Approaches to Health Promotion**	15	5
Group: Healthcare Management			
Specialist unit	**23 Managing Quality in Care Environments**	15	5
Specialist unit	**25 Facilitating Change in Healthcare Environments**	15	5
Specialist unit	**29 Human Resource Management for Healthcare**	15	5
Group: Healthcare Assistant Practitioner			
Specialist unit	**32 Team and Individual Leadership: Mentoring and Coaching Others**	15	5
Specialist unit	**36 End of Life Care Planning and Support**	15	5
Group: Nursing			
Specialist unit	**30 Pharmacology and Medicine Management**	15	5
Specialist unit	**38 Nursing – Principles and Fundamentals of Practice**	15	5

Group: Shared Specialist			
Optional unit	**20 Care Planning Processes in Healthcare Practice**	15	5
Optional unit	**21 Recognising and Meeting the Needs of People with Long-term Health Conditions**	15	5
Optional Units A			
Optional unit	**31 Providing Outpatient and Community Care**	15	5
Optional unit	**33 Psychophysiological Disorders**	15	5
Optional unit	**34 Global Health and Wellbeing**	15	5
Optional unit	**35 Project Management for Healthcare**	15	5
Optional unit	**37 Complementary Therapies in Healthcare Practice**	15	5
Optional Units B			
Optional Units (Specialist Assistant Practice, SAP)*: These are specialist learning units and should only be taken by students who are currently in employment or work placement in relevant settings, as they include practice-based assessment requirements specific to the setting identified.			
Optional unit (SAP)	**39 Supporting Operating Department Practice**	15	5
Optional unit (SAP)	**40 Working with People Affected by Drug and Alcohol Addiction**	15	5
Optional unit (SAP)	**41 Healthcare Practice with Children and Young People**	15	5
Optional unit (SAP)	**42 Supporting Practitioners in Maternity Care**	15	5
Optional unit (SAP)	**43 Supporting Practitioners in Urgent Care Environments**	15	5
Optional unit (SAP)	**44 Supporting Rehabilitation Services**	15	5
Optional unit (SAP)	**45 Supporting Orthopaedic Care**	15	5
Optional unit (SAP)	**46 Supporting Mental Health Services**	15	5

Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Public Health and Health Promotion)		Unit credit	Level
Level 4 units:			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**5 Health Education in Action**	15	4
Specialist Unit *Mandatory*	**8 Addressing Health Inequalities**	15	4
Plus ONE optional unit which can be selected from the specialist and optional units given below.			
Group: Healthcare Management			
Specialist Unit	**10 Developing Operational Management Skills for Healthcare Practice**	15	4
Specialist Unit	**17 Effective Reporting and Record-keeping in Health and Social Care Services**	15	4
Group: Healthcare and Nursing Assistant Practice			
Specialist Unit	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4
Group: Shared Specialist			
Optional Unit	**17 Effective Reporting and Record-keeping in Health and Social Care Services**	15	4

Optional Units			
Optional Unit	**6 Supporting Dementia Care**	15	4
Optional Unit	**11 Changing Perspectives in Public Health**	15	4
Optional Unit	**12 Supporting Independent Living**	15	4
Optional Unit	**13 Supporting Individuals with Specific Needs**	15	4
Optional Unit	**14 Sociological and Psychological Perspectives on Health**	15	4
Optional Unit	**15 Healthcare Technology in Practice**	15	4
Optional Unit	**16 Supporting Adults in Residential Care**	15	4
Level 5 units:			
Core Unit *Mandatory*	**18 Innovation and Improvement through Action Research (Pearson-set Project)**	30	5
Core Unit *Mandatory*	**19 Reflective Approaches in Implementing Person-centred Practice**	15	5
Specialist Unit *Mandatory*	**24 Health Psychology**	15	5
Specialist Unit *Mandatory*	**27 Social Policy in Public Health**	15	5
Specialist Unit *Mandatory*	**28 Holistic Approaches to Health Promotion**	15	5
Plus an additional TWO optional units which can be selected from the specialist and optional units given below. ***Please note that only one specialist can be selected from each pathway group.**			
Group: Integrated Health and Social Care			
Specialist unit	**22 Supporting Individuals through Significant Life Events**	15	5
Specialist unit	**26 Supporting Team and Partnership Working Across Health and Social Care Services**	15	5
Group: Healthcare Management			
Specialist unit	**23 Managing Quality in Care Environments**	15	5
Specialist unit	**25 Facilitating Change in Healthcare Environments**	15	5
Specialist unit	**29 Human Resource Management for Healthcare**	15	5

Group: Healthcare Assistant Practitioner			
Specialist unit	**32 Team and Individual Leadership: Mentoring and Coaching Others**	15	5
Specialist unit	**36 End of Life Care Planning and Support**	15	5
Group: Nursing			
Specialist unit	**30 Pharmacology and Medicine Management**	15	5
Specialist unit	**38 Nursing – Principles and Fundamentals of Practice**	15	5
Group: Shared Specialist			
Optional Unit	**20 Care Planning Processes in Healthcare Practice**	15	5
Optional Unit	**21 Recognising and Meeting the Needs of People with Long-term Health Conditions**	15	5
Optional Units A			
Optional unit	**31 Providing Outpatient and Community Care**	15	5
Optional unit	**33 Psychophysiological Disorders**	15	5
Optional unit	**34 Global Health and Wellbeing**	15	5
Optional unit	**35 Project Management for Healthcare**	15	5
Optional unit	**37 Complementary Therapies in Healthcare Practice**	15	5

Optional Units B			
Optional Units (Specialist Assistant Practice, SAP)*: These are specialist learning units and should only be taken by students who are currently in employment or work placement in relevant settings, as they include practice-based assessment requirements specific to the setting identified.			
Optional unit (SAP)	**39 Supporting Operating Department Practice**	15	5
Optional unit (SAP)	**40 Working with People Affected by Drug and Alcohol Addiction**	15	5
Optional unit (SAP)	**41 Healthcare Practice with Children and Young People**	15	5
Optional unit (SAP)	**42 Supporting Practitioners in Maternity Care**	15	5
Optional unit (SAP)	**43 Supporting Practitioners in Urgent Care Environments**	15	5
Optional unit (SAP)	**44 Supporting Rehabilitation Services**	15	5
Optional unit (SAP)	**45 Supporting Orthopaedic Care**	15	5
Optional unit (SAP)	**46 Supporting Mental Health Services**	15	5

Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Healthcare Management)		Unit credit	Level
Level 4 units:			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**10 Developing Operational Management Skills for Healthcare Practice**	15	4
Specialist Unit *Mandatory*	**17 Effective Reporting and Record-keeping in Health and Social Care Services**	15	4
Plus ONE optional unit which can be selected from the specialist and optional units given below.			
Group: Public Health and Health Promotion			
Specialist Unit	**8 Addressing Health Inequalities**	15	4
Group: Healthcare and Nursing Assistant Practice			
Specialist Unit	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4
Group: Shared Specialist			
Optional Unit	**5 Health Education in Action**	15	4
Optional Units			
Optional Unit	**6 Supporting Dementia Care**	15	4
Optional Unit	**11 Changing Perspectives in Public Health**	15	4
Optional Unit	**12 Supporting Independent Living**	15	4
Optional Unit	**13 Supporting Individuals with Specific Needs**	15	4
Optional Unit	**14 Sociological and Psychological Perspectives on Health**	15	4
Optional Unit	**15 Healthcare Technology in Practice**	15	4
Optional Unit	**16 Supporting Adults in Residential Care**	15	4

Level 5 units:			
Core Unit *Mandatory*	**18 Innovation and Improvement through Action Research (Pearson-set Project)**	30	5
Core Unit *Mandatory*	**19 Reflective Approaches in Implementing Person-centred Practice**	15	5
Specialist Unit *Mandatory*	**23 Managing Quality in Care Environments**	15	5
Specialist Unit *Mandatory*	**25 Facilitating Change in Healthcare Environments**	15	5
Specialist Unit *Mandatory*	**29 Human Resource Management for Healthcare**	15	5
Plus an additional TWO optional units which can be selected from the specialist and optional units given below. ***Please note that only one specialist can be selected from each pathway group.**			
Group: Integrated Health and Social Care			
Specialist unit	**22 Supporting Individuals through Significant Life Events**	15	5
Specialist unit	**26 Supporting Team and Partnership Working Across Health and Social Care Services**	15	5
Group: Public Health and Health Promotion			
Specialist unit	**24 Health Psychology**	15	5
Specialist unit	**27 Social Policy in Public Health**	15	5
Specialist unit	**28 Holistic Approaches to Health Promotion**	15	5
Group: Healthcare Assistant Practitioner			
Specialist unit	**32 Team and Individual Leadership: Mentoring and Coaching Others**	15	5
Specialist unit	**36 End of Life Care Planning and Support**	15	5
Group: Nursing			
Specialist unit	**30 Pharmacology and Medicine Management**	15	5
Specialist unit	**38 Nursing – Principles and Fundamentals of Practice**	15	5
Group: Shared Specialist			
Optional Unit	**20 Care Planning Processes in Healthcare Practice**	15	5
Optional Unit	**21 Recognising and Meeting the Needs of People with Long-term Health Conditions**	15	5

Optional Units A			
Optional unit	**31 Providing Outpatient and Community Care**	15	5
Optional unit	**33 Psychophysiological Disorders**	15	5
Optional unit	**34 Global Health and Wellbeing**	15	5
Optional unit	**35 Project Management for Healthcare**	15	5
Optional unit	**37 Complementary Therapies in Healthcare Practice**	15	5
Optional Units B			
Optional Units (Specialist Assistant Practice, SAP)*: These are specialist learning units and should only be taken by students who are currently in employment or work placement in relevant settings, as they include practice-based assessment requirements specific to the setting identified.			
Optional unit (SAP)	**39 Supporting Operating Department Practice**	15	5
Optional unit (SAP)	**40 Working with People Affected by Drug and Alcohol Addiction**	15	5
Optional unit (SAP)	**41 Healthcare Practice with Children and Young People**	15	5
Optional unit (SAP)	**42 Supporting Practitioners in Maternity Care**	15	5
Optional unit (SAP)	**43 Supporting Practitioners in Urgent Care Environments**	15	5
Optional unit (SAP)	**44 Supporting Rehabilitation Services**	15	5
Optional unit (SAP)	**45 Supporting Orthopaedic Care**	15	5
Optional unit (SAP)	**46 Supporting Mental Health Services**	15	5

Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Healthcare Assistant Practitioner)		Unit credit	Level
Level 4 units: All units are mandatory in this pathway			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**5 Health Education in Action**	15	4
Specialist Unit *Mandatory*	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit *Mandatory*	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4
Level 5 units:			
Core Unit *Mandatory*	**18 Innovation and Improvement through Action Research (Pearson-set Project)**	30	5
Core Unit *Mandatory*	**19 Reflective Approaches in Implementing Person-centred Practice**	15	5
Specialist Unit *Mandatory*	**20 Care Planning Processes in Healthcare Practice**	15	5
Specialist Unit *Mandatory*	**21 Recognising and Meeting the Needs of People with Long-term Health Conditions**	15	5
Specialist Unit *Mandatory*	**32 Team and Individual Leadership: Mentoring and Coaching Others**	15	5
Specialist Unit *Mandatory*	**36 End of Life Care Planning and Support**	15	5
Plus an additional ONE optional unit which can be selected from the specialist and optional units given below.			
Group: Integrated Health and Social Care			
Specialist unit	**22 Supporting Individuals through Significant Life Events**	15	5
Specialist unit	**26 Supporting Team and Partnership Working Across Health and Social Care Services**	15	5

Group: Public Health and Health Promotion			
Specialist unit	**24 Health Psychology**	15	5
Specialist unit	**27 Social Policy in Public Health**	15	5
Specialist unit	**28 Holistic Approaches to Health Promotion**	15	5
Group: Healthcare Management			
Specialist unit	**23 Managing Quality in Care Environments**	15	5
Specialist unit	**25 Facilitating Change in Healthcare Environments**	15	5
Specialist unit	**29 Human Resource Management for Healthcare**	15	5
Group: Nursing			
Specialist unit	**30 Pharmacology and Medicine Management**	15	5
Specialist unit	**38 Nursing – Principles and Fundamentals of Practice**	15	5
Optional Units A			
Optional unit	**31 Providing Outpatient and Community Care**	15	5
Optional unit	**33 Psychophysiological Disorders**	15	5
Optional unit	**34 Global Health and Wellbeing**	15	5
Optional unit	**35 Project Management for Healthcare**	15	5
Optional unit	**37 Complementary Therapies in Healthcare Practice**	15	5

Optional Units B			
Optional Units (Specialist Assistant Practice, SAP)*: These are specialist learning units and should only be taken by students who are currently in employment or work placement in relevant settings, as they include practice-based assessment requirements specific to the setting identified.			
Optional unit (SAP)	**39 Supporting Operating Department Practice**	15	5
Optional unit (SAP)	**40 Working with People Affected by Drug and Alcohol Addiction**	15	5
Optional unit (SAP)	**41 Healthcare Practice with Children and Young People**	15	5
Optional unit (SAP)	**42 Supporting Practitioners in Maternity Care**	15	5
Optional unit (SAP)	**43 Supporting Practitioners in Urgent Care Environments**	15	5
Optional unit (SAP)	**44 Supporting Rehabilitation Services**	15	5
Optional unit (SAP)	**45 Supporting Orthopaedic Care**	15	5
Optional unit (SAP)	**46 Supporting Mental Health Services**	15	5

Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Nursing)		Unit credit	Level
Level 4 units: All units are mandatory in this pathway			
Core Unit *Mandatory*	**1 Law, Policy and Ethical Practice in Health and Social Care**	15	4
Core Unit *Mandatory*	**2 Demonstrating Professional Principles and Values in Health and Social Care Practice**	30	4
Core Unit *Mandatory*	**3 Supporting the Individual Journey through Integrated Health and Social Care**	15	4
Core Unit *Mandatory*	**4 Fundamentals of Evidence-based Practice (Pearson-set Project)**	15	4
Specialist Unit *Mandatory*	**5 Health Education in Action**	15	4
Specialist Unit *Mandatory*	**7 Effective Healthcare Practice using Maths**	15	4
Specialist Unit *Mandatory*	**9 Fundamentals of Anatomy and Physiology for Health and Ill-Health**	15	4
Level 5 units:			
Core Unit *Mandatory*	**18 Innovation and Improvement through Action Research (Pearson-set Project)**	30	5
Core Unit *Mandatory*	**19 Reflective Approaches in Implementing Person-centred Practice**	15	5
Specialist Unit *Mandatory*	**20 Care Planning Processes in Healthcare Practice**	15	5
Specialist Unit *Mandatory*	**21 Recognising and Meeting the Needs of People with Long-term Health Conditions**	15	5
Specialist Unit *Mandatory*	**30 Pharmacology and Medicine Management**	15	5
Specialist Unit *Mandatory*	**38 Nursing – Principles and Fundamentals of Practice**	15	5
Plus an additional ONE optional unit which can be selected from the specialist and optional units given below.			
Group: Integrated Health and Social Care			
Specialist unit	**22 Supporting Individuals through Significant Life Events**	15	5
Specialist unit	**26 Supporting Team and Partnership Working Across Health and Social Care Services**	15	5

Group: Public Health and Health Promotion			
Specialist unit	**24 Health Psychology**	15	5
Specialist unit	**27 Social Policy in Public Health**	15	5
Specialist unit	**28 Holistic Approaches to Health Promotion**	15	5
Group: Healthcare Management			
Specialist unit	**23 Managing Quality in Care Environments**	15	5
Specialist unit	**25 Facilitating Change in Healthcare Environments**	15	5
Specialist unit	**29 Human Resource Management for Healthcare**	15	5
Group: Assistant Practitioner			
Specialist unit	**32 Team and Individual Leadership: Mentoring and Coaching Others**	15	5
Specialist unit	**36 End of Life Care Planning and Support**	15	5
Optional Units A			
Optional unit	**31 Providing Outpatient and Community Care**	15	5
Optional unit	**33 Psychophysiological Disorders**	15	5
Optional unit	**34 Global Health and Wellbeing**	15	5
Optional unit	**35 Project Management for Healthcare**	15	5
Optional unit	**37 Complementary Therapies in Healthcare Practice**	15	5
Optional Units B			
Optional Units (Specialist Assistant Practice, SAP)*: These are specialist learning units and should only be taken by students who are currently in employment or work placement in relevant settings, as they include practice-based assessment requirements specific to the setting identified.			
Optional unit (SAP)	**39 Supporting Operating Department Practice**	15	5
Optional unit (SAP)	**40 Working with People Affected by Drug and Alcohol Addiction**	15	5
Optional unit (SAP)	**41 Healthcare Practice with Children and Young People**	15	5
Optional unit (SAP)	**42 Supporting Practitioners in Maternity Care**	15	5
Optional unit (SAP)	**43 Supporting Practitioners in Urgent Care Environments**	15	5

Optional Units B *continued*			
Optional unit (SAP)	**44 Supporting Rehabilitation Services**	15	5
Optional unit (SAP)	**45 Supporting Orthopaedic Care**	15	5
Optional unit (SAP)	**46 Supporting Mental Health Services**	15	5

4.2.3 Meeting local needs (MLN)

Centres should note that Pearson BTEC Higher National qualifications have been developed in consultation with centres, employers and relevant professional organisations. The units were designed to meet the skill needs of the sector and thereby allow coverage of the full range of employment within the sector. Centres should make maximum use of the choices available to them within the specialist pathways to meet the needs of their students, as well as the local skills and training needs.

Where centres identify a specific need that cannot be addressed using the units in this specification, centres can seek approval to use units from other RQF Pearson BTEC Higher National qualifications, through the MLN process (refer to *Commissioned qualification design and validation service* of our website http://qualifications.pearson.com or get in touch your Pearson regional contact for application details. Centres will need to justify the rationale for importing units from other RQF Pearson BTEC Higher National specifications. **Meeting local need applications must be made in advance of delivery and before 31 January in the year of student registration.**

The flexibility to import standard units from other RQF Pearson BTEC Higher National specifications is **limited to a maximum of 30 credits in a BTEC HNC qualification and a maximum of 60 credits in a BTEC HND qualification (30 credits at Level 4 and 30 credits at Level 5)**. This is an overall maximum of units that can be imported. MLN units cannot be used at the expense of the mandatory units in any qualification nor can the qualification's rules of combination, as detailed in the specification, be compromised. It is the responsibility of the centre requesting the MLN to ensure that approved units are used only in eligible combinations.

For the **Pearson BTEC Higher National Certificate in Healthcare Practice for England**, the maximum number of credits that can be imported by pathway are as follows.

Pathway	Import Level 4
Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Integrated Health and Social Care)	30 credits
Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Public Health and Health Promotion)	15 credits
Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice (Healthcare Management)	15 credits
Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice for England (Healthcare and Nursing Assistant Practice)	0 credits

For the **Pearson BTEC Higher National Diploma in Healthcare Practice for England**, the maximum number of credits that can be imported by pathway are as follows.

Pathway	Import Level 4	Import Level 5
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Integrated Health and Social Care)	30 credits	30 credits
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Public Health and Health Promotion)	15 credits	30 credits
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Healthcare Management)	15 credits	30 credits
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Healthcare Assistant Practitioner)	0 credits	15 credits
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Nursing)	0 credits	15 credits

4.2.4 Pearson BTEC Higher National Commissioned Development

Where MLN does not provide enough flexibility in terms of qualification structure, centres can request design and development of units by Pearson to meet their specific needs. This is offered by the following types of developments; full commission or partial commission.

We would be pleased to discuss your ideas for a Pearson BTEC Higher National Commissioned Development. For more information please refer to the *Commissioned qualification design and validation service* on our website http://qualifications.pearson.com

Once the centre is ready to proceed with a commissioned development, an application must be made, which provides a clear rationale for the development request. Pearson will review the application and may confirm or deny the request. The commissioned unit(s) will be authored by Pearson, in full consultation within the commissioning centre. Applications must be made one year in advance of the first year of commissioned unit(s) delivery.

4.3 Pearson-set assignments

There are Pearson-set assignments as part of the Core units. Each year, Pearson will issue a *Theme* and (for Level 4) a set of related *Topics.* Centres will develop an assignment, to be internally assessed, to engage students in work related to the Pearson-set Theme.

At Level 4, tutors will select a Topic to further define the students' approach to the Theme and assignment. At Level 5, it is expected that students will define their own Topic, in negotiation with tutors, based on the Pearson-set Theme.

For example, from the Higher Nationals in Business:

Theme: "Corporate Social Responsibility (CSR) and its importance for sustainability and competitive advantage."

Level 4 Topics:

- How to start up a socially responsible company
- The impact of CSR on a functional area (e.g. HR, Marketing, Finance) within an organisation to promote profitability and financial sustainability
- Implementing CSR activities within organisations to meet sustainability objectives.

Centres can find relevant support in the Pearson-set Assignment Guidance for the units, and the theme and topic release documentation which will be provided for each level.

The aim of the Pearson-set assignments is to provide a common framework for centres to develop work that will allow cross-sector benchmarking, through the standardisation of student work, and identification and sharing of 'best practice.' in higher education teaching and learning. Pearson will share the 'best practice' results with all centres. For further information about Pearson-set Assignments and assessment, see *Section 6 Assessment* of this document.

4.4 Practice-based assessments

A key feature of the Higher Nationals in Healthcare Practice for England is the inclusion of 'practice-based assessment' at Level 4 and Level 5. These assessments are intended to provide a framework in which necessary work-integrated learning can be delivered and assessed, relative to the pathway the student is on. These assessments are embedded throughout a number of units on the qualification, referenced in the table below. This enables centres with the potential to develop both greater depth and to support students to engage with more specialist areas of the subject and engage meaningfully with the employers that students are placed with.

The aim of these practice-based assessments is to provide centres with greater work-relatedness and enable the development of programmes of study and course offers that are unique to their particular locale, market, and student cohort.

A framework for the holistic assessment of practice-based elements for Core units is included in the PLAD, to support centres in developing appropriate programmes of study. Additional 'blank' templates are provided for centres to integrate the assessment of practice-based elements of Specialist and Optional units into a programme that incorporates holistic practice-based assessment.

For practice-based-assessment in this qualification, please see assessor requirements in Section 3.2.

Level 4 Units that include practice-based assessment	**Level 5 Units that include practice-based assessment**
(2) Demonstrating Professional Principles and Values in Health and Social Care Practice	(19) Reflective Approaches in Implementing Person-Centred Practice
(3) Supporting the Individual Journey through Integrated Health and Social Care	(20) Care Planning Processes in Healthcare Practice
(5) Health Education in Action	(21) Recognising and Meeting the Needs of Individuals with Long-term Health Conditions
(6) Supporting Dementia Care	(22) Supporting Individuals Through Significant Life Events
(7) Effective Healthcare Practice using Maths	(23) Managing Quality in Care Environments

Level 4 Units that include practice-based assessment	Level 5 Units that include practice-based assessment
(9) Fundamentals of Anatomy and Physiology for Health and Ill-Health	(26) Supporting Team and Partnership Working across Health and Social Care Services
(12) Supporting Independent Living	(28) Holistic Approaches to Health Promotion
(13) Supporting Individuals with Specific Needs	(30) Pharmacology and Medicine Management
(15) Healthcare Technology in Practice	(31) Providing Outpatient and Community Care
(16) Supporting Adults in Residential Care	(32) Team and Individual Leadership: Mentoring and Coaching Others
(17) Effective Reporting and Record-keeping in Health and Social Care Services	(36) End of Life Care Planning and Support
	(38) Nursing: Principles and Fundamentals of Practice
	All Specialist Assistant Practice Optional Units

4.5 Optional units

The Optional units available in the Higher Nationals in Healthcare Practice for England are intended to provide centres with a range of units that may be applicable to any pathway. These units have been written to provide scope for a centre to tailor their course offer to include areas of additional content that provide a unique student experience.

As an example, at Level 5, a standard approach to Healthcare Management might see the following units offered.

18 Innovation and Improvement through Action Research (Pearson-Set Project)	Core
19 Reflective Approaches in Implementing Person-centred Practice	Core
23 Managing Quality in Care Environments	Specialist
25 Facilitating Change in Healthcare Environments	Specialist
29 Human Resource Management for Healthcare	Specialist
35 Project Management for Healthcare	Optional
26 Supporting Team and Partnership Working Across Health and Social Care Services	Specialist Unit from Integrated Health and Social Care Pathway

However, a centre may choose to develop a more 'specialised' programme; with greater emphasis on management related to the provision of clinical services and offer the following.

18 Innovation and Improvement through Action Research (Pearson-Set Project)	Core
19 Reflective Approaches in Implementing Person-centred Practice	Core
23 Managing Quality in Care Environments	Specialist
25 Facilitating Change in Healthcare Environments	Specialist

31 Human Resource Management for Healthcare	Specialist
28 Care Planning Processes in Healthcare Practice	Specialist Unit from Healthcare Assistant Practitioner and Nursing Pathways
31 Providing Outpatient and Community Care	Optional

In each example students would have the key skills for healthcare management but will have a unique experience based on the combination of Optional units offered by the centre.

In addition to the designated Optional units, a centre may also choose to include one of the Specialist units from another pathway; thereby, further expanding the scope of units that may be combined to form the qualification.

4.6 The unit descriptor

The Unit Descriptor is how we define the individual units of study that make up a Higher National qualification. Students will study and complete the units included in the programme offered at your centre.

We have described each part of the unit, as below. You may refer to any of the Unit Descriptors in *Section 10* of this programme specification.

Unit Title	A broad statement of what the unit will cover.
Unit Code	The Ofqual unit designation
Unit Type	There are three unit types: core (mandatory to all pathways); specialist (mandatory to specific pathways); and optional (available to most pathways)
Unit level	All BTEC Higher National units are at Level 4 or Level 5
Credit value	The credit value is related to total qualification time (TQT) and unit learning hours (ULH), and is easy to calculate. 1 credit is equal to 10 ULH, so 15 credits are equal to 150 ULH. To complete a Higher National Certificate or Diploma students are expected to achieve the appropriate number of credits
Introduction	Some general notes on the unit, setting the scene, stating the purpose, outlining the topics and skills gained on completion of the unit
Learning Outcomes	The Learning Outcomes are explicit statements that clearly express what students will be able to do after the completion of the unit. There are, typically, four Learning Outcomes for each unit.
Essential Content	This section covers the content that students can expect to study as they work towards achieving their Learning Outcomes.

Learning Outcomes and Assessment Criteria	Each unit sets out the 'Pass', 'Merit' and 'Distinction' criteria for that unit. When assignments are graded, a tutor will refer to this table, which connects the unit's Learning Outcomes with the student's work. This assignment may be graded at 'Pass', 'Merit' or 'Distinction level, depending on the quality of the student's work.
Recommended Resources	Lists the resources appropriate to support the study of this unit. This includes books, journals and online material to support learning. The programme tutor may suggest alternatives and additions, usually with a local application or relevance.

Web resources – referencing:

Some units have web resources as part of their recommended resources lists. Hyperlinking to these resources directly can be problematic as locations and addresses of resources can change over time. To combat this we have referenced web resources as follows:

[1] A link to the main page of the website

[2] The title of the site

[3] The name of the section or element of the website where the resource can be found

[4] The type of resource it is, which may be one of the following –

- research
- general reference
- tutorials
- training
- e-books
- report
- wiki
- article
- datasets
- development tool
- discussion forum

Web

[1] sdbs.db.aist.go.jp	[2] National Institute for Advanced Industrial Science and Technology (AIST) [3] Spectral Database for Organic Compounds, SDBS [4] (General reference)
[1] rsc.org	[2] Royal Society of Chemistry [3] Learn Chemistry [4] (General reference)

4.7 Apprenticeships

The Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Assistant Practitioner) is referenced against the Higher Apprenticeship Standard for the Healthcare Assistant Practitioner, published by the Institute for Apprenticeships, and can be taken as part of the mandatory on-programme element of the standard. This standard was developed by the Healthcare Practitioner Trailblazer group, which is made up of employers from Health and Social Care and facilitated by Skills for Health and Health Education England (HEE).

The Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice for England (Nursing) is referenced against the 2017 Nursing Associate Higher Apprenticeship Standard, developed by the Nursing Associate Trailblazer group, which includes employers from health and social care, and wider stakeholders, including Health Education England (HEE) and the Nursing and Midwifery Council (NMC). This qualification can not currently be used as the mandatory qualification element of the Nursing Associate (NMC 2018) Apprenticeship Standard.

Mapping to the Apprenticeship Standards can be found in *Appendix 6* of this specification.

5 Teaching and learning

The aim of this section is to provide guidance to centres so that they can engage students in a dynamic, interactive and reflective learning experience. This experience should effectively prepare students to successfully engage in the assessments, which will measure depth, as well as breadth, of knowledge. Teaching should stimulate academic engagement, develop challenging yet constructive discourse and encourage students to reflect on their own performance in preparation for a professional career. Additionally, centres are encouraged to expose students to autonomous and independent learning, which will facilitate the development of the academic skills, experiences and techniques required as they progress from one level of study to the next.

Centres are encouraged to develop programmes that have a distinctive focus on entry into work, delivering a curriculum that embeds employability, has a strong commitment to ethics and diversity, and introduces students to contemporary as well as seminal research. All teaching and learning should reflect the expectations of employers and society, and be informed and guided by external benchmarks such as professional and statutory bodies. In so doing, students completing a Pearson BTEC Higher National in Healthcare Practice for England will have the attributes, skills, principles and behaviours that will enable them to make a valuable contribution to local, national and international healthcare service provision.

The contributions students make to their own experiences, alongside the experience of their peers, is invaluable. Student engagement and the student voice should form a significant aspect of a student's life. Centres are encouraged to gather student opinions on a range of teaching and learning matters, which would be used to inform and enhance future practice within a programme of study and within a centre.

5.1 Delivering quality and depth

A high-quality teaching and learning experience should include qualified and experienced lecturers, an interactive and engaging curriculum, motivated and inspired students, and a support system that caters for the pastoral as well as academic interests of students.

In addition to delivering a quality learning experience, centres must also encourage students to have a deeper understanding of the subject where they are able to go beyond the fundamentals of explaining and describing. Students are expected to show they can analyse data and information, make sense of this and then reach evaluative judgements. At the higher levels of study, there is an expectation that students will be able to apply a degree of criticality to their synthesis of knowledge. This criticality would come from exposure to appropriate and relevant theories, concepts and models.

One of the reasons for delivering a quality learning experience, which has depth as well as breadth, is the benchmarking of the qualification to the Framework for Higher Education Qualifications (FHEQ). It also meets requirements set by the Regulated Qualifications Framework (RQF). The first stage of a Pearson BTEC Higher National in Healthcare Practice for England is the Higher National Certificate (HNC), which is aligned with Level 4 of both frameworks; with the Higher National Diploma (HND) aligned with Level 5. This means that the HNC has the same level of demand and expectations as the first year of a degree programme, with the HND having the same level of demand and expectations as the second year of a degree programme.

Centres are expected to provide a broadly similar experience for students to that which they would have if they attended a similar programme at a university. This could mean:

- Providing access to library facilities which have, as a minimum, available copies (physically and/or electronically) of all required reading material
- Access to research papers and journals
- Utilising a virtual learning environment (VLE) to support teaching
- Working with local employers (see below) to present real-life case studies
- Creating schemes of work that embrace a range of teaching and learning techniques
- Listening to the student voice.

Irrespective of the type of programme on which a student is enrolled, it is highly advisable that students are inducted onto their Higher National programme. This induction should include an introduction to the course programme and academic study skills that will be essential in supporting their research and studies and, therefore, enhance the learning experience.

An induction programme should consist of the following:

- A course programme overview, including an introduction to the Themes, work placement requirements and the PLAD
- Preparing for lessons
- Effective engagement in lectures and seminars
- Making the most out of the tutor
- Assignment requirements
- Referencing and plagiarism
- Centre policies
- Academic study skills.

Pearson offer Higher National Global Study Skills to all students − an online toolkit that supports the delivery, assessment and quality assurance of BTECs in centres. This is available on the HN Global website www.highernationals.com. HN Global provides a wealth of support to ensure that tutors and students have the best possible experience during their course. With HN Global, students can search, share, comment, rank and sort a vast a vast range of learning resources via an online digital library and tutors can create and annotate reading lists for students.

5.2 Engaging with employers

Just as the student voice is important, so too is the employer's. Employers play a significant role in the design and development of all regulated qualifications, including the Higher Nationals in Healthcare Practice for England. This input should extend into the learning experience, where engagement with employers will add value to students, particularly in transferring theory into practice. Work placement is a mandatory and essential element of the students' programme and development, and is integrated throughout the qualification. Centres are encouraged to actively engage employers in the delivery and assessment of aspects of the programme as relevant.

Centres should consider a range of employer engagement activities. These could include:

- Work placement (mandatory)
- Field trips to local healthcare and social care settings, including community-based provision
- Inviting local health and social care employers, service users and deliverers to present guest lectures
- Using employers to judge the quality of assessed presentations and/or products
- (For the more entrepreneurial) establishing a panel of experts to whom students can present their research and recommendations for service improvement.

While detailed guidance on assessment has been provided in this specification *(*see *Section 6)*, it is worth considering the involvement of employers when determining assessment strategies and the use of different assessment vehicles. This enables centres to design assessments that are more closely related to what students would be doing in the workplace. Employers are able to comment on relevance and content, as well as the challenge presented by an assessment. Notwithstanding this, ultimately it is the centre's responsibility to judge the extent to which any employer contributes to teaching and learning.

5.3 Engaging with students

Students are integral to teaching and learning. As such, it is important that they are involved as much as possible with most aspects of the programme onto which they are enrolled. This input could include taking into account their views on how teaching and learning will take place, their role in helping to design a curriculum, or on the assessment strategy that will test their knowledge and understanding.

There are many ways in which to capture the student voice and student feedback, both formal and informal. Formal mechanisms include the nomination of student representatives to act as the collective student voice for each student cohort, student representation at course team meetings, and an elected Higher Education representative as part of the Student Union. Student forums should also take place periodically throughout the year with minutes and action plans updated and informing the overall annual course monitoring process. Unit-specific feedback can also be collated by students completing unit feedback forms, end-of-year course evaluations, and scheduled performance review meetings with their tutor.

However, this should not be the only time when feedback from students is sought. Discourse with students should be constant, whereby teachers adopt a 'reflection on action' approach to adjust teaching, so that students are presented with an environment that is most supportive of their learning styles. Just as employers could have an input into assessment design, so too could students. This will support the development of assignments that are exciting and dynamic, and fully engage students in meaningful and informative assessment.

The biggest advantage of consulting students on their teaching, learning and assessment is securing their engagement in their own learning. Students are likely to feel empowered and develop a sense of ownership of all matters related to teaching, learning and assessment, not just their own experiences. Students could also view themselves as more accountable to their lecturers, ideally seeing themselves as partners in their own learning and not just part of a process.

5.4 Planning and structuring a programme

Learning should be challenging yet exciting; teaching should be motivating and inspirational. Consequently, both teaching and learning should form part of a programme structure that is active, flexible and progressive, and has an industry focus wherever possible.

It is important for a programme structure to be effectively planned, taking into account the nature of the student cohort, the primary mode of delivery (face-to-face or distance learning) and the level of study. It is also advisable to consider the student voice (whether that voice is heard through end-of-programme feedback, or through ongoing dialogue) when planning how and when students will be exposed to a particular subject. One other vital source of information that centres would do well to embrace is the feedback from tutors who have been and/or will be delivering learning.

It is recommended that centres establish a programme planning forum where various stakeholders are represented. This forum could consider different perspectives of teaching and learning and how these are planned into an effective programme structure. Consideration could be given to, for example, the holistic and consistent use of Virtual Learning Environments (VLEs), a programme of field trips, a strategy for engaging with employers, and how and when to assess learning.

Consideration should be given to a number of factors when planning a programme structure. These include:

- The sequencing of units
- Whether to have condensed or expanded delivery
- Teaching and learning techniques.

5.4.1 Sequencing units

The level of demand embedded within a unit is benchmarked to recognised standards. This applies to all units within a level of study, and this means that all Level 4 units have similar demands, as do all Level 5 units. However, this does not mean that units can, or should, be delivered in any order. For example, in the Pearson BTEC Higher National Diploma in Healthcare Practice for England it is strongly advised that Level 4 units are delivered, and achieved, by students before progression to Level 5. However, students are able to progress to level 5 with a minimum of 90 credits at Level 4.

Within each level it is advisable to sequence units so that those providing fundamental knowledge and understanding are scheduled early in the programme. It may also be advisable to schedule the assessment of units requiring the practice and application of more advanced skills later in the programme.

For example, at Level 4, Unit 1 and Unit 2 could be the first two units that Higher National Certificate students are exposed to. The former introduces students to the fundamentals of the frameworks within which healthcare practitioners work, how this is structured and the internal and external factors that influence healthcare practice strategy and operations. The latter provides students with an opportunity to gain an understanding of the fundamentals of professional practice in healthcare; ensuring students are well-equipped for placement, the professional expectations they need to have and behaviours they should exemplify.

At Level 5, centres could sequence, for example, Unit 23 before Unit 28. The former provides a broader understanding of what influences the behaviour of individuals and organisations when providing services for those with long-term health conditions, with the latter using this knowledge to develop strategies to assess and plan the provision for individuals in receipt of healthcare services.

5.4.2 Condensed and expanded delivery

The next consideration is whether to deliver a unit in a condensed format alongside other units, or to deliver units over an expanded period. The following tables provide examples of this, based on four units being delivered in one teaching block.

Condensed version:

<table>
<tr><th>Weeks 1 to 6</th><th>Week 7</th><th>Weeks 8 to 13</th><th>Week 14</th></tr>
<tr><td>Unit 1</td><td rowspan="2">Assessment</td><td>Unit 3</td><td rowspan="2">Assessment</td></tr>
<tr><td>Unit 2</td><td>Unit 4</td></tr>
</table>

Expanded version:

<table>
<tr><th>Weeks 1 to 12</th><th>Weeks 13 and 14</th></tr>
<tr><td>Unit 1</td><td rowspan="4">Assessment</td></tr>
<tr><td>Unit 2</td></tr>
<tr><td>Unit 3</td></tr>
<tr><td>Unit 4</td></tr>
</table>

Mixed version:

<table>
<tr><th>Week 1</th><th>Week 2</th><th>Week 3</th><th>Week 4</th><th>Week 5</th><th>Week 6</th><th>Week 7</th><th>Week 8</th><th>Week 9</th><th>Week 10</th><th>Week 11</th><th>Week 12</th><th>Week 13</th><th>Week 14</th></tr>
<tr><td colspan="13">Unit 1</td><td rowspan="3">Assessment</td></tr>
<tr><td colspan="5">Unit 2</td><td>Assessment</td><td colspan="7">Unit 3</td></tr>
<tr><td colspan="13">Unit 4</td></tr>
</table>

The decision to deliver a condensed, expanded or mixed programme would depend on a number of factors, including availability of resources, the subjects to be taught and the requirements of students. Each version has advantages: the condensed version would provide an opportunity for students to gain early success and achievement. This will enhance their self-efficacy, the sense of one's belief in one's ability to succeed, and self-confidence, with tutors being able to identify and respond to less able students early in the teaching and learning cycle.

The advantages of the expanded version include providing a longer timescale for students to absorb new knowledge and therefore, potentially, improve success, and giving tutors an opportunity to coach and support less able students over a longer period of time.

The mixed version, with some units spanning over the entire period and others lasting for shorter periods, provides opportunities for learning in some units to support development in others. This format may be particularly suited to a combination of practical and theoretical units. In all cases, the choice of which type of unit sequence must consider student opportunities as well as staff and physical resources of the centre.

As there are pros and cons to both approaches, the use of a planning forum would help to ensure the most appropriate approach is taken. For example, centres could chose to deliver the first teaching block using the expanded version, with the subsequent teaching block being delivered through a condensed approach.

It should be noted that the above consideration would apply equally to programmes that are being delivered face-to-face or through distance learning.

5.4.3 Drawing on a wide range of delivery techniques

As part of planning the range of techniques that will be used to deliver the syllabus, centres should also consider an appropriate combination of techniques for the subject.

The table below lists some of the techniques that centres could introduce into a planned programme structure.

Technique	Face-to-face	Distance learning
Lectures and seminars	These are the most common techniques used by tutors. They offer an opportunity to engage with a large number of students, where the focus is on sharing knowledge through the use of presentations.	Delivery would be through video conferencing and/or pre-recorded audio and/or visual material, available through an online platform. Synchronous discussion forums could also be used.
Workshops	These are used to build on knowledge shared via tutors and seminars. Teaching can be more in-depth where knowledge is applied, for example to case studies or real-life examples. Workshops could be student-led, where students present, for example, findings from independent study.	While more challenging to organise than for face-to-face delivery, workshops should not be dismissed. Smaller groups of three or four students could access a forum simultaneously and engage in the same type of activity as for face-to-face.
Tutorials	These present an opportunity for focused one-to-one support, where teaching is led by an individual student's requirements. These can be most effective in the run-up to assessment, where tutors can provide more focused direction, perhaps based on a formative assessment.	Other than not necessarily being in the same room as a student, tutors could still provide effective tutorials. Video conferencing tools provide the means to see a student, which makes any conversation more personal.

Technique	Face-to-face	Distance learning
Work-based learning	Work-based learning is an integral part of this curriculum. This develops students' practice and provides students with an opportunity to link theory to practice in a way in which case studies do not. Centres must ensure their programme meets the placement requirements of the qualification. It is worth noting that many full-time students are involved in some form of employment in the sector, either paid or voluntary, which can be used as part of their learning, providing the employment provides the opportunity for students to meet the practice-based requirements of units in the qualification.	It is likely that the majority of distance-learning students would be employed and possibly classed as mature students. Bringing theory to life through a curriculum, which requires work-based application of knowledge, would make learning for these students more relevant and meaningful. Perhaps more importantly, assessment should be grounded in a student's place of work, wherever possible.
Virtual Learning Environments (VLEs)	These are invaluable to students studying on a face-to-face programme. Used effectively, VLEs not only provide a repository for taught material such as presentation slides or handouts, but could be used to set formative tasks such as quizzes. Further reading could also be located on a VLE, along with a copy of the programme documents, such as the handbook and assessment timetable.	A VLE is a must if students are engaged with online delivery through distance or blended learning, as this would be the primary or the key source of learning. Where distance learning is primarily delivered through hard copies of workbooks, etc., the same principle would apply as for face-to-face learning.
Blended learning	The combination of traditional face-to-face learning and online learning. This can enable students to gain personalised support, instruction and guidance while completing assigned activities and tasks remotely.	Offline learning enables students to develop autonomy and self-discipline by completing set activities and tasks with limited direction and traditional classroom-based constraints.

Technique	Face-to-face	Distance learning
Guest speakers	These could be experts from industry or visiting academics in the subject area that is being studied. They could be used to present a lecture/seminar, a workshop or to contribute to assessment. The objective is to make the most effective use of an expert's knowledge and skill by adding value to the teaching and learning experience.	As long as the expert has access to the same platform as the students then the value-added contribution would still be very high. Consideration would need to be given to timings and logistics, but with some innovative management this technique would still have a place in distance learning programmes.
Field trips	Effectively planned field trips, which have a direct relevance to the syllabus, would add value to the learning experience. Through these trips students could relate theory to practice, have an opportunity to experience organisations in action, and potentially open their minds to career routes.	The use of field trips could be included as part of a distance learning programme. They will add the same value and require the same planning. One additional benefit of field trips for distance learning is that they provide an opportunity for all students in a cohort to meet, which is a rare occurrence for distance-learning students.

5.4.4 Assessment considerations

Centres should design assessment for learning. This is where an assessment strategy requires students to engage with a variety of assessment tools that are accessible, appropriately challenging, and support the development of student self-efficacy and self-confidence. To ensure that assignments are valid and reliable, centres must implement robust quality assurance measures and monitor the effectiveness of their implementation (see *Section 6* of this Programme Specification). This includes ensuring that all students engage in assessment positively and honestly.

Assessment also provides a learning opportunity for all stakeholders of the assessment to have access to feedback that is both individual to each student and holistic to the cohort. Feedback to students should be supportive and constructive. Student self-efficacy (and, therefore, self-confidence) can be significantly enhanced where feedback not only focuses on areas for improvement but recognises the strengths a student has. At the cohort level, similar trends could be identified that inform future approaches to assessments and teaching. Assessment is an integral part of the overall learning process and assessment strategy must be developed to support effective, reflective, thinking healthcare practitioners for the future. Assessment can be either formative, summative or both.

The Practical Learning, Assessment and Development portfolio (PLAD)

Work experience is fundamental in the development of effective professional practice, learning and progression in this sector, therefore the assessment of learning on, or through, work placement/experience is an essential requirement of this qualification. To support this assessment, a Practical Learning, Assessment and Development Portfolio (PLAD) has been devised. This will support students and assessors in gathering, monitoring and evaluating learning through placement and in assessing the reflective practice criteria embedded in the units. The PLAD is not graded; it forms the basis of decisions regarding the achievement of reflective practice criteria within units.

Content of the PLAD

- Guidance on the PLAD, placement expectations, reflective practice requirements and personal and professional development skills.
- Reflective practice logs and tracking documents students should use to provide evidence of having met the reflective practice evidence requirements of mandatory units.
- Tutor/supervisor/assessor observation and assessment records.
- Mapping forms identifying where mandatory reflective criteria meet elements of the Higher Apprenticeship Standards and the professional practice requirements of *Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice*, and *Unit 19: Reflective Approaches in Implementing Person-centred Practice*.

- Additional (optional) exemplar forms to support practice, e.g. observation, assessment and activity plans/records.

The PLAD also serves as evidence of the development of students' professional skills and attributes to support progression in the sector to higher levels of education and/or wider employment prospects.

Mapping of the Themes in the units is provided in the PLAD, to further support and embed a holistic approach to the development and assessment of the sector-specific learning and skills.

5.4.5 Formative assessment

Formative assessment is primarily developmental in nature and designed to give feedback to students on their performance and progress. Assessment designed formatively should develop and consolidate knowledge, understanding, skills and competencies. It is a key part of the learning process and can enhance learning and contribute to raising standards.

Through formative assessment tutors can identify students' differing learning needs early on in the programme and so make timely corrective interventions. Tutors can also reflect on the results of formative assessment to measure how effective the planned teaching and learning is at delivering the syllabus. Each student should receive one set of written formative feedback, otherwise some students may feel that others are being given more than their share of verbal feedback.

5.4.6 Summative assessment

Summative assessment is where students are provided with the assignment grades contributing towards the overall unit grade. For summative assessment to be effective it should also give students additional formative feedback to support ongoing development and improvement in subsequent assignments. All formative assessment feeds directly into the summative assessment for each unit and lays the foundations on which students develop the necessary knowledge and skills required for the summative assessment.

5.4.7 Assessment feedback

Effective assessment feedback is part of continuous guided learning which promotes learning and enables improvement. It also allows students to reflect on their performance and helps them understand how to make effective use of feedback. Constructive and useful feedback should enable students to understand the strengths and limitations of their performance, providing positive comments where possible as well as explicit comments on how improvements can be made. Feedback should reflect the learning outcomes and assessment criteria to also help students understand how these inform the process of judging the overall grade.

The timing of the provision of feedback and of the returned assessed work also contributes to making feedback effective. Specific turnaround time for feedback should be agreed and communicated with both tutors and students. Timing should allow students the opportunity to reflect on the feedback and consider how to make use of it in forthcoming assessments, taking into account the tutor's workload and ability to provide effective feedback.

5.4.8 Designing valid and reliable assessments

To help ensure valid and reliable assignments are designed and are consistent across all units, centres could consider a number of actions.

Use of language

The first aspect of an assignment that a centre could focus on is ensuring that language makes tasks/questions more accessible to students.

Due consideration must be given to the command verbs (i.e. the verbs used in unit assessment criteria) when considering the learning outcomes of a unit. Assignments must use appropriate command verbs that equate to the demand of the learning outcome. If the outcome requires 'analysis' then 'evaluative' requirements within the assignment must not be set when testing that outcome. This would be viewed as over-assessing. Similarly, it is possible to under-assess where analytical demands are tested using, for example, explanatory command verbs.

The following can be used as a guide to support assignment design.

- Ensure there is a holistic understanding (by tutors and students) and use of command verbs.
- Set assignment briefs that use a single command verb, focusing on the highest level of demand expected for the learning outcome(s) that is (are) being tested.
- Assignments should be supported by additional guidance that helps students to interpret the demand of the assessment criteria.
- Time-constrained assessments should utilise the full range of command verbs (or acceptable equivalents) appropriate to the academic level. Modes of time-constrained assessments include in-class tests and examinations that could be both open- or closed-book. Centres should pay close consideration to ensuring tests and exams are not replicated during the course of the year.

Consistency

This relates to the consistency of presentation and structure, the consistent use of appropriate assessment language, and the consistent application of grading criteria. Where assignments are consistent, reliability is enhanced. Where validity is present in assignments this will result in assignments that are fit for purpose and provide a fair and equitable opportunity for all students to engage with the assignment requirements.

Employing a range of assessment tools

Just as variation in teaching methods used is important to the planning of a programme structure, so too is the use of a range of assessment tools appropriate to the unit and its content. Centres should consider taking a holistic view of assessment, ensuring a balanced assessment approach with consideration given to the subject being tested and what is in the best interests of students. As mentioned above, consultation with employers could add a sense of realism to an assessment strategy. (A comprehensive list of assessment tools is provided in *Section 6.2 Setting effective assignments*).

No matter what tool is used, assignments should have a sector focus (whether this is in a workplace context or through a case study), and be explicitly clear in their instructions. In the absence of a case study a scenario should be used to provide some context. Finally, students should be clear on the purpose of the assignment and which elements of the unit it is targeting.

6 Assessment

Pearson BTEC Higher Nationals are assessed using a combination of internally assessed **centre-devised internal assignments** (which are set and marked by centres) and internally assessed **Pearson-set assignments** (which are set by Pearson and marked by centres). Pearson-set assignments are mandatory and target particular industry-specific skills. The number and value of these units are dependent on qualification size.

- For the HNC, one core, 15-credit, unit at Level 4 will be assessed by a mandatory Pearson-set assignment targeted at particular skills.
- For the HND, two core units − one core, 15-credit, unit at Level 4 and one core, 30-credit unit at Level 5 − will be assessed by a mandatory Pearson-set assignment targeted at particular skills.

All other units are assessed by centre-devised internal assignments.

The purpose and rationale of having Pearson-set units on Higher Nationals is as follows.

Standardisation of student work – Assessing the quality of student work, that it is meeting the level and the requirements of the unit across all centres, that grade decisions and assessor feedback are justified, and that internal verification and moderation processes are picking up any discrepancies and issues.

Sharing of good practice – We will share good practice in relation to themes such as innovative approaches to delivery, the use of digital literacy, enhancement of student employability skills and employer engagement. **These themes will align to those for QAA Higher Education Reviews**.

An appointed External Examiner (EE) for the centre will ask to sample the Pearson-set assignment briefs in advance of the external examination visit. Although this is not a mandatory requirement for centres we strongly advise that centres seek guidance and support from their EE on the Pearson-set assignment. The EE may also include the Pearson-set units in the centre visit sample of student work.

We have taken great care to ensure that the assessment method chosen is appropriate to the content of the unit and in line with requirements from professional bodies, employers and higher education.

In developing an overall plan for delivery and assessment for the programme, you will need to consider the order in which you deliver units, whether delivery will take place over short or long periods of time, and when assessment can take place.

6.0.1 Example Assessment Briefs

Each unit has supporting Example Assessment Briefs that are available to download from the course materials section on our website (http://qualifications.pearson.com). The Example Assessment Briefs are there to give you an example of what the assessment will look like in terms of the feel and level of demand of the assessment.

The Example Assessment Briefs, with the exception of the mandatory Pearson-set unit, provide tutors with suggested types of assignment and structure that can be adopted and, if so, **must** be adapted accordingly.

6.1 Principles of internal assessment

This section gives an overview of the key features of internal assessment and how you, as an approved centre, can offer it effectively. The full requirements and operational information are given in the *Pearson Quality Assurance Handbook* available in the support section of our website (http://qualifications.pearson.com). All of the assessment team will need to refer to this document.

For Pearson BTEC Higher Nationals it is important that you can meet the expectations of stakeholders and the needs of students by providing a programme that is practical and applied. Centres can tailor programmes to meet local needs and should use links with local employers and the wider healthcare practice sector.

When internal assessment is operated effectively, it is challenging, engaging, practical and up to date. It must also be fair to all students and meet national standards.

6.1.1 Assessment through assignments

For internally assessed units, the format of assessment is an assignment taken after the content of the unit, or part of the unit if several assignments are used, has been fully delivered. An assignment may take a variety of forms, including practical and written types. An assignment is a distinct activity completed independently by students (either alone or in a team). An assignment is separate from teaching, practice, exploration and other activities that students complete with direction from, and formative assessment by, tutors.

An assignment is issued to students as an **assignment brief** with a hand-out date, a completion date and clear requirements for the evidence that students are expected to provide. There may be specific observed practical components during the assignment period. Assignments can be divided into separate parts and may require several forms of evidence. A valid assignment will enable a clear and formal assessment outcome based on the assessment criteria.

6.1.2 Assessment decisions through applying unit-based criteria

Assessment decisions for Pearson BTEC Higher Nationals are based on the specific criteria given in each unit and set at each grade level. The criteria for each unit have been defined according to a framework to ensure that standards are consistent in the qualification and across the suite as a whole. The way in which individual units are written provides a balance of assessment of understanding, practical skills and career-related attributes appropriate to the purpose of the qualifications.

The assessment criteria for a unit are hierarchical and holistic. For example, if an M criterion requires the student to show 'analysis' and the related P criterion requires the student to 'explain', then to satisfy the M criterion a student will need to cover both 'explain' and 'analyse'. The unit assessment grid shows the relationships among the criteria so that assessors can apply all the criteria to the student's evidence at the same time. In *Appendix 1* we have set out a definition of terms that assessors need to understand.

Assessors must show how they have reached their decisions using the criteria in the assessment records. When a student has completed all the assessment for a unit then the assessment team will give a grade for the unit. This is given simply according to the highest level for which the student is judged to have met all the criteria. Therefore:

- **To achieve a Pass**, a student must have satisfied all the Pass criteria for the learning outcomes, showing coverage of the unit content and, therefore, attainment at Level 4 or 5 of the National Framework.
- **To achieve a Merit**, a student must have satisfied all the Merit criteria (and, therefore, the Pass criteria) through high performance in each learning outcome.
- **To achieve a Distinction**, a student must have satisfied all the Distinction criteria (and, therefore, the Pass and Merit criteria), and these define outstanding performance across the unit as a whole.

The award of a Pass is a defined level of performance and cannot be given solely on the basis of a student completing assignments. Students who do not satisfy the Pass criteria should be reported as Unclassified.

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6.1.3 The assessment team

It is important that there is an effective team for internal assessment. There are three key roles involved in implementing assessment processes in your centre, each with different interrelated responsibilities, and these roles are listed below. Full information is given in the *Pearson Quality Assurance Handbook* available in the support section of our website (http://qualifications.pearson.com).

- **The Programme Leader** has overall responsibility for the programme, its assessment and internal verification to meet our requirements, record-keeping and liaison with the EE. The Programme Leader registers annually with Pearson and acts as an assessor, supports the rest of the assessment team, makes sure they have the information they need about our assessment requirements, and organises training, making use of our guidance and support materials.
- **Internal Verifiers** (IVs) oversee all assessment activity in consultation with the Programme Leader. They check that assignments and assessment decisions are valid and that they meet our requirements. IVs will be standardised by working with the Programme Leader. Normally, IVs are also assessors, but they do not verify their own assessments.
- **Assessors** set or use assignments to assess students to national standards. Before taking any assessment decisions, assessors participate in standardisation activities led by the Programme Leader. They work with the Programme Leader and IVs to ensure that the assessment is planned and carried out in line with our requirements. Placement assessments must be carried out by appropriately qualified assessors.
- Your **External Examiner** (EE) will sample student work across assessors. Your EE will also want to see evidence of internal verification of assignments and assessed decisions.

6.1.4 Effective organisation

Internal assessment needs to be well organised so that student progress can be tracked and so that we can monitor that assessment is being carried out in line with national standards. We support you in this through, for example, providing training materials and sample documentation. Our online HN Global service can also help support you in planning and record-keeping.

It is particularly important that you manage the overall assignment programme and deadlines to make sure that all your students are able to complete assignments on time.

6.1.5 Student preparation

To ensure that you provide effective assessment for your students, you need to make sure that they understand their responsibilities for assessment and the centre's arrangements. From induction onwards, you will want to ensure that students are motivated to work consistently and independently to achieve the requirements of the qualifications. They need to understand how assignments are used, the importance of meeting assignment deadlines, and that all the work submitted for assessment must be their own.

You will need to give your students a guide that explains:

- how assignments are used for assessment
- how assignments relate to the teaching programme
- how they should use and reference source materials, including what would constitute plagiarism.

The guide should also set out your Centre's approach to operating assessments, such as how students must submit assignments/work and the consequences of submitting late work, and the procedure for requesting extensions for mitigating circumstances.

6.2 Setting effective assignments

6.2.1 Setting the number and structure of assignments

In setting your assignments you need to work with the structure of assignments shown in the relevant section of a unit. This shows the learning aims and outcomes and the criteria that you must follow.

Pearson provide EABs for each unit to support you in developing and designing your own assessments, if you wish to do so you can find these materials with the specification on our website.

In designing your own assignment briefs you should bear in mind the following points:

- The number of assignments for a unit must not exceed the number of learning outcomes shown in the unit descriptor. However, you may choose to combine assignments, e.g. to create a single assignment for the whole unit.
- You may also choose to combine all or parts of different units into single assignments, provided that all units and all their associated learning aims are fully addressed in the programme overall. If you choose to take this approach you need to make sure that students are fully prepared, so that they can provide all the required evidence for assessment, and that you are able to track achievement in assessment records.

- A learning outcome must always be assessed as a whole and must not be split into two or more elements.
- The assignment must be targeted to the learning outcomes but the learning outcomes and their associated criteria are not tasks in themselves. Criteria are expressed in terms of the outcome shown in the evidence.

You do not have to follow the order of the learning outcomes of a unit in setting assignments, but later Learning Outcomes often require students to apply the content of earlier learning aims, and they may require students to draw their learning together.

Assignments must be structured to allow students to demonstrate the full range of achievement at all grade levels. Students need to be treated fairly by being given the opportunity to achieve a higher grade, if they have the ability.

As assignments provide a final assessment, they will draw on the specified range of teaching content for the learning outcomes. **The specified unit content must be taught/delivered**. The evidence for assessment need not cover every aspect of the teaching content, as students will normally be given particular examples, case studies or contexts in their assignments. For example, if a student is carrying out one practical operation, or an investigation of one organisation, then they will address all the relevant range of content that applies in that instance.

6.2.2 Providing an assignment brief

A good assignment brief is one that, through providing challenging and authentic sector/work-related tasks, motivates students to provide appropriate evidence of what they have learnt.

An assignment brief should have:

- a vocational scenario: this could be a simple situation or a full, detailed set of vocational requirements that motivates the student to apply their learning through the assignment;
- clear instructions to the student about what they are required to do, normally set out through a series of tasks;
- an audience or purpose for which the evidence is being provided;
- an explanation of how the assignment relates to the unit(s) being assessed.

6.2.3 Forms of evidence

Pearson BTEC Higher Nationals have always allowed for a variety of forms of assessment evidence to be used, provided they are suited to the type of learning aim being assessed. For many units, the practical demonstration of skills is necessary and, for others, students will need to carry out their own research and analysis, working independently or as part of a team.

The Example Assessment Briefs give you information on what would be suitable forms of evidence to give students the opportunity to apply a range of employability or transferable skills.

Centres may choose to use different suitable forms of evidence to those proposed. Overall, students should be assessed using varied forms of evidence.

These are some of the main types of assessment:

- written reports
- time constrained assessments
- creation of design documents
- projects
- production of an artefact
- solutions to engineering problems through discourse and/or calculation
- academic posters, displays, leaflets
- PowerPoint (or similar) presentations
- recordings of interviews/role plays
- working logbooks, reflective journals
- presentations with assessor questioning.

(Full definitions of types of assessment are given in *Appendix 5*.)

The form(s) of evidence selected must:

- allow the student to provide all the evidence required for the learning aim(s) and the associated assessment criteria at all grade levels;
- allow the student to produce evidence that is their own independent work;
- allow a verifier to independently reassess the student to check the assessor's decisions.

For example, when you are using performance evidence, you need to think about how supporting evidence can be captured through recordings, photographs or task sheets.

Centres need to take particular care that students are enabled to produce independent work. For example, if students are asked to use real examples, then best practice would be to encourage them to use examples of their own or to give the group a number of examples that can be used in varied combinations.

6.3 Making valid assessment decisions

6.3.1 Authenticity of student work

An assessor must assess only student work that is authentic, i.e. students' own independent work. Students must authenticate the evidence that they provide for assessment through signing a declaration stating that it is their own work. A student declaration must state that:

- evidence submitted for that assignment is the student's own
- the student understands that false declaration is a form of malpractice.

Assessors must ensure that evidence is authentic to a student through setting valid assignments and supervising them during the assessment period. Assessors must also take care not to provide direct input, instructions or specific feedback that may compromise authenticity.

Centres may use Pearson templates or their own templates to document authentication.

During assessment an assessor may suspect that some or all of the evidence from a student is not authentic. The assessor must then take appropriate action, using the centre's policies for malpractice. (See *section 3.7* in this Programme Specification for further information.)

6.3.2 Making assessment decisions using criteria

Assessors make judgements using the criteria. The evidence from a student can be judged using all the relevant criteria at the same time. The assessor needs to make a judgement against each criterion that evidence is present and sufficiently comprehensive. For example, the inclusion of a concluding section may be insufficient to satisfy a criterion requiring 'evaluation'.

Assessors should use the following information and support in reaching assessment decisions:

- the explanation of key terms in *Appendix 1* of this document
- examples of verified assessed work
- your Programme Leader and assessment team's collective experience.

6.3.3 Dealing with late completion of assignments

Students must have a clear understanding of the centre's policy on completing assignments by the deadlines that you give them. Students may be given authorised extensions for legitimate reasons, such as illness, at the time of submission, in line with your centre's policies (see also *Section 3.6*).

For assessment to be fair, it is important that students are all assessed in the same way and that some students are not advantaged by having additional time or the opportunity to learn from others. Centres should develop and publish their own regulations on late submission; this should make clear the relationship between late submission and the centre's mitigating circumstances policy.

Centres may apply a penalty to assignments that are submitted beyond the published deadline. However, if a late submission is accepted, then the assignment should be assessed normally, when it is submitted, using the relevant assessment criteria, with any penalty or cap applied after the assessment. Where the result of assessment may be capped, due to late submission of the assignment, the student should be given an indication of their uncapped grade, in order to recognise the learning that has been achieved, and assessment feedback should be provided in relation to the uncapped achievement.

As with all assessment results, both the uncapped and capped grades should be recorded and ratified by an appropriate assessment board, taking into account any mitigating circumstances that may have been submitted.

6.3.4 Issuing assessment decisions and feedback

Once the assessment team has completed the assessment process for an assignment, the outcome is a formal assessment decision. This is recorded and reported to students. The information given to the student:

- must show the formal decision and how it has been reached, indicating how or where criteria have been met
- may show why attainment against criteria has not been demonstrated
- must not provide feedback on how to improve evidence but can suggest how to improve in the future.

6.3.5 Resubmission opportunity

An assignment provides the final assessment for the relevant learning outcomes, and is normally a final assessment decision. A student who, for the first assessment opportunity, has failed to achieve a Pass for that unit specification **shall be expected to undertake a reassessment**.

- Only one opportunity for reassessment of the unit will be permitted.
- Reassessment for coursework, project or portfolio-based assessments shall normally involve the reworking of the original task.
- For examinations, reassessment shall involve completion of a new task.
- A student who undertakes a reassessment will have their grade capped at a Pass for that unit.
- A student will not be entitled to be reassessed in any component of assessment for which a Pass grade or higher has already been awarded.

6.3.6 Repeat Units

In cases of students who, for the first assessment opportunity and resubmission opportunity, still fail to achieve a Pass for that unit specification:

- at the discretion of the centre and Assessment Board, decisions can be made to permit a repeat of a unit
- the student must study the unit again with full attendance and payment of the unit fee
- the overall unit grade for a successfully completed repeat unit is capped at a Pass for that unit
- units can be repeated only once.

6.3.7 Assessment Boards

Each centre is expected by Pearson to hold Assessment Boards for all of its BTEC Higher National programmes. The main purpose of an Assessment Board is to make recommendations on:

- the grades achieved by students on the individual units
- extenuating circumstances
- cases of cheating and plagiarism
- progression of students on to the next stage of the programme
- the awards to be made to students
- referrals and deferrals.

Assessment Boards may also monitor academic standards. The main boards are normally held at the end of the session, although if your centre operates on a semester system there may be (intermediate) boards at the end of the first semester. There may also be separate boards to deal with referrals.

Where a centre does not currently have such a process then the EE should discuss this with the Quality Nominee and Programme Leader, stressing the requirement for Assessment Boards by both Pearson and QAA, and that Assessment Board reports and minutes provide valuable evidence for QAA's Review of Higher Education process.

6.4 Planning and record keeping

For internal processes to be effective, an assessment team needs to be well organised and keep effective records. The centre will also work closely with us so that we can quality assure that national standards are being satisfied. This process gives stakeholders confidence in the assessment approach.

The Programme Leader should have an assessment plan. When producing a plan, the assessment team will wish to consider:

- the time required for training and standardisation of the assessment team
- the time available to undertake teaching and carrying out of assessment, taking account of when students may complete external assessments and when quality assurance will take place
- the completion dates for different assignments
- who is acting as Internal Verifier (IV) for each assignment, and the date by which the assignment needs to be verified
- setting an approach to sampling assessor decisions though internal verification that covers all assignments, assessors and a range of students
- how to manage the assessment and verification of students' work, so that they can be given formal decisions promptly
- how resubmission opportunities can be scheduled.

The Programme Leader will also maintain records of assessment undertaken. The key records are:

- Verification of assignment briefs
- Student authentication declarations
- Assessor decisions on assignments, with feedback given to students
- Verification of assessment decisions.

Examples of records and further information are available in the *Pearson Quality Assurance Handbook* available in the support section of our website (http://qualifications.pearson.com).

6.5 Calculation of the final qualification grade

6.5.1 Conditions for the award

Conditions for the award of the HND

To achieve a Pearson BTEC Level 5 Higher National Diploma qualification a student must have:

- completed units equivalent to 120 credits at level 5
- achieved at least a pass in 105 credits at level 5
- completed units equivalent to 120 credits at level 4
- achieved at least a pass in 105 credits at level 4.

Conditions for the award of the HNC

To achieve a Pearson BTEC Level 4 Higher National Certificate qualification a student must have:

- completed units equivalent to 120 credits at level 4
- achieved at least a pass in 105 credits at level 4.

6.5.2 Compensation provisions

Compensation provisions for the HND

Students can still be awarded an HND if they have attempted but not achieved a Pass in one of the 15-credit units completed at level 4, and similarly if they have attempted but not achieved a Pass in one of the 15-credit units at level 5. However, they must complete and pass the remaining units for an HNC or HND as per the unit rules of combination of the required qualification.

Compensation provisions for the HNC

Students can still be awarded an HNC if they have attempted but not achieved a Pass in one of the 15-credit units completed, but have completed and passed the remaining units.

6.5.3 Calculation of the overall qualification grade

The calculation of the **overall qualification grade** is based on the student's performance in all units. Students are awarded a Pass, Merit or Distinction qualification grade, using the points gained through all 120 credits, at Level 4 for the HNC or Level 5 for the HND, based on unit achievement. The overall qualification grade is calculated in the same way for the HNC and for the HND.

All units in valid combination must have been attempted for each qualification. The conditions of award and the compensation provisions will apply as outlined above. All 120 credits count in calculating the grade (at each level, as applicable).

The overall qualification grade for the HND will be calculated based on student performance in Level 5 units only.

Units that have been attempted but not achieved, and subsequently granted compensation, will appear as 'Unclassified', i.e. a 'U' grade, on the student's Notification of Performance, that is issued with the student certificate.

Points per credit

Grade	Points
Pass	4
Merit	6
Distinction	8

Point boundaries

Grade	Point boundaries
Pass	420–599
Merit	600–839
Distinction	840 +

6.5.4 Modelled student outcomes

Pearson BTEC Level 4 Higher National Certificate

				STUDENT 1		STUDENT 2		STUDENT 3		STUDENT 4		STUDENT 5	
	Credits	Level	Grade point	Grade	Unit points	Grade	Unit points	Grade	Unit points	Grade	Unit points	Grade	Unit points
Core 1	15	4	4	P	60	P	60	P	60	D	120	D	120
Core 2	15	4	4	P	60	P	60	P	60	D	120	M	90
Core 3	15	4	4	P	60	P	60	P	60	D	120	M	90
Core 4	15	4	4	P	60	P	60	M	90	M	90	M	90
Core 5	15	4	6	M	90	P	60	M	90	M	90	M	90
Core 6	15	4	6	M	90	P	60	M	90	M	90	M	90
Opt 1	15	4	6	M	90	M	90	D	120	D	120	D	120
Opt 2	15	4	6	M	90	M	90	D	120	D	120	D	120
TOTAL	120				600		540		690		870		810
GRADE					M		P		M		D		M

Pearson BTEC Level 5 Higher National Diploma

				STUDENT 1		STUDENT 2		STUDENT 3		STUDENT 4		STUDENT 5	
	Credits	Level	Grade point	Grade	Unit points	Grade	Unit points	Grade	Unit points	Grade	Unit points	Grade	Unit points
Core 1	15	4	0	P	0	P	0	P	0	D	0	P	0
Core 2	15	4	0	P	0	P	0	P	0	D	0	M	0
Core 3	15	4	0	P	0	P	0	P	0	D	0	M	0
Core 4	15	4	0	P	0	P	0	M	0	M	0	M	0
Core 5	15	4	0	M	0	P	0	M	0	M	0	P	0
Core 6	15	4	0	M	0	P	0	M	0	D	0	U	0
Opt 1	15	4	0	M	0	P	0	D	0	D	0	D	0
Opt 2	15	4	0	M	0	P	0	D	0	D	0	D	0
Core 7	30	5	6	M	180	M	180	M	180	P	120	D	240
Core 8	15	5	6	M	90	M	90	M	90	P	60	D	120
Opt 3	15	5	6	M	90	M	90	D	120	P	60	D	120
Opt 4	15	5	6	M	90	P	60	D	120	P	60	D	120
Opt 5	15	5	6	M	90	P	60	D	120	M	90	M	90
Opt 6	15	5	6	M	90	P	60	M	90	M	90	P	60
Opt 7	15	5	6	M	90	P	60	M	90	M	90	M	90
TOTAL	240				720		600		810		570		840
GRADE					M		M		M		P		D

7 Quality assurance

Pearson's quality assurance system for all Pearson BTEC Higher National programmes is benchmarked to Level 4 and Level 5 on the Quality Assurance Agency (QAA) Framework for Higher Education Qualifications (FHEQ). This will ensure that centres have effective quality assurance processes to review programme delivery. It will also ensure that the outcomes of assessment are to national standards.

The quality assurance process for centres offering Pearson BTEC Higher National programmes comprise five key components.

1 The approval process.

2 Monitoring of internal centre systems.

3 Independent assessment review.

4 Annual programme monitoring report.

5 Annual student survey.

7.1 The approval process

Centres new to the delivery of Pearson programmes will be required to seek approval initially through the existing centre approval process and then through the programme approval process. Programme approval for new centres can be considered in one of two ways:

- Desk-based approval review
- Review and approval visit to the centre.

Prior to approval being given, centres will be required to submit evidence to demonstrate that they:

- Have the human and physical resources required for effective delivery and assessment
- Understand the implications for independent assessment and agree to abide by these
- Have a robust internal assessment system supported by 'fit-for-purpose' assessment documentation
- Have a system to internally verify assessment decisions, to ensure standardised assessment decisions are made across all assessors and sites.

Applications for approval must be supported by the head of the centre (Principal or Chief Executive, etc.) and include a declaration that the centre will operate the programmes strictly, as approved and in line with Pearson requirements.

Centres seeking to renew their programme approval upon expiry of their current approval period may be eligible for the Automatic Approval process, subject to the centre meeting the eligibility criteria set out by Pearson.

Regardless of the type of centre, Pearson reserves the right to withdraw either qualification or centre approval when it deems there is an irreversible breakdown in the centre's ability either to quality assure its programme delivery or its assessment standards.

7.2 Monitoring of internal centre systems

Centres will be required to demonstrate ongoing fulfilment of the centre approval criteria over time and across all Higher National programmes. The process that assures this is external examination, which is undertaken by EE. Centres will be given the opportunity to present evidence of the ongoing suitability and deployment of their systems to carry out the required functions. This includes the consistent application of policies affecting student registrations, appeals, effective internal examination and standardisation processes. Where appropriate, centres may present evidence of their operation within a recognised code of practice, such as that of the Quality Assurance Agency for Higher Education. Pearson reserves the right to confirm independently that these arrangements are operating to Pearson's standards.

Pearson will affirm, or not, the ongoing effectiveness of such systems. Where system failures are identified, sanctions (appropriate to the nature of the problem) will be applied, in order to assist the centre in correcting the problem.

7.3 Independent assessment review

The internal assessment outcomes reached for all Pearson BTEC Higher National programmes benchmarked to Level 4 and Level 5 of the QAA's FHEQ are subject to a visit from a Pearson appointed External Examiner EE. The outcomes of this process will be:

- To confirm that internal assessment is to national standards and allow certification, ***or***
- To make recommendations to improve the quality of assessment outcomes before certification is released, **or**
- To make recommendations about the centre's ability to continue to be approved for the Pearson BTEC Higher National qualifications in question.

7.4 Annual Programme Monitoring Report (APMR)

The APMR is a written annual review form that provides opportunity for centres to analyse and reflect on the most recent teaching year. By working in collaboration with centres, the information can be used by Pearson to further enhance the quality assurance of the Pearson BTEC Higher National programmes.

7.5 Annual student survey

Pearson will conduct an annual survey of Pearson BTEC Higher National students. The purpose of the survey is to enable Pearson to evaluate the student experience as part of the quality assurance process, by engaging with students studying on these programmes.

7.6 Centre and qualification approval

As part of the approval process, your centre must make sure that the resource requirements listed below are in place before offering the qualification.

Centres must have appropriate physical resources (for example equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualifications.

- Staff involved in the assessment process must have relevant expertise and/or occupational experience.
- There must be systems in place to ensure continuing professional development for staff delivering the qualification.
- Centres must have in place appropriate health and safety policies relating to the use of equipment by staff and students.
- Centres must deliver the qualification in accordance with current equality legislation.
- Centres should refer to the individual unit descriptors to check for any specific resources required.
- The result, we believe, are qualifications that will meet the needs and expectations of students worldwide.

7.7 Continuing quality assurance and standards verification

We produce annually the latest version of the *Pearson Quality Assurance Handbook* available in the support section of our website (http://qualifications.pearson.com). It contains detailed guidance on the quality processes required to underpin robust assessment and internal verification.

The key principles of quality assurance are that:

- A centre delivering Pearson BTEC Higher National programmes must be an approved centre, and must have approval for the programmes or groups of programmes that it is delivering
- The centre agrees, as part of gaining approval, to abide by specific terms and conditions around the effective delivery and quality assurance of assessment; it must abide by these conditions throughout the period of delivery

- Pearson makes available to approved centres a range of materials and opportunities through the assessment checking service. This is intended to exemplify the processes required for effective assessment and provide examples of effective standards. Approved centres must use the materials and services to ensure that all staff delivering BTEC qualifications keep up to date with the guidance on assessment
- An approved centre must follow agreed protocols for standardisation of assessors and verifiers, for the planning, monitoring and recording of assessment processes, and for dealing with special circumstances, appeals and malpractice.

The approach of quality-assured assessment is through a partnership between an approved centre and Pearson. We will make sure that each centre follows best practice and employs appropriate technology to support quality assurance processes where practicable. We work to support centres and seek to make sure that our quality-assurance processes do not place undue bureaucratic processes on centres. We monitor and support centres in the effective operation of assessment and quality assurance.

The methods we use to do this for Pearson BTEC Higher Nationals include:

- Making sure that all centres complete appropriate declarations at the time of approval
- Undertaking approval visits to centres
- Making sure that centres have effective teams of assessors and verifiers who are trained to undertake assessment
- Assessment sampling and verification through requested samples of assessments, completed assessed student work and associated documentation
- An overarching review and assessment of a centre's strategy for assessing and quality-assuring its BTEC programmes.

An approved centre must make certification claims only when authorised by us and strictly in accordance with requirements for reporting. Centres that do not fully address and maintain rigorous approaches to quality assurance cannot seek certification for individual programmes or for all Pearson BTEC Higher National qualifications.

Centres that do not comply with remedial action plans may have their approval to deliver qualifications removed.

8 Recognition of Prior Learning and attainment

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether students can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess, and so do not need to develop through a course of learning.

Pearson encourages centres to recognise students' previous achievements and experiences whether at work, home or at leisure, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning. RPL enables recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be valid and reliable.

For full guidance on RPL please refer to the Recognition of Prior Learning policy document available in the support section of our website (https://qualifications.pearson.com).

QCF Pearson BTEC Level 4 Higher National Certificate in Health and Social Care unit content mapped to the Level 4 units available in the RQF Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice and Pearson BTEC Higher National Certificate in Healthcare Practice for England can be found in *Appendix 9* in this programme specification.

9 Equality and diversity

Equality and fairness are central to our work. The design of these qualifications embeds consideration of equality and diversity as set out in the qualification regulators' General Conditions of Recognition. Promoting equality and diversity involves treating everyone with equal dignity and worth, while also raising aspirations and supporting achievement for people with diverse requirements, entitlements and backgrounds. An inclusive environment for learning anticipates the varied requirements of students, and aims to ensure that all students have equal access to educational opportunities. Equality of opportunity involves enabling access for people who have differing individual requirements as well as eliminating arbitrary and unnecessary barriers to learning. In addition, students with and without disabilities are offered learning opportunities that are equally accessible to them, by means of inclusive qualification design.

Pearson's *Equality Policy* requires all students to have equal opportunity to access our qualifications and assessments. It also requires our qualifications to be designed and awarded in a way that is fair to every student. We are committed to making sure that:

- Students with a protected characteristic (as defined in legislation) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to students who do not share that characteristic
- All students achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

Pearson's policy regarding access to its qualifications is that:

- They should be available to everyone who is capable of reaching the required standards
- They should be free from any barriers that restrict access and progression
- There should be equal opportunities for all those wishing to access the qualifications.

Centres are required to recruit students to Higher National qualifications with integrity. This will include ensuring that applicants have appropriate information and advice about the qualifications, and that the qualification will meet their needs. Centres will need to review the entry profile of qualifications and/or experience held by applicants, considering whether this profile shows an ability to progress to a higher-level qualification. Centres should take appropriate steps to assess each applicant's potential and make a professional judgement about their ability to successfully complete the programme of study and achieve the qualification. This assessment will need to take account of the support available to the student within the centre during their programme of study and any specific support that might be necessary to allow the student to access the assessment for the qualification. Centres should consult our policy documents on students with particular requirements.

Access to qualifications for students with disabilities or specific needs

Students taking a qualification may be assessed in a recognised regional sign language, where it is permitted for the purpose of reasonable adjustments. Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational Qualifications. Details on how to make adjustments for students with protected characteristics are given in the document *Pearson Supplementary Guidance for Reasonable Adjustment* and *Special Consideration in Vocational Internally Assessed Units*. See the support section of our website for both documents (http://qualifications.pearson.com/).

10 Higher Nationals Healthcare Practice for England Units

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit code	**T/616/1636**
Unit type	**Core**
Unit level	**4**
Credit value	**15**

Introduction

Health and social care practitioners are regulated by, and must adhere to, a range of law and policy when working within the most common settings of health trusts, primary care and other public authority settings. Even those working in voluntary, non-profit and private organisations will require a sound understanding of law and policy in order to practice proficiently, safely, ethically and legally. This unit develops students' knowledge and appreciation of the need for them to be thoroughly informed about, and compliant with, relevant law and policy. Further to this, the unit presents opportunities for students to apply relevant law and policy in practice settings, both actual and realistic, and to consider the place of codes of practice and ethics in their day-to-day work.

The Learning Outcomes in this unit build progressively from core underpinning legal principles and perspectives to national and international law on key topics within health and care practice. Students will investigate the legal and policy framework related to health and care practice in different settings, leading to opportunities to demonstrate their knowledge and skills through targeted assignments.

Students will evaluate the relative weight of, for example, codes of practice and organisational policy, and will develop an understanding of how to access advice and guidance if unclear about a path to follow. Students will consider how legal and ethical frameworks are interpreted and applied to different settings within the community, hospitals and other areas of health and care. Students will apply this learning to explore the relevance of legislation, codes of practice and organisational policy to their own and others' practice.

The knowledge and skills developed in this unit will support students in understanding how and when to access advice and guidance on legal issues relating to health, care and support service practice and provision. On completion of this unit, students will have acquired a good working knowledge of the way that legislation supports the development of policy and underpins ethical practice in health and care settings. This will support progression in employment and continuing higher education in areas related to health and social care.

Learning Outcomes

By the end of this unit students will be able to:

1. Explore the legal framework within which health and social care practitioners operate
2. Describe key legislation, national and organisational policy of fundamental importance to the health, care or support service practitioner
3. Interpret the law in relation to key ethical and professional Practice Themes in health and social care
4. Apply law and policy in line with regulatory and ethical requirements in a relevant practice setting.

Essential Content

LO1 Explore the legal framework within which health and social care practitioners operate

Definition of law, including the different levels of law in relation to health and social care practice

Legislation

National policy

Statutory guidance and regulations

Professional Codes of Practice and Codes of Conduct

Organisational policies

Relationships between the different levels of law

Legal framework (as relevant to health and social care)

The role of the legislature (Parliaments and Assemblies), Executive (Cabinet Government, Local Authorities and Health Trusts) and the judiciary (courts and tribunals)

Introduction to case law and the role of the courts

Differences between civil law and criminal law

Legal responsibility and liability as relevant to the roles and responsibilities of health and social care workers e.g. vicarious liability and negligence

Country-specific examples of the above

Ethics and ethical practice

Relationship of ethics to law in health and social care

Conduct and consent in providing care to patients, clients and service users

Regulatory and Professional Bodies' Standards of Conduct, Performance, Ethics and Occupational Proficiency, e.g. the Health and Care Professionals Council's Standards of Proficiency, The Code for Nurses and Midwives

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Key features of, and differences between legislation, statutory guidance, codes of practice, and national and organisational policy

Enforceability

Ease of reading and application

Relevance to health and social care practice

Currency

Process to amend and update

Country-specific examples of the above

LO2 **Describe key legislation, national and organisational policy of fundamental importance to the health, care or support service practitioner**

Introduction to key legislation relevant to health and care practice:

Health and Safety e.g. Health and Safety at Work Act (1974)

Safeguarding e.g. Care Act (2014), Employment Mental Health Act (1983), Mental Capacity Act (2005), NHS Act (2006), NHS Redress (Wales) Measure (2008), Mental Health (Wales) Measure (2010)

Equality and human rights e.g. the Equality Act (2010),

Data protection e.g. the General Data Protection Regulations (2019)

Structure and function of health and social care e.g. Health and Social Care Act (2008, 2012), Health and Social Care (Reform) Act (Northern Ireland) (2009), Social Services and Wellbeing (Wales) Act (2014), Nurse Staffing Levels (Wales) Act (2016).

Impact of legislation on care service provision and the role of the health and social care practitioner

National policy

Health, social care and community support policies situated on the country-specific government policy page

Effects, enforcement and sanctions of national policy in relation to the role of health and social care practitioners

Organisational policy

Organisational policy usually located on public domain website of relevant health, care or support service provider

Principles of organisational policy development e.g. subordination to national policy and law

Examples of common organisational policies, equality, confidentiality, health and safety, conduct, lone working, disciplinary and grievance

Impact of organisational policy on the work of health and social care practitioners

LO3 **Interpret the law in relation to key ethical and professional Practice Themes in health and social care**

Key Practice Themes

Health, Safety and Safeguarding

Valuing and Promoting Diversity, Difference and Inclusion

Promoting Physical and Mental Health, and Emotional Wellbeing

Overview of Practice Themes as related in national and international law

Common law protections, the rule of law, residual liberties

Universal human rights instruments, 'claim rights' and the accompanying duties and responsibilities: e.g. Human Rights Act (1998) and relationship to national/regional law, impact on health and social care provision

Relevant human rights, e.g. the right to life, prohibition against inhumane and degrading treatment, right to privacy and family life, prohibition of discrimination, and impact on the work of the health and social care practitioner

Review of key features of national legislation identified in LO2 in relation to safeguarding and protecting users of health, care and support services

Country-specific safeguarding and protection legislation

Review of key features of national legislation identified in LO2 in relation to health and safety in the workplace

Country-specific health and safety legislation

Review of aspects of national and international legislation identified in LO2 in relation to promoting physical and mental health, and emotional wellbeing and impact on the role of the health and social care practitioner

Country-specific legislation related to health and social care practitioners' responsibilities in this regard

Country-specific and relevant international equality legislation protecting the rights of specific individuals or groups

e.g. Equality Act 2010, United Nations Convention on the Rights of Persons with Disabilities (2008), UN Convention on the Rights of a Child (1989), UN Convention on the Elimination of All Forms of Discrimination against Women (2001), Female Genital Mutilation Act (2003) as amended by the Serious Crime Act (2015)

Aspects of Codes of practice interpreting the law

Responsibilities and duties (of health, care and support service practitioners)

Adopting a holistic approach to promoting an individual's overall wellbeing, as per the principles of the Care Act 2014

Being competent (professional and informed), demonstrating non-discriminatory, ethical, effective and safe practice that enhances individuals' wellbeing

Maintaining confidentiality, data protection principles, sharing information, statutory overrides

Links between legal frameworks and demonstrating professional values, attitudes and behaviour

Ensuring currency and compliance by keeping up-to-date with codes of practice and other practice requirements including Continuing Professional Development and training

Knowing the limits of own role, when to escalate concerns and seek support

Fitness to practice referrals and proceedings

LO4 **Apply law and policy in line with regulatory and ethical requirements in a relevant practice setting**

Regulatory and ethical requirements

Professional practice regulators, e.g. Health and Care Professions Council (HCPC), General Medical Council (GMC), Nursing and Midwifery Council (NMC)

Codes of Professional Practice and Ethics

Regulators of service providers (Care Quality Commission (CQC), Care and Social Services Inspectorate Wales (CCSIW), Healthcare Improvement Scotland (HIS) and Regulation, Quality Improvement Authority (RQIA)

Impact of a lack of regard for regulatory and ethical requirements, e.g. unwarranted variation

Relevant practice setting

In hospital

- National Health Service (NHS) and independent sector, in- or out-patient services

Close to home or at home:

- nursing home (single or dual registered)
- other assisted and supported living services
- community health, care or support setting, e.g. mental health crisis house, hospice or community learning disability services
- public health service, e.g. Public Health England information, advice and support services
- domiciliary care services.
- Offender healthcare units
- Charitable end of life or health and wellbeing support services, e.g. Macmillan, Mind

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explore the legal framework within which health and social care practitioners operate</td><td rowspan="5">LO1 and LO2
D1 Evaluate the relationship between ethics and the law and their impact on organisational policy and practice towards protecting the rights and maintaining the wellbeing of users of health, care or support services in own country</td></tr>
<tr><td>P1 Summarise key features of the different levels of law and policy
P2 Describe the relationship between ethics and legislation in relation to the work of health and social care practitioners</td><td>M1 Analyse the relationship between ethics and the law in terms of their relevance to own professional responsibilities as a health or care practitioner</td></tr>
<tr><td colspan="2">LO2 Describe key legislation, national and organisational policy of fundamental importance to the health, care or support service practitioner</td></tr>
<tr><td>P3 Describe the relationship between key legislation and national policy, of direct relevance to health and social care practice
P4 Compare national and organisational policy against national professional standards in terms of their impact on health and social care practice</td><td>M2 Reflect on ways in which specific tasks in health, care or support service practice meet national professional standards within a legal framework</td></tr>
</table>

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO3 Interpret the law in relation to key ethical and professional Practice Themes in health and social care</td><td rowspan="5">LO3 and LO4
D3 Critically review ways in which health, care and support service practitioners can ensure currency and compliance with relevant legislation and national policy through ethical practice in relation to a real case scenario</td></tr>
<tr><td>P5 Explain how specific national and international law influence and inform the equitable and fair treatment of others in health, care and support services
P6 Implement different and relevant legislation and policy in regard to safe and healthy conduct in own practice</td><td>M3 Analyse recent health and social care legislation or national policy in relation to its importance in informing rights and responsibilities of health, care or support service practitioners to provide safe and equitable care</td></tr>
<tr><td colspan="2">LO4 Apply law and policy in line with regulatory and ethical requirements in a relevant practice setting</td></tr>
<tr><td>P7 Describe the relationship between law, policy and ethical requirements in relation to a real case scenario in a health or care setting
P8 Explain the impact of relevant law and policy on the outcome of a real case scenario</td><td>M4 Explain in detail how chosen law, policy and ethical considerations might result in different outcomes to the case scenario taking into account unwarranted variation</td></tr>
</table>

Recommended resources

Textbooks

AVERY, G. (2016) *Law and Ethics in Nursing and Healthcare: An Introduction (2nd Ed.)* London: Sage Publications Ltd.

HERRING, J. (2016) *Medical Law and Ethics (6th Ed.)* Oxford: Oxford University Press.

Websites

gmc-uk.org	General Medical Council UK regulator for registered medical practitioners, including students (Guidance)
gov.uk	gov.uk Government website of national policy in England (Guidance)
gov.scot	gov.scot Government website of national policy and legislation in Scotland (Guidance)
gov.wales	gov.wales Government website of national policy, law and practice in Wales, including links to NHS Wales (Guidance)
hcpc-uk.org	UK regulator for Health and Social Care Professionals (Guidance)
health-ni.gov.uk	Northern Ireland, Department of Health Government website of national policy, law and practice in Northern Ireland, including links to NI Health and Social Care Trusts (Guidance)
legislation.gov.uk	UK Legislation UK-wide government website on legislation, often with explanatory notes (Guidance)
nmc.org.uk	Nursing and Midwifery Council UK regulator for nurses and midwives The Code of Practice (Guidance)

Links

This unit links to the following related units:

This unit is a synoptic unit and therefore links to some part of each of the units within the qualification pathways.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1-4	All assessment criteria
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1-4	P1, P3-P8
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2-4	P4, P7, P8
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3	P5
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO 4	P6, P7, P8
THEME 6: NUMERACY IN PRACTICE	LO1	P1, P2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit code	**A/616/1637**
Unit type	**Core**
Unit level	**4**
Credit value	**30**

Introduction

Reflecting on our daily activities is an automatic process: it is part of human nature, and something conducted often unconsciously. Reflective practice involves self-observation and evaluation with the goal of refining practice on an ongoing basis. Reflecting on what we do is a fundamental skill that helps us to develop, improve personally and professionally. It is an active, dynamic process that also helps develop confidence in our ability to perform our daily working practice and to become proactive, professional leaders. The art of reflection is a tool that students will carry with them through and beyond their educational journeys and is a requisite for many roles in the sector. Developing the necessary skills early helps students to be prepared for their career progression pathways.

This unit is intended to run alongside other units in this qualification in order that students may gather evidence to compile a Professional Learning and Development Portfolio (PLAD) which captures evidence of learning and development against a framework of Practice Themes which forms the essential core running through the unit. The unit aims to develop the skills and knowledge necessary for students to reflect on their own and others' daily practice and improve students' own practice and professional development.

Students will firstly develop an understanding of the purpose and importance of continually reviewing their own practice and professional development through an exploration of the benefits and issues associated with reviewing practice. They will then develop their knowledge and skills of theoretical models and other techniques needed to support them in carrying out active, dynamic, action-based, real-time reflection. Students will record their evidence in the PLAD which will comprise learning from this and other units on an ongoing basis. Finally, students will evaluate their reflective journeys and the effectiveness of the PLAD in supporting their ongoing personal and professional development.

On successful completion of this unit, students will have gained the necessary knowledge and skills to complete a professional development portfolio that records evidence of a continuous cycle of reflection and improvement of knowledge and skills and be able to plan for their future career pathway.

Learning Outcomes

By the end of this unit students will be able to:

1. Explain the role of reflection in health and social care practice
2. Use the Practice Themes as a framework for reflection
3. Demonstrate active, ongoing, critical reflection of learning experiences
4. Assess the overall success of own reflective journey and consider future career pathway.

Essential content

LO1 **Explain the role of reflection in health and social care practice**

The purpose of reflection in health and social care practice

For understanding the self, values, attitudes, approaches and behaviours against those required to carry out work role

To work with and collaborate effectively with others

To influence and change own and other's values, attitudes, approaches and behaviours, e.g. challenging hidden assumptions

For evaluating and revising own practice and influencing organisational change

Can be used to keep current with knowledge and practice

Operates as a continuous cycle enabling the building and checking of changes that result in positive outcomes

Benefits of conducting reflective practice for personal and professional development

Professional development and progression in career pathways

Recognising own development and learning and building confidence in skills

Keeping up to date with latest incentives, legislation, policy and best practice

Personal benefits outside professional learning and development, e.g. relationships, health and wellbeing

Contributing to developing a highly proficient and professional workforce

Enabling the provision of high-quality care and services for service users meeting individual needs, safeguarding individuals, promoting dignity, diversity and inclusion

Issues connected with ineffective reflective practice

Effects upon career progression

Unmotivated workforce leading to poor quality care and provision

Effects on multi-agency working and partnerships

Physical and psychological health safety and wellbeing of individuals

Typical models used to reflect on knowledge and skills

Gibbs (1998) reflective cycle

Johns (2000) Model for Structured Reflection

Rolfe's Framework for Reflective Practice

Kolb's experiential learning framework

Schon's reflection in action and reflection on action

Tools and techniques to gather evidence to reflect on practice

The Practical Learning and Assessment Documentation portfolio (PLAD) as a means to gather evidence of reflective learning and development, e.g.:

- records of one-to-one and group appraisals, assessments and feedback from colleagues, professionals, assessors, family, friends and service users
- records of supervisor/assessor observations of practice
- diaries of practice
- work placement timesheets
- witness testimony
- other evidence of practice/learning on placement
- reflective accounts on learning using own or others' models of reflection
- narratives and case studies
- reflections
- induction records, certificates of training and CPD
- self-learning through internet, media and other sources
- collaborative action learning group reflection
- evidence of practice or learning from other units
- development plans.

LO2 **Use the Practice Themes as a framework for reflection**

Gathering evidence of how the Practice Themes are applied to all areas of practice across the qualification, and in own performance in the workplace

Theme 1. Law, Regulation and Ethical Practice:

Evidence of understanding and experience of working in line with regulated ways of working and duties in supporting and caring for individuals and others, e.g. responsibilities and duty of role, case management, supervision and teaching, personal development, team working, assessment of individual's needs, communication strategies, personal centred care and wellbeing, physiological care, risk management, equality and diversity and quality care procedures

Evidence of taking personal responsibility, working independently within defined parameters of practice

Using initiative in a variety of situations and performing a range of skills consistent with own roles, responsibilities and professional values

Theme 2. Professional values, attitudes and behaviour in health and social care practice evidenced through:

Exploring own values, attitudes and behaviours and how they impact on the work done with others

The values, attitudes and behaviours of others and how to promote positive working and caring relationships

Exploring own communication style and how to use and adapt communications to different audiences reflecting individual needs of others

Communicating purposefully and appropriately using different forms, verbal, written, electronic, non-verbal

Exercising own skills attitudes and behaviours to support personal development of self and others

Commitment to adopting a person-centred approach, working with colleagues and individuals to promote quality care and services that ensure the health, safety and wellbeing of individuals

Demonstrating courage to challenges faced in different contexts and be adaptable to change

Theme 3. Health, Safety and Safeguarding through the Lifespan and how skills and knowledge are demonstrated through:

Carrying out roles and responsibilities in ensuring the health, safety and wellbeing of colleagues, service users and others visiting the premises

Own roles and responsibilities following and adhering to principles of safeguarding and protection, e.g. whistleblowing, recording and reporting, knowing when to escalate concerns and seek support

Theme 4. Valuing and promoting diversity, difference and inclusion evidence through:

Own fair and equitable treatment of and response to individual service users and others, inside and outside own work setting, regardless of their personal defining characteristics

Making adjustments to own working practices, behaviour and approach to meet the needs of individual service users and their loved ones

Making adjustments to own working practices, behaviour and approach to meet the needs of the organisation, colleagues and other professionals

Actively valuing and promoting the individuality, diversity and inclusion of others to include: age, gender, ethnicity, disability, sex, religion, culture and other protected characteristics

Theme 5. Promoting physical and mental health and emotional wellbeing in health and social care practice evidenced through:

Demonstration of knowledge and skills in supporting individual needs of service users

Knowledge of different needs and possible outcomes where quality support and care is not provided

Developing and sharing strategies for disseminating awareness to others of needs of individual service users using evidence-based practice

Theme 6. Applied mathematics demonstrated through:

Use of IT technologies, e.g. healthcare-specific technology

Technologies used in GP practices

Administering medications

Taking, recording and interpreting accurate physiological measurements from patients or service users

Identifying statistical trends and use of statistics in research

Office work and other day-to-day activities

Linking use of the Practice Themes to quality performance indicators in health and social care practice:

Across different areas of health and social care practice

To other units completed as part of this qualification

To core values of care: care, compassion, competence, communication, courage, commitment

To appropriate professional or governing standards as applicable to own role, e.g. higher apprenticeship standards, standards issued by relevant governmental agencies

To related skills and knowledge frameworks applicable to own area of practice

LO3 **Demonstrate active, ongoing, critical reflection of learning experiences**

Methods and skills for gathering evidence for reflection through own performance in daily activities:

How and where to seek information about current best practice, legislation, policy and other information to be able to carry out work role effectively

How to source information about own and other areas of health and social care practice and develop to promote an integrated working model

Sourcing feedback on own personal presentation, organisational skills and performance from others inside and outside work practice

Records of daily practice

Seeking a critique of skills, knowledge and practical competence through peer reviews, appraisals, observations, mentoring and critical friend models

Shadowing and observing colleagues to identify best practice, presentation and behaviours

Applying problem-solving, analytical thinking and decision-making skills to issues

Being objective, open-minded and self-critical of own abilities and needs

Gaining knowledge and skills through communicating with others, attending meetings, office work, own research

Building ethical relationships and working co-operatively with colleagues, service users and their families and other professionals to be able to reflect on performance and skills

Use of effective communication skills to meet and respond to the individual needs of others

Applying principles of duty of care, ensuring the health, safety and wellbeing of individuals is maintained

Developing numeracy skills in health and social care practice through observations of others in own practice and personal research

Critical self-reflection to assess own performance and knowledge across Practice Themes and links to other quality performance measures

Working with others to create team working environments and leading others demonstrating a range of competences including attitudes, behaviours commensurate with role

Develop and record reflections of working practice:

Producing a Professional Learning and Development Portfolio (PLAD) using the Practice Themes across all areas of working practice

Gathering evidence across range of topics covering the Practice Themes

Respecting confidentiality, privacy and setting's data protection policies

Ethical considerations, e.g. communicating and working collaboratively with service users, colleagues, families and other professionals

How own daily practice meets individual needs of service users, e.g. individual care needs, communication and behaviours

Evidence of own personal evidence-based and practical learning demonstrating self-management, problem-solving, critical thinking, decision-making, creative thinking and finding solutions

Own research and learning

Reflection of own knowledge, skills and practical competence to include experiences, values and own education

Reflections on areas of development and learning from other units forming part of this qualification

LO4 **Assess the overall success of own reflective journey and consider future career pathway**

Own personal and professional learning and development across the Practice Themes and other quality performance measures

Effectiveness in promoting an integrated working model

Effectiveness of the use of the Practice Themes framework and effectiveness of capturing all learning and development in health and social care practice

Use of tools and techniques used and developed for reflection and their usefulness in supporting own reflective journey

The theoretical models used to define and support reflective practice and effectiveness in supporting own reflective journey

Developing a holistic reflection on unit outcomes and how they have supported understanding and development of self personally and professionally

Evaluating own holistic reflective practice development and identifying future career path:

Identifying and celebrating areas of success

Identifying areas and reasons for development

Identifying short-, medium- and long-term targets using Specific, Measurable, Agreed, Realistic, Time-bound, Ethical, Recorded (SMARTER) framework for own personal and professional development

Identifying own professional career pathway

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain the role of reflection in health and social care practice</td><td rowspan="2">D1 Evaluate how own reflections can impact on own personal and professional development and the experience of individuals using health, care or support services</td></tr>
<tr><td>P1 Explain the purposes of reflection in health and social care practice
P2 Describe models and tools used for reflection in health and social care practice</td><td>M1 Review the ways that reflective practice is applied in health, care or support service environments</td></tr>
<tr><td colspan="2">LO2 Use the Practice Themes as a framework for reflection</td><td rowspan="2">D2 Assess the effectiveness of the plan in supporting the development of own reflective practice skills</td></tr>
<tr><td>P3 Explain how the Practice Themes can be used to underpin reflection in learning and practice
P4 Illustrate in detail the links between the Practice Themes and other performance indicators</td><td>M2 Produce a plan for reflecting on own learning and development using the Practice Themes and other quality assurance indicators</td></tr>
<tr><td colspan="2">LO3 Demonstrate active, ongoing, critical reflection of learning experiences</td><td rowspan="4">LO3 and LO4
D3 Evaluate own holistic professional learning and development through practice</td></tr>
<tr><td>P5 Explain methods used to gain evidence of effective reflective practice in own area of work practice
P6 Produce a portfolio of evidence using the Practice Themes as a framework</td><td>M3 Analyse own performance and learning using the framework of Practice Themes and other quality performance measures</td></tr>
<tr><td colspan="2">LO4 Assess the overall success of own reflective journey and consider future career pathway</td></tr>
<tr><td>P7 Review evidence gathered in own portfolio in regard to its contribution to own personal and professional development
P8 Produce targets for the development of own professional career pathway</td><td>M4 Assess own personal learning and development in terms of its contribution to own journey towards a future career pathway</td></tr>
</table>

Recommended resources

Textbooks

BOLTON, G.E.J. (2014) *Reflective Practice: Writing and Professional Development (4th Ed.)* London: Sage Publications Ltd.

JASPER, M. (2013) *Beginning Reflective Practice (2nd Ed.)* Boston: Cengage Learning Inc.

OELOFSEN, N. (2012) *Developing Reflective Practice: A Guide for Students and Practitioners of Health and Social Care* (Oxon Ed Edition) Gloucestershire: Lantern Publishing Ltd.

McCORMACK, B., MANLEY, K. and TITCHEN, A. (eds.) (2013) *Practice Development in Nursing and Healthcare* (2nd Ed.) Oxford: Wiley Blackwell.

Websites

hsj.co.uk	Healthcare Services Journal (HSJ) The importance of reflective practices (Article)
nationalahec.org	Core Principles and Values of Effective Team Based Healthcare (Guidance)
nursingtimes.net	Nursing Times A practical approach to promote reflective practice within nursing (Article)

Links

Unit 2 requires students to reflect on all aspects of daily practice and links to all other units taken as part of this qualification suite

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2 LO3 LO4	P3, P4, M2, D2 P6, M3, D3 P7, M4
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	All	P1, P2, P6, P7, M1, M3, M4, D1, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2 LO3 LO4	P3, P4, M2, D2 P6, M3, D3 P7, M4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2 LO3 LO4	P2, P4, M2, D2 P6, M3, D3 P7, M4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2 LO3 LO4	P2, P4, M2, D2 P6, M3, D3 P7, M4
THEME 6: NUMERACY IN PRACTICE	LO3 LO4	P6, M3, D3 P7, M4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

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Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit code	**F/616/1638**
Unit type	**Core**
Unit level	**4**
Credit value	**15**

Introduction

The integration of the Health and Social Care sub-sectors is important in terms of being able to provide services for the wellbeing of individuals, and to meet the increasing demands of a growing and ageing population with increasingly complex needs. Students working in health will need to be aware of integrated care pathways: a multidisciplinary approach towards anticipated care that enables an individual with identified needs to move progressively through their journey and experience positive outcomes.

The aim of this unit is to develop students' understanding of an individual's right to being involved in their own care and develop students' skills in promoting this right when working with individuals. This right is, in many cases, enshrined in law and in the fundamental standards of care. It is a critical element of person-centred care and leads to improved and often more cost-effective outcomes. Students will explore the importance of working relationships within multidisciplinary settings and the impact on the individual.

Students will investigate the importance of professionals being able to communicate and co-ordinate care with the individual and multidisciplinary teams for and on behalf the individual. In addition, students will recognise their own responsibilities in understanding seamless services that support the individual through their integrated pathway of care, considering personalised care plans – written with individuals for themselves, families and carers and with their wishes and preferences clearly identified and monitored. In this unit, students will be expected to research new models of care, funding availability, legislative frameworks and policy initiatives that contribute to high-quality person-centred care.

On completion of this unit, students will have expanded their knowledge and understanding of multidisciplinary working within health, care and support services. Students will have developed their transferable communication skills to improve care and better outcomes for individuals within their chosen role. This will also provide opportunities for them to consider future career pathways in health, care or support services.

Learning Outcomes

By the end of this unit students will be able to:

1. Examine the health, care and support services available to an individual requiring multidisciplinary care
2. Assess an individual's capacity to identify their own needs
3. Describe the impact of own relationship with the individual and multidisciplinary teams involved in the delivery of the care pathway
4. Demonstrate the need for person-centred communication in implementing person-centred plans.

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Essential content

LO1 **Examine the health, care and support services available to an individual requiring multidisciplinary care**

Definitions of and differences between key concepts:

Health/healthcare service providers (organisations and institutions)

Social care service providers (organisations and institutions)

Support service providers (organisations and institutions)

Care provision (the type of care provided within and between organisations)

Integrated care

Multidisciplinary care

Co-production

Partnership working

Holistic care

Agreed ways of working

Local health, care and support service provision across a range of differing organisations:

How different organisations meet different needs of an individual

Recognising that services provided by organisations can serve a wide population, e.g. the service provided by hospices focus on quality of life at different ages and stages of life, the availability of their service is not determined by the age of the individual

Differences in professional practice in different local organisations:

Challenges faced by organisations in working with others to provide care for an individual

Impact on the individual's journey through integrated care

Local unmet need and the reasons this occurs:

e.g. issues with rural supply and demand, other social and economic determinants – poverty, geography

Wider community resources available to support an individual's care needs:

In the voluntary, independent and private sector, e.g. public services

LO2 **Assess an individual's capacity to identify their own needs to promote holistic person-centred care**

Principles of mental capacity and establishing consent

Self-directed and service support

The strength based approach in the Care Act (2014) *and its relevance in care planning*

Advantages and disadvantages of care pathways for vulnerable people

Innovative integrated health and social care initiatives or projects that could be used to meet local unmet need

Differences in existing assessment planning, implementation and review processes

Professional accountability within safeguarding policies and procedure

Features of person-centred approaches to integrated care:

Working in a person-centred way to promote an individual's wellbeing

Respecting and valuing diversity

Own contribution to identifying an individual's needs in the care pathway

Taking an individual's privacy and dignity into account when planning and providing care

Supporting inclusive practices and enabling the individual to make choices and actively participate in their own care

LO3 **Describe the impact of own relationship with the individual and multidisciplinary teams involved in the delivery of the care pathway**

Influencing skills in decision-making processes:

Benefits of networking with the individual and multidisciplinary teams for the individual receiving services or care:

for self

for the teams involved in care provision

for the organisation

Information sharing to support the best outcomes for the individual

Reporting and recording safeguarding issues while working in a multidisciplinary setting

Purpose and methods

Confidentiality, safety and security

Features of effective partnership working:

Processes and research that can inform decision-making

Systems and processes that support an individual through the integrated care pathway

Enablement skills used by services to support individuals to meet their needs

Responsibilities in the integrated pathway relationships

Effective transfers of care

Structure and functions of multidisciplinary teams:

Purposes

Services involved

Team members and how they adopt an empathic approach with individuals

Person-centred holistic approach which clearly focuses on duty of care and treating individuals with dignity, respecting their beliefs, culture, values and preferences

Facilitating relationships within a multidisciplinary setting to create safe environments where all involved have the courage to challenge areas of concern and work to best practise can be demonstrated

LO4 **Demonstrate the need for person-centred communication in implementing person-centred plans**

Key features of person-centred planning:

Support an individual to balance their rights and choices with delivering duty of care, recognising the individual as an equal partner

Empowering the individual to report their changing needs within the integrated care pathway

Knowledge and inter-personal skills required to implement person-centred plans:

Promoting a commitment to ensuring a balanced approach to positive risk taking

Flexible advocacy provision as people use different services

Supporting an individual to raise concerns regarding the ongoing delivery of their care and using appropriate channels of support

Ensuring own professional values encompass the care values, e.g. care, compassion, courage, communication, commitment and competence

Differences between informal and formal communication

Adapting communication according to the needs of the individual, e.g. ensuring an individual's disability is taken into account when selecting and using different forms of communication

Respecting the need for privacy and dignity when communicating with individuals accessing services

Duty of candour and own personal role in being transparent and honest

Being adaptable and conscientious in trying to balance an individual's rights and choices for empowerment and autonomy with duty of care and carers' expectations

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Examine the health, care and support services available to an individual requiring multidisciplinary care</td><td rowspan="2">D1 Evaluate local resources and provision in terms of meeting the needs of an identified individual requiring multidisciplinary care</td></tr>
<tr><td>P1 Outline local resources and provision that supports integrated care working
P2 Describe current local unmet need related to health, care and support service provision in own locale</td><td>M1 Explain the difference between healthcare and social care providers and types of interagency care provision in relation to meeting the needs of the individual requiring care</td></tr>
<tr><td colspan="2">LO2 Assess an individual's capacity to identify their own needs</td><td rowspan="2">D2 Evaluate the differences in care assessments across the integrated care pathway</td></tr>
<tr><td>P3 Provide support to an individual in a health, care or support service setting towards the identification of their own care needs
P4 Describe the role of the health, care or support service practitioner in supporting person-centred care</td><td>M2 Explain own involvement in the different person-centred assessments used to define an individual's care pathway</td></tr>
</table>

Pass	Merit	Distinction
LO3 Describe the impact of own relationship with the individual and multidisciplinary team members involved in the delivery of the care pathway		
P5 Provide appropriate leadership within the remit of own role in a health, care or support service to promote effective interprofessional and multidisciplinary team working **P6** Describe the responsibilities of information sharing between multidisciplinary teams	**M3** Provide competent and autonomous leadership in information sharing within a multidisciplinary team in own setting towards meeting different individuals' care needs	**D3** Provide a detailed analysis of own personal growth and development in supporting an individual to access the quality integrated care they require to meet their needs, within parameters of own practice
LO4 Demonstrate the need for person-centred communication in implementing person-centred plans		
P7 Describe different communication methods used to provide appropriate support to different individuals to meet and review their care needs **P8** Apply appropriate communication strategies in identifying and responding to the needs of different service users in a health, care or support service	**M4** Demonstrate safe and clinically effective practice within own professional boundaries when communicating with different service users and staff in health, care or support services **M5** Analyse own capacity for positive and person-centred risk-taking when supporting an individual to maintain their own identity to meet their ongoing care needs	**D4** Evaluate own role and practice in facilitating and empowering an individual to communicate their changing care needs in health, care and support services

Recommended resources

Textbooks

KOUBEL, G. and BUNGAY, H. (eds.) (2008) *The Challenge of Person-centred Care: An Interprofessional Perspective*. Basingstoke: Palgrave Macmillan.

KOUBEL, G. and BUNGAY, H. (eds.) (2012) *Rights, Risks and Responsibilities: Interprofessional Working in Health and Social Care*. Basingstoke: Palgrave Macmillan.

ROBERS, G. (2015) *Appreciative Healthcare Practice: A Guide to Compassionate, Person-Centred Care*. United Kingdom: MandK Publishing.

SANDERSON, H. and LEWIS, J. (2011) *A Practical Guide to Delivering Personalisation: Person-centred Practice in Health and Social Care*. Philadelphia: Jessica Kingsley Publishers.

Websites

england.nhs.uk	NHS England
	Five Year Forward View
	(Review)
health.org.uk	The Health Foundation
	(General reference)
nationalvoices.org.uk	National Voices
	(General reference)
scie.org.uk	Social Care Institute for Excellence
	Care Act 2014
	(General reference)
shapingourlives.org.uk	Shaping our Lives
	(General reference)
skillsforcare.org.uk	Skills for Care
	(General reference)
skillsforhealth.org.uk	Skills for Health
	(General reference)
thinklocalactpersonal.org.uk	Think Local Act Personal
	(General reference)

Links

This unit links to the following related units:

Unit 1: Law Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 5: Health Education in Action

Unit 6: Supporting Dementia Care

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 14: Sociological and Psychological Perspectives on Health

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2 LO3	P4, P6
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2 LO3 LO4	P3, P4, M2 P5, P6, M3, D3 P7, P8, M4, D4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	All Learning Outcomes	M1, D1 P3, P4, M2 P5, P6, M3, D3 P7, P8, M4, M5, D4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	All Learning Outcomes	P2, M1, D1 P3, P4, M2 P5, P6, M3, D3 P7, P8, M4, D4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	All Learning Outcomes	M1, D1 P3, P4, M2 P5, P6, M3, D3 P7, P8, M4, M5, D4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 4: Fundamentals of Evidence-based Practice

Unit code	**J/616/1639**
Unit type	**Core (Pearson-Set Project)**
Unit level	**4**
Credit value	**15**

Introduction

Evidence-based practice in health and social care involves taking a systematic approach to examining a range of evidence in order to answer key questions of relevance to the sector. The basis of evidence-based practice is research. In health and social care, research is conducted for a number of reasons for example, to find prevalence or incidence of disease, to assess quality of life or patient satisfaction. Research has global relevance and plays a significant role in influencing the development of high-quality provision, supporting a high-functioning integrated workforce and promoting the health and wellbeing of those who use health, care services.

Working in health and social care provides unique opportunities for practitioners to make a difference, developing the skills and knowledge to conduct research is fundamental in order to support quality practice, influence positive change and promote a highly-skilled workforce.

The aim of this unit is to develop students' knowledge and skills to understand the purpose and process of research in health and social care particularly in relation to promoting integrated approaches to care. Students will carry out a literature review on a topic drawn from the Practice Themes aimed at quality improvement within wider health, care or support service practice. Students will learn how to source current literature and assess the reliability and validity of sources to be able to construct an argument that leads to a proposal for a potential research study. Throughout this process, students will learn how they can dynamically influence changes and improvements within the health and social care sector. The unit will develop students' skills in understanding the steps they need to take to complete a literature review, academic conventions for presenting literature and how it forms the rationale for a personal research project.

On completion of this unit, students will have developed the pre-requisite skills needed to design a proposal that either extends from their literature review or highlights a further potential area of research. Possessing the necessary skills for conducting quality personal research that leads to evidence-based practice, will enhance students' academic skills, professionalism and employment opportunities within the health and social care sector.

***Please refer to the accompanying Pearson-set Assignment Guide and the Theme Release document for further support and guidance on the delivery of the Pearson-set unit.**

Learning Outcomes

By the end of this unit students will be able to:

1 Explain the role of research for evidence-based practice in health and social care

2 Conduct a review of key literature relating to a research topic towards improvements in care practice

3 Develop a project proposal using evidence-based practice

4 Examine the value of the literature review process in influencing positive change in health, care or support service provision.

Essential content

LO1 **Explain the role of research for evidence-based practice in health and social care**

The principle, purposes and value for conducting research in health and social care practice:

How research develops, improves or identifies gaps in practice and/or provision

Value of research in developing cost-effective interventions and promoting health and wellbeing of individuals

Individuals and organisations involved in conducting research into health and social care practice

How research can develop or extend knowledge and understanding

How research can improve own and others' professional development

The ways that research can inform other services to foster an integrated professional workforce

The types and areas of research undertaken in health and social care

The research process

Understanding the recursive and evolving nature of the research process

Understanding the steps taken when carrying out personal research

Selecting a personal research topic

Developing research aims and objectives, e.g. research questions and hypotheses

Conducting a literature review

Selecting methodology for data collection

Selecting sample for study

Ethical considerations: health and social care ethics – beneficence, non-maleficence, autonomy and justice

Collecting primary data

Conducting data analysis

Drawing conclusions and organising research

The professional and personal skills required in order to conduct a literature review

LO2 **Conduct a review of key literature relating to a research topic towards improvements in care practice**

The literature review process:

The purpose of a literature review

Providing up-to-date information of research in the area

Identifying methods that can be used in any further research

Provides an understanding of similar findings, inconsistencies, areas not previously identified, possible further research ideas for evidence-based practice

Identifying topic for research in health, care or support service provision using the Practice Themes as a framework

Preliminary searches to determine feasibility of conducting an evidence-based project in chosen area

Conducting a literature review using internet, books, journals, reports, web sites and other sources

Primary and secondary sources

Methods used for searching internet, e.g. use of Boolean searches, key words, terms

Reading techniques used to assess appropriateness of literature, e.g., scanning, skimming

Assessing the validity and reliability of sources using tools e.g., source, appearance, method, timeliness, applicability, balance (SAMTAB) methods

Making notes and evaluating sources of information for reliability and validity

Examining results of literature search and critically evaluating to provide a summary of current knowledge about the research topic

Presenting literature reviews using academic writing and use of Harvard referencing system

LO3 **Develop a project proposal using evidence-based practice**

Identifying principle methods to conduct research using evidence-based practice

Purpose of evidence-based practice: to use all current and available evidence, theoretical and practical, to provide robust answers to critical issues in health, care or support services

Ability of evidence-based practice to gain access to new ideas and thinking, find solutions, opportunities to develop practice, service provision, positive outcomes, integrated workforce

Primary research methods used for an evidence-based practice approach, e.g. questionnaires, interviews, observations

Elements of the process of developing the project proposal

Identifying suitable title and research questions using one of the Practice Themes

Considering potential impact of research, using evidence-based-practice

Identifying potential participants or sample

Ethical considerations

Developing a timeline for research

Presenting potential evidence-based practice study to an audience

LO4 **Examine the value of the literature review process in influencing positive change in health and social care practice**

Impact of literature review on influencing innovation and improvement in health and social care

Effectiveness of literature review in identifying current research and thinking in areas of evidence-based health, care or support service practice and provision

How literature review can help to define research questions and methodologies

How literature review can be applied to different Practice Themes and prompt further research

How potential evidence-based practice research study may influence practice or provision in health, care or support services, e.g. quality of delivery

How potential evidence-based practice research study may impact on own future practice in contributing to effective service provision, to seek and influence change proactively within the health and social care sector

How findings from any research study can be used to encourage integrated care model, promote knowledge exchange and multidisciplinary working

Evaluate own contribution to research process

Evaluating own role in conducting a literature review

Recognising own contribution to research process and development of own skills and knowledge in terms of an evidence-based approach to practice

How evidence-based practice could affect own future career progression

How potential research study can support leadership and development of others to engage in evidence-based practice

Setting targets for developing own personal and professional development in terms of evidence-based practice

Identifying ways to develop personal and professional practice to be able to conceive innovation and improvement in evidence-based health, care or support service practice

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain the role of research for evidence-based practice in health and social care</td><td rowspan="2">D1 Evaluate the skills required to conduct ethical research to positively influence practice and provision in health, care and support services</td></tr>
<tr><td>P1 Describe the purpose and process of conducting research in enabling evidence-based practice in health and social care
P2 Explain the skills and qualities needed to conduct a literature review in health and social care</td><td>M1 Analyse own current skills and knowledge in being able to conduct a literature review in health and social care towards evidence-based practice</td></tr>
<tr><td colspan="2">LO2 Conduct a review of key literature relating to a research topic towards improvements in care practice</td><td rowspan="4">LO2 and LO3
D2 Critically assess the viability of own project proposal in relation to the literature review conducted</td></tr>
<tr><td>P3 Conduct a literature review using a range of sources relating to the research topic
P4 Explain results of literature search that summarises current knowledge about research topic</td><td>M2 Evaluate the reliability and validity of own literature review</td></tr>
<tr><td colspan="2">LO3 Develop a project proposal using evidence-based practice</td></tr>
<tr><td>P5 Explain the benefits of evidence-based practice as a method in carrying out research
P6 Produce a project proposal for a proposed study based on research topic</td><td>M3 Justify rationale for proposed research study based on research topic</td></tr>
</table>

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO4 Examine the value of the literature review process in influencing positive change in health and social care practice</td><td rowspan="2">D3 Evaluate own journey towards contributing to innovation and improvement in evidence-based health, care or support practice and service delivery</td></tr>
<tr><td>P7 Describe different ways in which the literature review influences evidence-based health and social care practice

P8 Explain how recent research has had a positive impact on current practice to improve service delivery</td><td>M4 Analyse how the personal research process has an impact on own learning and practice in the workplace</td></tr>
</table>

Recommended resources

Textbooks

BELL, J. (2014) *Doing your Research Project: A Guide for First-Time Researchers* (*6th Ed.*) Oxford: Open University Press.

CROOKES, P.A. and DAVIES, S. (2014) *Research into Practice, 2e: Essential Skills for Reading and Applying Research in Nursing and Healthcare*. London: Bailliere Tindall

DAVIES, J. (2012) *Evidence-based Practice (Nursing and Health Survival Guides)*. Oxford: Routledge.

ELLIS, P. (2016) *Understanding Research for Nursing Students (Transforming Nursing Practice Series)*. London: Sage Publications Ltd.

NEWELL, R. (2010) *Research Evidence-Based Practice in Healthcare: Second Edition (Vital Notes for Nurses)*. Oxford: Wiley-Blackwell.

THOMAS, G. (2013) *How to do your Research Project* (2nd Revised Edition). London: Sage Publications Ltd.

Websites

bma.org.uk	British Medical Association (BMA) Code of Ethics (General reference)
bps.org.uk	British Psychological Society (BPS) Code of Human Research Ethics (General reference)
gov.uk	UK Government Public Health Skills and Knowledge Framework 2016 (Report)
nursingtimes.net	Nursing Times A practical approach to promote reflective practice within nursing (Article)

Links

This unit has links with a number of units in the qualification, depending on the topic researched for the literature review.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1	P1, P2, M1, D1
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	All Learning Outcomes	P1, P2, M1, D1 P3, P4, M2, D2 P6, M3, D3 P7, P8, M4, D4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN (dependant on topic chosen)	LO1, LO3, LO4	P1, P2, P3, P4 P5, D2 P8, M4, D3
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION (dependant on topic chosen)	LO1, LO3, LO4	P1, P2, M1, D1 P5, D2 P8, M4, D3
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING (dependant on topic chosen)	LO1, LO4	P1, P2, M1, D1 P7, P8, M4, D3
THEME 6: NUMERACY IN PRACTICE	LO2, LO3	P4 P6, M2, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 5: Health Education in Action

Unit code	**A/616/1640**
Unit level	**4**
Credit value	**15**

Introduction

Health education involves both giving information and training individuals and communities to bring about better health outcomes. This role is a key feature of the role of nurses and other healthcare practitioners. Additionally, health education is also a key focus for the government. The financial budget for health education has significantly increased in recent years due to its significant benefits to health outcomes. This unit will support the development of students' knowledge, understanding and skills regarding providing and supporting the provision of health education to improve the health and wellbeing of individuals accessing healthcare services.

This unit will develop students' understanding of the factors that impact upon health and the methods that are used to identify health inequalities at a local level. Students will also develop their understanding of the relationship between health beliefs and illness. Students will be able to assess how health beliefs can influence communication between healthcare practitioners and clients, and how to address barriers that may occur as a result.

Theoretical models using health education to bring about behaviour change will be examined and students will be able to use one such model to implement a health education initiative. They will also be able to understand and apply methods used to evaluate health education initiatives.

This unit will be of interest to those individuals wishing to pursue a career as a nurse, health advisor and in other healthcare-related professions where they will need to take part in health education initiatives.

Learning Outcomes

By the end of this unit students will be able to:

1 Examine the factors influencing health status

2 Investigate the impact of health beliefs on wellbeing and illness

3 Explore the relationship between theoretical models of health education and health behaviour

4 Implement a local health education initiative using a theoretical model of health education.

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Essential content

LO1 **Examine the factors influencing health status**

Factors influencing health

Socio-economic factors

Gender

Culture

Education

Lifestyle

Environmental factors

Biological influence

The impact of ethnicity on health status

Personal beliefs

Barriers in accessing healthcare

Physical and mental disability

Culture

Communication barriers

Time

Income

Health beliefs

Past experience

LO2 **Investigate the impact of health beliefs on wellbeing and illness**

Health beliefs and illness

Attribution theory

Health locus of control

Risk perception

Unrealistic optimism

Self-efficacy

Relationship between communication with healthcare practitioners and health beliefs

Respect and a shared understanding

Resistance

Lack of trust in practitioners

Communication methods

Communication skills

Environment in which the communication takes place

Appropriate timing

Culture

Lack of information and transparency from practitioners

LO3 **Explore the relationship between theoretical models of health education and health behaviour**

Key concepts:

Health promotion: influencing the wider environmental, educational, socio-political and cultural determinants of health

health education: providing individuals and communities with information and giving them strategies to improve their health

Recognising these concepts are often used interchangeably in healthcare

Theoretical models used in health promotion and education

Stages of Change Model

Health Action Process Approach

Social cognition models:

Health Belief Model

Protection Motivation Theory

Reasoned Action and Theory of Planned Behaviour

Contemporary examples of health education campaigns using theoretical models. Campaigns selected must reflect local health education priorities and initiatives

With regards to e.g. Common diseases and conditions, safe sex, adherence to medication, smoking, diet, drugs, health screening, alcohol

Health improvement strategies used in different campaigns

LO4 **Implement a local health education campaign initiative using a theoretical model of health education**

Current local demographic data on health status

Department of Health (regional and local data)

Public Health England (regional and local data)

Health Education England (regional and local data)

Identifying a suitable health education initiative

Local health priorities

Previous and current initiatives

Involving healthcare practitioners and local communities in determining a suitable priority

Planning an initiative setting objectives and selecting strategies

Aims

Objectives

Available resources

Timeframe

Financial implications

SMART targets

Strategies

Health models

Involvement of healthcare practitioners, carers and parents/families, advocates

Implementing a plan

Resources

Timeframe

Role of practitioners

Evaluation methods used in health education campaigns and initiatives

Change in health awareness

Changes in knowledge or attitude

Behaviour change

Changes in health status

Self-evaluation

Feedback from others

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Examine the factors influencing health status</td><td rowspan="4">LO1 and LO2

D1 Evaluate the influence of factors and health beliefs in communication strategies healthcare practitioners in own locality use to support individuals to achieve better health</td></tr>
<tr><td>P1 Compare a range of factors that impact on health status

P2 Explain potential barriers service users face when accessing healthcare services using examples from own work placement</td><td>M1 Assess measures to address potential barriers service users face when accessing healthcare</td></tr>
<tr><td colspan="2">LO2 Investigate the impact of health beliefs on wellbeing and illness</td></tr>
<tr><td>P3 Explain the relationship between health beliefs and illness</td><td>M2 Analyse a range of factors that affect the communication between service users and healthcare practitioners</td></tr>
<tr><td colspan="2">LO3 Explore the relationship between theoretical models of health education and health behaviour</td><td rowspan="5">LO3 and LO4

D2 Evaluate the success of own health education initiative and make recommendations for future health education campaigns</td></tr>
<tr><td>P4 Compare and contrast health education and health promotion and strategies used in each to effect health improvement

P5 Describe how different theoretical models are reflected in different local health education campaigns</td><td>M3 Explain in detail how different models of health education have been used to elicit changes in behaviour using contemporary examples</td></tr>
<tr><td colspan="2">LO4 Implement a local health education initiative using a theoretical model of health education</td></tr>
<tr><td>P6 Explain the need for a health education initiative using current local demographic data and a relevant theoretical model

P7 Produce an accurately detailed plan for a local health education initiative that addresses a current local health issue</td><td>M4 Implement a well-planned local health education initiative that addresses a current local health issue</td></tr>
</table>

Recommended resources

Textbooks

BARLEY, E. (2016) *Health Psychology in Nursing Practice.* London: Sage Publications Ltd.

EWLES, L. and SIMNETT, I. (2003) *Promoting Health: A Practical Guide.* London: Bailliere Tindall.

FERTMAN, C.I., ALLENSWORTH, D.D. and SOCIETY FOR PUBLIC HEALTH EDUCATION (SOPHE) (2016) *Health Promotion Programs: From Theory to Practice.* USA: Jossey-Bass|Public Health.

MORRISON, V. and BENNETT, P. (2012) *An Introduction to Health Psychology* (*3rd Ed.*) Harlow: Pearson.

NAIDOO, J. and WILLS, J. (2009) *Foundations for Health Promotion.* London: Bailliere Tindall.

SUTTON, S., BAUM, A. and JOHNSTON, M. (2004) *The Sage Handbook of Health Psychology*. London: Sage Publications Ltd.

TAYLOR, S.E. (2014) *Health Psychology (9th edition).* USA: McGraw Hill Higher Education.

Websites

bps.org.uk	British Psychological Society Publications (General reference)
gov.uk	Gov.uk UK Health Policies (General reference)
hcpc-uk.org	Healthcare Professionals Council Publications (General reference)
who.int	World Health Organisation (General Reference)
worldbank.org	The World Bank Pages on health data (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 8: Addressing Health Inequalities

Unit 11: Changing Perspectives in Public Health

Unit 14: Sociological and Psychological Perspectives on Health

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 28: Holistic Approaches to Health Promotion

Unit 34: Global Health and Wellbeing

Unit 35: Project Management for Healthcare

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2 LO4	M2, D1 M4, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO1-LO4	P1-P4, M1-M3, D1
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1-LO4	P1-P8, M1-M3, D1-D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1-LO4	P1-P8, M1-M3, D1-D2
THEME 6: NUMERACY IN PRACTICE	LO3, LO4	D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 6: Supporting Dementia Care

Unit code	**F/616/1641**
Unit level	**4**
Credit value	**15**

Introduction

The term 'dementia' describes the different brain disorders that trigger a loss or deterioration of brain function. These changes are often small to start with, but often they become so severe they affect daily life. A person with dementia may also experience changes in their mood or behaviour. These conditions are all usually progressive and eventually severe. The World Health Organisation (WHO) suggest the number of people living with dementia worldwide is estimated at 35.6 million. This number is anticipated to double by 2030 and more than triple by 2050.

The WHO and Alzheimer's Disease International highlight dementia as a global public health priority. Their joint report on dementia makes it clear that dementia presents a significant challenge to society in terms of the provision of appropriate care services and support. To address this, it is vital to ensure that the health and social care workforce of tomorrow is knowledgeable, competent and able to provide the specialist care and support needed for individuals experiencing dementia, their families and loved ones.

This unit introduces students to the specialist area of dementia care and the demands which can be faced when managing a person-centred service. The aim of this unit is to explore theories relating to the causes, signs and symptoms, therapies and treatments associated with dementia. The unit will enable students to identify strategies that will facilitate a person-centred ethos in the delivery of effective care services that address the needs of people living with dementia. The unit will also enable students to be aware of the challenges faced when delivering services which are ensure the rights and choices of people with dementia are upheld.

On completion of this unit, students will have developed the knowledge and skills to be involved in the delivery of services which meet the wide and varied needs of individuals with dementia.

Learning Outcomes

By the end of this unit students will be able to:

1 Describe the causes, symptoms, diagnosis and treatment of dementia

2 Explain factors that can impact on interactions and communication with individuals with dementia

3 Contribute to the provision of dementia care services which are underpinned by a person-centred approach

4 Reflect on the challenges involved in implementing services which maximise the rights and choices of individuals with dementia.

Essential content

LO1 **Describe the causes, symptoms, diagnosis and treatment of dementia**

Causes of different types of dementia-

Alzheimer's disease

Vascular dementia

Dementia with Lewy bodies

Frontotemporal dementia

Alcohol-related brain damage, e.g. Korsakoff's syndrome

Huntington's disease

Mixed dementia

Young-onset dementia

Risk factors

The effect of ageing

Genetics

Lifestyle choices, e.g. exercise (physical and intellectual), diet, alcohol consumption, smoking

Symptoms

Memory loss

Difficulty with planning/preparation

Poor judgement

Difficulty performing familiar tasks

Problems with language and communication

Problems finding things/constantly losing things

Disorientation

Changes to mood or behaviour

Changes to personality

Loss of motivation/initiative

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Challenges with problem-solving

Difficulty with time and place

Trouble understanding visual images and spatial relationships

Withdrawal from social interaction

Diagnosis

A thorough medical history

Physical examination

A review of current medication prescribed

Neurological examination

Structural imaging

Mini-Mental State Examination (MMSE)

Blood tests

Computerised tomography (CT) scan

Magnetic resonance imaging (MRI) scan

Single photon-emission computed tomography (SPECT) scan

A positron emission tomography (PET) scan

Electroencephalogram (EEG)

Input from carers/family members as appropriate

Referral to neurologist, doctor in geriatric medicine or psychiatrist

Treatment

No current cure

Drugs and non-drug treatments that can lessen an individual's symptoms

Drug treatments:

cholinesterase inhibitors, e.g. Donepezil, Rivastigmine and Galantamine, antipsychotic drugs such as Risperidone, Haloperidol, Benzodiazepine-Lorazepam, Memantine.

Non-drug treatments:

e.g. cognitive stimulation activities, life story work and/or reminiscence therapy, cognitive rehabilitation, cognitive stimulation therapy (CST), counselling, psychotherapy, music and creative arts therapies, complementary therapies.

LO2 **Explain factors that can impact on interactions and communication with individuals with dementia**

Environmental and physical factors

Anxiety

The impact of certain medication on awareness and the ability to interact

The environment and how it facilitates communication and interaction

Sensory impairment

Pain or discomfort

The use of body language

Distractions

Increasing use of gestures

Intellectual and emotional factors

Anxiety

Interactions and communication-cognitive ability

Understanding and comprehension

Misunderstanding of communication from both parties

Use of jargon/terminology/dialect

The communication approach used

The individual repeating themselves, struggling to find the correct words

Confusion

Failing to understand what is being said

Confidence

The individual losing their train of thought

The individual communicating less often

Strategies to support effective communication and interaction with individuals with dementia

See the person first, not the condition

Adopting a non-judgmental approach in communication

Make eye contact if the individual is comfortable with this

Give the person time to respond

Speak clearly and at an appropriate pace

Show that you have heard the person, encourage them to say more

Give the person simple choices

Use short sentences

Acknowledge what they have said

Use a variety of forms of communication, according to the person's need

Use questioning appropriately including rephrasing questions where necessary

Encourage the person to join in conversations with others

Let the person speak for themselves where possible

Familiarise self with the person's case history or biographical details

Demonstrating empathy, e.g. appropriate self-disclosure

Adjusting methods of communication to suit the person's mood, needs and preferences

Avoid patronising or ridiculing what the person says, avoid infantilising the individual

Ensure the environment is conducive to effective communication, e.g. appropriate light, air, space, privacy

Offering, not insisting on, support where possible

LO3 **Contribute to the provision of dementia care services which are underpinned by a person-centred approach**

Types of service provision and levels of support required

Services in the individual's own home or in a supported living home

Services in residential or nursing homes

Services in hospital and primary care

Services available in the community e.g. adult day care services

Multidisciplinary approaches to service provision

Fundamentals of adopting a compassionate approach to care

Dignity

Respect

Empathy

Further considerations for person-centred practice

Offering choice according to the person's ability, recognising that-too much choice may be overwhelming but some is vital

Providing an inclusive environment where individual differences are respected and taken into account

Legal and ethical considerations when planning and providing services, e.g. The Health and Social Care Act (2012) quality standards for service delivery, the Care Act (2014) and its influence in care planning, assessment and delivery

Adherence to confidentiality protocols

Safeguarding

Empowerment and supporting independence

Respect for individuality

Communicate using individual's preferred approach, e.g. the use of pictures, symbols and memory aids

Partnership working: with the individual, their family and social networks, additional services the individual may require

Identification of needs in relation to all aspects of care and service delivery e.g. gender, ethnicity, diet, personal care

LO4 **Reflect on the challenges involved in implementing services which maximise the rights and choices of individuals with dementia**

Challenges

Staff skills, knowledge, understanding and competence

Resource allocation

Communication difficulties

Ongoing changes to individual's abilities and condition

The effect of medication on individual's abilities

Carer input, risk

Access to limited resources

Partnership working and collaboration

Addressing challenges and providing compassionate care

Staff training and development

Adherence to dementia quality standards

Reflective practice

Supervision, mentoring

Advocates or interpreters to support individuals

Psychological interventions

Positive risk taking

Adopting appropriate communication strategies throughout own interactions

Provision of information in the preferred language and/or in an accessible format

Use of befriending services

Referral to a speech and language therapist

The use of technology/ augmentative and alternative communication

Ongoing assessment and review

Currency of knowledge and practice

Identifying preferred and effective methods of communication

Capacity

Provisions of the Mental Capacity Act (2005) and the code of practice that accompanies the Mental Capacity Act (2005)

Carers' assessments

Involvement of relatives and carers, as appropriate

Integrated working

Allocation of named health and/or care staff to implement and review the care plan

Access to memory assessment service

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Describe the causes, symptoms, diagnosis and treatment of dementia		
P1 Describe the causes, risk factors and symptoms of dementia and their use in supporting clinical diagnoses of the different types **P2** Explain different approaches to treating dementia and effect on the condition	**M1** Analyse the drug and non-drug approaches to treating different types of dementia and their impact on individuals with dementia	**D1** Critically examine the complexities of diagnosing and treating different types of dementia using case study examples
LO2 Explain factors that can impact on interactions and communication with individuals with dementia		
P3 Describe intellectual and emotional factors impacting on the effectiveness of communication and interaction with individuals with dementia **P4** Explain the environmental and physical influences on effective communication and interaction individuals with dementia	**M2** Analyse communication and interaction considerations when supporting individuals with dementia	**D2** Evaluate factors impacting on effective communication and interaction with individuals with dementia
LO3 Contribute to the provision of dementia care services which are underpinned by a person-centred approach		
P5 Explain how to ensure health and care services promote the rights and choices to support the capacity for individuals to live independently with dementia **P6** Actively participate in a period of effective person-centred practice in the provision of services for individuals with dementia	**M3** Assess different approaches used to meet the needs of an individual living independently including the levels of support required from different services	**D3** Reflect on own role as a part of the wider multidisciplinary team in effectively supporting independent living for people with dementia

Pass	Merit	Distinction
LO4 Reflect on the challenges involved in implementing services which maximise the rights and choices of individuals with dementia		
P7 Explain the challenges to be addressed when delivering services which promote the rights and choices of individuals with dementia **P8** Describe strategies to uphold the rights and choices of individuals with dementia during service delivery	**M4** Analyse the challenges faced when delivering services which meet the needs and preferences of individuals with dementia	**D4** Critically reflect on the effectiveness of different strategies to maximise the quality of compassionate and appropriate care for individuals with dementia

Recommended resources

Textbooks

KOUBEL, G. and BUNGAY, H. (2009) *Challenge of Person-Centred Care: An Interprofessional Perspective.* London*:* Palgrave MacMillan.

SCHNEIDER, J. and SCALES, K. (2010) *Challenging Care: The role of Healthcare Assistants in dementia wards.* Nottingham: School of Sociology, Social Policy and Social Work.

Reports and Journals

ALZHEIMER'S SOCIETY. *The dementia guide.* London: Alzheimer's Society

ALZHEIMER'S SOCIETY (2001) *Quality Dementia Care in Care Homes: Person-centred Standards*. London: Alzheimer's Society

DEPARTMENT OF HEALTH, (2002) *Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care,* Leeds: Department of Health

DEPARTMENT OF HEALTH (2009) *Living Well with Dementia: A National Dementia Strategy*. Leeds: Department of Health

DEPARTMENT OF HEALTH (2010). *Nothing ventured, nothing gained: risk guidance for people with dementia,* Leeds: Department of Health

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE AND SOCIAL CARE INSTITUTE FOR EXCELLENCE (2006). *Dementia: Supporting people with dementia and their carers in health and social care,* Clinical Guidelines. London: NICE

WORLD HEALTH ORGANISATION AND ALZHEIMER'S DISEASE INTERNATIONAL (2012) *Dementia: a public health priority.* Switzerland: World Health Organisation

Websites

alzheimers.org.uk	Alzheimer's Society (General reference)
communitycare.co.uk	Community Care (General reference)
dementiauk.org	Dementia UK (General reference)
dh.gov.uk	Department of Health Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy (Report)

england.nhs.uk	NHS England Five Year Forward View (Review)
lifestorynetwork.org.uk	Life Story Network resources/shared-practice: Let's Respect Toolkit for Care Homes A guide for staff working in care homes to help improve the care of older people with mental health needs (National Mental Health Development Unit, Department of Health) (Training)
nice.org.uk	National Institute for Health and Care Excellence 1. Dementia resource for carers and care providers 2. Dementia quality standards (Guidance)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 14: Sociological and Psychological Perspectives on Health

Unit 15: Healthcare Technology in Practice

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 22: Supporting Individuals through Significant Life Events

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

Unit 33: Psychophysiological Disorders

Unit 36: End of Life Care Planning and Support

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2	P5, P6, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2, LO3	P1, P3, M2, D1, P4, M3, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3	P3, P4, M2, D1,P5, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3, LO4	M2, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 7: Effective Healthcare Practice using Maths

Unit code	**J/616/1642**
Unit level	**4**
Credit value	**15**

Introduction

Numeracy is a fundamental skill in all aspects of healthcare. Healthcare workers need good confidence and skills in measuring, calculating and recording data to support service user outcomes, and improve the quality of care. To work as healthcare practitioners, they need to understand the interrelationship between numeracy, physiology and biochemical processes in the body. The strength of workers' numeracy skills can significantly affect the health outcomes of individuals they are providing care for. They must appreciate that inaccurate calculations can lead to serious consequences, e.g. incorrect dosages of medicines being administered can have serious adverse and even fatal effects on a patient in their care.

In this unit, students will learn to apply mathematical principles and appreciate the scientific rationale for the information they are collecting and the methods they are using. They must be able to understand the significance of the results they obtain and explain the scientific basis for that significance.

Topics included in this unit include the contextual use of mathematical methods which will include: selecting relevant information for different purposes and the observation and recording of different forms of data, using mathematical methods such as: fractions, decimals, ratio, percentages, averages and unit conversion for different purposes, e.g. in obtaining and analysing physiological readings, medication administration and management. The scientific rationale for the information and methods used include the biochemistry of disease, disorder and lifestyle choices.

The ability to use mathematical methods accurately and the understanding of the scientific rationale for those methods is intrinsic to the caring professions and is a skill that students will need in any area of healthcare that they progress to.

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Learning Outcomes

By the end of this unit students will be able to:

1 Explain different purposes of mathematical information used in healthcare practice

2 Apply mathematical methods accurately to report on and work to improve individuals' health status

3 Investigate the scientific rationale of the mathematical methods and information used to predict health outcomes

4 Assess the implications of the use of mathematical methods and scientific rationales for healthcare practice.

Essential content

LO1 Explain different purposes of mathematical information used in healthcare practice

Types of information

Physiological readings, e.g. temperature, pulse, blood pressure, body mass index.

Laboratory test results, e.g. cholesterol level, blood cell counts, urine analysis

Routine measurements for day-to-day working, e.g. maintaining hygiene and cleanliness, ensuring safe working practices, e.g. risk assessments

Time, e.g. timesheets, supporting patients/clients to maintain their medications regime, managing daily timetables and activities

Reliability and validity of different mathematical information

Purposes

Predicting healthcare outcomes

Diagnosis of conditions

Monitoring health status, e.g. emergency interventions

Maintaining a healthy and safe work environment

Supporting efficient delivery of services.

Primary sources

Direct readings or measurements from the service user

Laboratory results from samples

Measurements of materials or equipment used, e.g. new technology

Challenges in obtaining primary data

Service user permission

Practical issues when taking readings such as the problems caused by obesity, weak pulse

Cultural issues e.g. objections to practitioners of a different gender

Communication barriers

Availability and accessibility of equipment

Time constraints

Environmental factors, e.g. space

LO2 **Apply mathematical methods accurately to report on and work to improve individuals' health status**

Barriers that prevent people applying methods accurately

Confidence in applying mathematical methods

Preconceptions about the difficulty of maths

Accessing the language used in maths

Distraction

Time constraints

Environmental factors

Personal factors

Training on technology and equipment used

Reporting of data, associated barriers and tools

Drug charts

Physiological measurement charts

Interpreting charts

Electronic methods of reporting data, e.g. electronic patient records, spreadsheet

Purposes of repeated observations or measurements

Interpreting diagnostic tools, e.g. body mass index (BMI), cholesterol ratios.

Purposes of reporting data, e.g. handover

Practitioners responsible for the handling, use and management of data

Issues of accuracy, reliability and validity of methods of reporting and data reported

Communication of data, associated barriers and tools

Communication of data to other professionals through appropriate reporting systems such as handover meetings, medical recording charts

Reporting concerns and seeking support

Responding to data out of normal ranges, e.g. change in temperature, pulse rate, blood pressure, oxygen saturation levels

Issues regarding confidentiality and respect for privacy

Awareness of own responsibilities and limitations

Drawing conclusions from data taking into account different factors

Making suggestions and recommendations and impact on care planning

LO3 **Investigate the scientific rationale of the mathematical methods and information used to predict health outcomes**

Recognition of the significance of normal and abnormal data, and the systems used to respond to abnormal data.

Linking abnormal readings to the potential biochemical and physiological significance of those readings

Physiological data

Body mass index (BMI), problems with body composition, poor indicator of individual health, use in large populations

Cholesterol levels, HDL:LDL ratios

Blood cell counts (immune response)

Factors affecting data collection and accuracy

e.g.

white coat syndrome

delays between sample collection and laboratory analysis

individual service user factors

Scientific rationales

Relationship to biochemical processes

Interpreting physiological data to diagnose, monitor, manage and treat conditions

Using evidence of statistical significance to measure physiological efficacy of interventions

LO4 **Assess the implications of the use of mathematical methods and scientific rationales for healthcare practice**

Potential effects on service users' outcomes and wellbeing

Application of mathematical methods, e.g. measuring and recording vital signs

Understanding of the scientific rationales, e.g. the effects of dosage of medicines, the effect of administration of medicine (both timely and missed)

Impact on healthcare practice

Impact on service user

Impact on the practitioner

Implications for the service

Policies and procedures that are used to reduce the likelihood and /or impact of mistakes due to the inaccurate application of mathematical methods, and poor understanding of the scientific rationales

e.g.

policies ensuring that dosage calculations are double checked

procedures to ensure timely use of medicines.

Legislation designed to prevent the consequences of mistakes due to the inaccurate application of mathematical methods, and poor understanding of the scientific rationales.

The impact of accurate use of mathematical methods on outcomes and wellbeing

Improved prognosis and health outcomes

Early detection of changes in health status

Timely intervention

Increased trust in practitioners and the service

More efficient management of the care of all service users

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain different purposes of mathematical information used in healthcare practice</td><td rowspan="3">D1 Justify the use of specific sources to obtain mathematical information for different purposes in healthcare settings</td></tr>
<tr><td>P1 Describe different types and sources and purposes of mathematical information used in a healthcare context
P2 Explain potential challenges faced in obtaining primary data in healthcare settings</td><td>M1 Explain in detail strategies to address the potential challenges faced in obtaining mathematical data for different purposes in healthcare settings</td></tr>
<tr><td colspan="2">LO2 Apply mathematical methods accurately to report on and work to improve individuals' health status</td></tr>
<tr><td>P3 Safely monitor different aspects of an individual's health status
P4 Report on own data collection to healthcare professionals using appropriate tools, formats and communication systems in a healthcare setting</td><td>M2 Interrogate barriers affecting own use of mathematical tools, formats and communication systems to solve problems and predict health outcomes</td><td rowspan="4">LO2 and LO3
D2 Critically review the efficacy of own data collection in solving problems and predicting health outcomes for different individuals in healthcare settings</td></tr>
<tr><td colspan="2">LO3 Investigate the scientific rationale of the mathematical methods and information used to predict health outcomes</td></tr>
<tr><td>P5 Explain the scientific rationale for own data collection in a healthcare context
P6 Explain the scientific basis of own interpretation of the results of mathematical data collection</td><td>M3 Analyse the biochemical and physiological significance of data obtained that falls outside normal ranges</td></tr>
</table>

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO4 Assess the implications of the use of mathematical methods and scientific rationales for healthcare practice</td><td rowspan="2">D3 Evaluate the significance of the accurate and appropriate use of mathematical methods and scientific rationales for effective healthcare practice</td></tr>
<tr><td>P7 Illustrate the impact of the application of mathematical skills and scientific understanding on the service user in a healthcare context

P8 Outline the procedures used to reduce the likelihood of mistakes affecting service users</td><td>M4 Describe the potential consequences for the service user and professionals, of applying poor mathematical and scientific understanding to problems in a healthcare context

M5 Explain in detail the procedures used to reduce the likelihood of mistakes and the benefits for service users</td></tr>
</table>

Recommended resources

Textbooks

BOYD, C. (2013) *Calculation Skills for Nurses: Student Survival Skills*. Oxford: Wiley-Blackwell.

GATFORD, J.D. and PHILLIPS, N. (2016) *Nursing Calculations Ninth Edition.* Oxford: Elsevier.

HAYLOCK, D. and WARBURTON, P. (2013) *Mathematics Explained for Healthcare Practitioners*. London: Sage Publications Ltd.

REID-SEARL, K., DWYER, T., MOXHAM, L., REID-SPEIRS, J. and RICHARDS A. (2012) *Maths and Medications (Nursing and Health Survival Guides)*. London: Routledge.

SHIHAB, P. (2014) *Numeracy in nursing and healthcare: Calculations and practice*. (2nd Ed.) London: Routledge.

STARKINGS, S. and KRAUSE, L. (2015) *Passing Calculations Tests for Nursing Students (Transforming Nursing Practice Series)*. London: Routledge.

TYREMAN, C.J. (2013) *How to Master Nursing Calculations: Improve Your Maths and Make Sense of Drug Dosage Charts*. London: Kogan Page.

Websites

bbc.co.uk	British Broadcasting Corporation Skillswise Maths resources across different levels including guidance and practice assessments (General reference)
nationalnumeracy.org.uk	National Numeracy Resources and support to improve maths skills, including subject-specific resources, training and practice assessments (Guidance and training)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 4: Fundamentals of Evidence-based Practice

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 18: Innovation and Improvement through Action Research

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 23: Managing Quality in Care Environments

Unit 20: Care Planning Processes in Healthcare Practice

Unit 30: Pharmacology and Medicine Management

Unit 35: Project Management for Healthcare

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO4	P7, P8, M4, M5, D3
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1 LO2	P2, M1, D1 P4, M2, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO1 LO2	D1 P4, M2, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1	P2, M1, D1
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	M4, M5
THEME 6: NUMERACY IN PRACTICE	LO1 LO2 LO3 LO4	All assessment criteria throughout the unit

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 8: Addressing Health Inequalities

Unit code	**L/616/1643**
Unit level	**4**
Credit value	**15**

Introduction

Despite significant advances in public health in the UK over the past century there remains inequalities in health status across the country. Public health addresses all areas relating to the health and wellbeing of our communities. It covers an extremely wide remit and addresses issues such as air pollution, obesity, climate change and smoking, to name but a few. These are issues that affect not only the individual but wider populations as well.

Public health is monitored by government groups who develop influential legislation aimed at improving the health of the nation. Public health remains the responsibility of all and is significantly influenced by pressure groups across society. The development of strategies aimed at reduction and prevention of disease is targeted at different levels across communities.

In this unit, students will explore current public health issues and will develop understanding of the factors that influence differences in health status across populations. Students will analyse different types and levels of intervention in health protections. Health protection and the reduction of disease is an important public health role and students will review how healthcare professionals prevent and control the spread of disease.

This unit will support progression to more senior roles with allied health professionals working in public health and can also support progression to continuing higher education in public health and health promotion-related degrees.

Learning Outcomes

By the end of this unit students will be able to:

1 Explore the factors that contribute to current public health issues in own nation

2 Explain the different levels of public health intervention

3 Review national strategies aimed at reduction or prevention of disease

4 Explore the role of healthcare professionals in preventing and controlling the spread of disease.

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Essential content

LO1 **Explore the factors that contribute to current public health issues in own nation**

Public health issues

Obesity

Accidents

Chronic illnesses

Substance and alcohol misuse

Smoking

Tooth decay

Disability

Pollution

Infectious diseases, please add additional line of content below 'childhood illness and immunisation'

Local population

Region

Population

Migration

Urban density

Housing

Local authorities

Contributing factors

Levels of deprivation

Urbanisation

Rural poverty

Infrastructure

Resourcing

Unemployment

Low educational attainment

Migration, e.g. immigration and emigration

Transport

Housing

Education

Crime

Social networks

Postcode lottery

Health services

Social class/status

Environmental conditions e.g. pollution and agriculturalisation

Other factors specific to own region

LO2 **Explain the different levels of public health intervention**

Primary prevention

Avoiding the development of diseases

Focusing on interventions to maintain a healthy life

Secondary prevention

Screening to treat existing health complaints or problems

Early diagnosis

Tertiary prevention

Last level of public health intervention

Rehabilitation

Prompt treatment

Patient education

Primordial prevention

Actions to reduce hazards from factors known to lead to the risk of disease

Health at key stages of life – the life-course approach to public health

Health issues occurring at different life stages

Focus on primary prevention

Population-based interventions

Community-focused interventions: changing health behaviours through strategy at a national level

Systems-focused interventions: changing organisational behaviours at a local level

Individual-focused interventions: changing individual behaviours on a personal level

Challenges to implementing different levels of public health intervention

Individual

Family

Community

Societal

Structural

LO3 **Review national strategies aimed at reduction or prevention of disease**

National priorities

Health protection, screening, infection prevention and control practices, optimising antibiotics prescribing practice, effective management of outbreaks of infectious diseases, identifying emerging diseases, antimicrobial resistance (AMR), environmental hazards, climate change

Local priorities

Link to local public health authorities

Tools to identify or assess local health inequalities e.g. The World Health Organisation's Health Equity Assessment Toolkit

Aspects of national policy or strategy addressing health inequalities

Fair Society, Healthy Lives – Marmot Review (Institute of Health Equity, 2010)

Healthy Lives, Healthy People: Our Strategy for Public Health in England (Department of Health, 2011)

Health and Social Care Act (2018, 2012)

Public Health England (Department of Health, 2013)

Cardiovascular Disease Outcomes Strategy (Department of Health, 2013)

National strategy and policy to reduce type 2 diabetes (Department of Health, 2015)

LO4 **Evaluate the role of healthcare professionals in preventing and controlling the spread of disease**

Role of the healthcare assistant

Following policies and procedures

Giving advice

Resourcing health promotion activities

Links with health promotion team

Developing displays

Supporting monitoring of health status

Role modelling positive behaviour

Awareness of disease processes

Supporting hygiene measures in practice

Promoting support to individuals in maintaining safe practice

Infection control measures

Vaccination and immunisation programmes

Barrier nursing

Health and safety: use of Personal Protective Equipment (PPE), infection control measures, promoting food safety, reporting infectious disease through RIDDOR

Screening for disease

Viability of screening, needs to be for a common disease

Most efficient screening should be cost-effective, simple to do, non-invasive

Low level of false negatives

Benefits in early detection

Opportunistic screening

Prevention measures

Health improvement initiatives

Information and advice

Interagency approaches

Local government approach

Local response to health issues

Improved immunisation programmes

Increased screening opportunities

Health education

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explore the factors that contribute to current public health issues in own nation</td><td rowspan="2">D1 Evaluate the contribution of different factors to the development of specific national public health issues</td></tr>
<tr><td>P1 Describe the current public health issues relevant to own nation
P2 Explain using examples how population data is used to highlight health determinants contributing to current public health issues</td><td>M1 Analyse the main factors that contribute to public health issues in own local region</td></tr>
<tr><td colspan="2">LO2 Explain the different levels of public health intervention</td><td rowspan="5">LO2 and LO3
D2 Critically analyse the effectiveness of different types of public health interventions based upon nationwide health protection strategies, in reducing health inequalities</td></tr>
<tr><td>P3 Describe the different types of intervention used to address public health issues
P4 Explain how different types of health intervention lead to measurable health improvements on a local and national level</td><td>M2 Review the challenges to enabling effective intervention in public health</td></tr>
<tr><td colspan="2">LO3 Review national strategies aimed at reduction or prevention of disease</td></tr>
<tr><td>P5 Describe the strategies aimed at reducing the incidence of disease in a local community
P6 Explain the role of statutory bodies in developing health protection strategies</td><td>M3 Assess the effectiveness of health protection strategies in place to prevent disease in a local community</td></tr>
<tr><td colspan="2">LO4 Explore the role of healthcare professionals in preventing and controlling the spread of disease</td><td rowspan="2">D3 Reflect upon own role in promoting the prevention and spread of disease in the local community</td></tr>
<tr><td>P7 Compare the roles of different healthcare professionals involved in the prevention and control of the spread of disease
P8 Explain the ways that healthcare professionals promote infection control</td><td>M4 Assess the challenges for healthcare professionals in preventing the spread of disease</td></tr>
</table>

Recommended resources

Textbooks

ANNANDALE, E. (2014) *The Sociology of Health and Medicine: A Critical Introduction*. Cambridge: Polity Press.

BARTLEY, M. (2016) *Health Inequality: An Introduction to Theories, Concepts and Methods*. Cambridge: Polity Press.

MARMOT, M. (2016) *The Health Gap: The Challenge of an Unequal World.* London: Bloomsbury Paperbacks

SMITH, K.E., BAMBRA, C. and HILL, S.E (eds.) (2015) *Health Inequalities: Critical Perspectives*. Oxford: Oxford University Press

Reports

DHSS (1980) *Inequalities in Health: Report of a Research Working Group.* London: Department of Health and Social Security

Websites

nice.org.uk	National Institute for health and Care Excellence Public Health Guidance (Report)
instituteofhealthequity.org	Institute of Health Equity The Marmot Review (Report)
nhs.uk/nhsengland	NHS England NHS Guide (Guidance)
ons.gov.uk	Office for National Statistics Census Data (Statistical data and reports)
who.int	World Health Organisation Health Equity Assessment Toolkit: a software tool that enables users to explore the situation in one setting of interest (e.g. a country, province or district) to determine the latest situation of inequality and the change in inequalities over time; and to compare the situation in one setting of interest with the situation in other settings. (Tools)

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Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 4: Fundamentals of Evidence-based Practice

Unit 5: Health Education in Action

Unit 11: Changing Perspectives in Public Health

Unit 13: Supporting Individuals with Specific Needs

Unit 14: Sociological and Psychological Perspectives on Health

Unit 18: Innovation and Improvement through Action Research

Unit 24: Health Psychology

Unit 27: Social Policy in Public Health

Unit 28: Holistic Approaches to Health Promotion

Unit 34: Global Health and Wellbeing

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO2, LO3	D1 P3, P4 P5, P6, M3, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO4	P7, P8, M4, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2, LO3, LO4	All assessment criteria
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1, LO2, LO3, LO4	P2 P3, P4, M2, D2 P5, P6, M3, D2 P7, P8, M4, D3
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1, LO2, LO3, LO4	P2 P4 P5, P6, M3, D2 P7, P8, M4, D3
THEME 6: NUMERACY IN PRACTICE	LO1, LO2	P2, P4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

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Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill-Health

Unit code	**R/616/1644**
Unit level	**4**
Credit value	**15**

Introduction

The aim of this unit is to provide students with background knowledge and understanding of how the healthy human body works and changes that take place during ill health, both physical and mental. Being able to recognise when any individual is becoming unwell or recovering from illness are critical skills for a career in healthcare.

The unit will explore how body systems function and interrelate during health and ill health. The focus will be on managing risks to health, e.g. infection, dehydration and malnutrition, pressure sores and the importance of early warning systems which recognise and respond to individuals whose condition is deteriorating. The unit will engage students in practical observations of the healthy human body and signs and symptoms of ill health. The skills developed will enable students to interpret normal and abnormal physiological measurements for any individual and respond appropriately to changes

Topics included will be an overview of the anatomy and physiology of cardiac, respiratory, digestive, urinary and nervous systems as well as how these are affected in common long-term conditions and illnesses such as diabetes, heart failure, chronic obstructive pulmonary disease (COPD) and dementia.

On successful completion of the unit, the knowledge and skills gained will lead to students being able to contribute to improved care and better outcomes for individuals with complex conditions, in their roles as healthcare workers.

Learning Outcomes

By the end of this unit students will be able to:

1 Describe organ systems within a healthy human body

2 Explain the interrelationship of body systems in health and ill health from a physiological perspective

3 Investigate how physiological measurements in the body are affected by ill health

4 Implement planned care interventions based on an individual's physiological measurements which contribute to reducing risks to health.

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Essential content

LO1 **Describe organ systems within a healthy human body**

Microscopic structure and function

The human cell, organelles and mitosis

Movement and transport of substances in and out of cells

Tissue types, epithelial, connective, muscle, and nervous

Body systems overview

Cardiovascular

Respiratory

Digestive

Urinary

Nervous

Review developmental milestones in humans relative to body systems

Prenatal, Infancy, Childhood, Adolescence, Early adulthood, Middle adulthood, Later adulthood

Impact of ill health on the human body

Impact on different organs in different body system of different forms of ill health, e.g.:

impact on the heart of chronic heart failure (CHF)

changes that take place in the lungs for individuals with chronic obstructive pulmonary disease (COPD)

how the pancreas is affected by type 1 diabetes.

impact of lifestyle on different body systems, e.g. smoking, diet, drugs, alcohol

LO2 **Explain the interrelationship of body systems in health and ill health from a physiological perspective**

Energy metabolism

The role of the cardiovascular and circulatory system in transporting nutrients, gases, hormones and waste products to and from cells, supporting breathing, nutrition, mobility, fluid balance and excretion

The role of the respiratory system enabling exchange of gases and cell respiration

The role of the digestive system in digestion, absorption of nutrients and energy production

Homeostasis and normal physiological limits in health

How the nervous system is involved in regulation of heart rate, respiratory rate and body temperature

The role of the endocrine system and hormones, feedback loops, chemical receptors

How blood glucose levels and urine output are regulated in the body

The role of the renal system and how filtration and selective re-absorption takes place in the kidneys

Ill health which affects energy metabolism and homeostasis, e.g. heart failure, stroke, COPD, malnutrition, diabetes, renal failure, dementia

LO3 **Investigate how physiological measurements in the body are affected by ill health**

Physiological measurements and assessments

Normal range for body temperature, heart rate, blood pressure, respiratory rate, blood glucose level, oxygen saturation level and conscious level

How shock and haemorrhage may adversely affect normal physiological measurements

How diabetes, COPD, stroke and chronic heart failure can affect normal physiological measurements

Airway, breathing, circulation, disability, exposure, fluids, glucose (A-G) assessments

Situation, background, assessment, recommendation (SBAR) assessments

Interpret results of physiological measurements and assessments

The impact of abnormal physiological measurements and assessments on individuals' immediate health

The role of early warning systems which recognise and respond to individuals whose condition is deteriorating, e.g. National Early Warning Score system (NEWS)

The importance of accurate recording and reporting of abnormal physiological measurements and assessments

The importance of working within the remit of own role when interpreting physiological measurements and assessments

LO4 **Implement planned care interventions based on an individual's physiological measurements which contribute to reducing risks to health**

Risks to health

The role of preventative interventions which minimise the risk of dehydration or malnutrition.

Identifying progress or change in an individual's nutritional status by accurate monitoring and recording

How risk assessment tools can reduce the likelihood of developing a pressure sore or falling

Effective measures to prevent and control infection, e.g. signs of infection

Interventions which reduce the risk of breathlessness

Tools which predict and prevent severe pain

Care interventions

How to accurately record and measure fluid input and output for individuals, e.g. catheterisation

The importance of urinalysis in individuals with renal failure or diabetes

Providing an environment where individuals can eat and drink a balanced diet

The role of risk assessment tools which prevent pressure sores from developing, e.g. Surface, Skin inspection, Keep patients moving, Incontinence/moisture, Nutrition/hydration (SSKIN) bundles

Safe hand hygiene techniques and use of personal protective equipment (PPE)

How to care for wounds using aseptic technique

Assessment of moving and handling risk to prevent injury to individuals or staff

The importance of helping individuals to maintain personal hygiene

Effective person-centred planning

The importance of taking into account the individual's mental wellness or wellbeing when planning physical care interventions

Plans that reflect compassionate care

Plans that involve the individual as architect of their own care

Plans that take into account individual differences, e.g. disability, culture, gender, preferences

Clear, accurate and detailed

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe organ systems within a healthy human body</td><td rowspan="5">LO1 and LO2
D1 Critically analyse the role of body systems in homeostasis for health and ill health</td></tr>
<tr><td>P1 Outline the function of a human body cell and its role during osmosis and diffusion
P2 Describe the structure and function of different body systems in the healthy human body</td><td>M1 Compare differences in the healthy human body with individuals who have ill health</td></tr>
<tr><td colspan="2">LO2 Explain the interrelationship of body systems in health and ill-health from a physiological perspective</td></tr>
<tr><td>P3 Explain how body systems co-operate to maintain life and health of the individual</td><td>M2 Examine how the cardiovascular, respiratory and digestive system work together to provide energy for the healthy human body</td></tr>
<tr><td colspan="2">LO3 Investigate how physiological measurements in the body are affected by ill health</td><td rowspan="5">LO3 and LO4
D2 Critically evaluate own care plan and associated records of physiological measurements for an individual with ill health to identify areas of good practice and areas for improvement</td></tr>
<tr><td>P4 Interpret normal and abnormal physiological measurements for an individual with ill heath in own workplace setting</td><td>M3 Justify actions taken when physiological measurements are outside normal limits</td></tr>
<tr><td colspan="2">LO4 Plan care interventions based on an individual's physiological measurements which contribute to reducing risks to health</td></tr>
<tr><td>P5 Prepare a risk assessment which minimises harm to the health of an individual with ill health in own workplace setting
P6 Produce a person-centred care plan which includes interventions that improve an individual's ill health and associated outcomes</td><td>M4 Assess the effectiveness of the care plan in communicating the individual's needs and requirements to others involved in caring for the individual</td></tr>
</table>

Recommended resources

Textbooks

BLOWS, W.T. (2012) *The biological basis of clinical observations*. (2nd Ed.) London, United Kingdom: Routledge.

DELVES-YATES, C. (ed.) (2015) *Essentials of nursing practice*. London, United Kingdom: SAGE Publications.

DOUGHTY, L., LISTER, S. and WEST-ORAM, A. (2015) (Student Edition) *The Royal Marsden Manual of Clinical Nursing Procedures* (*9th Ed.*) Oxford: Wiley Blackwell.

HOWATSON-JONES, L., STANDING, M., ROBERTS, S.B. and HOWATSON-JONES, L. (2015) *Patient assessment and care planning in nursing (transforming nursing practice series)*. Thousand Oaks, CA: SAGE/Learning Matters.

PEATE, I. and NAIR, M. (2016) *Fundamentals of Anatomy and Physiology: For Nursing and Healthcare Students (2nd Ed.)* Oxford: Wiley Blackwell.

SMITH, J. and ROBERTS, R. (2011) *Vital signs for nurses: An Introduction to clinical observations.* Oxford: Wiley Blackwell

WAUGH, A. and GRANT, A. (2014) Ross and Wilson Anatomy and Physiology in Health and Illness (12th Ed.) *London: Churchill Livingstone Elsevier.*

Websites

nursingtimes.net	Nursing Times A practical approach to promote reflective practice within nursing (Article)
bhf.org.uk	British Heart Foundation We can help you understand heart disease and how to prevent it (General reference)
stroke.org.uk	Stroke Association What is stroke? (General reference)
diabetes.org.uk	Diabetes UK What is diabetes? How does diabetes affect the body? (Video)
dementiauk.org	Dementia UK Understanding dementia (General reference)

blf.org.uk	British Lung Foundation Lung conditions (General reference)
nice.org.uk	National Institute for Clinical Excellence Call for standardised model of bedside monitoring (Report)
nursingtimes.net	Nursing Times (General reference)
britishjournalofnursing.com	British Journal of Nursing (Journal)
journalofnursingstudies.com	Journal of Nursing Studies (Journal)

Links

This unit links to the following related units:

Unit 1: Law Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Healthcare Practice

Unit 6: Supporting Dementia Care

Unit 7: Effective Healthcare Practice using Maths

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 15: Healthcare Technology in Practice

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record Keeping in Health and Social Care Services

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO4	P5
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	P4, M3, P5, P6, M4, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3, LO4	P4, M3, P5, P6, M4, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO4	P6, M4, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	P6, M4, D2
THEME 6: NUMERACY IN PRACTICE	LO3, LO4	P4, M3, P5, P6, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the nursing or related allied health in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit code	**Y/616/1645**
Unit level	**4**
Credit value	**15**

Introduction

The healthcare industry is a dynamic changing environment and a key aspect of working in healthcare practices is the ability to embrace change and consider new and innovative ways to do more with less. The effective operational manager focuses on processes that manage and monitor all aspects at work within their area of healthcare practice while driving innovation and change.

To be able to be an effective operational manager this unit will develop students' understanding of, and the skills required to, manage people effectively in order to get the best out of them to develop a highly organised, structured health service that delivers efficient functionality and provision of health services. This unit will enable students to apply theoretical perspectives applicable to operational management in healthcare to aspects of practice, through exploring the way they manage people and influence others and develop new ideas, processes and strategies within their area of practice.

This unit will provide students with the opportunity to develop their personal and professional skills. It is particularly useful for students who wish to progress to supervisory or lower management areas in healthcare practice.

Learning Outcomes

By the end of this unit students will be able to:

1. Describe the competencies required of an operational manager in healthcare practice
2. Apply theories of leadership to operational management in healthcare practice
3. Demonstrate leadership skills managing a team in healthcare practice
4. Produce a plan to improve an area of provision in healthcare practice.

Essential Content

LO1 **Describe the competencies required of an operational manager in healthcare practice**

Managing human resources

Providing leadership and strategic direction

Managing clinical, professional, clerical and administrative staff

Managing recruitment, selection, appraisal and development of staff, e.g. values-based recruitment

Leading daily practice

Managing and leading teams through promoting best practice

Developing positive relationships with individuals internally and externally promoting a partnership approach and multi-agency working

Managing and chairing meetings, report writing and administration

Managing operational practice

Working within legislative, statutory and non-statutory frameworks

Compliance frameworks

Implementation of policies and procedures

Developing strategies for practice on IT systems, security, medical and specific healthcare resources

Safeguarding, multiagency working

Working within specific organisational legal, regulatory and ethical frameworks

Information sharing, record-keeping and data protection protocols

Managing environment, catering, cleaning, security, safeguarding and/or medical resources

Organising, chairing meetings

Budgeting and managing accounting process for purchasing resources

Project and financial management

Identify and prioritise business development opportunities

Deliver results against targets

Working to ensure quality and value for money for users of services

Setting budgets and maintaining finances

Analyse and interpret a range of data

Planning and implementing strategies and incentives for change

Personal skills required to be an effective manager

Ability to understand and adapt own beliefs, values, attitudes and behaviour in different contexts

Professional presentation skills

Adopting a person-centred approach, caring and empathetic to others' needs

Respecting and promoting diversity, equality, independence

Ability to communicate with a range of audiences, adapting style and method of communications to meet individual needs

Professional approach demonstrating discretion, diplomacy and fair mindedness

Ability to take control of situations and manage others

Good level of literacy and numeracy

Knowing own and other's boundaries and respecting others

Engage in ongoing continual professional development, e.g. development of SMARTER targets and reflective practice

LO2 **Apply theories of leadership to operational management in healthcare practice**

The impact of the organisation's culture and values on management style

Shein's artefacts and creations of a culture

Handy's model of four principal forms of organisational culture

Leadership styles

Autocratic

Charismatic

Bureaucratic

Democratic

Laissez-faire

Basic management styles: autocratic and permissive

Management styles and when to use them e.g.:

Tannenbaum and Schmidt's Leadership Continuum (1958)

Hersey and Blanchard on situational leadership (mid 1970s)

John Adair's Action-centred Leadership (1973)

Fielder's Contingency Model (1958)

McGregor's Theory X and theory Y (1960)

Goleman's leadership styles

Coercive, authoritative, democratic, pacesetting, coaching

Matching style of management and leadership to situation

Clarke and Pratt's styles of leadership at different stages of business

Rodrigues' three types of leader (1985)

Mintzberg's (2009) Art, craft science triangle management styles

Goleman's emotional intelligence in team building

LO3 **Demonstrate leadership skills managing a team in healthcare practice**

Ideas of conformity and obedience in teams

Tajfel's social identity theory

Types of conformity, e.g. normative, informational, descriptive

Research identifying ways in which humans conform to authority and obedience, e.g. Asch and Milgram

Theoretical models of team building

Motivational theories, e.g. Hawthorne (1920s), McClelland (1961)

Group formation and dynamics, e.g. Taylorism (1909), Fayol (1916), Hersey and Blanchard's situational leadership in practice (mid 1970's), Belbin's team roles (1970s)

Staged theories e.g. Bass and Ryterband four stage team relationship development model (1979), Tuckman's four stages of team life (1965) Woodcock's nine building blocks of effective teams (1989)

Building effective teams in healthcare practice requires promoting and upholding

Vision and creativity

Continual development and learning

Independence and confidence of team members

Coaching and mentoring of team members

Emotional literacy

A commitment to achieve

Understanding of the integrated model of care

Positive values and work ethic

Diversity, difference and inclusion

A positive collaborative team model

Effective communication strategies, e.g. transparent and timely communication

Motivating positive team working through providing opportunities to:

Develop team members to bond and work collaboratively

Be innovative and take responsibility for tasks and initiatives

Work independently, recognising strengths

Encourage team members to contribute to ideas and innovations

Take part in behaviour management strategies and training

Value the knowledge and skills of different individuals

Develop awareness of other's working behaviours, styles, attitudes and beliefs

Methods of promoting professionalism through teamwork, e.g. modelling, training, promoting good practice, incentives

Recognising conflict

Types of conflict: personal, relational, instrumental, conflicts of interest

Delays in service provision delivery

Styles of managing conflict

Accommodating, compromising, collaborating, avoiding, competing

Personal skills and strategies for handling conflict

Active listening and communication skills

Emotional intelligence

Understanding of others' needs (professional and personal lives), individual circumstances e.g. family background, lifestyle, empathy and respect for others' beliefs, values, ideals

Empowering others to take control

Avoiding conflict using the interest-based relational (IBR) approach (Fisher and Ury, 1981)

Reassuring colleagues

Mediation, exploring options, collaboration, compromise and negotiation

Separating people from problems

How denial or avoidance play a part in conflict situations and resolution

Benefits of conflict resolution

Increased understanding

Better group cohesion

Improved self-knowledge

Promoting professionalism of organisation

Improving performance

Confidence in service provision by individuals

Impact of conflict on individuals

Personal dislike and issues

Breakdown in communications and efficiency of workforce

Disengagement

Lack of trust from users of services

Physical health, psychological wellbeing of individuals in healthcare settings

LO4 **Produce a plan to improve an area of provision in healthcare practice**

Designing a project plan to develop services, provision or improve efficiency of workforce

Designing an area of change using the Practice Themes

Understanding of the organisation's objectives

Identifying area for development or change

Use of prescribed planning tools, e.g. SMART targets, GANT charts and hierarchy of needs

Identifying and prioritising needs through needs and cost benefit analysis

Assessment of risk factors

Development of business plan

Resources, e.g. human resources and competencies

Existing frameworks including legislative guidelines and restrictions

Impact on users of services

Involving users of services, colleagues and others to inform development plan

Monitor and maintain progress towards desired outcomes

Engage support from senior management to reach desired outcomes

Resources

Human resources inside and outside the organisation

Physical resources

Monitoring and reviewing

Ongoing monitoring using techniques appropriate to area of provision

Evaluation of activity through feedback from work colleagues and users of services/individuals

Evaluation of outcomes and over time through observations

Feedback from individuals inside and outside professionals

Impact and influence on practice and provision locally and globally

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe the competencies required of an operational manager in healthcare practice</td><td rowspan="2">D1 Evaluate requisite competencies to be an effective leader and operational manager in healthcare practice</td></tr>
<tr><td>P1 Describe the roles and responsibilities of an operational manager in healthcare practice
P2 Explain why different personal skills are prioritised in leadership through different operational tasks in healthcare practice</td><td>M1 Analyse competencies required in developing own role as a leader and operational manager in healthcare practice</td></tr>
<tr><td colspan="2">LO2 Apply theories of leadership to operational management in healthcare practice</td><td rowspan="4">LO2, LO3 and LO4
D2 Reflect on the effectiveness of own plan to improve an area of provision taking into account different theories and models of leadership and team building in relation to own operational leadership skills</td></tr>
<tr><td>P3 Describe different theories of leadership in terms of their application to work roles in healthcare practice
P4 Explain how theories can support aligning style of management to different contexts in healthcare practice</td><td>M2 Assess the benefits of applying theories of leadership to the practical operational management of teams in healthcare settings</td></tr>
<tr><td colspan="2">LO3 Demonstrate leadership skills managing a team in healthcare practice</td></tr>
<tr><td>P5 Use theoretical models of leadership to contribute towards the development and management of a team in healthcare practice
P6 Outline different strategies used to resolve conflict arising between individuals in different contexts in healthcare practice</td><td>M3 Analyse theories that inform how teams are developed and managed to promote positive outcomes for individuals in different contexts in healthcare practice</td></tr>
</table>

Pass	Merit	Distinction
LO4 Produce a plan to improve an area of provision in healthcare practice		
P7 Produce a plan to implement change in an area of provision in healthcare practice. **P8** Describe the potential impact of the plan on service provision and outcomes for individuals in healthcare practice.	**M4** Analyse the potential impact of plan on service provision, practice and outcomes for individuals in healthcare practice.	

Recommended resources

Textbooks

BARR, J. and DOWDING, L. (2015) *Leadership in Healthcare* (*3rd Ed.*) London: Sage Publications Ltd.

ELLIS, P. and BACH, S. (2015) *Leadership, Management and Team Working in Nursing (Transforming Nursing Practice Series).* Exeter: Learning Matters.

GOPES, N. and GALLOWAY, J. (2013) *Leadership and Management in Healthcare (2nd Ed.)* London: Sage Publications Ltd.

HENWOOD, S. (ed.) (2014) *Practical Leadership in Nursing and Healthcare: A Multi-Professional Approach.* Florida: CRC Press.

THOMAS, A., WALTON, A. and McKIBBIN, J. (eds.) (2008) *Leadership and Management in Health and Social Care: NVQ Level 4*. Harlow: Heinemann.

Websites

healthcareers.nhs.uk	NHS Healthcareers Operational Management (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 7: Effective Healthcare Practice using Maths

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 23: Managing Quality in Care Environments

Unit 25: Facilitating Change in Healthcare Environments

Unit 29: Human Resource Management in Healthcare

Unit 32: Team and Individual Leadership: Mentoring and Coaching Others

Unit 35: Project Management for Healthcare

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1 LO3	P1, P2, M1, D1 P6, M3, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO1 LO3	P1, M1, D1 P6, M3, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1 LO2 LO3 LO4	P1, P2, M1, D1 P3, P4, M2 P5, P6, M3, D2 P8, M4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1 LO3	P1, P2, M1, D1 P6, M3, D2
THEME 6: NUMERACY IN PRACTICE	LO4	P7, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 11: Changing Perspectives in Public Health

Unit code	**D/616/1646**
Unit level	**4**
Credit value	**15**

Introduction

The development of the concept of public health has its roots in the Victorian times. However, even prior to this era other measures were developed in keeping communities healthy including the development of sewage systems in Roman times and in early Egyptian medical practice up to 5000 years ago. Public health has evolved with time with an emphasis on the leading health issues of any community at any given time. Significant epidemiological factors have influenced the practice of public health.

Public health focuses on promoting improvements in attitudes to health and lifestyle based upon individual responsibility. There has been a shift in the perspectives of public health linked changing understanding and beliefs of what health means. Health improvement measures are often guided by societal attitudes and changes to health are influenced by government policies that legislate for measures aimed at limiting risk behaviours such as the banning of smoking in public places and increased tax revenues on alcohol.

In this unit, students will consider the evolution of public health over time with particular focus on public health research and development in policies and strategic planning. Students will review the impact of recent public health measures and how changed understanding of health has influenced responses to those measures. It is important that healthcare support staff have a sound understanding of the significance of the role of public health regulatory bodies and skills and knowledge frameworks in promoting health improvements across communities.

Completion of this unit will support progression to more senior roles in public health and to continuing higher education study in subjects related to health research and improvement.

Learning Outcomes

By the end of this unit students will be able to:

1 Review the timeline of the development of public health from historical antecedents through to contemporary practice

2 Examine the influence of public health research and policy on current practice in public health

3 Contribute to the implementation of an aspect of current public health strategy within own local community.

4 Explore the roles of public health regulatory bodies in promoting practice and strategies aimed at health improvement.

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Essential content

LO1 **Review the timeline of the development of public health from historical antecedents through to contemporary practice**

Pre-1800s

Early Egyptians – earliest written evidence of medical practice

Early Greeks – causes of disease, Hellenistic approaches to health, Hippocrates – focus on patient rather than disease

Romans – sanitation

Plagues of the Middle Ages – development of reporting of victims with disease and quarantine measures

Urbanisation and industrialisation of the 1800s

Sanitary reform as basis for public health activities aimed at populations

Development of the first Public Health Act

Recognition of poverty as significant determinant in health status

Early 1900s

Development in study of microbiology and recognition of bacteria

Understanding of impact of environment on community health

Understanding of relationship between bacteria and infectious disease

Emergence of "new public health"

Stronger focus on social model of health

Improvements in public health through reforms

Health seen as a person's individual responsibility

Introduction of National Insurance, state pensions, state welfare

Mid-late 20th century

Increased government involvement after second world war

Development of the National Health Service (NHS)

Expansion of National Insurance, state pensions, state welfare

Establishment of the World Health Organisation (WHO)

21st century

Major health advances and health reforms

Threat to NHS and social care

Focus on major public health challenges, such as smoking, obesity, alcohol – through a redefined public health service

Focus on health promotion and health improvement

Changes to state welfare

Global migration patterns

Establishment of Regional Public Health Departments responsible for the public health agenda and strategy

Definitions of health and wellbeing

World Health Organisation definition (WHO)

Other models e.g. social, medical

Influences on public health development

Environmental changes

Growth in knowledge and understanding of the causes of disease

Social changes, the enlightenment: linking disease transmission and protection, the Sanitarians: sanitary reform developments

Political influences from mid-20th century onward, e.g. changes in approach to public service provision

Global health – migration

Contemporary practice

The reorganisation of public health

Focus on protecting the general health of the public

Change and modernisation

Local government control of, and responsibility for, public health strategy

Commitment to multidisciplinary public health teams

Popularisation of non-medically qualified public health specialists

Globalisation

Neighbourhood renewal

Sustainability

LO2 **Examine the influence of public health research and policy on current practice in public health**

Influential public health research and strategy

Social Insurance and Allied Services Report (Beveridge, 1942)

The Declaration of Alma-Ata (WHO, 1978)

Report of the Working Group on Inequalities In Health: The Black Report (1980)

The Ottawa Charter for Health Promotion (WHO, 1986)

Independent Inquiry into Inequalities in Health Report (Acheson, 1998)

The Marmot Review into health inequalities in England: Fair Society, Healthy Lives (Marmot, 2010)

Policy development

Health for All (HFA) by the Year 2000 (WHO, 1981)

Promoting Better Health (Department of Health, DH, 1987)

Health of the Nation (DH, 1992)

Our Healthier Nation (DH, 1998)

NHS Plan (DH, 2000)

Tackling Health Inequalities – A programme for action (DH, 2003)

The Wanless report – Securing good health for the whole population (DH, 2004)

Choosing Health: Making Healthier Choice easier (DH, 2004),

Our NHS, Our Future (DH, 2007)

High-quality care for all (DH, 2008)

Current practice

Guidance documents for best practice, e.g.:

Good Public Health Practice Framework (Faculty of Public Health, 2016)

Public Health- England Public Health Outcomes Framework: Healthy lives, healthy people: Improving outcomes and supporting transparency (Public Health England, 2016).

Current priorities

Reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol

Preventing and recovering from the conditions with the greatest impact, e.g. dementia, anxiety, depression and drug dependency

Protecting the country from infectious diseases and environmental hazards, e.g. the growing problem of infections that resist treatment with antibiotics

Supporting families to give children and young people the best start in life

Improving health in the workplace

LO3 **Contribute to the implementation of an aspect of current public health strategy within the local community**

Public health strategy/local initiatives

Improved health status

Reduction in infectious illness

Healthy eating

Active living

Promoting improved mental health

Screening programmes

Immunisation programmes

Strategic planning

Social research

Application of evidence into practice

Public health policy

Place-based approach that engages local communities

Addressing the wider determinants of health

A life course approach to public health

Promoting a holistic view, total health and wellbeing needs

Community profiling

Strategic approaches to partnership working to improve public health

Integrated approaches and multidisciplinary approaches

Community involvement, e.g. support groups

Developing and maintaining partnerships with the individual, families, communities, the general public and across services

Own role in supporting local strategy

Measures of health improvement

Health outcomes improving

Reduced health gap

Reduction in morbidity and mortality rates

LO4 **Explore the roles of public health regulatory bodies in promoting practice and strategies aimed at health improvement**

Regulatory bodies

Public Health England, Wales

HSC Public Health Agency (Northern Ireland)

The Institute of Public Health in Ireland (IPH)

Faculty of Public Health

Care Quality Commission (CQC)

Health-related Professional Bodies and Councils

Roles of national agencies

Director of Public Health NHS – Public Health England, police, probation services, prison services, fire services, ambulance services

Roles of regional/local agencies

Local authority Care Commissioning Groups (CCG), Social Service Authorities Local Health and Wellbeing Boards, local Health Trusts, local Housing services

Roles of community-based services

Primary and community care services, e.g. GPs, health visiting services, dentists, community health teams, occupational health, community pharmacies, local education providers

Role of the independent and voluntary sectors

Current priorities in improving and regulating public health services

Focus on co-ordinated approaches to education, promotion, protection and improvement

Expansion of health services, e.g. remit

Improved public health intelligence

Academic public health

Workforce development

Regulatory standards and frameworks

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Review the timeline of the development of public health from historical antecedents through to contemporary practice</td><td rowspan="2">D1 Evaluate the historical antecedents that have shaped the development of current public health service provision</td></tr>
<tr><td>P1 Explain how the understanding of what public health is has changed over time</td><td>M1 Analyse current public health issues that affect own home country today in relation to historical antecedents</td></tr>
<tr><td colspan="2">LO2 Examine the influence of public health research and policy on current practice in public health</td><td rowspan="2">D2 Analyse the evidence regarding improvements in the health of the population as a result of recent health policies developed from previous research and strategy</td></tr>
<tr><td>P2 Explain how research contributes to the development of national policy giving examples related to one area of a public health concern</td><td>M2 Assess the impact of public health research on the development of policy in relation to a specific national public health priority</td></tr>
<tr><td colspan="2">LO3 Contribute to the implementation of an aspect of current public health strategy within own local community</td><td rowspan="4">LO3 and LO4
D3 Critically review local public health strategies aimed at integrating approaches to health improvement in response to priorities identified by a regulatory body</td></tr>
<tr><td>P3 Demonstrate how own role supports individuals to be aware of and participate in local health initiatives</td><td>M3 Review different approaches to partnership working that support improvement in individuals' health</td></tr>
<tr><td colspan="2">LO4 Explore the roles of public health regulatory bodies in promoting practice and strategies aimed at health improvement</td></tr>
<tr><td>P4 Explain the roles and responsibilities of different agencies involved in public health improvement</td><td>M4 Analyse the role of the public health regulatory body in setting standards in public health</td></tr>
</table>

Recommended resources

Textbooks

BENNETT, P., CALMAN, K., CURTIS, S. and FISCHBACHER-SMITH, D. (2010) *Risk Communication and Public Health. Second Edition.* Oxford University Press.

BUSE, K., MAYS, N. and WALT, G. (2012) *Making Health Policy (2nd Ed.)* Berkshire: Open University Press.

CONNER, M.and NORMAN, P. (2005) *Predicting Health Behaviour (2nd Ed.)* Maidenhead: Open University Press.

CORCORAN, N. (2011) *Working on Health Communication.* Los Angeles: Sage.

COSTELLO, J. and HAGGART, M. (eds.) (2003) *Public Health and Society.* Basingstoke: Palgrave Macmillan.

NAIDOO, J. (2005) *Public Health and Health Promotion: Developing practice (2nd Ed.)* New York: Bailliere Tindall.

ORME, J. (2007) *Public Health for the 21st Century: New Perspectives on Policy, Participation and Practice.* Open University Press.

Websites

fph.org.uk	Faculty for Public Health Good Public Health, Practice framework 2016 (PDF document)
fph.org.uk	Faculty for Public Health Public Health Today (Online journal)
gov.uk	Public Health England Strategic Plan 2016-20 (Report)
globalhealth.thelancet.com	The Lancet Changing the perspective: from disease control to healthy people (News article)
instituteofhealthequality.org	Fair Society, Healthy Lives – The Marmot-Review (report)
nice.org.uk	Public Health Guidance (Guidance)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 5: Health Education in Action

Unit 8: Addressing Health Inequalities

Unit 14: Sociological and Psychological Perspectives on Health

Unit 24: Health Psychology

Unit 27: Social Policy in Public Health

Unit 28: Holistic Approaches to Health Promotion

Unit 34: Global Health and Wellbeing

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2 LO4	P3, M2, D2 P7, M4, D3
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3	P5
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	All Learning Outcomes	All Assessment Criteria
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1 LO2 LO3	M1, D1 P3, D2 P5, M3, D3
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2 LO3 LO4	D2 M3 P7, M4
THEME 6: NUMERACY IN PRACTICE	LO2	D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

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Unit 12: Supporting Independent Living

Unit code	**H/616/1647**
Unit level	**4**
Credit value	**15**

Introduction

The aim of this unit is to explore the principle of supported independent living and provide students with the knowledge, understanding and skills to implement effective programmes of care for individuals living in their own homes or other domiciliary care environments.

There are a number of individuals who require some level of support to live independently such as individuals with physical or learning disabilities and some older adults. Healthcare practitioners can be a vital source of support to these individuals, providing physical, emotional, cognitive and social support and enabling individuals to maintain their independence.

Individuals requiring support may have many of the skills and abilities to manage independence in a number of aspects of their daily living but may require additional support in with key tasks such as shopping, cooking, personal care and getting out and about. The role of the healthcare worker is to support and develop skills for daily living and to provide personalised packages of care to enable this independence and promote equality of opportunity. This support will ultimately have an impact upon the individual's emotional and social wellbeing and will contribute to reducing emergency use of health and care services in the community.

Students taking this unit will require a period of work placement in an independent living environment. Upon completion of this unit, students will have further developed their skills and knowledge in supporting individuals in an independent living setting. They will have been involved in wider multidisciplinary care processes towards developing and facilitating appropriate care for individuals living independently. The unit will support students in developing their role in health, care and support services or to continue on to higher education in a related discipline.

Learning Outcomes

By the end of this unit students will be able to:

1 Explain the benefits of supporting independent living for the individual, family and local service provision

2 Explore the barriers to independent living and strategies to overcome these

3 Contribute to the implementation of a programme of care for individuals who live independently

4 Examine the role of the healthcare worker as a part of a multidisciplinary team in supporting independent living.

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Essential content

LO1 **Explain the potential benefits of supporting independent living for the individual, family and local service provision**

Structures to support independent living

Personal budgets

Personalisation agenda

Commissioning services

Care and support assessments

Supported tenancy

Advocacy, support and guidance services

Legal duties, roles and responsibilities applicable to independent living

Care Act (2014)

Equality Act (2010)

Mental Health Act (2007)

Mental Capacity Act Code of Practice (2007)

National standards of care, e.g. the Care Certificate, Social Care Commitment

Benefits:

Independence

Empowerment

Equality

Safeguarding and risk management

Improved health and health outcomes

Active participation

Active support

Choice and control

Social inclusion

Equality of opportunity

Involvement from family

Reduced pressures on local acute services

Reduced need for emergency responses

Reduced reliance on hospitals or other acute services to intervene

Role of family and friends

Knowledge of family background

Understands preferences and dislikes

Recognises communication needs: can interpret adapted signs used

Can alert care staff to triggers and behaviour antecedents

Provide consistent care, attention and relationship

Can enable individual to settle during transition

Will support individual with understanding

LO2 **Explore the barriers to independent living and strategies to overcome these**

Barriers

Possible factors that prevent effective support:

Financial implications, funding cuts – inflexibility of personal budgets

Poor planning, reluctance to work together

Partnership approaches, ineffective assessment

Poor communication, inadequate resources, costly packages, risk management

Discrimination and exclusion, social disadvantage, economic disadvantage.

Strategies to overcome barriers

Policies and procedures

Agreed ways of working

Interagency support and shared resourcing, interagency planning

Safe recruitment and selection including criminal records checks

Monitoring quality of staff and staff training

Supporting safety and safe risk taking

Supporting active participation

Safeguarding and protection

Anti-discriminatory practice

Whistleblowing and challenging poor practice

Ensuring effective communication

Building positive relationships

Support and advocacy

Methods of empowerment

Listening to the individual

Enabling communication through use of interpreters and assistive technology

LO3 **Contribute to the implementation of a programme of care for individuals who live independently**

Role of healthcare assistant

Provide daily support

Promote independence and active participation

Support daily activities of living

Implement effective planning

Promoting and implementing person-centred approaches incorporating compassion in care: care, compassion, competence, communication, courage, commitment (the 6Cs)

Facilitate communication

Record and monitor care provision

Problem-solving and decision-making

Working in partnership

Risk assessment and managing risk-taking

Reflect on own practice

Systemic approaches to supporting individuals to live independently

Regulatory bodies and their requirements, e.g. Care Quality Commission, Health and Social Care Professions Council

Multiagency planning and interagency communication

Partnership working

Audit processes

Active service user involvement and the involvement of family, friends

Advocacy support

Risk assessment

Systems for record-keeping and storage

Ongoing promotion and respect for equality and diversity, shared values, respect and tolerance

Upholding the rights of individuals and supporting individuals to challenge decisions made about them

Supporting complaints procedures

LO4 **Examine the role of the healthcare worker as a part of a multidisciplinary team in supporting independent living**

Reflective practice

Participatory and qualitative research

Monitoring and evaluation

Organisational learning and change, and capacity development

Models of supervision

Effective leadership

Multidisciplinary teams

Teams across the health, social and community care and public services spectrum, e.g. public, private and voluntary sector agencies

Involvement of the customer, their family and friends, advocates

Roles of different workers involved in working in partnership to support individuals to live independently

Medical professionals, e.g. general practitioners, consultants or specialists, community and community psychiatric nurses, clinical therapists

Allied health professionals, e.g. audiometry team, speech and language therapists, nutritionists, pharmacists, occupational therapists

Care and social integration professionals, e.g. advocates, social workers

Roles of other agencies, e.g. mental health, community, voluntary services

Benefits of partnership working

Support

Person-centred focus

Central care planning and funding, shared resources

Consistency and quality

Effective communication

Shared outcomes

Cohesive service provision

Respect for other services

Issues affecting effectiveness of inter-agency care

Interagency co-operation, methods of communication

Commissioning services and person-focused planning

Time and budgetary constraints or restrictions

Postcode lottery

Demographic resourcing

Fragmentation of service delivery

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain the benefits of supporting independent living for the individual, family and local service provision</td><td rowspan="5">LO1 and LO2
D1 Evaluate the effectiveness of different structures and strategies for enabling supported independent living in achieving improved health and service outcomes</td></tr>
<tr><td>P1 Explain the benefits of supporting the independent living of service users for the individual in receipt of these services
P2 Review the role of family and friends in supporting independent living</td><td>M1 Analyse the impact of supported independent living for individuals and their families on local acute service provision</td></tr>
<tr><td colspan="2">LO2 Explore the barriers to independent living and strategies to overcome these</td></tr>
<tr><td>P3 Describe the impact of different barriers to effective supported independent living on the individual receiving the care
P4 Explain the measures that support the safeguarding and protection of individuals who live independently</td><td>M2 Explain in detail different strategies that can be used to overcome barriers to supported independent living</td></tr>
<tr><td colspan="2">LO3 Contribute to the implementation of a programme of care for individuals who live independently</td><td rowspan="5">LO3 and LO4
D2 Critically reflect on own role as a part of the wider multidisciplinary team in effectively supporting independent living</td></tr>
<tr><td>P5 Explain the role of the healthcare assistant in supporting independent living
P6 Provide a period of effective personal care to an individual to promote independent living in an at-home or near-home setting</td><td>M3 Assess different approaches used to meet the needs of an individual living independently including the levels of support required from different services</td></tr>
<tr><td colspan="2">LO4 Examine the role of the healthcare worker as a part of a multidisciplinary team in supporting independent living</td></tr>
<tr><td>P7 Explain how an identified healthcare worker enables effective independent living support to individual service users, as part of a multidisciplinary team</td><td>M4 Analyse the impact of partnership approaches in enriching the experience of supported independent living</td></tr>
</table>

Recommended resources

Textbooks

ALZHEIMER'S SOCIETY (2014) *Support and care for people with dementia at home: A guide for homecare workers.* London: Alzheimer's Society

BERESFORD, P; FLEMING, J; GLYNN, M; BEWLEY, C; CROFT, S; BRANFIELD, F and POSTLE, K (2011). *Supporting People: Towards a person-centred approach.* Bristol: Policy Press

CECI, C. (2013) *Perspectives on Care at Home for Older People (Routledge Studies in Health and Social Welfare).* Oxford: Routledge

HEWITT-TAYLOR, J. (2008) *Providing Support at Home for Children and Young People Who Have Complex Health Needs*. Oxford: Wiley-Blackwell

PATMORE, C. AND MCNULTY, A. (2017) *Caring for the Whole Person: Home Care for older people which promotes well-being and choice.* Chicago: Independent

SIXSMITH, A. AND GUTMAN, G. (eds.) (2013) *Technologies for Active Aging (International Perspectives on Aging)*. New York: Springer

Reports and Journals

DAVIS, K. (1990) *The Emergence of the 'Seven Needs',* Derbyshire Coalition of Disabled People.

DEPARTMENT OF HEALTH (2002a) *Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care*. Leeds: Department of Health.

FOUNDATION FOR PEOPLE WITH LEARNING DISABILITIES (2000) *Everyday lives, everyday choices.* The Mental Health Foundation.

OFFICE FOR DISABILITY ISSUES (2008) *Independent Living Strategy*. Office for Disability Issues.

OFFICE FOR DISABILITY ISSUES (2013) *Fulfilling Potential: Building a deeper understanding of disability in the UK today – Summary report*. Office for Disability Issues.

ROBERTS, H.et al. (2013) Advocacy *by and for adults with learning disabilities in England, Improving Health and Lives.* Learning Disabilities Observatory

Websites

hcpc.org.uk	Health and Care Professions Council (General reference)
scie.org.uk	Social Care Institute for Excellence Report 55: People not processes: the future of personalisation and independent living (Report)
vodg.org.uk	The Voluntary Organisations Disability Group Using assistive technology to support Personalisation in social care (Research)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 6: Supporting Dementia Care

Unit 13: Supporting Individuals with Specific Needs

Unit 15: Healthcare Technology in Practice

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 31: Providing Outpatient and Community Care

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P4, M3, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3	P5, P6, M3, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO LO2 LO3	P1 P3, P4, M2,D1 M3, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2 LO3	P3, P4, M2, D1 P5, P6, M3, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	All Learning Outcomes	All assessment criteria

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 13: Supporting Individuals with Specific Needs

Unit code	**K/616/1648**
Unit level	**4**
Credit value	**15**

Introduction

Healthcare practitioners encounter individuals with specific needs and often these needs, for example learning disability, may be an inherent part of an individual's condition and presentation. Individuals with specific needs often present with physical and emotional disabilities across a spectrum of disorders or are those who are considered at high risk of developing specific needs as a result of illness or injury. Such conditions may impact on an individual's ability to interpret information and they may not be able to function effectively, either cognitively and socially.

In this unit, students will consider the factors that shape the contemporary development of the service provision available for individuals with specific needs. By reviewing their practice, the student will ensure the provision of effective and holistic care to individuals with specific needs. The student will reflect upon the challenges of promoting an inclusive and dignity -based service to individuals that promotes empowerment, independence and safety.

Upon completion of this unit, students will have developed the skills and awareness in supporting the care and individuality of individuals with specific needs which can include a myriad of health conditions affecting physical, emotional social and intellectual support needs. Students will be able to demonstrate ability to respond to challenging behaviours using positive behaviour management and to work with individuals with a level of sensitivity, compassion, understanding and awareness.

This unit supports progression to senior care roles in different health, care and support services. It will also support progression to nursing and allied care professions in carrying out roles in supporting and enabling individuals with specific needs. The unit will provide a clear foundation to developing wider understanding of the demands of service provision as well as the significant role of carers in this field of practice.

Learning Outcomes

By the end of this unit students will be able to:

1 Assess the factors that impact upon services for individuals with specific needs

2 Review own practice in providing support to individuals with specific needs

3 Assess local service provision for the support of individuals with specific needs

4 Reflect upon the challenges of promoting person-centred service provision for individuals with specific needs.

Essential content

LO1 **Assess the factors that impact upon services for individuals with specific needs**

Social and medical models of disability

Causes of disabilities, e.g.:

prenatal and post-natal accidents, birth trauma

genetic and chromosomal disorders

head injuries

no known cause.

Impact of disability on individuals

Physical

Mental, e.g. learning disabilities, cognition and communication

Social

Emotional

Socio-economic, e.g. education and employment

Access to services

Historical perspectives

Changes in ideology over the years

Superstition and fear of inclusivity

Changes in practice e.g. institutional models of care, with the closure of long-stay institutions to models of care which promote social inclusion and ordinary living

Contemporary overview

Prevalence and changing demographic profiles

Long-term and complex care needs

Models of service provision

Changing needs and spectrum of disability

Government policy, personalisation

Service user involvement

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The right for individuals to be supported to make their own decisions

Giving all appropriate help before concluding that they cannot make their own decisions

Individuals must retain the right to make what might be seen as eccentric or unwise decisions

Best interests, anything done for or on behalf of people without capacity must be in their best interests

Least restrictive intervention, anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic rights, as long as it is still in their best interests

Deprivation of liberty safeguards

LO2 **Review own practice in providing support to individuals with specific needs**

Impact of stereotypes, prejudice and discrimination to include social exclusion

Recognising societal stereotypes and prejudices of individuals with specific needs and the impact on their experience of care

Recognising own stereotypes and prejudices, self-awareness

Own and others' behaviour or communication that reflects stereotypical or prejudicial attitudes

Professional approaches to addressing stereotypes, prejudice and discrimination

Lines of reporting or redress

Values-based practice

Practitioners having the knowledge and skills to facilitate effective decisions

Working in a positive and constructive way with differences and diversity of values

Putting the values, views and understanding of individual service users, their family and carers at the centre of everything we do

Understanding and using own values and beliefs in a positive way

Respecting the values of the other people we work with and being open and receptive to their views

Emphasis on the importance and differences of individual values, e.g. the values of health, care and support workers

Recognition that values, whether explicit or implicit, guide all decisions

The importance of values and evidence and clinical expertise working together for optimum outcomes for people accessing health, care or support services

Person-centred values

Empowerment models

Active participation

Developing independence, choice and control

Promoting, implementing and supporting fair and inclusive practices.

LO3 **Assess local service provision for the support of individuals with specific needs**

Services to support individuals with specific needs

e.g. services to support individuals living in their own home, group homes, supported tenancy, respite care, community based advice and information services, education and training support and services

Impact of recent legislative changes on the structure, function and governance of local health and social care service provision

in the UK, emphasis on Personalisation and personal budgets

Care and support planning in local health and social care services

Person-centred risk

Communication and decision-making

LO4 **Reflect upon the challenges of promoting person-centred service provision for individuals with specific needs**

Person-centred approaches

Person-centred health education and care plans

Life-long care planning

Consent and communication

Working within legislative, organisational policy and procedural requirements

Ethical challenges and tensions

Moral dilemmas

Staffing skill, knowledge and expertise

Impact of workload, schedules on the effectiveness person-centred care

Caring for individuals with differing needs, time and resource management

Impact of financial or budgetary restrictions

Impact of organisational change on staff and the individual in receipt of care

Collaborative care and support planning

Person- and family-centred care

Managing challenging behaviour

Behaviour management strategies such as Management of Actual or Potential Aggression (MAPA)

Preventing behaviours from occurring and equipping staff with skills to empower individuals to manage their own behaviour

Addressing disruptive behaviour safely and effectively, increasing the likelihood that individuals will choose more positive behaviours

Risk assessment and management

Risk taking, choice and control

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Assess the factors that impact upon services for individuals with specific needs		
P1 Describe the social and medical model of disability in relation to individuals with specific needs **P2** Review the factors that can lead to specific and complex needs	**M1** Explain in detail the historical perspectives of care provision for individuals with specific needs	**D1** Discuss the changes and progress in healthcare service provision for individuals with specific needs
LO2 Review own practice in providing support to individuals with specific needs		
P3 Provide a period of appropriate values-based care with an individual with specific needs **P4** Review how the planning in place supports the implementation of values-based practice in own work with the individual receiving care	**M2** Reflect on how aspects of own care practice meet the needs of the individual with specific needs, taking into account the impact of stereotypes and prejudices	**D2** Critique own practice in terms of its effectiveness in addressing the impact of values and stereotypes of individuals with specific needs
LO3 Assess local service provision for the support of individuals with specific needs		
P5 Review local provision for individuals with specific needs	**M3** Review changes in government policy that have influenced development of local provision and support	**LO3 and LO4** **D3** Evaluate the importance of person-centred approaches to supporting inclusive services for individuals with specific needs
LO4 Reflect upon the challenges of promoting person-centred service provision for individuals with specific needs		
P6 Describe the challenges that can affect the level of care received by individuals **P7** Explain strategies used in managing any challenging behaviours in own workplace setting	**M4** Reflect upon own role in facilitating appropriate risk management in person-centred approaches for individuals with specific needs	

Recommended resources

Textbooks

ATHERTON, H. and CRICKMORE, D. (eds.) (2011*) Learning Disabilities: Towards Inclusion, 6th Edition*. London: Churchill Livingstone.

EMERSON, E. (2005). Models of Service Delivery. In Grant, G. Goward, P. Richardon, M. Ramcharan, P. (eds.) *Learning Disability: A Life Cycle Approach to Valuing People*. Maidenhead: Open University Press.

FRANKLIN, S., with SANDERSON, H. (2013) *Personalisation in Practice*. London: Jessica Kingsley Publishers.

PERRY, D. (2010) *Caring for the Physical and Mental Health of People with Learning Disabilities.* London: Jessica Kingsley Publishers.

Reports and Journal Articles

DOWELL, E., JOHNS, N. and COOPER, A. (2007). *Autism and independence. A guide for local authorities: enabling adults with an autism spectrum disorder to achieve greater independence*. London: The National Autistic Society

WOODBRIDGE, K. and Fulford, K.W.M. (2004) *Whose Values? A workbook for values based practice in mental healthcare.* London: Sainsbury Centre for Mental Health

Websites

gsdrc.org	Governance and Social Development Resource Centre Social Exclusion (Topic Guide)
mencap.org.uk	Leading UK charity providing a voice for individuals with learning disabilities Information for healthcare professionals (guidance and research)
Mind.org.uk	Leading UK charity providing advice and support regarding mental health Mental Health A-Z advice and guidance on a range of mental health topics (guidance and research)
scope.org.uk	Leading UK charity providing a voice for individuals with learning disabilities Resources for health and social care professionals (guidance and research)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 15: Healthcare Technology in Practice

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 30: Pharmacology and Medicine Management

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO3	M1, D1, M3
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO4	P3, P4, M2, D2, M4, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO4	P6, P7, D3, M4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2	P3, P4, M2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2	P3, P4, M2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 14: Sociological and Psychological Perspectives on Health

Unit code	**M/616/1649**
Unit level	**4**
Credit value	**15**

Introduction

The work of sociologists and psychologists have had a significant impact on healthcare practice. Sociologists investigate the interaction between society and health. Psychologists explore the relationship among psychological, cultural, behavioural factors and health. Together they have informed our understanding of health and illness, contributed to major changes in healthcare policy and been useful in developing behaviour modification therapies and improving the health status of individuals. Understanding how these perspectives are used to inform their practice, deepens students' approach to caring for individuals and supports the development of skills and behaviours for effective professional practice.

On completion of this unit, students will be able to develop their understanding of both sociological and psychological factors that affect health and illness, and the related theoretical frameworks that underpin healthcare practice. Students will have the opportunity to observe and report practical examples of how sociological and psychological concepts are considered when planning support for service users. The unit will engage students in the assessment of the implications of both perspectives on current healthcare policies. Furthermore, students will be able to explore a range of applications of the psychological perspectives and understand how these can enhance health and wellbeing.

This unit will inform developing healthcare professionals of the importance of sociological and psychological concepts in improving health status of service users. This unit is particularly suited to those interested in pursuing a career in health promotion, public health and counselling.

Learning Outcomes

By the end of this unit students will be able to:

1 Explain a range of sociological perspectives on health and illness

2 Describe a range of psychological perspectives on health and illness

3 Explore the influence of sociological and psychological perspectives on healthcare provision

4 Assess how psychological theories are applied to elicit behaviour change in healthcare settings.

Essential content

LO1 **Explain a range of sociological perspectives on health and illness**

Sociological Perspectives

Marxist approach

Feminism

Functionalism

The conflict approach

Symbolic interactionism

The labelling approach

Demographic trends in health and illness using research from

World Health Organisation

National and regional statistics

Public governmental bodies and health departments, e.g. Department of Health, Public Health England, Health Education England.

Demographic trends in health and illness

Gender differences

Disparities between social stratifications (class, socio-economic status)

Differences in relation to ethnicity

Culture and lifestyle differences

Age-related differences

Geographical differences

Work environment

Education

Influence of media and technology

Models of health and illness

Bio-medical model

Treatment and prevention

Role of healthcare professionals

Socio-medical model

Environmental influences

Lifestyle influence

LO2 **Describe a range of psychological perspectives on health and illness**

Psychological perspectives

Cognitive approach

Biological psychology

Behaviourism

Humanism

Personality formation

Trait theories

Behaviourist theories of personality

Psychodynamic theories of personality

Humanistic theories of personality

Motivational traits

Needs, and personal motives

Mental health disorders and their relationship with physical health

Depression

Anxiety and panic disorder

Schizophrenia

Bipolar

Personality disorders

Obsessive compulsive disorder (OCD)

Post-traumatic stress disorder (PTSD)

Comorbidity

LO3 **Explore the influence of sociological and psychological perspectives on healthcare provision**

Culture, health and disease

Variations in definitions of health and disease

Cultural influence in seeking help

Variations in prevention and treatment amongst service users

Sociological and psychological concepts to consider in care planning

Income

Social class

Education

Ethnicity

Gender

Job roles

Cultural influences

Mental health

Stages of development

Personality

Role of healthcare policy and influencing factors

Meeting health needs

Health systems

Private and public sector

NHS

Political influence

Epidemic

Illnesses on the rise and impact on healthcare provision

Ageing population

Dementia

Obesity

Coronary heart disease

Diabetes

Depression

Other prevalent condition specific to home nation

Mitigating approaches related to different sociological and psychological perspectives

Power of healthcare professionals

NHS reforms

Private healthcare policies

Self-management of illness

Primary and secondary prevention

Ambulatory care sensitive conditions

Health education implemented by healthcare professionals

LO4 **Assess how psychological theories are applied to elicit behaviour change in healthcare settings**

Psychological applications in healthcare: treatments, interventions and daily practice for both users of services and staff

Links between theories and communication techniques and approaches in daily practice

Health Belief Model

Theory of Planned Behaviour

Cognitive Behavioural Therapy

Psychotherapy

Humanistic/person-centred therapy

Eye movement desensitisation and reprocessing (EMDR)

Mindfulness-based therapy

Psychoanalysis

Holistic approaches to promoting behaviour change

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain a range of sociological perspectives on health and illness</td><td rowspan="5">LO1 and LO2
D1 Critically assess how different sociological and psychological perspectives inform our understanding of mental health disorders</td></tr>
<tr><td>P1 Explain current demographic trends in health and illness using different sociological perspectives
P2 Describe two medical models of health and illness</td><td>M1 Compare and contrast the biomedical and socio-medical models of health and illness using different sociological perspectives</td></tr>
<tr><td colspan="2">LO2 Describe a range of psychological perspectives on health and illness</td></tr>
<tr><td>P3 Describe the role of nature and nurture in the development of personality characteristics
P4 Describe how psychological concepts can be used to explain the behaviour of service users and workers in own work setting</td><td>M2 Analyse how the holistic approach to healthcare practice takes into account different psychological theories of human behaviour</td></tr>
<tr><td colspan="2">LO3 Explore the influence of sociological and psychological perspectives on healthcare provision</td><td rowspan="2">LO3 and LO4
D2 Evaluate different healthcare interventions designed to improve the health of specific populations using a range of sociological and psychological concepts and perspectives</td></tr>
<tr><td>P5 Explain the relationship between culture and concepts of health and disease
P6 Produce an observational record of how both psychological and sociological concepts are taken into account when planning care for service users in own work setting</td><td>M3 Critique care planning processes in own workplace using different psychological and sociological perspectives</td></tr>
</table>

Pass	Merit	Distinction
LO4 Assess how psychological theories are applied to elicit behaviour change in healthcare settings		
P7 Compare different psychological theories and approaches in terms of how they can be used when caring for service users to enable positive behaviour change	**M4** Assess the effectiveness of cognitive behavioural therapy on enabling behaviour change using current research	

Recommended resources

Textbooks

ABRAHAM, C., CONNER, M., JONES, F. and O'CONNOR, D. (2016) *Health Psychology* (*2nd Ed.*) London: Routledge.

BARRY, A. and YUILL, C. (2012) *Understanding the Sociology of Health, 3rd Edition*. London: Sage Publications Ltd.

HILL, M. and IRVING, Z. (2009) *Understanding Social Policy*. Blackwell.

MALTBY, J., DAY, L. and MACASKILL, A. (2013) *Personality, Individual Differences and Intelligence 2nd Edition.* Harlow: Prentice Hall

MORRISION, V. and BENNETT, P. (2012) *An Introduction to Health Psychology (3rd Ed.)* Harlow: Pearson.

PERVIN, L.A. and CERVONE, D. (2010). *Personality: Theory and research (11th Ed.)* Hoboken, N.J.: Wiley.

Websites

bps.org.uk	British Psychological Society Publications (General reference)
gov.uk	Gov.UK Health Policies (General reference)
hcpc-uk.org	Healthcare Professionals Council Publications (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 5: Health Education in Action

Unit 8: Addressing Health Inequalities

Unit 11: Changing Perspectives in Public Health

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 22: Supporting Individuals through Significant Life Events

Unit 24: Health Psychology

Unit 33: Psychophysiological Disorders

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3	P6, M3 and D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1-LO4	P3, P4, P5, M2, M3, D1 and D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1-LO4	P4, P6, P7, P8, M2,M3, D1 and D2
THEME 6: NUMERACY IN PRACTICE	LO1, LO4	P1, M4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 15: Healthcare Technology in Practice

Unit code	**H/616/1650**
Unit level	**4**
Credit value	**15**

Introduction

Advances in information and other technologies have had a significant impact on work practices in the healthcare sector. These technological advances have many benefits including, early diagnosis and detection, reduction in invasive procedures and consistent measuring of vital signs towards more effective and efficient healthcare.

Students will explore types of medical technology used in healthcare contexts, for example for diagnostic purposes, invasive procedures or life support. They will also consider the range of assistive technology which can be used to improve the wellbeing and independence of individuals using services. In addition, students will examine the guidelines and legislation related to the correct use, storage and decontamination of equipment.

The aim of this unit is to develop students' understanding of the range of technologies used in healthcare practice and the subsequent implications for people using services. It will encourage the development of students' own skills in using technology during their practice in healthcare settings.

The unit introduces students to the application of the range of information and communication technology used in healthcare practice which enable the acquisition of skills that can be utilised in a variety of health, care and support services, supporting career mobility and progression on to degree 'top-up' programmes.

Learning Outcomes

By the end of this unit students will be able to:

1 Explore the uses of diagnostic technology in healthcare

2 Assess how monitoring and treatment technology in used in healthcare

3 Investigate the use of assistive technology in health, care or support services

4 Demonstrate the safe use and storage of medical and assistive technology.

Essential content

LO1 **Explore the uses of diagnostic technology in healthcare**

Routine diagnostic technology

Electroencephalogram (EEG)

Electrocardiogram (ECG)

Blood analysis

Urinalysis

Diagnostic imaging

X-rays

Magnetic Resonance Imaging (MRI) scans

Computerised tomography (CT) scans

Nuclear imaging

Positron emission tomography (PET) scans

Lung ventilation/perfusion (VQ) scans

Myocardial perfusion scan

Single-photon emission-computed tomography (SPECT)

Ultrasound scans

Doppler scans

Bone sonography

Diagnosis of:

Bone and deep tissue injury

Damage to internal organs

Brain dysfunction

Detection of mass

Disrupted blood flow or functioning of heart valves

Detecting abnormal/foreign bodies

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Benefits and drawbacks

Time

Accuracy

Detail

Level of invasiveness

Cost-efficiency

Response rates

Efficiency

Level of analysis

Infection control

Care planning

Referral

Human resource requirements, e.g. staff training

Access to technology

Abnormal readings and data

Recognising normal ranges

Recognising deviation from norm

Checking data and reliability

Ensuring technology is regularly calibrated to avoid false data

Referring concerns

Effective communication channels

Allaying anxiety for individual

Recognising own responses and ensuring a professional approach

LO2 **Assess how monitoring and treatment technology in used in healthcare**

Monitoring technology:

Blood glucose monitors

Temperature monitors

Blood pressure monitors

Pulse oxymetry

Spirometry

Cardiac monitoring

Treatment and life support systems used for:

e.g.

Smart or implantable drug delivery mechanisms

Kidney dialysis

Respiration

Artificial heart

Pacemakers

Defibrillators

Operative and invasive technology used for:

Cryosurgery

Lasers

Cautery

Drug administration systems

Risk management

Suitable training

Understanding function of equipment

Seeking support for malfunction

Awareness of electrical faults and dangers

Assessing abnormal readings

Risk assessments – updated and reviewed

Regular Portable Appliance Testing (PAT testing)

Following appropriate policies and procedures

Checking of IV fluids and administration systems

Reporting faulty equipment

Role of healthcare assistant

Consent and informed choice

Reassurance

Allaying fears

Testing out equipment

Suitable use of language

Avoiding overuse of technological explanation

Use of monitoring equipment, e.g. recording data

Supporting the use of treatment technology as directed

LO3 **Support the use of assistive technology in health, care or support services**

Type of assistive technology

Supportive technologies

Responsive technologies

Preventative technologies

Promoting effective communication

Use of communication aids: text phone, speech synthesiser, hearing aids, induction loops, cochlear implants, computer software e.g. voice-to-text

Supporting use of aids to daily living

Mobility aids e.g. powered wheelchairs, prostheses, hoists, stair lifts, adjustable beds, rise and recline chairs, scooters

Voice-activated systems to: open doors, turn lights on and off, answer telephones/make calls

Tablet and smartphone applications

Food preparation aids

Bathing aids

Safety and security aids, e.g. smoke, carbon-monoxide and fire detectors, personal alarms, key safe systems, video/telephone entering systems

Memory aids e.g. memo minders

Dealing with technical faults

Ensuring safety measures in place and equipment risk assessed

Meeting the needs of the individual

Reassuring the individual and developing confidence in use of equipment

Building relationships

Demonstrating understanding

Seeking consent

Promoting dignity and respect

Promoting independence through empowerment

Ensuring individual's participation in developing use of aids

Person-centred approach

Record-keeping

LO4 **Demonstrate the safe use and storage of medical and assistive technology**

Safe and effective use of medical and assistive technology

Suitability of technology for service user

Ensuring used as manufacturer's instructions

Effective consideration of individual

Dignity

Preference

Timing

Empathy

Comfortability

Communication, e.g. demonstrating awareness of fears and challenges, providing relief of distress, management of expectations

Decontamination process

Cleaning (methods and frequencies)

Disinfecting

Sterilising techniques

Appropriate use of disinfecting agents

Dealing with specific types of contamination: blood, vomit, faeces and sputum

The role of personal protective equipment in decontamination: gloves, gowns, aprons, masks

Legislation, regulations and guidance, relevant sections as appropriate to own role and use of medical and/or assistive technology from:

Health and Safety at Work Act 1(974)

Management of Health and Safety at Work Act (amended 1994)

The Public Health (Control of Diseases) Act (1984)

Control of Substances Hazardous to Health Regulations (COSHH) (2002)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995)

The Public Health (Infectious Diseases) Regulation (1988)

The Environmental Protection (Duty of Care) Regulations (1991), Health Protection Agency Bill

Hazardous Waste Regulations (2005)

Other legislation, regulations and guidance appropriate to home country

Resources to manage the correct storing of equipment

Organisational policies and procedures

Relevant documents

Equipment manuals

Manufacturer's guidelines

Employer's policy documents

Dangers of ineffective policy and procedures

Infection

Damaged equipment

Poor maintenance

Risk to service user

Abnormal (false positive/false negative)

Lack of reliability

Time-consuming

Personal danger

Poor record-keeping

Lack of trust/fear

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explore the uses of diagnostic technology in healthcare</td><td rowspan="2"></td></tr>
<tr><td>P1 Compare and contrast the use of nuclear and diagnostic imaging in detecting ill health and disease

P2 Explain how different routine diagnostic technologies are used to enable more efficient healthcare provision</td><td>M1 Analyse the benefits and drawbacks of the reliance on current diagnostic technology to aid in diagnosis of illness and detection of abnormality</td></tr>
<tr><td colspan="2">LO2 Assess how monitoring and treatment technology in used in healthcare</td><td rowspan="4">LO2 and LO3

D2 Evaluate the role of the healthcare assistant in providing support to different individuals where technology is in use</td></tr>
<tr><td>P3 Assess how effectively technology is used in patient monitoring in a healthcare setting

P4 Explain the use of technology in operative and invasive procedures</td><td>M2 Analyse how effectively risk is managed when using different technology to monitor and treat different health conditions</td></tr>
<tr><td colspan="2">LO3 Support the use of assistive technology in health, care or support services</td></tr>
<tr><td>P5 Explain the different uses of technology to assist mobility, safety and communication

P6 Provide appropriate and independent support for different individuals in healthcare settings through the use of different technological aids</td><td>M3 Review how effective the use of assistive technology is in meeting the needs of different individuals in healthcare environments</td></tr>
</table>

Pass	Merit	Distinction
LO4 Demonstrate the safe use and storage of medical and assistive technology		
P7 Demonstrate the appropriate process for effective decontamination of technological appliances for different types of contamination **P8** Perform the correct procedures when using diagnostic, monitoring and assistive technology in a healthcare setting	**M4** Explain in detail the potential dangers of ineffective policy and procedures related to the correct use, decontamination and storage of medical and assistive technology	**D3** Assess the impact of current legislation, regulations and guidance in supporting the safe use, decontamination and storage of medical and assistive technology

Recommended resources

Textbooks

COOK, A.M. and MILLER POLGAR, J. (2015) *Assistive Technologies: Principles and Practice, 4th Edition.* USA: Mosby

MARSCH, L., LORD, S. and DALLERY, J. (ed.) (2015) *Behavioral Healthcare and Technology: Using Science-Based Innovations to Transform Practice.* Oxford: Oxford University Press

ROBITAILLE, S. (2010) *The Illustrated Guide to Assistive Technology and Devices: Tools and Gadgets for Living Independently.* New York: Demos Medical Publishing

WEBSTER, A. (ed.) (2006) *New Technologies in Healthcare: Challenge, Change and Innovation (Health, Technology and Society)*. London: AIAA.

Websites

bbc.co.uk	BBC Health Technology and changes in healthcare (News article)
kingsfund.org.uk	Technology in The NHS: Transforming the patient's experience of care (Report)
publications.parliament.uk	House of Commons Health Committee The Use of New Medical Technologies within the NHS (Report)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 6: Supporting Dementia Care

Unit 7: Effective Healthcare Practice using Maths

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 18: Innovation and Improvement through Action Research

Unit 20: Care Planning Processes in Healthcare Practice

Unit 23: Managing Quality in Care Environments

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 29: Human Resource Management in Healthcare

Unit 30: Pharmacology and Medicine Management

Unit 35: Project Management for Healthcare

Unit 36: End of Life Care Planning and Support

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO4	M4
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3	P6, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO1, LO2, LO3	P3, P4, P6
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO4	P7, P8, M4, D3
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3	P6, D2
THEME 6: NUMERACY IN PRACTICE	LO1	P1, D1

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 16: Supporting Adults in Residential Care

Unit code	**K/616/1651**
Unit level	**4**
Credit value	**15**

Introduction

Adult residential care has changed in its approach, and is constantly evolving to ensure it keeps up with market forces. Each setting must be responsive, diverse and able to provide high-quality, personalised care and support that meets the needs of people, regardless of who pays for care.

Accessing residential care can be a frightening and lonely process for individuals. They might have made the decision to move for themselves, or the decision might have been made for them, in their best interests. Assessing what individuals need is the first stage of getting the right care provision in place. An accurate assessment has to put the individual at the heart of the process, involving them, and relevant others, in decisions about their care needs.

This unit is intended to introduce students to the residential care sector and how practitioners work with individuals, their carers and other professionals to ensure care needs are met through person-centred practice underpinned by principles and values. Through this approach practitioners can help ensure the individual's voice is heard and their needs are identified and met. In this unit, students will explore how the residential care sector supports individuals and involves them in assessment to ensure that care promotes an individual's health and wellbeing effectively.

This unit develops understanding of the values and principles that underpin the practice of those who work in residential care.

Learning Outcomes

By the end of this unit students will be able to:

1 Describe the functions of the adult residential care sector

2 Assess the impact of legislation, regulation, codes of practice and standards on service delivery in adult residential care

3 Explain how inclusive and person-centred practice is applied in adult residential care

4 Contribute to the provision of adult residential care services which is underpinned by best practice.

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Essential content

LO1 **Describe the functions of the adult residential care sector**

Historically:

Nursing and/or residential care

Accessed by older residents

Long-term stay was a key service

Local authorities owned the majority of settings

A large number of smaller homes

Limited inspection and regulation

Currently:

Person-centred practice/inclusion

Shorter length of stay

Respite care/holiday relief

Increase in nursing care due to decrease in hospital beds

Increase in transfers from hospitals to nursing homes

Improved quality of accommodation and service delivery

Increased involvement of the private sector

Increased number of larger residential care settings

The introduction of the National Minimum Wage and National Minimum Standards

Consistent regulation and inspection

Eligibility criteria

The proportion of residents with dementia is increasing

Community involvement and participation

Assessment

Rehabilitation

Increase in palliative and end of life care

Number of younger residents accessing services has increased

Provision for partnership working/collaboration

Holistic, person-centred approaches to support, duty of care and safeguarding protocols

Improved staff training and development

The need for qualifications and registration

Changes to funding mechanisms

Deferred payments

Market shaping and commissioning

Duty of candour

LO2 **Assess the impact of legislation, regulation, codes of practice and standards on service delivery in adult residential care**

Aspects of current legislation as relevant to own role or work experience

e.g. Health and Safety at Work etc. Act (1974)

Mental Health Act (1983)

NHS and Community Care Act (1990)

Carers (Recognition and Services) Act (1995) Section 1

Human Rights Act (1998)

Mental Capacity Act (2005)

Health and Social Care Act (2012)

Equality Act (2010)

Care Act (2014)

Regulations

Health and Social Care Act 2008 (Regulated Activities) Regulations (2015)

Care and Support (Market Oversight Criteria) Regulations (2014)

Care and Support (Eligibility Criteria) Regulations (2014)

Codes of practice

Code of conduct for health and social care workers

Nursing and Midwifery Code of Professional Standards in Nursing and Midwifery

Health and Care Professions Council standards

Standards

Inspection and regulation standards

Health and Social Care National Occupational Standards (NOS)

Impact

Duty of care

Protocols for safety, safeguarding and protection

Approaches to confidentiality

Support provided for carers and relatives

Assessment predefines

Adherence to regulatory requirements and inspection regimes

Consistency and continuity of service delivery

Quality procedures and outcomes

Monitoring and evaluation of service

Identification of roles and responsibilities

The requirement for qualifications, skills and competence

LO3 **Explain how inclusive and person-centred practice is applied in adult residential care**

Practice implications

Respecting individuality, rights, choice, privacy, independence, dignity, respect and partnership

Roles and responsibilities: registered manager, nursing staff, senior care assistant/team leader, care assistant, catering, administration

Housekeeping and maintenance

Equal opportunities: respecting diversity, different cultures and values

Providing care, support and guidance for individuals, family, friends, carers, groups and communities

Confidentiality protocols

Person-centred approach

Identifying and supporting preferences, wishes and needs

Ensuring privacy and dignity

Supporting others to make informed choices in relation to their care

Protection from risk of harm

Assessing risk to self and others, right of individuals to take risks

Risk management

Collaboration with practitioners, carers, family

LO4 **Contribute to the provision of adult residential care services which is underpinned by best practice**

Considerations

Monitoring and review of service delivery

Lines of reporting

Effective communication and interaction

Specific roles and responsibilities: supervision, accountability

Quality assurance systems

Confidentiality protocols, the sharing of information as per agreed ways of working

Maintaining competence, knowledge and skills

Support networks and professional registration

Partnership working

Compliance with policies and procedures of the work setting

Identifying and meeting individual's unique qualities, abilities, interests, preferences and needs

Inclusion, collaboration and involvement of individuals and others at all times

Assessment of needs and ongoing review

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Describe the functions of the adult residential care sector		
P1 Explain current provision of services for individuals in the adult residential care sector	**M1** Analyse how the adult residential care sector has developed over time in terms of the types and ranges of services provided for individuals	**D1** Evaluate the wider role of adult residential care in service delivery in the health and social care sector
LO2 Assess the impact of legislation, regulation, codes of practice and standards on service delivery in adult residential care		**D2** Evaluate the challenges faced by the implementation of legislation, regulation, codes of practice and standards in adult residential care
P2 Explain how legislation, regulation, codes of practice and standards underpin service delivery in adult residential care	**M2** Review how service delivery in adult residential care is driven by legislation, regulation, codes of practice and standards	
LO3 Explain how inclusive and person-centred practice is applied in adult residential care		
P3 Explain how workers in adult residential care work in an inclusive and person-centred way, to ensure individuals are at the centre of care delivery	**M3** Analyse different approaches used to ensure practice in adult residential care is inclusive and person-centred	**D3** Critically analyse the implications for practice of inclusive and person-centred practice approaches
LO4 Contribute to the provision of adult residential care services which is underpinned by best practice		
P4 Participate in service delivery to ensure individual's needs, choices and preferences are met through the use of effective communication and interaction **P5** Explain different aspects of own practice which is underpinned by principles and values required of workers in adult residential care settings	**M4** Analyse how own practice is informed by the principles and values required of workers in adult residential care settings	**D4** Evaluate the effectiveness of own contribution to service delivery which fosters principles and values underpinning best practice in adult residential care settings

Recommended resources

Textbooks

BAKER, C. (2014). *Developing Excellent Care for People Living with Dementia in Care Homes (University of Bradford Dementia Good Practice Guides).* London: Jessica-Kingsley Publishers.

GRAHAM, M., CLIVE BOWMAN, C., BOYD, M. and STOWE, S. (eds.) (2014). *The Care Home Handbook: Good Practice Guidance*. Oxford: Wiley-Blackwell

KOUBEL, G. and BUNGAY, H. (2012) *Rights, Risks and Responsibilities: Interprofessional Working in Health and Social Care*. Basingstoke: Palgrave MacMillan.

ROBERTS, G.W. and MACHON, A. (2015) *Appreciative Healthcare Practice: A Guide to Compassionate, Person-centred Care*. Florida: MandK Publishing.

THOMPSON, N. (2017) *Promoting Equality: Working with Diversity and Difference, 4e.* Basingstoke: Palgrave Macmillan.

UNICOMB, C and BELL, W. (2017) *Residential, Home and Community Aged Care Workbook, 1e*. Oxford: Elsiever.

Websites

cqc.org.uk	Care Quality Commission (General reference)
nmc.org.uk	Nursing and Midwifery Council The Code (Guidance)
scie.org.uk	Social Care Institute for Excellence *Care Act 2014 Assessment and Eligibility – Ensuring assessment is appropriate and proportionate* (Training)
skillsforhealth.org.uk	Skills for Health (General reference)
skillsforcare.org.uk	Skills for Care (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 6: Supporting Dementia Care

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 13: Supporting Individuals with Specific Needs

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 20: Care Planning Processes in Healthcare Practice

Unit 23: Managing Quality in Care Environments

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

Unit 33: Psychophysiological Disorders

Unit 36: End of Life Care Planning and Support

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LEGISLATION, REGULATION AND ETHICAL PRACTICE	LO2	P2, M2, D2
THEME 2: PROFESSIONAL PRINCIPLES, VALUES AND BEHAVIOUR	LO3 LO4	P3, M3, D3 P7, P8, M4, D4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2-LO4	All assessment criteria
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2-LO4	All assessment criteria
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2-LO4	All assessment criteria

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit code	**M/616/1652**
Unit level	**4**
Credit value	**15**

Introduction

With the use of technology becoming more widespread, information is increasingly easy to obtain, store and retrieve. However, it is also becoming easy for the wrong people to have access to information. With increasing emphasis on accuracy and digital safety and taking into consideration the sensitive information recorded and used in healthcare settings, practitioners responsible for handling data or other information are expected to take the initiative on managing records appropriately and efficiently, reporting accurately to line managers.

This unit is intended to introduce students to the process of reporting and recording information in health, care or support services; it will allow them to recognise the legal requirements and the regulatory body recommendations when using paper or computers to store information, as well as the correct methods of disposing of records. This unit will enable students to recognise the importance of accurate recording and appropriate sharing of information, and be able to keep and maintain records appropriately in their workplace.

Students will be expected to use appropriate methods to record and store information from their workplace and to follow data protection principles to use and dispose of the information on completion of tasks.

Students completing this unit will have developed the knowledge and skills to manage day-to-day recording and reporting which are essential to being an effective care practitioner and manager.

Learning Outcomes

By the end of this unit students will be able to:

1 Describe the legal and regulatory aspects of reporting and record-keeping in a care setting

2 Explore the internal and external recording requirements in a care setting

3 Review the use of technology in reporting and recording service user care

4 Demonstrate how to keep and maintain records in a care setting in line with national and local policies and appropriate legislation.

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Essential content

LO1 **Describe the legal and regulatory aspects of reporting and record-keeping in a care setting**

Statutory requirements and guidelines

Legislation: Data protection e.g. General Data Protection Regulations (2018) and principles, Freedom of Information Act (2000), Human rights e.g. Human Rights Act (1998), **OR** data protection and human rights legislation as currently applicable in own home country

Statutory guidance, e.g. The Caldicott Report and Principles (1997), Health and Social Care Information Centre Code of Practice on Confidential Information (HSCIC, 2014), Information Commissioner's Office Data sharing code of practice (ICO, 2016), **OR** other governmental body requirement as currently applicable in own home country

Regulatory and inspecting bodies requirements

The Fundamental Standards of Care, or equivalent as applicable in own home country

Regulatory Bodies' Professional Standards and Codes of Conduct

Inspecting body requirements e.g. Care Quality Commission (CQC)

Implications of failing to comply

Enforcement notices, monetary penalty notices, or other legal action

Audit

Credibility of work place

Own professional credibility

Termination of contract

Media response

Consequences for the individual e.g. loss of trust in services, loss of dignity, privacy and respect

LO2 **Explore the internal and external recording requirements in a care setting**

Purpose of recording information

Paper documents, e.g. clinical notes, accident and incident reports and statements, meeting minutes or notes, risk assessments, visitor and staff logs

Patient information, electronic or written e.g. care plans, nutrition recording, medicines recording, documents for requesting and reviewing tests

Electronic documents, e.g. laboratory reports, letters to and from other professionals, emails, text messages

Information systems/databases

Other recording and reporting media, e.g. x-rays, photographs, videos, tape recordings of telephone conversations, print outs from monitoring equipment

Information transmitted verbally

Differences between different classes of information and confidentiality requirements of each

Public information

Private and personal

Confidential

Restricted

Internal and routine business

Maintaining confidentiality

Secure systems for recording and storing information

Processes and procedures regarding the storage of records, e.g. electronic, paper, laptops, memory sticks, home working, information in transit, encryption of data, access privileges

Errors in recording and reporting

The importance of accuracy in recording data

The use of sampling for quality standards

Consequences of errors, e.g. risk to service users, loss of reputation, loss of credibility, financial penalties and prosecutions

Retention and disposal of records

Expectation regarding maintenance of records, e.g. time boundaries

Accessibility of electronic records

Disposal of records, e.g. shredding, pulping, burning, use of specialist services

Purpose of sharing information

Identifying objectives

Consent from service users and/or their advocate/s

Implications of sharing without individuals' knowledge and consent

Sharing with personnel, e.g. other professionals providing care, staff involved in investigation of complaints, audits or research

Following appropriate court documentation

Sharing statistics

Sensitive information

Service user queries and complaints

Public health investigations

ICO data sharing code of practice, e.g. express obligations, express powers, implied powers

Internal recording requirements

Medical history

Tests

Treatment, e.g. anaesthetics reports, surgery records

Clinical incidents, complaints

Diagnosis

Medical management plan

Service user care forms

Telecare recording

Telephone consultations, clinician and other specialists' calls

Frequency of recording, timescales

Signatories

External recording requirements

Health and safety: reporting accidents and incidents, requirements of legislation relevant to the recording of information relating to health and safety, e.g. The Health and Safety at Work, etc. Act (1974), Management of Health and Safety at Work Regulations (1999), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995), Workplace (Health, Safety and Welfare) Regulations (1992)

Role of public bodies, e.g. The Health and Safety Executive, CQC, local authorities

Child or adult protection requirements

Reporting concerns

LO3 **Review the use of technology in reporting and recording service user care in a care setting**

Digital working

Care plan applications using new technologies e.g. on smartphones

Use of tablets to record

Virtual consultations, through online software applications

Other current examples of the use of digital technologies in care

Digital technology safety guidelines

Data breach

Sharing on incompatible software

Involving service users in the process

Principles of co-production and co-management

Empowering care choice

Access to information

National Institute for Care and Excellence (NICE) guidance

Benefits of digital working

Flexibility of access

Improved communication and information sharing

Resource savings

Efficiency

Currency of information

Barriers to digital working

Cost

Training implications

Software updates

Staff and service user apathy or lack of skills

Ethical issues

LO4 **Demonstrate how to keep and maintain records in own care setting in line with national and local policies**

Features of effective records

Up to date

Complete

Accurate, understandable and legible

Timely

Clear and concise

Using appropriate digital technology

Completing to support the delivery of high-quality care

Typical types of records completed in care practice

Timesheets and rotas

Cleanliness and hygiene records

Minutes of meetings

Recording nutritional status

Recording progress or change

Recording interventions

Recording episodes of care

Administration of medication

Recording changes to care routine/agency e.g. transfers of care

Recording adverse events and confrontations

Reporting incidents, accidents or near misses

Using sound numeracy skills

In day-to-day administration and management of records

In recording information regarding nutrition and fluid balance

In monitoring routine activity

In medication management

In relation to accurate medicines calculations

In recording and interpreting physiological data, e.g. graphs and charts

Responding to vulnerable individuals in medication management

In filing and storing information

Maintaining records

Secure storage of information and data

Secure transference of records

Accessibility

Recognising and responding to errors and issues

In recording and reporting

In maintaining confidentiality

In maintaining security

Responsibilities of different staff

Notifying others

Whistleblowing

Following procedures to correct

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Describe the legal and regulatory aspects of reporting and record keeping in a care setting		
P1 Describe the statutory requirements for reporting and record keeping in own care setting **P2** Describe the regulatory and inspecting bodies' requirements for reporting and record keeping in a car setting	**M1** Analyse the implications of non-compliance with legislation, regulating and inspecting bodies' requirements	**D1** Evaluate the consequences of non-compliance with reference to the media, service user safety and the credibility of the care setting
LO2 Explore the internal and external recording requirements in a care setting		
P3 Describe the process of storing of records in own care setting **P4** Explain the reasons for sharing information within own setting and with external bodies **P5** Accurately illustrate the internal and external requirements for recording information in own care setting	**M2** Examine the current processes in own care setting related to storing and sharing records	**D2** Evaluate own work setting's arrangements and processes for storing and sharing information, making recommendations for improvement
LO3 Review the use of technology in reporting and recording service user care in a care setting		
P6 Describe how technology is used in recording and reporting in own care setting **P7** Explain the benefits of involving service users in record keeping processes	**M3** Review the use of digital technology in relation to own medical management procedures or care plan	**D3** Evaluate the effectiveness of the use of technology in terms of meeting service user needs, ensuring appropriate care is given and maintaining confidentiality

Pass	Merit	Distinction
LO4 Demonstrate how to keep and maintain records in own care setting in line with national and local policies		
P8 Produce accurate, legible, concise and coherent records regarding service user care for different service users following own setting's guidelines **P9** Explain different aspects of own management of service user records with reference to compliance with national and local policies and guidelines	**M4** Analyse the process of maintaining records in own setting, identifying any potential or actual difficulties	**D4** Evaluate the effectiveness of own completion of documentation in terms of meeting service user needs, ensuring appropriate care is given and effective reporting is carried out.

Recommended resources

Textbooks

LILLYMAN, S. and MERRIX, P. (2012) *Record Keeping (Nursing and Health Survival Guides).* Oxford: Routledge.

WHELAN, A. and HUGHES, E. (ed.) (2016) *Clinical Skills for Healthcare Assistants and Assistant Practitioners.* Oxford: Wiley Blackwell

Reports and Journals

IPSOS MORI (2013) *E-readiness in the social care sector for SCIE: Final report. Department of Health (2012) Digital Strategy: Leading the culture change in health and care*

Scott B. (2004) *Health record and communication practice standards for team based care*. NHS Information Standards Board

Websites

hcpc.org.uk	Health and Care Professions Council Health record and communication practice standards for team based care. NHS Information Standards Board, 2004. (Guidance)
ico.org.uk	Information Commissioners Office 1. Guide to Data Protection 2. Data Sharing Code of Practice (Training)
nmc.org.uk	Nursing and Midwifery Council 1. The Code for Nurses and Midwives 2. Guidelines for Records and Record-keeping (Guidance)
nursingtimes.net	Nursing Times The importance of good Record-keeping for nurses (Article)
skillsforcare.org.uk	Skills for Care 1. Digital working, learning and information sharing 2. A workforce development strategy for adult social care (Training)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 4: Fundamentals of Evidence-Based Practice

Unit 7: Effective Healthcare Practice using Maths

Unit 15: Healthcare Technology in Practice

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 23: Managing Quality in Care Environments

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 30: Pharmacology and Medicine Management

Unit 35: Project Management for Healthcare

Unit 36: End of Life Care Planning and Support

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1	P1, P2, M1, D1.
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO4	P8, P9, M4, D4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3	P6, P7, M3, D3
THEME 6: NUMERACY IN PRACTICE	LO4	P8

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 18: Innovation and Improvement through Action Research

Unit code	**A/616/1654**
Unit type	**Core**
Unit level	**5**
Credit value	**30**

Introduction

Why conduct research?' It is an important and interesting question that should be considered when looking at ways to improve healthcare service provision. Some who embark on the research process find it can be daunting and see it as an obstacle to be overcome and swept aside as quickly as possible. Yet research can be a motivating and engaging experience, particularly for the researcher who is passionate about making a difference. Research can have a positive impact on local practice and policy, as well as promoting and informing global health programmes. Refining and using effective research skills and methods is key to being able to produce high-quality research that can contribute to developing a richer understanding of a phenomenon, driving improvements in public health and in healthcare as a whole.

The aim of this unit is to develop student's research skills further to be able to carry out an independent piece of action research using human participants to contribute to service improvement. Students will make use of the Practice Themes in order to identify a suitable research project or extend a proposed study devised at level 4.

Students will firstly develop a deeper understanding of the types of research conducted in public health and develop their research skills further to carry out a research study using their own research questions. Students will then go on to design their research methodology and carry out a piece of action research and produce findings to a range of audiences.

By the end of this unit students will be able to evaluate their research journey and its impact on their own practice and provision as well as its significance in contributing to wider public health service improvement. Students will be able to evaluate the success of their research and make recommendations for future research that extends or deepens understanding further.

***Please refer to the accompanying Pearson-set Assignment Guide and the Theme Release document for further support and guidance on the delivery of the Pearson-set unit.**

Learning Outcomes

By the end of this unit students will be able to:

1 Review the role of research in strategies to improve health and wellbeing

2 Develop a methodological framework for action research into health and wellbeing improvement

3 Carry out action research towards improvements in health and wellbeing

4 Examine the impact of research findings with regard to service improvement and own professional development.

Essential content

LO1 **Review the role of research in health and wellbeing improvement strategies**

Areas of health and wellbeing improvement

Physical and/or mental health and wellbeing, e.g. safety or safeguarding considerations

Social and/or socio-economic health and wellbeing, e.g. including health education, promotion and access to/use of services

Review of health and/or care service practice or provision to facilitate health and wellbeing improvement

Exploring the purpose of research for health and wellbeing improvement

Evidence-based practice

Ways that research can be used to innovate, e.g. to identify gaps in practice/provision, discover new treatments, develop quality of services, service improvement, towards improving life outcomes and health, wellbeing and safety of individuals, service improvement

Innovation in health and social care practice through research

New ways of working

New ways of managing

Introduction of new roles

Impact of research

Potential impact of research on practice and provision in health and social care – local and global

Potential impact on developing an integrated workforce and multi-professional working

Defining research topic focus and research questions

Identifying areas of research in health and wellbeing improvement using the Practice Themes and as applied to own role in the workplace

Exploring current research or thinking in the field through a literature review to assess merits of research focus from current policy, news, media, own practice or research (secondary)

Exploring current research e.g. wellbeing, health inequalities, population health and social determinants of health (secondary)

Observing related practice in own setting, in other health, care or support service environments and gathering information (primary)

Considering primary and secondary evidence towards identifying area of innovation and service improvement for exploration

Defining research aims and objectives, e.g. research questions/hypotheses

Reviewing own skills in carrying out a piece of action research

Writing skills

Data collection and analysis skills using qualitative and quantitative methods

Critical reflexivity skills

Applying original and creative thought to an area of health and wellbeing improvement

Applying good ethical judgement to own and others' research

Promoting ethical and participatory research, e.g. possessing strong communication and interpersonal skills to develop positive relationships with participants, consideration of individual needs

Organisational skills e.g. keeping a journal, planning and note taking

Persistence in pursuing research objectives approaching failure and mistakes as an opportunity to learn and develop

Being able to ask difficult questions

Being flexible and showing initiative to access or gather information and evidence

Critical observational skills

LO2 **Develop a methodological framework for action research for health and wellbeing improvement**

Identifying and developing appropriate qualitative, quantitative or mixed methods to gather and analyse data

Meaning and application of qualitative, quantitative and mixed methods design studies

Typical methods used for collecting data in health and social care research, i.e. case studies, questionnaires, surveys, interviews, vignettes, observations, focus groups

Considering the importance of reliability and validity through triangulation, appropriate use of methods to answer research questions and analyse data

Advantages and disadvantages of different techniques

Probability and nonprobability methods of selecting sample groups, e.g. random, volunteer, stratified and opportunity sampling

Consideration of participants to research when choosing appropriate methods to collect data, e.g. appropriateness and accessibility of participants

Ethical considerations when recruiting human participants

Codes of conduct and ethical guidelines as defined by the British Medical Association (BMA), the British Psychological Society (BPS) and/or organisations relevant to own practice

Legislation and regulation governing confidentiality, anonymity and data handling, rights of the individual, safeguarding and health and safety

Role of the researcher and understanding impact of personal views and values brought to the research process

Maintaining an unbiased approach to interpretation and reporting of information

Access to organisations, gatekeepers, sensitive information

Mental capacity of individuals in providing informed consent and those responsible for providing consent on behalf of individual users of services

Gaining sensitive information to provide background for research study from individual participants

Ensuring individual needs of participants are met throughout research process, e.g. recognition when individual participants become distressed or wish to withdraw from research

Ensuring health, safety and wellbeing of self and participants during research process

Codes of conduct relating to confidentiality, handling and storing information

LO3 **Carry out action research towards improvements in health and wellbeing**

Organising the process of research

Setting realistic timelines for completing action research study allowing for contingencies

Preparing and seeking approval of research through a project proposal that details: research title, rationale for research study, research questions/hypothesis/es, methods used for data collection, methods used for analysis of data, impact of research on influencing or improving healthcare service provision

The process of carrying out action research and undertaking simple data analysis

Collect data from research participants using methods of data collection

Review questions against initial findings making adaptations where appropriate

Conduct data analysis and present findings using qualitative and or quantitative methods

Data analysis techniques

Choosing appropriate techniques for data analysis

Quantitative techniques, e.g. descriptive statistics using mean mode median, histograms, pie and bar charts

Qualitative techniques, e.g. content or thematic analysis, grounded analysis, discourse and narrative analysis

Use of analytical tools and software and database packages used for manipulating data

Distinguishing between association and causation in relationship among variables

LO4 **Examine the impact of research findings with regard to service improvement and own professional development**

Drawing conclusions and presenting findings

Develop discussion based on findings and link to literature sourced in the field

Reach conclusions and identify main findings of research

Present findings to individuals in specified formats, e.g. research report using required academic writing skills, PowerPoint, poster presentation

Evaluate performance and impact of research in public health, health promotion

Lessons learned and future research direction

Implications of research on own practice and organisation

Implications of research findings on wider practice and provision locally and globally

Reflections on research journey and use of research as a tool for developing practice, driving change and contributing to supporting public health improvement

Identifying personal and professional development needs and setting targets

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Review the role of research in health and wellbeing improvement strategies</td><td rowspan="5">LO1 and LO2
D1 Critically evaluate how effectively research methodologies selected support proposed action research study in health and wellbeing improvement</td></tr>
<tr><td>P1 Discuss the role of research in defining research questions for a piece of action research in health and social care
P2 Review own skills in conducting a piece of action research into health and wellbeing improvement</td><td>M1 Evaluate own skills in defining research questions for a piece of action research in health and wellbeing improvement</td></tr>
<tr><td colspan="2">LO2 Develop a methodological framework for action research in health and wellbeing improvement</td></tr>
<tr><td>P3 Illustrate in detail appropriate research methods for investigating research questions/hypothesis
P4 Discuss ethical considerations when researching human participants</td><td>M2 Analyse the methodological approach taken to answer research questions</td></tr>
<tr><td colspan="2">LO3 Carry out action research towards improvements in health and wellbeing</td><td rowspan="2">D2 Critically analyse research findings using appropriate data analysis techniques</td></tr>
<tr><td>P5 Implement a piece of action research in health and wellbeing improvement
P6 Interpret data using appropriate data analysis techniques</td><td>M3 Analyse research data from action research using appropriate data analysis techniques</td></tr>
</table>

Pass	Merit	Distinction
LO4 Examine the impact of research findings with regard to service improvement and own professional development		
P7 Discuss the potential impact of findings from action research study on health and wellbeing improvement **P8** Discuss own learning in research journey identifying strategies for future developmental needs in conducting ethical research into health and wellbeing improvement	**M4**. Evaluate how findings relate to research questions in supporting improvement in health and wellbeing and own professional development	**D3** Critically evaluate research study in terms of influencing change and its value in improving quality of health and social care service provision nationally and globally

Recommended resources

Textbooks

BELL, J. and WATERS, S. (2014) *Doing Your Research Project: A Guide for First-Time researchers*. Maidenhead: Open University Press.

CROOKES, P.A., Davies, S. and Chiarelli, M. (2004) *Research into Practice: Essential Skills for Reading and Applying Research in Nursing and Healthcare*.
*(*2nd Ed.) Edinburgh: Baillière Tindall.

NEWELL, R. and BURNARD, P. (2010) *Research for Evidence-based Practice in Healthcare (Vital Notes).* (2nd Ed.) London: Wiley-Blackwell

THOMAS, G. (2013) *How to Do your Research Project: A Guide for Students in Education and Applied Social Sciences.* (2nd Ed.) London: SAGE Publications.

TRAYNOR, T. (2017) *Critical Resilience for Nurses: An Evidence-based Guide to Survival and Change in the Modern NHS*. Oxford: Routledge.

Websites

bma.org.uk	British Medical Association (BMA)
	Code of Ethics (General reference)
bps.org.uk	British Psychological Society (BPS)
	Code of Human Research Ethics
	(ebook)
gov.uk	Gov.UK
	Public Health England, doing, supporting and using public health research
	(Report)
health.org.uk	The Health Foundation
	Research and policy analysis
	(General reference)

Links

This unit links with a number of units in the qualification, depending on the topic researched.

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P4
THEME 6: NUMERACY IN PRACTICE	LO3	P6, M3, D2

In addition to the explicit links above, this unit can link to all other Practice Themes in the qualification, depending on the topic researched

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 19: Reflective Approaches in Implementing Person Centred Practice

Unit code	**T/616/1653**
Unit type	**Core**
Unit level	**5**
Credit value	**15**

Introduction

Reflective practice is used throughout the healthcare profession as a means to improving the practitioner's skills, reviewing how they have dealt with situations that have occurred and identified areas that need further development. Overall this enables the practitioner to provide a high-quality service and adopt a more professional approach to the user of services. Being a reflective practitioner is key to lifelong learning and development for working in health, care and support service professions. Reflective practice works to ensure that a high-quality service is offered to the users of services and the effective practitioner identifies areas for development and where they can share good practice.

This unit builds on learning from *Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice*. It provides students with an opportunity to further develop their skills as reflective practitioners. The evidence for the unit will be based on theoretical considerations as well as practice within the workplace. It requires students to bring together their classroom and workplace learning across their programme, demonstrating their professional development using reflective approaches. Learning in the workplace will be supplemented with wider understanding and knowledge from all parts of the course.

Through this unit, students will be supported to take responsibility for their own learning, demonstrate their capacity to continuously learn and grow, reflect on their own practice and encourage others to develop their practice. It enables students to have a greater understanding of person-centred care, the legal and ethical framework under which practitioners operate, and further develop the skills required to develop them as reflective healthcare practitioners throughout their learning and career in the health and social care sector.

As students will be reflecting using examples from real practice in their workplace setting, it is essential that students respect the confidentiality of information used within this unit.

Learning Outcomes

By the end of this unit students will be able to:

1 Promote a holistic approach to person-centred practice

2 Review current policies, legislation and regulations in relation to effective person-centred practice

3 Reflect on own practice within health, care and support settings

4 Explore ways to develop own professional skills and behaviours in relation to health, care or support service provision.

Essential content

LO1 **Promote a holistic approach to person-centred practice**

Person-centred approach

Meaning and value of holistic person-centred practice

Consistently demonstrating respect for, and application of, the Practice Themes when caring for others:

Law, regulation and ethical practice

Professional values, attitudes and behaviour

Health, safety and safeguarding through the lifespan

Valuing and promoting diversity, difference and inclusion

PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING.

Supporting individuals to make independent, informed choices about the services and care they receive

Considerations when planning and implementing a person-centred approach

Duty of care

Physical support and personal care

Supporting individuals with daily living needs

Supporting health promotion and healthy lifestyles

Actively respecting individuality, rights, choice, privacy, independence, dignity

Demonstrating respect, empathy and promoting partnership

Equal opportunities

Actively respecting and promoting diversity

Respecting different cultures and values

Providing care, support and attention with different individuals

Involving family, friends, carers, groups and communities in the provision of care

Empowering the service user voice (recognising the service user as architect of their care) including incorporating patient/service user feedback in own provision of care

Implementing professional approaches to care: care, compassion, competence, communication, courage (honesty), commitment

The importance of professional presentation, e.g. personal hygiene when providing personal care

Ensuring the right to confidentiality is respected throughout

Professional relationships and approaches to communication in promoting person-centred approaches

With individuals, their family and friends

Team members

Line managers

Leadership competencies

Workers in other agencies

Rights and responsibilities of users of service versus care workers and others

Professional codes

Trust

Advocacy

Roles and responsibilities

Empowerment

Demonstrating initiative within remit of own role

Values of developing partnership approaches to person-centred care

Communication when providing direct care e.g. appropriateness, sensitivity,

balancing the duty of care with the right of the individual to have their wishes, preferences and choices heard and taken into account

Communicating complex and sensitive information to professionals

Interpersonal skills

Written and verbal

Record-keeping

Technology

Data protection

Handling sensitive information

Listening skills

Reflective listening

Active listening

Barriers to communication

Environmental, e.g. location, noise, light, personal space

Language, e.g. communicating with individuals with English as a second language

Cultural, e.g. individual differences regarding norms of communication

Availability of resources to meet specific communication needs, e.g. professionals who can use sign language, resources in braille, other alternative communication aids

Models of support

Social versus medical and other models of health and influence on models of support

Individual benefit versus organisational benefit

Challenges in implementing person-centred approaches

Risk

Abuse

Challenging behaviour

Impact of own values, principles and prejudice

Conflict

Ethics

Confidentiality versus disclosure

Supervision sessions/mentoring

Expectations changing over time

Conflicts between principles of good practice and values of others

Being adaptable

Reflective approach: qualities and skills needed compared to qualities and skills possessed

LO2 **Review current policies, legislation and regulations in relation to effective person-centred practice**

Current policy, legislation and regulations that impact on the person-centred care given to individuals receiving care from health, care and support services

Knowing and actively respecting legislation on:

Health and safety and the organisational approach

Reducing and controlling risks

Safeguarding

Equality, diversity and anti-discriminatory practice.

Data protection and confidentiality, e.g. reviewing the: importance of, limits of and policies regarding sharing of information as relevant to own role.

Legislation and legal responsibilities

The relationship between regulations, legislation and standards

The implications and impacts of various legislation related to promoting person-centred care

Whistleblowing

Rules and regulations relating to cybersecurity

The application of legislation within the workplace

Barriers

Miscommunication and understanding

Different professional codes of practice

Group cohesion

LO3 **Reflect on own practice within health, care or support settings**

Own practice

Meeting expectations of self, others and organisations

Mentoring or supporting others

Identifying areas for development

Responding appropriately to criticism

Being aware of, and taking action in regard to, own health and wellbeing

Demonstrating leadership skills

Evidence of practice against the practice themes, e.g. actively promoting fair, non-discriminatory and inclusive practices

Maintaining high standards of personal and professional conduct

Others' practice

Identifying good practice and areas for development

Impact on service users of care received

Having difficult conversations

Conflict resolution

Feedback for learning

Using constructive feedback as part of the learning cycle where feedback informs reflection which in turn informs action

Using feedback from others to reflect on and improve own practice, skills and learning

LO4 **Explore ways to develop own professional skills and behaviours in relation to health, care or support service provision**

Reflective practice

Models of reflection

Critical reflection

Reflecting on self

Reflecting on impact of own behaviour, knowledge and skills on others

Planning for service improvement

Own contribution

Practice requirements in the workplace:

skills, knowledge, understanding specific to role

communicating information effectively and sensitively

carrying out defined tasks under the instruction of a senior practitioner

self as a facilitator of the service user journey through care

responsibilities in addition to the provision of person-centred care.

Planning for own development

Constructing short (3 months), medium (6 months) and long-term (12 months–5 years) plans for development

Continuing Professional Development (CPD), e.g. undertaking training available to meet service requirements and keep own skills and knowledge up to date, career-long learning

Additional issues of fitness for practice, i.e. maintaining own health and wellbeing, establishing and maintaining personal and professional boundaries, managing the physical and emotional impact of own practice, identifying and applying strategies to build professional resilience

Own contribution to the collective effectiveness of teams

Meeting needs and expectations of users of service

Improving team performance

Supporting other team members

Meeting objectives

Formal and informal roles within organisational structures and systems

Mentoring and coaching others

Barriers

Interpersonal interactions

Professional codes

Differing priorities and expectations

Experience

Accountability

Reflective learning

Consider this as a philosophy and a concept

Using reflective learning to gain a deeper and objective insight into levels of performance in comparison to levels of expectation

Using the Practice Themes as a framework for reflective learning

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Promote a holistic approach to person-centred practice		
P1 Compare how the medical and social models apply to person-centred practice in a health, care or support services **P2** Discuss how to adopt a person-centred approach when planning and implementing a programme for individuals requiring support	**M1** Review the challenges with applying person-centred care in own workplace setting	**D1** Evaluate how dilemmas experienced in own workplace setting affect a consistency in approach to effective person-centred practice
LO2 Review current policies, legislation and regulations in relation to effective person-centred practice		
P3 Discuss how aspects of different legislation are reflected in the provision of person-centred care in a healthcare setting using specific examples **P4** Suggest appropriate solutions to different problems that may occur in implementing specific regulations and policies in a health and care setting	**M2** Assess the challenges in interpreting different legislation in relation to the planning and provision of person-centred care in own workplace setting	**D2** Critically evaluate the effectiveness of health and safety and safeguarding systems in own workplace setting in meeting legislative requirements
LO3 Reflect on own practice within health, care or support settings		
P5 Produce a comparative reflective account of own provision of periods of person-centred care in different workplace settings	**M3** Interrogate own effectiveness in managing own workload as part of a team providing person-centred care for different individuals	**D3** Critically evaluate own and others' practice in enabling a consistent approach to high-quality care in different health and care settings

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO4 Explore ways to develop own professional skills and behaviours in relation to health, care or support service provision</td><td rowspan="2">D4 Produce a critically reflective action plan for further personal and professional development based on own reflective learning</td></tr>
<tr><td>P6 Construct a short medium and long-term plan to improve own practice and skills in providing person-centred care

P7 Analyse the practicality of own plans in relation to contributing to the collective effectiveness of own workplace team</td><td>M4 Implement own short-term plan during a period of workplace experience

M5 Monitor own implementation of plan throughout, making suggestions for further improvement</td></tr>
</table>

Recommended resources

Textbooks

BOLTON, G. (2014*) Reflective Practice: Writing and Professional Development.* London: Sage Publications.

HOWATSON–JONES, L. (2016) *Reflective Practice in Nursing*. London: Sage Publications.

JASPER, M. (2003) *Beginning Reflective Practice: Foundations in Nursing and Healthcare*. Gloucestershire: Nelson Thornes.

LILLYMAN, S. and MERRIX, P. (2012) *Portfolios and Reflective Practice (Nursing and Health Survival Guides).* Oxford: Routledge

REZEK, C. (2015) *Mindfulness for Carers: How to Manage the Demands of Caregiving While Finding a Place for Yourself.* London: Jessica Kingsley Publishers.

TAYLOR, B. (2010) *Reflective Practice for Healthcare Professionals.* London: Open University Press.

TRAYNOR, T. (2017) *Critical Resilience for Nurses: An Evidence-Based Guide to Survival and Change in the Modern NHS*. Oxford: Routledge.

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 7: Effective Healthcare Practice using Maths

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 20: Care Planning Processes in Healthcare Practice

Unit 32: Team and Individual Leadership: Mentoring and Coaching Others

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, P4, M3, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1-LO4	All Assessment Criteria
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO1–LO4	All Assessment Criteria
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1-LO4	All Assessment Criteria
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1–LO4	All Assessment Criteria

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 20: Care Planning Processes in Healthcare Practice

Unit code	**R/616/1661**
Unit level	**5**
Credit value	**15**

Introduction

Quality healthcare is dependent upon clear and structured planning processes that will promote effective interventions and encourage critical review of standards of care. The healthcare professional will promote a person-centred approach by working in partnership with individuals and other professionals to assess positive outcomes from a period of care.

This unit will enable students to become familiar with care planning processes in their practice. Students will examine current models and methods of assessment and approaches designed to develop effective interventions and to promote review of practice based upon theoretical perspectives. Through this unit students will explore person-centred care planning at the heart of contemporary policy relating to the quality of provision in health and care services. They will develop the skills to implement these approaches, which are aimed at empowering people who use health and care services to plan their own futures and access the services that they need.

This unit will provide the student with skills in managing care and applying appropriate responses to needs assessment. They will be able to develop skills in using assessment tools and measuring outcomes based upon clear planning. This will enable the student to apply skills in practice or to healthcare related continuing higher education.

Learning Outcomes

By the end of this unit students will be able to:

1 Examine the influence of theoretical models and methods of assessment and planning in practice in the workplace

2 Implement care plans in the workplace to meet desired outcomes for individuals

3 Review the challenges and benefits of planning person-centred care in the workplace

4 Reflect upon the impact of the planning of care on practitioners, individuals, family and carers in relation to own practice.

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Essential content

LO1 **Examine the influence of theoretical models and methods of assessment and planning in practice in the workplace**

Theoretical perspectives

Social care theory

Behavioural theory

Psychodynamic approaches

Solutions-focused and task-focused perspectives

Theories of change

Systems approach

Applicable principles of legislative and regulatory frameworks supporting equality and diversity in the assessment process

Individualised care e.g. Care Act (2014)

Commissioning of Care e.g. Health and Social Care Act (2012)

Referral, care and protection of individuals with additional mental health considerations e.g. Mental Health Act (2007) and Mental Capacity Act, (2005)

Promoting equality and diversity and the cultural implications for care and effective communication e.g. Equality Act (2010)

Data Protection e.g. General Data Protection Regulations (2018), Data Protection Act (1998)

Models of assessment

The Nursing Process (APIE- assessment, planning, implementation, evaluation)

Assessment, Systematic nursing diagnosis, Planning, Implementation, Recheck and Evaluation (ASPIRE, Barrett et al, 2012)

Medical and social models of assessment

Care planning and the core care principles

Care pathways and care bundles

Individuals views are listened to and treated with respect

Evidence-based approaches

Updates on NICE guidance and other good practice

Care panning is done by appropriately trained and qualified professionals

Care plans are focused on recovery and promoting wellbeing

Staff use a compassion-focused approach

Care planning can take place in an appropriate and safe environment according to individual need

Care Plans are shared with everyone concerned

Individuals have an equal opportunity to be involved in planning care.

Care planning is sensitive to diverse needs, is produced in an accessible way

Those listed in the care plan have agreed to provide the service

Avoiding unwarranted variation

Types of assessment in health and care settings

Care planning, care pathways and care bundles, e.g.:

Care needs assessment

Outcomes based assessment

Risk assessment

Joint assessment

Face-to-face assessment

Structured interviews

Self-assessment

Evidence-based assessment.

Single Assessment Framework

LO2 **Implement care plans in the workplace to meet desired outcomes for individuals**

Roles and responsibilities

Duty of care

Provide appropriate care

Safeguarding

Focus on the individual

Promote independence and empower the individual

Develop clear assessment methods

Develop strategies in partnership with the individual, family and carers

Follow the setting's policies and procedures

Ensure records are kept accurately and safely

Maintain own training and update professional practice

Support other staff in team- including mentoring new staff

Listen to the individual and be supportive

Gain feedback on quality of care provided

Review and develop care plan in line with care planning process

Person-centred and holistic planning: person at the centre of the planning process

Person-centred approaches that are seamless and proactive

Support independence

Promote quality of life, e.g. the ability to contribute fully to our communities, tailored to the religious, cultural and ethnic needs of individuals

Promote value-driven practice based upon inclusiveness, respect and dignity

Focusing on positive outcomes and wellbeing

Working proactively to include the most disadvantaged groups

Approaches that take into account individual physical, psychological, public health, social, economic, spiritual and learning needs and considerations

Outcomes based assessment in care planning

Personalised care

Strengths based approach

Record-keeping

Data collection

Assessment tools

Types of interventions reflected in care plans:

Medical interventions

Social care interventions

Therapeutic interventions

Multidisciplinary approaches

Providing personal care

Hygiene

Meeting dietary needs

Cleanliness of the living and working environment

Supporting daily living activities

SSKIN (surface, skin inspection, keep moving, incontinence/moisture, Nutrition/hydration) bundles approach to pressure ulcer prevention/care

Communicating with the service user throughout the care process

Involving friends and family, as appropriate

Referral and problem-solving

Use of risk assessment tools

Recognising norms and implications of deviations

Reporting concerns effectively

Checking measurements

Accuracy in recording

Interpreting results to inform care planning

Setting realistic targets to make improvements in conditions

LO3 **Review the challenges and benefits of planning person-centred care in the workplace**

Person-centred holistic approaches

Challenges:

Challenges of agreeing roles and responsibilities

Ineffective communication

Dealing with conflict

Poor care practices and unethical approaches

Complexities of taking into account the range of individual needs and considerations in planning and provision

Availability of resources

Challenges around the resources, skills and facilities to ensure appropriate safeguarding and respect for confidentiality

Challenges in obtaining consent

Feeling unsafe to raise concerns, or report incidents and accidents

Overcoming barriers to inclusion

Benefits:

Active participation of individual

Clear communication channels

Early identification of issues/gaps in service

Promotes teamwork

Guides provision of care

Allows for effective service provision

Allows for planning of services

Enables preventative practices

Partnership approaches and effective communication in resolving challenges:

Agreed ways of working in teams, clarity of roles and responsibilities

Agreed outcomes

Input from individual and family, friends and carers

Target setting:

SMART (specific, measurable, achievable, realistic, timely) targets

Risk assessment and risk-taking

LO4 **Reflect upon the impact of the planning of on practitioners, individuals, family and carers in relation to own practice**

Family and friends as partners in planning:

Valuing family and friends, importance of communication between individuals, family, friends and professionals

Consideration of what is important to the individual

Recognition of the individual as part of the family unit

Promotion of rapport with the individual, family, friends and professionals

Recognition of the right of family and friends to be involved

Provision of individualised care and support

Addressing issues which affect plans

Basing plans on an individual's priorities in alliance with family, friends and professionals

Use of facilitators

Impact of care process on individual, friends and family:

Positive impact: reassuring, shared decision-making, feel involved and empowered, allows them to ask questions, they feel that they are being listened to, increased knowledge and understanding, they can recognise outcomes and work towards shared goals, gives structure and purpose to care processes, enables advocacy support

Features of ineffective engagement: intrusive, disruptive, time-consuming

Teamwork and leadership: processes and impact:

Leading the care process

Working in partnership

Supporting care teams, multidisciplinary approaches

Promoting best practice in the best interests of the individual

Reflective review, identifying gaps in service to improve

Collecting and interpreting data and drawing conclusions

Reviewing measures and terminating ineffective processes

Regulation and monitoring: benchmarks and standard setting

Critical incident analysis and serious case reviews

High-quality service provision

Improved job satisfaction and customer experience of the service

Supervision and management:

Review of practice, review of policies

Measuring outcomes, data analysis

Quality assurance, meeting regulatory standards, benchmarking.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Examine the influence of theoretical models and methods of assessment and planning in practice in the workplace</td><td rowspan="2">D1 Evaluate the influence of different theoretical perspectives on models of planning and assessment used in the workplace</td></tr>
<tr><td>P1 Compare the different models of assessment and their implementation in healthcare

P2 Discuss the application of theoretical perspectives to the care planning process in a healthcare setting</td><td>M1 Review how the legislative and regulatory framework that support equality and diversity is reflected in the assessment and care planning process</td></tr>
<tr><td colspan="2">LO2 Implement care plans in the workplace to meet desired outcomes for individuals</td><td rowspan="4">LO2 and LO3

D2 Critically review the challenges of developing care plans that meet the needs of the individual and their required outcomes</td></tr>
<tr><td>P3 Discuss responsibilities and duties of own role in promoting person-centred care planning

P4 Demonstrate own contribution to the care planning process and use of care plans in the setting</td><td>M2 Demonstrate the promotion of an individual's holistic wellbeing through effective communication when implementing a plan of care in own workplace

M3 Review the application of risk assessment process in promoting person-centred planning in own workplace</td></tr>
<tr><td colspan="2">LO3 Review the challenges and benefits of planning person-centred care in the workplace</td></tr>
<tr><td>P5 Discuss the barriers to implementing care planning in the setting

P6 Review the benefits of the use of care plans in ensuring the needs of the individual are prioritised</td><td>M4 Critically discuss the use of strategies developed to overcome any barriers to implementing care plans</td></tr>
</table>

Pass	Merit	Distinction
LO4 Reflect upon the impact of the planning of care on practitioners, individuals, family and carers in relation to own practice		
P7 Discuss the ways in which the individual and family contributes to evaluation of the care process **P8** Review aspects the care planning process and their impact upon the individual, family and carers	**M5** Critically discuss the importance of team work and leadership in developing supportive approaches for the individual and family in the planning of care	**D3** Critically reflect upon the planning process in relation to own practice in the healthcare setting

Recommended resources

Textbooks

BARRETT, D., WILSON, B. and WOOLLANDS, A. (2012) *Care Planning: A guide for nurses*. Oxford: Routledge

HAYES, S. and LLEWELLYN, A. (2010) *The Care Process: Assessment, Planning, Implementation and Evaluation in Health and Social Care*. Newton Abbot: Reflect Press Ltd.

HOWATSON-JONES, L., STANDING, M. and ROBERTS, S. (2015) *Patient Assessment and Care Planning in Nursing (Transforming Nursing Practice Series)*. Exeter: Learning Matters.

Reports and Articles

DEPARTMENT OF HEALTH (2010) *Essence of Care 2010: benchmarks for the fundamental aspects of care*. London: Department of Health.

Websites

corecarestandards.co.uk	Derbyshire Healthcare NHS Foundation Trust Pages on care-planning (resources and guidance)
ncpc.org.uk	The National Council for Palliative Care Advance Care Planning (report)
nhsemployers.org	NHS Employers website Pages on personalised-care-planning (e-learning)
scie.org.uk	Social Care Institute for Excellence The Mental Capacity Act and care-planning (report)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 6: Supporting Dementia Care

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 15: Healthcare Technology in Practice

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 24: Health Psychology

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

Unit 36: End of Life Care Planning and Support

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1	M1
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2	P3, P4, M2, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3	P5, M3
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1, LO2, LO3	P1, P2, P3, P4, M2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	M4, P7, P8

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit code	**J/616/1656**
Unit level	**5**
Credit value	**15**

Introduction

Long-term health conditions are often complex in nature and can be chronic or acute. They will affect individuals in every aspect of their daily living activities and may require long-term and consistent specialised healthcare practice. Such practice includes meeting specific physical care needs such as the care of the tracheostomy or percutaneous endoscopic gastrostomy (PEG) feeding, or supporting emotional needs of individuals including people with dementia or mental health conditions. In addition to this, long-term conditions may be complex and could require the skills of the healthcare assistant in managing care packages in the home, in care settings and in acute health settings. Students taking this unit will develop their understanding of this practice, as well as their skills in effecting good practice in this regard.

This unit is designed to enable students to consider the needs of the individual with long-term health conditions and develop their skills in the holistic assessment of needs and in supporting the personalised care of the individual, to include effective communication, administration of medication, support of mobility, meeting personal care needs and working in partnership with other professionals.

Students will consider how healthcare practitioners work to put the needs of the whole person at the forefront of their practice. Students will develop their understanding of multidisciplinary and partnership working where individuals with long-term health conditions require the input of several different disciplines of support services in order to ensure their needs are met. Students will further explore their role in becoming effective healthcare workers in being able to recognise the needs of the individual and providing consistent, high-quality, skilled and compassionate care.

This unit will support students' development of the required skills and knowledge to advance their progression in a healthcare role. The practical skills developed are significant in providing valuable experience as a pre-requisite to entering nursing or allied health professions.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss how different long-term health conditions affect the wellbeing of the individual

2 Support the needs of individuals with long-term health conditions in a healthcare setting

3 Analyse own role as a part of a multidisciplinary healthcare team in providing appropriate care for the individual with long-term health conditions

4 Review the effectiveness of strategies to meet the needs of the individual with long-term health conditions in the healthcare setting.

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Essential content

LO1 **Discuss how different long-term health conditions affect the wellbeing of the individual**

Long-term health conditions

Defined physical and mental health conditions such as diabetes

Mental health conditions

Learning disability

Chronic and degenerative conditions such as arthritis and dementia

Sensory impairment such as sight or hearing loss

Conditions exacerbated by alcohol and substance misuse

Age-related chronic and complex medical conditions

Genetic and birth trauma conditions, complex metabolic disease

Comorbidity

Impact of long-term conditions

On the individual, family and friends, staff, health, care and support service provision and providers

Effects of long-term conditions, e.g.:

physical impact, e.g. dependency, loss of personal space, institutionalisation,

impact on mental wellbeing, e.g. fear, learned helplessness, frustration, anger, depression, anxiety, confusion

social impact e.g. social exclusion, discrimination, family dysfunction, isolation

organisational impact, e.g. on the wellbeing of staff involved in the provision of care, day-to-day planning and management of services, resource implications.

Requirements of different types of care in brief

Palliative care

End of life care

Continuous care

Care in acute phase, e.g. diabetes, asthma

24-hour care from birth or otherwise

Urgent and emergency care

LO2 **Support the needs of individuals with long-term health conditions in a healthcare setting**

Care planning processes and considerations

Assessments including, integrated assessments of care of multiple long-term conditions (comorbidity), assessing social care needs, needs based assessment

Advocacy services

Funding including personal budgets

Physical care routines required

Management of care pathway and processes

Recording information

Managing risk

Promoting independence

Effects of different individual characteristics on care management e.g. ethnicity, religion

Tutors should deliver with reference to processes of assessment and examples of relevance in own home nation

Training needs

Physical care routines

Safe moving and handling

Administration of medication

Safeguarding, equality and diversity

Record-keeping

Specific support measures

Infection control measures

Care provision

Supporting physical care needs

Monitoring of body systems, e.g. observations (clammy or dry skin), bruises and/or pressure sores, weight loss, mobility, appetite changes, incontinence, lifestyle changes, use of mobility aids, oxygen cylinders, self-administered medication and injections, inhalers

Providing personal care, personal hygiene

Supporting mobility

Care of amputees

Feeding, PEG (percutaneous endoscopic gastrostomy feeds)

Moving and handling, including safe use of hoists

Implementing infection control measures

Tracheostomy care

Colostomy care

Managing continence issues

Supporting use of medication

Valid consent, adjusting clothing, relevance of tests, allaying fears, giving correct information

The equipment used for different measurements, maintenance and safety checks, hygiene, cleaning and storage, training for use of equipment, competency

Providing empowering support and information

High-quality personalised care – care, compassion, competence, communication, courage, commitment (the 6 Cs)

Supporting the individual to self-manage their condition

Person-centred planning

Enabling privacy, dignity, respect

Recognising the importance of diversity in practice

Promoting anti-discriminatory practice, equality of opportunity

Promoting choice and control

Supporting active participation

Promoting independence and self-management

Managing challenging behaviour and reducing distress, managing risk and supporting risk taking

Safeguarding and protection when providing care

Supporting holistic approaches to care

Providing emotional support

Support other staff in meeting the care needs of an individual

Taking a lead with peers where appropriate

Reflecting upon own performance

Addressing areas for performance review through supervision and mentorship

Contributing to and support quality improvements

Working according to the organisation agreed ways of working

Contributing to record-keeping and audit review processes

Promoting and encouraging an inclusive environment that values diversity

LO3 **Analyse own role as a part of a multidisciplinary healthcare team in providing appropriate care for the individual with long-term health conditions**

Own responsibilities in enabling effective team support in caring for individuals

Role modelling professional standards and competencies, compassion, duty of care, effective and transparent communication

Safeguarding individuals in own care

Organisational aspects of care

Safe medicines administration and management

Reporting of critical incidents

Mentoring others, e.g. healthcare assistants or support workers

Reflective practice

Evidence-based practice

Other models of reflective practice

Benchmarking and standard setting

Multidisciplinary team

Health, social care, speech and language therapy, mental health services, psychologists, psychiatrists, social workers, physiotherapists, occupational therapists, family support, education, other public sector services

Partnership working

Referral processes

Confidentiality and information sharing

Problem-solving and decision-making

Aspects of legislative frameworks that apply to care provision in teams

Data protection e.g. General Data Protection Regulations (2018), Data Protection Act (1998) **OR** other related legislation as currently applicable in own home nation

Related to the structure and function of care and safeguarding of service users e.g. in the UK, the Care Act (2014), Valuing People (2007), Children and Families Act (2014) **OR** other related legislation as currently applicable in own home nation

LO4 **Review the effectiveness of strategies to meet the needs of the individual with long-term health conditions in the healthcare setting**

Holistic assessment

Dignity and consent

Safeguarding

Risk assessment

Whole person approaches, taking into account physical and mental needs

Multidisciplinary care planning

Care co-ordination

Key workers

Case conferences

Case management

Safeguarding considerations

Integrated service delivery

Multi-morbidity and tailored approaches to care

Integrated care planning

Advocacy services

Therapeutic interventions

Supporting self-management

Agreeing the individualised management plan

Person-focused approaches, enhance choice, equality, independence and social inclusion, privacy and dignity, effective communication, systematic approaches

Avoiding and addressing unwarranted variation

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Discuss how different long-term health conditions affect the wellbeing of the individual		
P1 Discuss the effects of long-term health conditions relevant to own area of practice on the wellbeing of the individual **P2** Investigate the types of care provision required to meet the needs of different individuals with long-term health conditions	**M1** Assess the benefits of person-centred care for the individual requiring long-term care	**D1** Justify person-centred approaches applied in the care of individuals with long-term health conditions
LO2 Support the needs of the individual with long-term health condition in a healthcare setting		
P3 Work with others to assess the needs of the individual supported by a care plan **P4** Provide a period of care for individuals with long-term health conditions, working with others	**M2** Review own values and beliefs and ways in which the needs of the individual have been met using person-centred values **M3** Promote clear principles and values of care for individuals in supporting new members of a care team	**D2** Evaluate own practice in providing consistently high-quality care in partnership with others
LO3 Analyse own role as a part of a multidisciplinary healthcare team in providing appropriate care for the individual with long term health conditions		
P5 Analyse how the roles of different individuals enable efficient provision of care for an individual with long-term conditions in a healthcare setting **P6** Interrogate how own role in a healthcare setting enables efficient team-working practices in providing appropriate care for individuals	**M4** Evaluate the role of the multidisciplinary team in meeting the needs of different individuals in different healthcare settings	**LO3 and LO4** **D3** Critically review own role as a part of a wider team in supporting a current strategy intervention regarding quality of delivery in providing long-term care to individuals in a healthcare setting

Pass	Merit	Distinction
LO4 Review the effectiveness of strategies to meet the needs of the individual with long-term health conditions in the healthcare setting		
P7 Review the care strategies used in own setting to support individuals with long-term health conditions **P8** Make referrals or recommendations for other services to provide support for the care needs of the individual	**M5** Assess the effectiveness of the implementation of one area of care planning in supporting an individual over a period of time	

Recommended resources

Textbooks

CARRIER, J. (2015) *Managing Long-term Conditions and Chronic Illness in Primary Care*. Oxford: Routledge.

GOODWIN, N., DIXON, A. and ANDERSON, G. (2014) *Providing Integrated Care for Older People with Complex Needs: Lessons from Seven International Case Studies*. London: King's Fund.

HEWITT-TAYLOR, J. (2007) *Children with Complex and Continuing Health Needs: The Experiences of Children, Families and Care Staff.* London: Jessica Kingsley Publishing.

HUTCHINSON, D. (2016) *Long-term Conditions: A Manual for General Practice Nurses.* Seattle: CreateSpace Independent Publishing Platform.

LORIG, K. (2014) *Self-Management of Long-Term Health Conditions (3rd Edition)*. Colorado: Bull Publishing Company.

NICOL, J. (2015) *Nursing Adults with Long-term Conditions (Transforming Nursing Practice Series) 2nd Edition*. Exeter: Learning Matters.

Journals and Reports

ASSOCIATION OF DIRECTORS OF ADULT SOCIAL SERVICES (ADASS), CARE QUALITY COMMISSION (CQC), DEPARTMENT OF HEALTH, HEALTH EDUCATION ENGLAND (HEE), LOCAL GOVERNMENT ASSOCIATION (LGA) and NHS ENGLAND (2015) *Transforming Care for People with Learning Disabilities – Next Steps.* Routledge.

DEPARTMENT OF HEALTH (2012) *Caring For Our Future: reforming care and support.* Department of Health.

Websites

bmj.com	British Medical Journal Improving the quality of healthcare for chronic conditions (Journal)
cfwi.org.uk	Centre for Workforce Intelligence Nursing and Midwifery, Workforce Risks and Opportunities (Report)
rush.edu	Rush University Medical Center Implementing Care Coordination in the Patient Protection and Affordable Care Act (Brief)

scie.org.uk	Social Care Institute for Excellence Assessment in social work: a guide for learning and teaching (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 6: Supporting Dementia Care

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 15: Healthcare Technology in Practice

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 22: Supporting Individuals through Significant Life Events

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

Unit 33: Psychophysiological Disorders

Unit 36: End of Life Care Planning and Support

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO3 LO4	M4, D3 P8
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2 LO3	P4, P5, M2, M3, D2, P6, P7, M4, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2 LO3	P4, M2, M3, D2 P6, M4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1 LO2	P2, M1, D1 M2, M3, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2 LO3 LO4	All Assessment Criteria

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 22: Supporting Individuals through Significant Life Events

Unit code	**L/616/1657**
Unit level	**5**
Credit value	**15**

Introduction

Part of the role of the healthcare worker is to recognise how to provide a supportive environment within which individuals can come to terms with change in their lives. In some roles, this includes a responsibility for supporting individuals in planning for, or coping with, the significant changes that will affect their future. Professional healthcare workers will be involved in the care for individuals at different life stages and who may be in their care for extended periods. The success of this relationship is based on professionalism and trust. This is particularly meaningful when supporting individuals and their families through significant events that occur in their lives.

In this unit, students will consider different types of life events and their impact on the individuals they provide care for. The unit develops students' awareness and understanding of emotions associated with change, and in coming to terms with emotions such as loss, fear, anxiety, anger and confusion. Students will review organisational policies in place to support individuals through change.

The unit also explores how to be responsive to the complex behaviours that are related to coping with change, and the individual differences that can influence this process. Contacting external agencies, rearranging care provision and sharing information with new settings are topics covered in this unit. Students will learn about the role of the healthcare worker in providing continuity and consistency in care to minimise disruption.

Completion of this unit will support students in understanding the significance of life events and their impact upon periods of care and in developing the skills to deal with unplanned and distressing events that may be experienced by individuals they provide care for. This supports progression to more senior roles in care or continuation in higher education in nursing or allied healthcare degrees.

Learning Outcomes

By the end of this unit students will be able to:

1 Assess the impact of significant life events on individuals and social networks

2 Review the roles of external agencies that provide support for individuals and their social networks going through significant life events

3 Explain how organisational policies and procedures support individuals and their social networks affected by significant life events

4 Reflect on how individuals who have experienced significant life events are supported in care service provision.

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Essential content

LO1 Assess the impact of significant life events on individuals and their social networks

Life stages and individual needs in response to significant life events

Pre-natal and birth, infancy, childhood, adolescence, adulthood, middle adulthood, late adulthood

Needs of individual, learning ability, age, health conditions, addiction issues, age related health conditions

Life events

Definition

Loss/death of a significant other, e.g. carer, parent, partner, child

Transitions

Employment, loss of employment, sudden increase or decrease in wealth or income

Health-related events, period of ill health leading to loss of ability, loss of function, sensory loss, loss of or changes in mental ability, e.g. loss of memory, recovery from a long period of ill health

Change in location, leaving home, change of care home, destruction of home, changed location and local environment

Other significant events e.g. birth of a child with or without health conditions, marriage

Recognition that impact can be positive or negative, depending on the significant event and the individual experiencing the event

Physical impact on individual

Possible challenges: requirement for additional support/healthcare, changed physical or care needs or wants, listlessness and inactivity

Possible benefits: improved health behaviours

Emotional impact on the individual

Possible challenges: frequent changes in mood, feelings of confusion or isolation, fear, anxiety, stress, anger, low feelings of self-worth, loss of purpose, shame, loss of pride, depression or low mood

Possible benefits: improved feelings of self-worth, euphoria, positive mood, increased confidence

Social and economic impact on the individual

Possible challenges: loss of independence, income or ability to provide, access to familiar social networks, dependence on familiar or unfamiliar others

Possible benefits: opportunities to create new relationships, seek new sources of income, achieve alternative economic goals

Intellectual impact on the individual

Possible challenges: negative changes in self-perception, loss of stimulation or familiar activities or pastimes, changed understanding, inability or reluctance to make choices, disempowerment, inability to plan for future, feeling pressurised

Possible benefits: positive changes in perspective and self-perception, accepting new challenges, opportunities to access different experiences

Impact on social networks

Impact on social networks includes family and friends, and can include work colleagues, leisure contacts

Possible challenges: changes in relationship dynamics, taking on role of informal carer versus parent/sibling/partner, additional responsibilities, which can lead to stress related ill health, feelings of guilt, stress, fear, destabilisation, embarrassment, helplessness, unsure what is expected of them but feel they need to help, wanting to stay in touch but often feel pushed away or unsure of how to help

Possible benefits: the opportunity to discover and develop new relationships, enrich or deepen existing ones

LO2 **Review the roles of external agencies that provide support for individuals and their social networks going through significant life events**

External agencies

Social and welfare services, e.g. voluntary organisations supporting mental health needs, behaviour support, advocacy, support groups, befriending, financial advisory services

Local authority services including social workers, housing support services, support workers, benefits and entitlements advisory services, children and family services

Health services, e.g. consultants, counsellors, specialist nurses, physiotherapists, speech therapists, dieticians, occupational health services, psychiatrists and psychologists

Barriers to partnership approaches to managing the impact of significant life events

Lack of knowledge, information or awareness of services available

Poor communication

Lack of resources

Poor understanding of event

Lack of co-ordination of services

For individual and family-repeated appointments, having to repeat information, travel difficulties getting to appointments

Financial difficulties

Cultural awareness

Individual/family reluctant to engage

No lead professional

Lack of integrated approaches and planning

Poor care planning

Non person-centred approaches to support offered

Role of healthcare assistants

Effectively communicating between individual, family and other services

Accurate and timely record keeping and supporting appropriate care and support plans

Supporting specialist care

Awareness and compassion of implications of change, loss, life event

Supporting family and individual in making changes and accepting changed requirements

Supporting challenging of decisions made that the individual and family are unhappy about

Liaising between family and professionals in sharing information in line with confidentiality policies

Recognising and working within scope of role in providing support

LO3 **Explain how organisational policies and procedures support individuals and their social networks affected by significant life events**

Aspects of policies and procedures that help to support individuals affected by significant life events

Confidentiality

Data protection

Safeguarding

Health and safety and risk management

Care planning and referral

Record-keeping

Safe handling of medication

Aspects of legislative frameworks that provide support to individuals experiencing significant change or life events

Working within legislative requirements in supporting with financial implications:

- Mental Capacity Act (2005)
- Deprivation of Liberty Safeguards

Power of attorney, living wills and do not resuscitate orders

Care Act (2014), Provision of care services, personal budgets, self-funding care, allocation of support services

Health and Social Care Act (2012), integrated support services, health and social care joint assessments and planning, pooled resources.

Developing staff knowledge and skills to support individuals experiencing significant life events

Staff training

Safety and risk management

Resourcing and equipment

Record-keeping

Working as part of a team

Effective communication

Counselling and having difficult conversations

Advocacy

LO4 **Reflect on how individuals who have experienced significant life events are supported in care service provision**

Supporting individuals

Responding appropriately to particular experiences

Demonstrating empathy

Allowing individuals to move at their own pace

Enabling the space to adjust privacy and the opportunity to express emotion in a safe environment

Supporting family and social networks

Encouraging the involvement of family and friends

Encouraging social contact

Facilitating ongoing involvement in leisure/sports activities, providing opportunity to share concerns, express feelings

Maintaining, confidentiality, referring to support services, referring issues of concern

Service provision

Providing appropriate planning of services

Empathetic person led approaches

Holistic assessment of need

Cultural awareness and sensitivity

Equality of opportunity and anti-discriminatory approaches

Accessing range of service provision

Review of support

Interagency review processes

Feedback from family and friends

Supported decision-making and involvement of individual in planning of services

Supervision and monitoring approaches

Reflective practice

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Assess the impact of significant life events on individuals and their social networks</td><td rowspan="2"></td></tr>
<tr><td>P1 Discuss the impact of expected and unexpected significant life events on individuals at different ages and stages

P2 Discuss the impact of different significant life events on the individual's family, friends and wider social networks</td><td>M1 Critically discuss the relationship between the impact on the individual, and the impact on their family, friends and wider social networks in relation to significant life events</td></tr>
<tr><td colspan="2">LO2 Review the roles of external agencies that provide support for individuals and their social networks going through significant life events</td><td rowspan="4">LO2 and LO3

D2 Critically reflect on organisational approaches to promoting effective and co-ordinated support for supporting individuals and their social networks affected by significant life events</td></tr>
<tr><td>P3 Compare how different external voluntary and statutory agencies support individuals through significant life events

P4 Discuss the role of the healthcare or care assistant in providing support to individuals as a part of a wider team of support services</td><td>M2 Critically analyse barriers to partnership approaches for individual and family affected by significant life events</td></tr>
<tr><td colspan="2">LO3 Explain how organisational policies and procedures support individuals and their social networks affected by significant life events</td></tr>
<tr><td>P5 Analyse the relationship between organisational policies and the practical support available in health and care settings to different individuals experiencing significant life events</td><td>M3 Critically review the effectiveness of policies and procedures in own setting provide a framework for supporting individuals experiencing significant life events</td></tr>
</table>

Pass	Merit	Distinction
LO4 Reflect on how individuals who have experienced significant life events are supported in care service provision		
P6 Provide a period of appropriate support to an individual and their social network who have been affected by a significant life event **P7** Investigate referral processes available to support an individual and their social networks affected by significant life events	**M4** Reflect upon the effectiveness of own role in supporting individuals and their social networks affected by significant life events	**D4** Critically reflect on how effectively care services in own locality respond to individuals and their social networks affected by significant life events

Recommended resources

Textbooks

INGLETON, C. and LARKIN, P.J. (Eds.) (2016) *Palliative Care Nursing at a Glance (At a Glance Nursing and Healthcare).* Oxford: Wiley-Blackwell.

KIRMAYER, L.J. (Ed.), LEMELSON, R. (Co.) (2004) *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*. Cambridge: Cambridge University Press.

Articles and Reports

BONANNO, G. A. (2004) *Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events?* American Psychologist. 2004, 59:20–28.

Websites

england.nhs.uk	NHS England
	Supporting people with a learning disability and/or autism who have a mental health condition or display behaviour that challenges
	(Report)
hft.org.uk	Hft
	(General reference)
nhs.uk	National Health Service
	Social Care and support guide
	(Report)
rnao.ca	Registered Nurses' Association of Ontario
	Supporting and strengthening families through expected and unexpected life events
	(Supplement)
scie.org.uk	Social Care Institute for Excellence
	Working together to support disabled parents
	(General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 6: Supporting Dementia Care

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 14: Sociological and Psychological Perspectives on Health

Unit 16: Supporting Adults in Residential Care

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 36: End of Life Care Planning and Support

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO3	P5, M3, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2 LO4	P4, D2 P6, P7, M4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2 LO3 LO4	P3, P4, M2, P5 P6
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2 LO3 LO4	P4, M2, D2 P5, M3 P6, M4

THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	P6, M4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 23: Managing Quality in Care Environments

Unit code	**R/616/1658**
Unit level	**5**
Credit value	**15**

Introduction

Every organisation should strive for excellence in service and in health and social care, the process of continuous improvement to safety, wellbeing and satisfaction is a hallmark of effective service provision. Staff and service users should be reassured that managers recognise the benefits of improvement to the quality of provision, and the impact of the individual on the overall success of the organisation. Being able to able to understand and implement continuous improvement measures is part of the manager's role in care service provision. Further, increasing demands on care settings to improve quality of service have identified the importance of all staff understanding the different perspectives on, and methods of, achieving quality on a daily basis.

This unit will enable students to develop their knowledge of these differing perspectives, to review the requirements of external regulatory bodies and to analyse these in relation to the needs of patients, customers, staff and other internal stakeholders. Students will explore the methods used to assess different quality markers as well as strategies for managing service quality in order to maintain continuous improvement and positive outcomes. Further, students will have the opportunity to use this knowledge to plan, implement, monitor and evaluate a small-scale quality improvement initiative in their own work setting.

A manager in care settings would be expected to be a driving force in terms of quality improvement. This unit will provide students with the knowledge and skills that employers will expect their managers to bring to the setting.

Learning Outcomes

By the end of this unit students will be able to:

1 Assess the impact legislation and policy has on measuring and monitoring quality of practice in a health and social care

2 Discuss the impact that improving quality has on different individuals in a care setting

3 Explore quality improvement requirements in a care setting

4 Plan and monitor improvements to quality.

Essential content

LO1 **Assess the impact legislation and policy has on measuring and monitoring quality of practice in health and social care**

Theories of and approaches to measuring and monitoring quality

Approaches e.g. Servqual, Total Quality Management, Continuous Quality Management

Theories e.g. quality circles, technical quality, functional quality

Responding to legislative and statutory requirements

Legislation regarding Data Protection, Safeguarding and Equality, aspects applicable to measuring and monitoring quality

Requirements of regulatory and inspecting bodies e.g., Care Quality Commission (CQC), Health and Safety Commission (HSC)

Standards set by national agencies e.g. National Institute for Health and Clinical Excellence (NICE)

Processes used to assess effectiveness of response e.g. quality reviews, quality assurance, quality audits, quality control

Meeting external stakeholders' views of quality

Regulators and inspectorates

Local authority, national and international standards setting agencies

Setting standards to measure, monitor and improve quality

Target setting

Benchmarks

Minimum standards

Performance indicators

Charters

Codes of practice

Quality Assurance Frameworks

The concept of continual improvement.

LO2 **Discuss the impact that improving quality has on different individuals in a care setting.**

Identifying internal stakeholders

Service users

Staff

Families

Professionals

Meeting service user needs

Recognising users of services as individuals

Recognising and actively promoting respect for diversity, difference and adopting inclusive practices

Taking a holistic approach to meeting needs and safeguarding: physical, mental, social, emotional, cognitive, e.g. including communication

Providing individuals with the tools for self-determination

Enabling service users' ownership of their own care journey

Integrating service user feedback and experience into quality improvement measures

Keeping the service user at the heart of any quality improvement initiatives

Impact on service user of improving quality

Enhanced self-esteem

Enriched customer satisfaction and trust levels

Improved, high-quality healthcare

Developed approaches to inclusion and wellbeing

Improved experience of services

Enhanced safety

Enhanced clinical effectiveness

Enhanced relationships with families, and caregivers

More effective transition between different services

Meeting staff needs

Developing and supporting staff through provision of appropriate training, appraisal processes and performance management

Actively promoting equality and diversity and inclusion

Appropriate delegation of responsibilities

Safeguarding staff

Impact on staff and management of improving quality

Enabling an effective working partnership with other professionals, e.g. partnership working, collaborative approaches

Increasing job satisfaction

Lowering stress levels

Reducing attrition rates

Improving professionalism in the service

Positive working environment and constructive processes

LO3 **Explore quality improvement requirements in a care setting.**

Auditing quality improvement documentation and policies

Review of resources, e.g. finance and budgets, equipment, accommodation

Review of personnel, e.g. capacity, effectiveness, qualification and training

Review of care environment, e.g. hygiene, cleanliness, appropriateness, safety

Review of records of experience of service, e.g. service user, staff and local community views

Review of processes, e.g. values-based recruitment and training, safeguarding

Disposal of resources

Assessing quality expectations of setting

Using different methods of gathering information, e.g. questionnaires, focus groups, structured and informal staff and service user interviews, panels

Involving service users throughout, e.g. consultations, surveys, complaints and compliments processes

Rationale for improving quality in a setting

Improving service to customers

Empowering service users

Valuing front line staff

Enhancing the environment

Meeting external demands and expectations

Recognising that all improvements to quality are related to service users' experience of the service

Methods of sharing information with stakeholders:

Formal and informal meetings with staff, service users, families and local communities, using appropriate communication styles, e.g. language, tone, presentation and listening skills

Differences between confidential, private and public information

Information science

Production of informatics

Publishing findings through different means e.g. reports, newsletters, websites

LO4 **Plan and monitor improvements to quality**

Planning a quality improvement initiative

Prioritisation and identifying aspect to improve

Gaining evidence for required change,

Measuring current standard of quality

Creating a plan

Setting SMART targets

Identifying processes, people and places

Identifying and prioritising intended outcomes

Implementing and monitoring plan

Carry out planned improvements

Involving staff and management in the process

Ongoing review of the achievement of SMART targets

Ongoing review of perception of progress e.g. gaining feedback, observations, critical reviews

Analysing results e.g. producing informatics

Making adaptations to plans to respond to outcomes

Planning for future improvements

Barriers to implementing planned improvement

External barriers, e.g. inter-agency interactions, legislation, social policy

Internal risks, e.g. resources, organisational structures, interactions between people, staff responsibilities, staff apathy

Own roles, limitations and responsibilities

Managing change

Operational technology

Managing and monitoring staff in the community

Managing and monitoring staff in home care environments.

Benefits of implementing planned improvement

To service users, e.g. enhanced wellbeing, improved patient outcomes, improved patient safety

To service, e.g. improved service provision, raised profile, meeting the challenge of the future

To staff, e.g. improved performance and satisfaction, increased potential, enhanced position

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Assess the impact legislation and policy has on measuring and monitoring quality of practice in health and social care		
P1 Compare how different legislative and statutory requirements are taken into account in measuring and monitoring quality in health and social care using different theories and approaches	**M1** Critically discuss how processes for measuring, monitoring and improving quality of practice have an impact on ways of working in a care setting	**D1** Critically assess the impact of a current set of external quality standards on systems and working practice in a care setting, over a defined period
LO2 Discuss the impact that improving quality has on different individuals in a care setting		
P3 Discuss the importance of promoting diversity, difference and inclusive practices in a care setting **P4** Discuss the importance of safeguarding different services users towards improving quality in a care setting	**M2** Review the practical impact on a care setting of the requirement to meet different stakeholders' needs in working to improve the quality of service provision	**D2** Evaluate the involvement of service users, their families, staff and the community in quality improvement measures in care settings
LO3 Explore quality improvement requirements in a care setting		
P5 Carry out a review of one aspect of working practices in own setting to accurately identify improvements that can be made to the current level of quality **P6** Discuss why the aspect selected requires improvement using a range of different sources of information	**M3** Justify the aspect of improvement to working practices selected in terms of the impact on service users' experience of the service	**D3** Evaluate the evidence gathered towards sharing information with different stakeholders regarding the quality improvement requirements of the aspect of working practice

Pass	Merit	Distinction
LO4 Plan and monitor improvements to quality		
P7 Produce a detailed plan for a relevant quality improvement initiative in own work setting **P8** Discuss potential or actual barriers to completing the quality improvement initiative	**M4** Implement an appropriately planned quality improvement initiative **M5** Critically review the plan, justifying necessary adaptations based on feedback or observations	**D4** Evaluate the expected outcomes of own improvement initiative, discussing further changes or improvements which may be required

Recommended resources

Textbooks

FALLON, L.F. Jr., BEGUN, J.W. and RILEY, W.J. (2012) *Managing Health Organisations for Quality and Performance.* Massachusetts: Jones & Bartlett Publishers

GOPEE, N. (2013) *Leadership and Management in Healthcare.* London: Sage Publications.

GOTTWALD. M. and LANSDOWN, G. (2014) *Clinical Governance: Improving the Quality of Healthcare for Patients And Service Users.* London: Open University Press

McSHERRY, R. (2008) *An Introduction to Excellence in Practice Development in Health and Social Care.* London: Open University Press

MOULLIN, M. (2002) *Delivering Excellence In Health And Social Care: Quality, Excellence and Performance Measurement.* London: Open University Press

RANSOM, E.R., JOSHI, M.S. and NASH, D.B. (eds.) (2008) *The Healthcare Quality Book: Vision, Strategy, and Tools, 2nd Edition.* Illinois: Health Administration Press.

ZIAEE, R. (2015) *Preparing for Continuous Quality Improvement for Healthcare.* Florida: Productivity Press

Websites

england.nhs.uk	NHS England NHS Commissioning (General reference)
gov.uk	Gov.UK State of Healthcare (Report)
health.org.uk	The Health Foundation Quality Improvement training for healthcare professionals (General reference)
ncbi.nlm.nih.gov	National Centre for Biotechnology Information Patient Safety and Quality: An Evidence-Based Handbook for Nurses (ebook)
nice.org.uk	National Institute for Clinical Excellence Standards and Indicators (General reference)
who.int	World Health Organisation Introduction to quality improvement methods (ebook)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 25: Facilitating Change in Healthcare Environments

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 29: Human Resource Management in Healthcare

Unit 32: Team and Individual Leadership: Mentoring and Coaching Others

Unit 35: Project Management for Healthcare

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1	P1, P2, M1, D1
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2 LO3	P3, P4, M2, D2 P5, P6, M3, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2	P4, M2, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2	P3, M2, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2	P3, P4, M2, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

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Unit 24: Health Psychology

Unit code	**Y/616/1659**
Unit level	**5**
Credit value	**15**

Introduction

Health Psychology investigates the relationship between the biological, psychosocial, cultural and social-environmental factors that influence health. Specific causations in relation to various illnesses are investigated and tailored interventions to meet the needs of individuals, groups and communities are considered.

In studying this unit, students will critically explore different theoretical perspectives and approaches of health with particular emphasis on the causes and behavioural processes that influence or prevent deterioration and the development of an illness.

Students will examine different disorders that have a significant psychological dimension including eating disorders, stress and anxiety, alcohol and drug dependency. They will analyse the different factors and combinations of factors that give rise to these conditions and affect their diagnosis, prognosis and treatment. The unit includes an exploration of the process of psychological evaluation relating to specific conditions with emphasis on influencing attitudes and awareness towards better health outcomes and the promotion of behavioural change.

The enhanced level of enquiry acquired during the study of this unit will broaden students' understanding of varied disciplines and perspectives in health psychology. This enables students to acquire knowledge and understanding of health psychology, and develop transferable skills needed to support different types and levels of psychological care needed to support individuals with a life changing illness.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss how biological and social factors impact the health and behaviour of individuals at different life stages

2 Examine how current theoretical perspectives in health psychology explain human behaviour

3 Explore the various forms of assessment used to diagnose and plan treatment for different health issues

4 Analyse the role of health psychology practice in improving outcomes for individuals using healthcare services.

Essential content

LO1 **Discuss how biological and social factors impact the health and behaviour of individuals at different life stages**

Life stages

Overview of biological, psychological and social indicators that define the seven life stages – prenatal and birth, infancy, childhood, adolescence, early adulthood, middle adulthood, later adulthood

Internal biological contributors to health and wellbeing

Growth, development and ageing

Gender and gender identity

Genetics and neurogenerative disorders

External biological contributors of health and wellbeing

Environmental biological arbiters, e.g. micro-organism (bacteria, viruses and parasites)

Sociological factors influencing health, illness and health behaviour

Cultural influences, different attitudes amongst groups in society, religious/ ethnic/ generational/ professional sub-cultures, influence of the media, e.g. social media platforms

Socio-economic, e.g. education, social class, economic status

Environmental factors, e.g. population density and available infrastructure

Psychological factors influencing health, illness and health

Behaviour

Cognition and language development – education

Attachment, social relationships and communication

Family interrelationship complications of members, bereavement and stress

LO2 **Examine how current theoretical perspectives in health psychology explain human behaviour**

The role of Health Beliefs:

Attribution theory Heider, F. (1896-1988).

Theory of Planned Behaviour:

Ajzen, I. (1985).

Diathesis Stress Model:

Rider, E.A. (2009): vulnerability to stress.

General Adaptation Syndrome:

Seyle, H. (1907-1982).

The Transtheoretical Model:

Prochaska, J. (1977).

The Transtheoretical (Stages of Change) Model:

Prochaska and DiClemente (1983), Prochaska, DiClemente, and Norcross (1992).

Coping strategies

Problem-focused

Emotion-focused

Defence mechanisms and denial

LO3 **Explore the various forms of assessment used to diagnose and plan treatment for different health issues**

Health and behaviour assessment and intervention procedures

The prevention, treatment and management of psychological health conditions with physical symptoms

Models of assessment

Approaches to treatment

Consideration of psychological, behavioural, emotional, cognitive and social factors contributing to the development of health conditions

Practitioners and services involved in assessment and intervention

Health psychologist – observational and referral service

General practitioner – medical intervention

Psychiatric – medical and therapeutic intervention

Clinical psychologist – observations, health orientated questionnaire, psychophysiological monitoring

Social service – family and home relationship observation

Occupational – home/environmental observation

Disorders and conditions

Stress and anxiety

Eating disorders – obesity, anorexia and bulimia

Addiction – alcohol, smoking and drug dependency

Chronic and terminal illness

Behaviour modification

Changing attitudes and belief system

Compliance and non-compliance

'Sick role' placebo effects

Psychosomatic and somatopsychic change

Other considerations re: intervention and treatment

Medical and biopsychosocial models of treatment

Changing and controlling health conditions with a view to reducing dependency and long-term effects

The impact of physical ability, mobility restriction and confinement on treatment or methods of support

Pain perception, organic pain, psychogenic pain acute and chronic pain

Use of holistic complementary treatments, e.g. acupuncture, homeopathy, herbal medicine

Indicators of effective assessment and intervention

Prompt diagnosis, evaluation and assessment

Clear and appropriate treatment planning

Use of different agencies to support, e.g. referral services, family, therapists, crisis intervention services

Appropriate medication administration and management

Long-term prognosis and support

LO4 **Analyse the role of health psychology practice in improving outcomes for individuals using healthcare services**

Framework of health psychology practice

Professional regulatory and advisory bodies for health psychology practice, e.g. British Psychology Society (BPS), Division of Health Psychology (DHP), European Health Psychology Society (EHPS), Health Psychology in Public Health Network (HPPHN), The Institute of Health Promotion and Education (IHPE), Health and Care Professional Council (HCPC)

Tutors should deliver with reference to current examples relevant to own home nation

Professional alliances

Hospital, local authorities, public health, academic research and university departments

Professional practice

Ethical values – respect, competence, responsibility and integrity

Core skills:

Assessment – establishment of agreement with the client

Formulation – of client's needs and problems

Intervention – of implementation of solutions

Evaluation – of outcomes

Communication – reporting and reflecting on outcomes

Responsibilities and boundaries of professional practice

British Psychological Society's Code of Ethics and Conduct

Competent (professional and informed) practice, effective and safe practice

Legal and ethical obligations of practice (as applies to subject):

Confidentiality, data protection principles, sharing information e.g. General Data Protection Regulations (2018), Data Protection Data Protection Act (1998), Freedom of Information Act (2000)

Equality legislation e.g. Equality Act (2010) protected characteristics, prohibited acts.

Safeguarding e.g. Mental Capacity Act (2005), Mental Health Act(amended) (2007)

Health and Safety e.g. Health and Safety at Work Act (2000)

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss how biological and social factors impact the health and behaviour of individuals at different life stages</td><td rowspan="5">LO1 and LO2
D1 Critically analyse the relationship between different theories of health behaviours and healthcare practitioners understanding of the development of health disorders at different life stages.</td></tr>
<tr><td>P1 Discuss the relationship between biological and social factors and behaviour in different life stages and ages</td><td>M1 Analyse the influence of biological and social factors on health, illness and health behaviours</td></tr>
<tr><td colspan="2">LO2 Examine how current theoretical perspectives in health psychology explain human behaviour</td></tr>
<tr><td>P2 Discuss the role of different health beliefs in the development of health behaviours</td><td>M2 Analyse the effectiveness of theories of health behaviour in informing our understanding of different behavioural disorders</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">LO3 Explore the various forms of assessment used to diagnose and plan treatment for different health issues</td><td rowspan="5">LO3 and LO4
D2 Critically evaluate the utilisation of practitioners experienced in health psychology in increasing the effectiveness of service provision in health and care settings</td></tr>
<tr><td>P3 Review how different forms of assessment are used to identify and support individuals with specific health conditions</td><td>M3 Analyse the effectiveness of different assessments and interventions used to improve an individual's long-term health outcomes</td></tr>
<tr><td colspan="2">LO4 Analyse the role of health psychology practice in improving outcomes for individuals using healthcare services</td></tr>
<tr><td>P4 Review the role of the current professional regulatory and advisory health psychology framework in supporting the work of healthcare practitioners
P5 Discuss the strengths and weaknesses of current legal and ethical obligations in terms of their impact on the work of healthcare practitioners</td><td>M4 Justify the integration of health psychology in improving health and wellbeing outcomes for individuals with different health and behavioural issues</td></tr>
<tr><td colspan="2"></td></tr>
</table>

Recommended Resources

Textbooks

AMERICAN PSYCHIATRIC ASSOCIATION (2015) *Diagnostic and Statistical Manual of Mental Disorders* (*5th Ed.*) Washington: American Psychiatric Association.

ABRAHAM, C., CONNER, M., JONES, F. and O'CONNOR, D. (2016) *Health Psychology.* (*2nd Ed.*). London: Routledge.

ANISMAN, H. (2016) *Health Psychology.* London: Sage Publications Ltd.

BARLEY, E. (2016) *Health Psychology in Nursing Practice.* London: Sage Publications Ltd.

MORRISON, V. and BENNETT, P. (2016) *Introduction to Health Psychology.* (*4th Ed*.). London: Pearson Education Ltd.

MARKS, D. F., MURRAY. M., EVANS, B, and ESTACIO, V. E. (2015) *Health Psychology: Theory, Research and Practice.* (*4th Ed.*). London: Sage Publications Ltd.

Websites

bps.org.uk	British Psychology Association (BPS)
	(General reference)
dsm5.org	Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
	(General reference)
ehps.net/	European Health Psychology Society
	(General reference)
hpc-uk.org	Healthcare Professionals Council (HCPC)
	General reference
hppn.org.uk	Health Psychology in Public Health Network (HPPHN)
	Research and discussion forum
ihpe.org.uk	The Institute of Health Promotion and Education (IHPE)
	research
nice.org.uk	National Institute for Health and Care Excellence
	Research and General reference

Links

This unit links to the following related units:

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 5: Health Education in Action

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 14: Sociological and Psychological Perspectives on Health

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 22: Supporting Individuals through Significant Life Events

Unit 28: Holistic Approaches to Health Promotion

Unit 33: Psychophysiological Disorders

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO4	P4, P5, M4, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	P5, M3, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3, LO4	P3, P4, P5, M3, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	All Learning Outcomes	All Assessment Criteria
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	All Learning Outcomes	All Assessment Criteria

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 25: Facilitating Change in Healthcare Environments

Unit code	**L/616/1660**
Unit level	**5**
Credit value	**15**

Introduction

Change management is so much more than to make something different. From the investigation as to whether change is necessary through to the exploration of team dynamics, leadership, barriers to change, motivation and planning for change, involvement of the multidisciplinary team with the implementation of change and, finally, results evaluation, with the potential to re-plan future strategy. The one constant within the health service is change; from health departments and agencies which define the shape of training, education, skill and the competence of the healthcare workforce, through to a number of local initiatives and strategies that require implementation.

The aim of this unit is for the student to recognise the different components of change management, and to develop the skills to be able to facilitate the identification, development, piloting of and evaluation of a change management initiative in a healthcare context. Students will develop their knowledge of the theoretical aspects of change management in the application of an identified change initiative.

Topics included in this unit are the theories behind change management within the health service, barriers to change the student may experience, especially where ingrained culture may prove difficult to navigate, decision-making structures made in partnership with organisational policy, and impact on key stakeholders, e.g. allied health professionals and patients. Finally, students will explore how change itself may emerge and how reflection can be used as a building block for future work.

On completing this unit, the student will have had the opportunity to design and initiate a change management plan within their own organisation that will support their career progression in healthcare. Transferable skills the student will develop through completing this unit include project and staff management, customer service, enhanced communication skills and the ability to reflect on own practice.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss factors that have driven recent changes in the healthcare sector

2 Discuss the components of change management within a change management initiative in healthcare provision

3 Implement own small-scale change management plan

4 Assess the effectiveness of a change management plan.

Essential content

LO1 **Discuss factors that have driven recent changes in the healthcare sector**

Political

Political party, changes to direction or content of national or local policy as a result

Healthcare targets

Existing legal/ethical frameworks

Financial/funding

How the health service is financed

Financial balance and deficit

Patient population

Ageing population

Increased (patient) expectation of services

Changes to lifestyle

New/developing diseases

Imbalance of access to care

Technology

Medical equipment

Impact and use of social media

Culture

Ways of working

Structure and routine

Policy and procedure

Professionalism

Stereotyping and discrimination within the workforce

Bullying

Cultural diversity in the workplace

Priorities of care

e.g. mental health

Focus of priority, primary and/or secondary care

Quality of care and quality assurance

Healthcare transformation

Ways of working and needs of patients

Workforce factors

e.g. ageing workforce, changes to how staff/overseas staff are recruited, professional regulation, educational funding structures/higher apprenticeships, use of unregulated staff, workforce diversity

LO2 **Discuss the components of change management within a change management initiative in healthcare provision**

Define and recognise change management

Change process theories

Facilitation

Practice development

Transformation

Roles

Change identification

Ideas/vision

Policy

Process

Concept analysis

Political issues/NHS

Strategic directives, e.g. Sustainability and Transformation Plans

Finance

Structure

Workforce

Education

Environment

Barriers to change

Other factors that contribute to change management planning and implementation and effectiveness

e.g. history, culture, environment, resistance, hidden agendas, workload, loss

Motivators to support change

Leadership

Management

Influence

Resources

Priorities

Readiness to change

Additional factors

LO3 **Implement own small-scale change management plan**

Content of plan

Aim

Objectives

Narrative

Context

Clarity

Ethical considerations

Structure of change

Plan

Timelines

Workload

Span of control

Local decision-making structures

Infrastructure

People

Impact on staff

Expert

Participation

Learning

Impact on patients

Values

Reflecting promotion of workforce diversity in planning

Understand organisations

Communication during change

Types

Negotiation

Networking

Imagery

Flow

Behaviours

Response/feedback

Quality assurance

Definitions

Composition

Ethics

Accountability

Readiness to change

Resources

Informing

Implement the plan

Leadership

Safety

Consistency

Sustainability

Flexibility

Impact

Team/teamwork

Stakeholders

Internal political dynamics

Self

Consideration of issues of equality, diversity and inclusion

Dealing with conflict

Recognition and respect

Explanation

Encouragement

Motivation

Dysfunctional behaviours

Socio-emotional support

Emergent change

Review progress

Adapt

Opportunity

Threat

LO4 **Assess the effectiveness of a change management plan**

The plan

Own plan or pre-existing change management plan relevant to own setting

After action review

Leadership

Intervention

Questions

Issues resolved

Reflection

Models

Evaluation

Comparison

Positive and negative aspects of change management

Staff views

e.g. through QA, Survey

Measuring success

Levels of understanding

Milestones

Examine consequence

New behaviours

Impact on self, others, service

Perception

Transition

Maintenance of standards

Information sharing

Continuous improvement

Performance measurement

Embed

Future innovation

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Discuss factors that have driven recent changes in the healthcare sector		
P1 Discuss recent changes that impact practice in the health sector **P2** Present a report on the factors that have driven these recent changes	**M1** Assess the impact of these factors on care for individuals accessing healthcare services	**D1** Evaluate how factors that drive change and impact on patient care, have influenced the development of a recent policy
LO2 Discuss the components of change management within a change management initiative in healthcare provision		
P3 Illustrate in detail the components of change management within a health or care service context **P4** Discuss the impact of a national strategic direction on a local initiative to effect change in health or care provision	**M2** Justify the initiative in relation to wider healthcare issues	**D2** Assess the factors that affect readiness to change in healthcare practice settings given the current national strategic climate
LO3 Implement own small-scale change management plan		
P5 Prepare a small-scale change management plan **P6** Present strategies to address anticipated challenges to the implementation of the change management plan **P7** Use testing and analysis to implement the change management plan	**M3** Assess emerging themes, areas for development and communication strategies used in the change management plan	**D3** Evaluate the impact of own change management initiative on key stakeholders, making comparisons to other healthcare change initiatives

Pass	Merit	Distinction
LO4 Assess the effectiveness of a change management plan		
P8 Evaluate the impact of a change management initiative on staff **P9** Present the analytical report on the findings of a change management initiative to relevant stakeholders	**M4** Justify outcomes of the change management initiative to staff in a healthcare setting	**D4** Critically assess the need for future work on the basis of the evaluation of the change management initiative

Recommended resources

Textbooks

HANDY, C. (1993) *Understanding Organisations*. London: Penguin Books.

HAYES, J. (2014) *The Theory and Practice of Change Management.* London: Palgrave Macmillan.

HEWITT-TAYLOR, J. (2013) *Understanding and Managing Change in Healthcare a Step by Step Guide.* London: Palgrave Macmillan.

HUCZYNSKI, A. and BUCHANAN, D. (1991) *Organisational Behaviour.* New York: Prentice Hall.

HUSSEY, J. (Ed.) (1994) *Understanding Business and Finance*. Vale: The Guernsey Press Co Ltd.

McCORMACK, B. MANLEY, K. and GARBETT, R. (eds.) (2005) *Practice Development in Nursing*. Oxford: Blackwell Publishing Ltd.

WALDORFF, S. B., PEDERSEN, A. R., FITZGERALD, L. and FERLIE, E. (eds.) (2015). *Managing Change. From Health Policy to Practice*. Basingstoke: Palgrave Macmillan.

Websites

hee.nhs.uk	Health Education England An Introduction to Behaviour Change (Tutorial)
cipd.co.uk	Chartered Institute for Personnel and Development Transformational Change (Podcast)
hsj.co.uk	Health Service Journal 1. Changing CQC Ratings: A System Stacked Against the Providers (Article) 2. A Review of the CQC and Performance Management (Article)
rcn.org.uk	Royal College of Nursing The Case for Change Management (General reference) The Case for Change, why England needs a new care and support system (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 22: Supporting Individuals through Significant Life Events

Unit 23: Managing Quality in Care Environments

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 27: Social Policy in Public Health

Unit 29: Human Resource Management in Healthcare

Unit 32: Team and Individual Leadership: Mentoring and Coaching Others

Unit 35: Project Management for Healthcare

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO3	P1, D1, D3
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO3, LO4	D2, M3, P8
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO1, LO2, LO3	D1, P4, M3
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3 LO4	P7, M3, D3 P8, M4, D4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	P8

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit code	**F/616/1655**
Unit level	**5**
Credit value	**15**

Introduction

It is important for organisations to work together to enable access to services to be provided for the continuation of care and the well- being for the users of services. This will help to ensure that high-quality provision is offered which is efficient. It is also important for an integrated service to be applied when the authorities are dealing with safeguarding to ensure that the health, social services, and police are aware of children and adults that may need to be supported and if they are at risk.

The aim of this unit is to help students understand the difference between the function of a manager and the role of a leader, and be able to apply this understanding in supporting the development of effective teams.

Students will consider the leadership and management characteristics, behaviours and traits which enable effective and seamless integrated care provision when working in partnership in teams across health, care and support service organisations. In addition, students will investigate how partnership working is applied across different services and give examples of where good practice is being applied.

On completion of this unit, students will have demonstrated that they can work in a leadership role as part of a team and will have developed their knowledge and understanding of how partnership working benefits the users of services and organisations across health, care and support service provision. The leadership qualities that will be enhanced during the unit will help students to gain confidence and understanding when working as part of a team, or as a leader, which will support employment opportunities in the healthcare sector and progress into healthcare-related degree programmes.

Learning Outcomes

By the end of this unit students will be able to:

1 Differentiate between the role of a leader and the function of a manager

2 Discuss the role of partnership working across health, care and support services

3 Explore the outcomes of positive partnership working across health, care and support services

4 Examine own contributions to working as part of a team.

Essential content

LO1 **Differentiate between the role of a leader and the function of a manager**

Management

Definitions

Management in public and private sector organisations

Attributes and qualities of a successful manager

Management theories

Management functions

The definitions and differences of both a leader and a manager

Leadership

Definition and characteristics

Theories and models of leadership

Styles of leadership

Leadership skills

The relationship that leadership and management have in the context of social responsibility, culture, values, ethics, compassion, stakeholder expectations

Relationship between leadership and management and effective partnership working

e.g. direction, structure and planning, goal setting, enable efficient and cohesive working, single point of liaison between teams/services, role modelling, defining or establishing culture, ground rules

LO2 **Discuss the role of partnership working across health, care and support services**

Approaches to partnership

Strategic – between services e.g. joint commissioning/working across health, care and services, shared responsibility, education, participation, often multidisciplinary approach

Operational within services, for a particular task e.g. shared learning, cooperation, collaboration, teamwork, often interdisciplinary approach, can include coproduction with service users, family and friends

Professional roles and responsibilities

Interagency working across health, care and support services

Health/healthcare services

Social care services

Support services

Public services

Safeguarding

Intervention strategies

Current legislation affecting partnership working

Statutory, voluntary and private agency practices

Policies and procedures

e.g. data protection, safeguarding, care planning

Service provision

Care planning across agencies

Costs to services and individuals

Efficiencies that are considered

Service user needs

Positive partnership working including with service users and their family or representatives

Theories of coproduction and collaborative working

Sharing of good practice and information

The role of specialist units across the health, care and support services

Communication with agencies, users of services, families

Keeping accurate records

Advocacy and interpreter services

Sharing confidential information when dealing with possible safeguarding cases

Emergency protocols

LO3 **Explore the outcomes of positive partnership working across health, care and support services**

Positive outcomes for users of services

Improved services

Empowerment

Autonomy

Inclusion

Negative outcomes for users of services

Safeguarding concerns

Miscommunication

Lack of understanding

Emotional responses

Duplication of services

Disempowerment

Positive outcomes for professionals

Co-ordinated services

Clear roles and responsibilities

Clear and transparent communication between involved parties

Positive work environment

Effective and efficient use of services

Negative outcomes for professionals

Miscommunication between service providers

Mismanagement of funding

Lack of integrated services available

Legal action and reputational damage

Positive outcomes for organisations

Coherent and co-ordinated approach

Shared principles

Integrated service provision

Efficient use of resources

Community cohesion

Sharing of good working practices

Improved outcomes

Negative outcomes for organisation

Communication breakdown

Disjointed services

Increased costs

Reputational damage

Impact on staff recruitment and retention

Loss of time

Increased bureaucracy

Closer scrutiny and intervention from regulatory bodies

Strategies to improve outcomes for all stakeholders

Formal/informal roles that are within organisations

Recognising good models of partnership working

LO4 **Examine own contributions to working as part of a team**

Own contribution

Skills, knowledge and understanding developed

Communication skills used when working, building or leading teams

Meeting individual needs of team members

Reflection of practice

Areas for development identified

Own roles and responsibilities in team meetings or briefings

Own roles and responsibilities with regard to obtaining and disseminating information

Professional approaches to working with team members

Effectiveness of working within a team

Supporting team members

Meeting objectives set by the team

Dealing with conflict situations

Communication with the teams

Barriers that affected team working

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Differentiate between the role of a leader and the function of a manager</td><td rowspan="3">D1 Critically review different theories and approaches to leadership and their impact on effective management in care practice</td></tr>
<tr><td>P1 Compare the different roles and characteristics of a leader and a manager
P2 Discuss the characteristics of leadership and management in terms of their role in effective partnership working</td><td>M1 Critically compare the role of a leader and function of a manager using a range of theories and concepts and in different care contexts</td></tr>
<tr><td colspan="2">LO2 Discuss the role of partnership working across health, care and support services</td></tr>
<tr><td>P2 Discuss the key approaches to partnership working and the role that leaders and managers play
P3 Analyse the value of partnership working in achieving a high-quality service within legislative boundaries</td><td>M2 Evaluate how leaders and managers can improve efficiencies while successfully meeting partnership objectives and service users' needs</td><td>D2 Critically evaluate the factors that impact on the health and social care environment and partnership working</td></tr>
<tr><td colspan="2">LO3 Explore the outcomes of positive partnership working across health, care and support services</td><td rowspan="4">LO3 and LO4
D3 Critically evaluate own role as an effective member of a team working in partnership across different health, care and support services</td></tr>
<tr><td>P4 Discuss the impact of positive partnership working across different services on outcomes for service users</td><td>M3 Assess partnership working outcomes for all stakeholders across different services</td></tr>
<tr><td colspan="2">LO4 Examine own contributions to working as part of a team</td></tr>
<tr><td>P5 Discuss how own contributions impact on the work of a team
P6 Analyse own effectiveness in minimising barriers to effective team working</td><td>M4. Critically reflect on how to improve own personal contribution and minimise barriers to ensure the effectiveness of a team</td></tr>
</table>

Recommended resources

Textbooks

GLASBY, J. and DICKINSON, H. (2014) *Partnership Working in Health and Social Care.* London: Policy Press.

DICKINSON, H. (2016) *Evaluating Outcomes in Health and Social Care*. London: Policy Press.

SCHEDLITZKI, D. and EDWARDS, G. (2014) *Studying Leadership: Traditional and Critical Approaches*. London: Sage Publishing Ltd.

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 18: Innovation and Improvement through Action Research

Unit 20: Care Planning Processes in Healthcare Practice

Unit 22: Supporting Individuals through Significant Life Events

Unit 23: Managing Quality in Care Environments

Unit 25: Facilitating Change in Healthcare Environments

Unit 29: Human Resource Management in Healthcare

Unit 31: Providing Outpatient and Community Care

Unit 32: Team and Individual Leadership: Mentoring and Coaching Others

Unit 35: Project Management for Healthcare

Unit 36: End of Life Care Planning and Support

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, M2, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2 LO3 LO4	P2, P3 P4, M3 P5, M4, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2 LO3	M2, D2 P4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3	P4, M3
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3	P4, M3
THEME 6: NUMERACY IN PRACTICE	LO2	M2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present Evidence-based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 27: Social Policy in Public Health

Unit code	**Y/616/1662**
Unit level	**5**
Credit value	**15**

Introduction

Social policy is integral to the function of health and care services, it involves the legislation, guidelines and expectations regarding conduct of professionals and services that are responsible for securing the welfare of individuals within a society. In public health, social policy is specifically focused on policies that the government and other agencies representing the population determine are the vision for improving and maintaining the health of the nation.

The aim of this unit is to introduce students to a range of legislation, policy and codes of professional conduct related to public health and the impact these have on different populations. This will lead on to students appraising current social policy and how policy can aid in the promotion of health for a population within their own practice area.

Topics included in this unit are social, political and economic processes, health and wellbeing inequalities, partnership working, strategies to improve health outcomes and policy within own practice area.

On successful completion of this unit, students will have an insight into the origins of social policy documents within their own practice area. This will enhance their ability to reflect upon social and public health factors which are fundamental within a career in healthcare and for future study.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss the historical context of social policy governing public health practice

2 Examine social policy initiatives in public health

3 Carry out a review of social policy in relation to own area of practice

4 Reflect on the impact of social policy as a driver to improve outcomes in public health.

Essential Content

LO1 **Discuss the historical context of social policy governing public health practice**

Role of public health policy

Promoting the health of the nation

Protecting individuals from threats to health

Empowering individuals to make healthy choices

Defining social policy

Purposes of social policy

Benefits in the local, national and international context

Key developments in public health policy

Historical milestones in developing public health policy (post-WWI developments), e.g. housing, sanitation, healthcare, e.g. the introduction of the National Health Service, training of medical personnel, the Welfare State and social security, safeguarding, social care and social inclusion

Systems thinking approaches to social policy

Open versus closed systems

Public health as an open system

Aspects of legislation as relevant to public health policy

Legislation used in home country, e.g. Health and Social Care Act (2012), Public Health (Scotland) Act (2008), Equality Act (2010), Human Rights Act (1998)

Specific processes:

The role of Parliament and local government

Review of previous legislation and policy

Scientific evidence base

Ethical issues and risk

Universal provision and economic viability

Roles of national and international public health-related organisations

e.g. Public Health England, World Health Organisation

LO2 **Examine social policy initiatives in public health**

Policy development processes

Policy formation: policy created or changed (social and political process)

Adoption: policy enacted and brought into force

Policy implementation: actions, mechanisms, e.g. what is written is turned into reality

Policy evaluation: final stage monitoring, critical analysis to help improve policy

How public issues can only reach political agenda if they are converted to political 'issues' through influencers:

Pressure groups and campaigners

Charities and voluntary sector organisations, e.g. Red Cross, AIDS Foundation, Cancer Research UK.

How legislation has been interpreted to meet specific user needs informing local and national policy and guidelines for practice in areas of public health

Strategies to improve health outcomes

Definition and purpose of impact assessments

Types of impact assessments e.g. Health Impact Assessment (HIA), Environmental Health Impact Assessment (EHIA)

Global and national impact assessments, e.g. World Health Organisation health impact assessment, Centre of Disease Control (CDC – America), Public Health England, Wales Health Impact Assessment Support Unit (WHIASU)

Local impact assessments, e.g. in the UK, Joint Strategic Needs Assessments, monitoring and reporting the effectiveness of local strategies and assessments

The role impact assessments play in informing local, national and international policy

Partnership approaches towards promoting social policy development in public health

Global, national and local organisations, e.g. government, local commissioning groups, health and care professionals

The importance of communication and collaborative working between different informal agencies in promoting social policy change, e.g. charities, business, communities, family groups

Areas of social policy relevant to public health

Relationship of national policy in home country to local policies within the practice area, e.g. local policies that promote health and wellbeing under the umbrella of wider national policy

Significance of codes of practice in relationship to public health policy, e.g. Code of Conduct for Healthcare Support Workers and Adult Social Care Workers, The Code for Nurses and Midwives, local organisational codes of practice and mission statements

Social policy relating to specific areas of public health and wellbeing

Local and global aspects, e.g. socio-economic, gender, age, climate change, disaster, employment, disability, education, community services, and new developments in medicine

Policy areas related to specific lifestyle factors, e.g. obesity, smoking, substance abuse, exercise, emotional and mental health factors

Difficulties experienced accessing public health services by different population groups, e.g. people with specific physical difficulties, learning difficulties and marginalised groups

Legislation and policy relating to health, safety and wellbeing in own practice

LO3 **Carry out a review of social policy in relation to own area of practice**

Areas of social policy relevant to own area of practice

Identifying areas of social policy in own practice, e.g., access to services, inclusive practice, individual support, safeguarding

Selecting area of policy and linking with Practice Themes with regard to at least one of:

Equality, diversity and inclusion

Safeguarding

Health and safety

Promoting mental and physical health.

Development of policy:

Processes involved in the development and review of policy, e.g. Formulation, adoption, implementation, evaluation

Sourcing evidence-based practice/research supporting area of policy development

Support networks, pressure groups, campaigners that can promote policy issues

Potential impact of policy reform on individuals inside and outside own practice.

Factors affecting the development and implementation of social policy:

Differences in outcomes for individuals, society of home country and internationally, compared to when policy was developed

Impact of factors that may affect outcomes for individuals, e.g. time taken to identify and highlight issue, development and implementation of policies

Impact of social policy on practice, e.g. procedures – hygiene, health and safety, equality, diversity and meeting individual needs

Impact of social policy on communication systems, e.g. recording, reporting, responsibilities regarding confidentiality, equal opportunities, anti-discriminatory practice, meeting individual needs

LO4 **Reflect on the impact of social policy as a driver to improve outcomes in public health**

Impact of proposed policy plan on own practice and service provision

Significance of particular working practices on own practice, e.g. culture and values, professionalism and experience of healthcare practitioners

Significance of social policy in influencing national and global healthcare strategies

Impact on own role in supporting and influencing social policy in own practice

Impact of social policy on own professional development

Developing targets and strategies for developing own career pathway and influencing social policy in public health

Implications and ways to disseminate through knowledge exchange and possible impact on partnership working and developing an integrated care model

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss the historical context of social policy governing public health practice</td><td rowspan="5">LO1 and LO2
D1 Critically analyse key developments, legislation and strategic interventions that have promoted social policy</td></tr>
<tr><td>P1 Discuss key historical developments that have influenced social policy
P2 Illustrate in detail the processes used in home country in devising social policy</td><td>M1 Evaluate how key historical developments have driven legislation governing social policy in home country</td></tr>
<tr><td colspan="2">LO2 Examine social policy initiatives in public health</td></tr>
<tr><td>P3 Discuss how legislation has informed national and local social policy in own country
P4 Discuss the importance of strategy interventions in promoting social policy development</td><td>M2 Investigate how legislation and policy intervention promotes social policy development</td></tr>
<tr><td colspan="2">LO3 Carry out a review of social policy in relation to own area of practice</td><td rowspan="5">LO3 and LO4
D2 Critically evaluate the success of social policy intervention on driving improvements in practice, provision and future professional development to improve health outcomes for different groups</td></tr>
<tr><td>P5 Illustrate in detail different areas of focus for social policy in public health relevant to own work setting
P6 Discuss how local and national policy directs identified areas of public health strategy</td><td>M3 Assess the impact of social policy-driven interventions on promoting public health and wellbeing measures in own area of practice</td></tr>
<tr><td colspan="2">LO4 Reflect on the impact of social policy as a driver to improve outcomes in public health</td></tr>
<tr><td>P7 Discuss the impact of social policy interventions on own area of service provision.
P8 Analyse how developing own role can support policy-driven strategies in public health to improve health outcomes for different groups</td><td>M4 Evaluate effectiveness of own role in influencing policy development and future practice in public health to improve health outcomes for different groups</td></tr>
</table>

Recommended resources

Textbooks

GUEST, C., RICCIARDI, W., KAWACKI, I. and LANG, I. (2013) *Oxford Handbook of Public Health Practice. (3rd Ed*.) Oxford: Oxford University Press.

MARMOT, M. (2015) *The Health Gap: the Challenge of an Unequal World.* London: Bloomsbury Publishing.

SEALEY, C. (2015) *Social Policy Simplified: Connecting Theory and Concepts with People's Lives.* London: Basingstoke: Palgrave Macmillan.

Websites

www.skillsforcare.org.uk	Skills for Care
	Code of Conduct for Healthcare Support Workers and Adult Social Care Workers (Guidance)
www.jrf.org.uk/	Joseph Rowntree Foundation
	(General reference)
www.kingsfund.org.uk/	The Kings Fund
	(General reference)
www.gov.uk	Government Website (England)
	Public Health England pages
	(General reference)
nuffieldbioethics.org	Nuffield Council on Bioethics Public Health Policy
	(General reference)
www.nmc.org.uk	Nursing and Midwifery Council
	The Code for nurses and midwives
	(General reference)
www.who.int	World Health Organisation Impact Assessments
	(General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 5: Health Education in Action

Unit 8: Addressing Health Inequalities

Unit 11: Changing Perspectives in Public Health

Unit 14: Sociological and Psychological Perspectives on Health

Unit 25: Facilitating Change in Healthcare Environments

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 28: Holistic Approaches to Health Promotion

Unit 34: Global Health and Wellbeing

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	All Learning Outcomes	All criteria
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3 LO4	M3, D2 P8, M4, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3 LO4	M3, D2 P8, M4, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3 LO4	M3, D2 P8, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 28: Holistic Approaches to Health Promotion

Unit code	**D/616/1663**
Unit level	**5**
Credit value	**15**

Introduction

Healthcare professionals need to develop a professional and holistic approach to promoting the health and wellbeing of individuals, families and communities across a number of dimensions in healthcare practice.

In this unit, students will explore physical, mental, social, socio-economic, environmental and emotional factors that affect aspects of the health and wellbeing of individuals, families and communities. They will also investigate how health promotion strategies, approaches and campaigns operate to improve health outcomes on a wider scale. Students will reflect on different models of health promotion and their applicability to current practice in healthcare settings, and in local communities.

The unit also requires students to investigate the current policy landscape that influences health priorities in their locality towards formulating a health promotion strategy as well as developing the skills to lead on, implement and review a linked small-scale health promotion strategy in a health, care or support setting in their local community. Students will identify appropriate tools and methods of communication to use in their strategy and evaluate the outcomes in terms of its' potential success in improving health outcomes for different individuals.

This unit will enable students to develop the understanding and skills to support health promotion initiatives in their career in healthcare, and progress in further learning regarding health promotion and public health.

Learning Outcomes

By the end of this unit students will be able to:

1 Explore factors that influence the health and wellbeing of individuals, families and communities.

2 Examine approaches to health promotion and their impact on the health and wellbeing of individuals, families and communities

3 Investigate holistic approaches to promoting health and wellbeing in own work setting

4 Develop and lead on a strategy for health promotion in a health, care or community support setting.

Essential content

LO1 **Explore factors that influence the health and wellbeing of individuals, families and communities.**

Definitions of health, health and wellbeing

World Health Organisation's definition, physical, social and mental, e.g. intellectual, emotional and spiritual dimensions

Organisations involved in setting health promotion strategies, global and local

World Health Organisation (WHO)

National Health Service (NHS)

Public Health England

Holistic approaches

Taking into account the various aspects of a person's health and wellbeing

Physical factors

e.g. heredity, physical activity and stress, nutrition and hydration, rest and sleep

Intellectual factors

e.g. intellectual stimulation, access to and engagement in lifelong learning, expanding knowledge

Environmental factors

e.g. pollution/pollutants, geography/location, housing, transport

Economic factors

e.g. income, wealth, employment status, access to affordable healthcare

Social and behavioural factors

Social relationships, e.g. friends, family, clubs and teams

Social status, e.g. country of residence and nationality and entitlements

Stability of domestic relationships, e.g. exposure to violence or harm

Social pressure, e.g. peers, media

Behavioural factors, e.g. stereotypes, prejudice and discrimination, compliant behaviour and empowerment, personality

Impact of factors on local and global health priorities

Barriers to health behaviours

Challenges in accessing services to maintain, enhance or improve health and wellbeing

e.g. physical access or location, financial constraints, referral systems, private sector and public sector facilities

LO2 **Examine approaches to health promotion and their impact on the health and wellbeing of individuals, families and communities**

Key terms

Health promotion, health education, health campaigns, health behaviour

Medical and social models of health and wellbeing

Features of the homeodynamic model of health and wellbeing

Interactions between the individual, environment, health and illness

Lifespan approaches to health and wellbeing

The impact of physical, intellectual, emotional and social factors on health and wellbeing

The interaction between physical and mental health conditions and illnesses

Comparison between different approaches to health promotion and prevention available to individuals accessing healthcare services in relation to a holistic approach to health

Health promotion into practice

The five dimensions Health Promotion Action in the Ottawa Charter for Health Promotion (WHO, 1989) i.e.

Build Healthy Public Policy

Create Supportive Environments

Strengthen Community Actions

Develop Personal Skills

Reorient Health Services (towards more health promotion activities not just clinical and curative services)

Recognising the relationship between strategic approaches to health promotion:

Global to National

National to Regional

Regional to Local

Health Campaigns and intervention strategies

Resources

Influence of the media

Impact on health behaviours of individuals, families and communities

The role of national public health bodies

e.g. Public Health England, NHS

Current and ongoing health promotion strategy and campaigns

WHO Sustainable Development Goals (WHO, 2015)

Examples of local strategy and campaigns e.g. Healthy Lives: Healthy People Strategy (Department of Health), Live Well (NHS Choices), One You (NHS UK), Be Clear on Cancer (Public Health England), Start for Life (NHS UK), Change for Life (NHS UK)

Other global or national campaigns being enacted on a regional and local level concerning current national health and wellbeing concerns, e.g. smoking, obesity, mental health, exercise and fitness, road safety, alcohol and drug use, immunisation, self-care, dementia awareness, disability awareness, poverty

LO3 **Investigate holistic approaches to promoting health and wellbeing in own work setting.**

Approaches

Integrated health and social care approach

Preventative care

Person-centred approach

Personalisation and informed choice

Engaging and empowering individuals, families and communities

Building a committed, well-qualified healthcare workforce

Tackling local health inequalities

Health and wellbeing: wellbeing and mental health, diet, obesity and physical exercise, smoking, alcohol and drugs

Effectiveness: delivery of care, health and safety, minimising risk, prevention and detection of signs and symptoms

Knowledge and skills: professionalism, communication, empathy, working together, negotiation, relevant legislation

LO4 **Develop and lead on a strategy for health promotion in a health, care or community support setting**

Planning health promotion

Strategic direction

Aims and objectives

Methodology

Planning cycle

Using demographic data

Working in partnership

Interventions, e.g. family and community intervention

Ethical considerations

Recognising and respecting individual choice

Outcomes-focused approaches

Methodology and ethical approaches

Moral reasoning

Personal beliefs

Blame and fear approaches

Confidentiality

Choice

Respect and planning with regard to equality and diversity, e.g. disability, gender, socio-economic, age, religion and cultural sensitivity and awareness

Methodology, e.g. displays, activities

Family and local community involvement

Multidisciplinary and partner agencies, e.g. dentist, dietician, library, emergency services, local medical centre, local leisure services

Healthy lifestyle awareness

Person-centred approaches

Choice and control

Cost-effectiveness

Effective health promotion

Individual, family and community benefits

Links to early intervention

Lifelong outcomes

Lifestyle changes

Holistic assessment

Emotional health

Resilience

Developing confidence

Inquisitive approaches

Individual managing own health and self-care

Domino effect – raising awareness with one individual/family can extend to wider community or other families

Planning strategic approach to health promotion

Aim and purpose

Success measures

Resource implications

Role of staff and upskilling

Evaluation of campaigns

Implementation/evaluation

Reflection and learning

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explore factors that influence the health and wellbeing of individuals, families and communities</td><td rowspan="5">LO1 and LO2
D1 Critically evaluate the local and global relevance of different strategic approaches to health promotion.</td></tr>
<tr><td>P1 Discuss the benefits of holistic approaches to promoting the health and wellbeing of different individuals accessing healthcare services
P2 Assess the different factors that influence the health and wellbeing of individuals, families and communities</td><td>M1 Critically analyse the range of factors that impact on global and local health and wellbeing priorities</td></tr>
<tr><td colspan="2">LO2 Examine approaches to health promotion and their impact on the health and wellbeing of individuals, families and communities</td></tr>
<tr><td>P3 Analyse the relationship between the homeodynamic approach to health and wellbeing and a current national health promotion strategy</td><td>M2 Reflect on the effectiveness of a global strategy for health promotion, in improving the health and wellbeing of individuals, families and communities on a local level</td></tr>
<tr><td colspan="2">LO3 Investigate holistic approaches to promoting health and wellbeing in own work setting</td><td rowspan="4">LO3 and LO4
D2 Critically reflect on the effectiveness of own campaign using self-selected measures of success and making recommendations for future health promotion strategy</td></tr>
<tr><td>P4 Discuss the relevance of holistic approaches to improving the health and wellbeing of individuals, families and communities through health promotion activities in own work setting</td><td>M3 Review a range of factors that affect the communication between services users and healthcare practitioners during health promotion interventions</td></tr>
<tr><td colspan="2">LO4 Develop and lead on a strategy for health promotion in a health, care or community support setting</td></tr>
<tr><td>P5 Plan and implement a health promotion campaign in a healthcare setting as part of a current national health promotion strategy</td><td>M4 Justify the choice of campaign and show how individuals, families and communities have contributed to the campaign</td></tr>
</table>

Recommended resources

Textbooks

BARLEY, E. (2016) *Health Psychology in Nursing Practice.* London: Sage Publications Ltd.

COTTRELL, S. (2003) *Study Skills Handbook.* Basingstoke: Palgrave Macmillan.

HEALEY, J. and SPENCER, M. (2008) *Surviving your Placement in Health and Social Care: A student handbook*. Berkshire: Open University Press.

JASPER, M. (2003) *Beginning Reflective Practice.* Cheltenham: Nelson Thornes Ltd.

NAIDOO, J. and WILLS, J. (2009) *Foundations for Health Promotion.* London: Balliere Tindal.

OGDEN, J*. (2012) Health Psychology: A textbook (5th edition).* Berkshire: Open University Press.

SHARPLES, K. (2011) *Successful Practice Learning for Nursing Students.* London: Sage Publications Ltd.

Websites

www.nursingtimes.net	Nursing Times (General reference)
www.england.nhs.uk	National Health Service (England) Five Year Forward View (Strategy)
www.gov.uk	Public Health England All Our Health: A call to Action (Resources and General reference)
www.makingeverycontactcount.co.uk	Health Education England, Making Every Contact Count (General reference and Report)
www.nmc.org.uk	Nursing and Midwifery Council *Nurses 4 Public Health* *Promote, Prevent and Protect: The Value and Contribution of Nursing to Public Health in the UK: Final report* (Report)

www.phoutcomes.info/	Public Health England Public Health Outcomes Framework (Strategy)
www.who.int	World Health Organisation 1. Sustainable Development Goals 2. Millennium Development Goals (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 5: Health Education in Action

Unit 8: Addressing Health Inequalities

Unit 11: Changing Perspectives in Public Health

Unit 14: Sociological and Psychological Perspectives on Health

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 27: Social Policy in Public Health

Unit 34: Global Health and Wellbeing

Unit 35: Project Management for Healthcare

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO3 LO4	P4, P5, M3 M4, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO4	P5, M4, D2

THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3	P4, M3
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	All Learning Outcomes	All assessment criteria
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1 LO2 LO3	P1, M1 P3, M2, M1 P4 M3 D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 29: Human Resource Management in Healthcare

Unit code	**H/616/1664**
Unit level	**5**
Credit value	**15**

Introduction

Recruitment and retention of staff is an extremely important element of the healthcare sector. Those with responsibility for this need to have the knowledge and understanding of the processes involved in the recruitment and management of staff in the healthcare workplace., They need to recognise their responsibilities in relation to their own developmental needs as well as those they are responsible for.

This unit will allow students to practise valuable staff interviewing skills as well as giving the opportunity to demonstrate effective recruitment practice in a healthcare setting in preparation for their role in managing staff. Students will be required to investigate the recruitment of staff, including the relevant legal and policy frameworks, as well as relating the process to various advisory documents providing guidance on recruitment in a healthcare settings. They will also review their workplace supervision and appraisal practices and make recommendations for improvement.

Students will investigate how Continuing Professional Development (CPD) is used in the workplace as well as examining their role in supporting, coaching or mentoring staff and the purpose and process of providing feedback. Students will also explore the use of development plans to allow for identification of staff training requirements and investigate their own management training needs.

The skills and understanding gained in this unit will help students to manage workplace human resources in a healthcare-related environment at their relevant level.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss the processes involved in the recruitment of staff relevant to own setting

2 Review how staff are monitored and supported on a regular basis

3 Recognise the legal and ethical responsibilities of human resource management

4 Plan for own learning requirements relevant to managing staff.

Essential content

LO1 **Discuss the processes involved in the recruitment of staff relevant to own setting**

Factors for planning recruitment

Defining human resource (HR) requirements, e.g.:

requirements of setting (full-time, part-time staff), work roles, ratios,

job specification and person description, e.g. qualifications, experience, personal skills and qualities

sources of recruitment, e.g. media – print and internet, agencies .

Seeking advisory guidance, e.g. Skills for Health Employability Matrix, ACAS

The recruitment of individuals

The models of selection of staff

Values-based recruitment techniques, e.g. shortlisting, interview, assessment, test, observation, psychometric testing

Literacy and numeracy assessment relevant to role

Identification of personal values, skills and qualities identified through the use of the Employability Skills Matrix

Involvement of internal and external stakeholders

Promoting diversity in the composition of the workforce, e.g. employing service users in support roles

The relationship between effective staff recruitment and patient or service user outcomes

Safeguarding service users through effective recruitment

Retention of staff

Retention of staff through motivational practices, e.g. progression opportunities, transparent and regular communication, increased responsibility

Recognition of the importance of work-life balance

Management as facilitation not autocratic direction

Theories of motivation, e.g. Hertzberg, McClelland, Vroom

Responsibility to support staff

Valuing and actively promoting diversity, difference and inclusive practices

Impact of poor HR management on staff

Giving staff opportunities to take on additional responsibilities and trusting them to fulfil their role

Impact of a target-driven culture on staff satisfaction and morale

LO2 **Review how staff are monitored and supported on a regular basis**

Performance of individuals

Monitoring systems, e.g. supervision, observations, appraisal

Models of identifying successful outcome

Setting targets, benchmarks, feedback from others

Effectiveness of systems, e.g. accountability, benefits and limitations for individuals, team and service user

Requirements of organisation

Impact of performance monitoring on individuals being monitored

Making performance monitoring a cooperative and collaborative process

360-degree appraisals

Supporting other staff

Conflict resolution and management, e.g. mediation, counselling, grievance procedures, disciplinary processes

Coaching and mentoring, training others

Succession planning

Information management

Maintaining appropriate communication channels

Staff meetings

Challenges in implementing effective systems of monitoring and support, e.g. resource, engagement, time pressures, lack of technological awareness or capability, balancing the needs of the employee with the needs of the organisation, own familiarity with and awareness of, the employee as an individual

Relationship of team-working theories to providing effective team support

Tuckman's theory of group development

Adair's theory of team leadership

Belbin's team roles theory

Tajfel's Social Identity Theory

McGregor's X and Y Theory

Inadequate support from HR

Impact of poor HR management, e.g. inadequate training opportunities, under-motivated employees, high staff turnover, lack of appropriate recruitment, poor service to patients including ineffective safeguarding, performance reviews badly managed, negative or highly pressurised working culture, stress-related ill health of staff

LO3 **Recognise the legal and ethical responsibilities of human resource management**

Legal and professional responsibilities: recruitment regulations

Relevant and current legislation and professional requirements, e.g. Equality Act (2010), Equality and Human Rights Commission (2007), Data Protection (General Data Protection Regulations, 2018; Data Protection Act, 1998), Safeguarding Vulnerable Groups Act (2006), Disclosure and Barring Service Regulations, Immigration and Nationality Act (2006), Rehabilitation of Offenders Act (1974)

Right to Work, international recruitment regulations, e.g. Tier 2 requirements

OR current and relevant legislation and equivalent professional requirements in own home country

Ethical responsibilities to staff.

Inclusive practices

Managing difficult conversations, e.g. conflict, professionalism, complaints disciplinary and grievance meetings

Protecting staff dignity, mental and physical health

Protecting the right of staff to be treated fairly and given equal access to opportunities

Managing stress on staff, e.g. occupational health, workstation assessments

Promoting staff development, actively seeking opportunities to further develop staff

Factors that affect fulfilment of legal and ethical responsibilities

Resource and budgetary constraints, e.g. scheduling staff, contingency planning

Responding to external inspection and audit requirements

Organisational culture, e.g. lack of exposure, awareness of, or sensitivity to, issues of diversity and inclusion

LO4 **Plan for own learning requirements relevant to managing staff**

Continuing Professional Development (CPD)

Own development, e.g. current knowledge and understanding, current qualifications, current skills competencies

CPD plan, e.g. reflective reviews, taking action, evaluating outcomes, using feedback, recognising changes required

Ability to work with change

Training for progression, e.g. assessor training, higher level apprenticeships

CPD requirements of setting

Mandatory training requirements, e.g. Health and Safety, Moving and Handling, Fire Safety, First Aid, Infection Control, Food Hygiene, Safeguarding, Medication, specialist training relevant to setting

Meeting occupational standards

Compliance with external requirements, e.g. CQC, care standards, NMC, professional registration or other requirements, as relevant to own home country

Implementing a staff development training plan

In-house, external courses

Assessing competence, e.g. training assessors

Training mentors and coaches

Cost to organisation

Providing opportunities for team bonding and development

Own role in staff training

Identifying CPD opportunities

Collaborative CPD planning and staff training

Leading or participating in appraisal processes

The feedback process: purpose, disseminating information, one-to-one, mentor and group feedback, the feedback loop, constructive criticism and appropriate praise, measuring outcomes, implementing change, reviewing the process

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Discuss the processes involved in the recruitment of staff relevant to own setting		
P1 Discuss the factors to be considered when planning and undertaking the recruitment of staff in own healthcare setting **P2** Analyse how HR management teams could ensure staff are retained in own healthcare setting	**M1** Evaluate the impact on healthcare settings of poor management of recruitment processes	**D1** Critically reflect on the recruitment and staff retention processes in own setting and identify potential improvements
LO2 Review how staff are monitored and supported on a regular basis		
P3 Analyse the performance monitoring systems available to management **P4** Discuss how the HR department supports staff through complex or difficult processes	**M2** Critically assess the challenges faced in implementing systems of support and monitoring of staff	**D2** Evaluate the potential impact on a healthcare setting of a lack of HR monitoring and support
LO3 Recognise the legal and ethical responsibilities of human resource management		
P5 Compare different legal responsibilities of the HR department when recruiting or retaining staff **P6** Discuss ethical responsibilities that HR departments have with regard to their staff	**M3** Critically analyse the relationship between legal and ethical responsibilities of human resources departments and the impact on staff being managed	**D3** Justify the need for healthcare organisations to comply with current HR guidance and legislation using current examples of breaches in employment law

Pass	Merit	Distinction
LO4 Plan for own learning requirements relevant to managing staff		
P7 Illustrate in detail the current mandatory training requirements of own setting for workers in different roles **P8** Discuss the benefits of Continuing Professional Development planning to individuals, teams and settings	**M4** Evaluate own role in the training of staff in own setting	**D4** Complete a critically reflective CPD plan to improve own and staff training and development

Recommended resources

Textbooks

ARMSTRONG, M. and TAYLOR, S. (2017) *Armstrong's Handbook of Human Resource Management Practice.* London: Sterling, V.A. Kogan Page.

AYLOTT, E. (2014) *Employee relations: HR Fundamentals*. London: Kogan Page.

ELLIS, P. and BACH, S. (2015) *Leadership, Management and Team Working in Nursing (Transforming Nursing Practice Series).* Exeter: Learning Matters.

McCONNELL, C.R. (2012) *The Healthcare Manager's Human Resources Book (2nd Edition).* Massachusetts: Jones and Bartlett.

WOOLNOUGH, H.M. and FIELDEN, S.L. (2017) *Mentoring in Nursing and Healthcare: Supporting Career and Personal Development.* Oxford: Wiley-Blackwell.

Websites

www.nice.org.uk	National Institute for Clinical Excellence Human resources (General reference)
www.who.int	World Health Organisation Human Resources for health (HRH) tools and guidelines (General reference)
www.cqc.org.uk	Care Quality Commission Staffing (General reference)
www.skillsforcare.org.uk	Skills for Care Recruitment and retention (Tutorials)
businessballs.com	Businessballs Team building (General reference)
www.cipd.co.uk	The Chartered Institute for Personnel and Development (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 20: Care Planning Processes in Healthcare Practice

Unit 23: Managing Quality in Care Environments

Unit 25: Facilitating Change in Healthcare Environments

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 32: Team and Individual Leadership: Mentoring and Coaching Others

Unit 35: Project Management for Healthcare

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO3	P5, M3, D3
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1	P1. P2, M1, D1.
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3	P5, P6, M3, D3

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

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Unit 30: Pharmacology and Medicine Management

Unit code	**K/616/1665**
Unit level	**5**
Credit value	**15**

Introduction

The use of pharmaceutical medicines is an important tool in the treatment of disease and the management of symptoms in healthcare. It is important for practitioners working in healthcare to have an understanding of the use of these medicines, and a knowledge of how their use is controlled by legislation, policies, procedures and practice.

In this unit, students will develop their knowledge of the physiological action of the different medicines and the importance of adhering to legislative requirements, policies and procedures in their practice. Students will also develop their skills in practising safe medicine management.

In addition to this, students will explore how policies and procedures support staff to practise the administration and management of medicines in a wide range of settings. They will learn to apply the knowledge, skills and capabilities required for safeguarding and supporting the best outcomes for patients, themselves and others.

The knowledge they will gain will provide a basis for further, lifelong study and progression into continuing higher education qualifications and employment in a healthcare role.

Learning Outcomes

By the end of this unit students will be able to:

1 Analyse the actions of, and physiological response to, different types of medicine

2 Investigate the legislation, policies and standards that govern the management of medicines in a healthcare setting

3 Explain why the interactions of drugs must be taken into account when developing policy, procedure and practice for managing medicines

4 Safely implement own setting's policies and procedures when administering and managing medicines.

Essential content

LO1 **Analyse the actions of, and physiological response to, the different types of medicine**

Types of medicine used to treat physical and mental health conditions:

Analgesics

Antibiotics

Antidepressants

Antipsychotics

Anti-inflammatories

Sedatives

Vaccines

Drug pathways and physiological responses

Common pharmaco-dynamic actions

Common pharmaco-therapeutic actions

Adverse Drug Reactions (ADRs), common side effects and contra-indications of different medicines

Considerations regarding the physiological status of the individual:

e.g.

pregnant or breastfeeding women

older adults

children

individuals with significant pathologies, e.g. renal or hepatic impairments

LO2 **Investigate the legislation, policies and standards that govern the management of medicines in a healthcare setting**

Legislation:

Statutory requirements in relation to:

mental health

mental capacity

children/young people and medicines

national service frameworks and other country-specific guidance, e.g. in the UK, Medicines Act (1968), Human Medicines Regulations (2012)

OR as relevant to country of study, e.g. the relevant updates and changes

Policies, local and national (relevant to the particular workplace)

Risk assessment in medicine management

Standards

e.g. Nursing and Midwifery Council Standards for Medicines Management

Regulation

In the UK, Medicines and Healthcare Products Regulatory Agency (MHRA), National Institute for Health and Care Excellence (NICE)

Or other medicines and drug regulations, as applicable to home nation

LO3 **Explain why the interactions of drugs must be taken into account when developing policy, procedure and practice for managing medicines**

Interactions with:

Other prescribed drugs

Over-the-counter drugs

Self-medication e.g. alcohol, illegal drugs

Supplements and vitamins

Nutrients

Other diseases and conditions

Effect on dosage calculations

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Drug interaction

Synergy

Antagonism

Policy, procedure and practice

Prioritising treatments when dealing with complex situations

Relative efficacy and cost

LO4 **Safely implement own setting's policies and procedures when administering and managing medicines**

Policies and procedures

National policies and procedures

Local policies and procedures

Workplace policies and procedures

Areas covered by the policies and procedures

Safeguarding patients and staff

Ensuring ethical and person-centred care, e.g. managing and responding to distress, consulting the individual, adapting communication to suit the individual's needs

Keeping accurate records of medicine administration and management

Consequence and procedures to follow in the case of errors

Confidentiality

Management of dosages (calculation, timing, recording)

Checking medicines, IV fluids and bloods

The safe handling of medicines, e.g. the receipt, storage and disposal of medicines both in and out of hospital settings, managing out-of-date stock and the management of discrepancies in stock

Assisting individuals in taking medicines within the remit of own role

Prescription

Taking into account side effects

Risk versus benefit of prescribing drugs

Patient choice

Calculation of dosage and the pharmaco-kinetics of drugs

Invasive and non-invasive procedures

Topical, inhalation, oral administration, injection/intravenous infusion, rectal administration, pessary

Adverse drug events (ADEs) and adverse drug reactions (ADRs)

Definitions and characteristics of

Distinctions and relationship between the two terms

Potential impact of prescribing and administration errors on individuals, their family or carers

Potential impact of prescribing and administration errors on teams, departments and organisations

Managing adverse drug events or adverse drug reactions

Alternative therapeutic approaches and symptom control

Physiotherapy, counselling, cognitive behavioural therapy

Surgical intervention

Relaxation, distraction and lifestyle advice

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Analyse the actions of, and physiological response to, different types of medicine		
P1 Discuss the therapeutic use of different types of drug **P2** Discuss the physiological actions of different types of drugs **P3** Analyse the reasons for the different methods of administration of drugs	**M1** Assess the efficacy of different medicines for therapeutic use	**D1** Evaluate the efficacy of different medicines for specific therapeutic uses
LO2 Investigate the legislation, policies and standards that govern the management of medicines in a healthcare setting		
P4 Discuss how legislation and standards that govern the use of medicines protect the service user **P5** Explain how local policies reflect the legislation governing the use of medicines	**M2** Assess how effectively the legislation and standards that govern the use of medicines protects the service user.	**D2** Evaluate how effective local policy is at reflecting legislative requirements on the use of medicines in protecting the service user
LO3 Explain why the interactions of drugs must be taken into account when developing policy, procedure and practice for managing medicines		
P6 Explain how drug interactions may affect the efficacy and side effects of different medicines for physical and mental health conditions	**M3** Discuss how the interactions of drugs are taken into account when developing policy, procedure and practice for managing medicines	**D3** Critically review how effective implementation of the policies and procedures used to manage different medicines protects both the service user and staff

Pass	Merit	Distinction
LO4 Safely implement own setting's policies and procedures when administering and managing medicines		
P7 Rationalise own work setting's policies and procedures used for managing and prescribing medicines including consideration of adverse drug events and reactions **P8** Safely implement own healthcare setting's policies on administering and managing medicines under the supervision of an appropriate professional	**M4** Evaluate the effectiveness of own safe implementation of the policies and procedures on administering, prescribing and managing different medicines	**D4** Justify the rationale for taking the interactions of drugs, adverse events and reactions into account when developing policy, procedure and practice for managing medicines in own practice setting

Recommended resources

Textbooks

ASHELFORD, S., RAYNSFORD, J. and TAYLOR, V. (2016) *Pathophysiology and Pharmacology for Nursing Students (Transforming Nursing Practice Series).* Oxford: Wiley-Blackwell.

Joint Formulary Committee (March, 2017) *British National Formulary (BNF) 73.* London: BMJ Publishing Group Ltd and Royal Pharmaceutical Society

BOYD, C. (2013) *Medicine Management Skills for Nurses: Student Survival Skills.* Oxford: Wiley-Blackwell.

WARRELL, D.A., COX, T.M., and FIRTH, J.D. (2016) *Oxford Textbook of Medicine* (*5th Ed.*)*.* Oxford: Oxford University Press.

GROUP, N.P.A. (2015) *Nurse Prescribers' Formulary 2015-2017: For community practitioners*. London: Pharmaceutical Press.

REID-SEARL, K., DWYER, T., MOXHAM, L., REID-SPEARS, J. and RICHARDS, A. (2012) *Maths and Medications (Nursing and Health Survival Guides).* Oxford: Routledge.

RICHARDS, A. (2012) *Drugs in Use (Nursing and Health Survival Guides).* Oxford: Routledge.

Websites

www.nice.org.uk	National Institute for Healthcare and Excellence (General reference)
www.nmc.org.uk	Nursing and Midwifery Council (General reference)
www.mhra.gov.uk	Medicines and Healthcare Products Regulatory Agency (General reference)
www.ukmi.nhs.uk	UK Medicines Information (General reference)
www.bnf.org	British National Formulary (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 20: Care Planning Processes in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P4 P5 M2, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3	P6, P7, M3, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2 LO3 LO4	P4, P5, M2, D2 P6, P7, M3, D3 D4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	P8
THEME 6: NUMERACY IN PRACTICE	LO1 LO3	P3 M1, D1 P6, P7, M3, D3

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 31: Providing Outpatient and Community Care

Unit code	M/616/1666
Unit level	5
Credit value	15

Introduction

Outpatient and community care have long provided care and support in the form of numerous specialist services such as tissue viability, physiotherapy, palliative care, counselling, weight-loss programmes and medical procedures or tests that can be done in hospital, a clinic or a general practice without an overnight stay, and sometimes in people's own homes.

Many procedures and tests can be done in a few hours. Some surgical services and rehabilitation treatments, as well as mental health services, are also available as outpatient services. Outpatient care tends to be less expensive, since it is often less involved and does not require the continued presence of the patient, therefore using fewer of the hospital or clinic's valuable and scarce resources. The main aim in providing community care services is to enable people to remain living in their own homes so that they retain as much independence as possible, avoiding social isolation.

In this unit, students will explore the roles that outpatient and community care play in the health and wellbeing of individuals. While learning about the legislation and guidance underpinning outpatient and community care, students will link these to practice and service delivery, assessing the value of such services to individuals requiring ongoing treatment or support.

On completion of this unit, students will be able to understand how outpatient and community care is delivered, what influences service delivery, the positive outcomes for individuals accessing services and the impact of their own role on achieving quality service provision.

Learning Outcomes

By the end of this unit students will be able to:

1 Analyse key drivers underpinning outpatient and community care

2 Review the services provided by outpatient and community care

3 Assess the benefits of outpatient and community care for individuals

4 Explore own role in providing outpatient and community care to individuals.

Essential content

LO1 **Analyse key drivers underpinning outpatient and community care**

Aspects of legislation as applies to provision of outpatient and/or community care provision:

Safeguarding e.g. Mental Capacity Act (2005)

Equality and human rights e.g. Human Rights Act (1998), Equality Act (2010)

Data Protection e.g. General Data Protection Regulations (2018), Data Protection Act (1998)

Service provision e.g. Health and Social Care Act (2012), Care Act (2014).

OR other related legislation as currently applicable in own home country

Frameworks:

NHS Outcomes Framework

Health and Social Care Outcomes Frameworks

Public Health Outcomes Framework

The National Gold Standards Framework (GSF)

OR other related frameworks as currently applicable in own home country

National guidelines

NHS England Five Year Forward View

NHS England. Everyone counts: planning for patients (2014/15 to 2018/19)

National Institute for Health and Care Excellence (NICE) Quality Standard for End of Life Care (2011)

End of life core competences and national occupational standards (2009)

National Institute for Health and Care Excellence (NICE) guidelines: Transition between inpatient hospital settings and community or care home settings for adults with social care needs (2015)

Joint strategic needs assessment data (JSNA)

The Marmot Review (2010)

OR other related guidelines as currently applicable in own home country

LO2 **Review the services provided by outpatient and community care**

Outpatient service provision (medical treatments or care that do not require overnight stay in hospital)

Clinical services e.g. clinical investigations, dialysis, surgery, gynaecological services, cardiac diagnostics and rehabilitation, neurology, cancer screening, tissue viability, thoracic medicine, dermatology, audiology

Physiotherapy and physical rehabilitation services e.g. stroke service

Other non-clinical rehabilitation services e.g. Speech and Language Therapy

Non-clinical specialist services e.g. dietetics, psychological services

Providers of outpatient care

General and community hospitals

Local clinics, general practitioners and other primary care service providers

Independent service providers commissioned by a national health service

Community care services that support individuals to live independently in their own home

e.g. Community equipment service, specialist nurses e.g. multiple sclerosis nurses, advocacy services, benefits advisors, care navigation services, domiciliary care, dementia services e.g. Admiral nurses, expert patient self-management guidance, housing support, community mental health services, nurse advisors, occupational therapy, palliative care/end of life care e.g. McMillan nurses, pharmacies, podiatry, respite care

Providers of community care

Local authorities

Independent service providers

Voluntary organisations and support groups, e.g. charities

Relationship between outpatient and community care services

LO3 **Assess the benefits of outpatient and community care for individuals**

The benefits

Remain in own home, comfort, familiarity, security

Consistency and community of carer support, e.g. the involvement of family and social networks in programmes of care and support

Inclusion and involvement with care planning/treatment plan

Use of direct payments to purchase care/support, control

Meeting individual needs

Administration of treatments

Less dependency on administrative processes

Maintaining independence

Empowerment, independence, autonomy, respect

Power sharing

Making informed choices

More efficient use of services and resources

Less reliance on acute and emergency healthcare services

Reduction in preventable physical and mental ill health

Early intervention to improve treatment outcomes

LO4 **Explore own role in providing outpatient and community care to individuals**

Role and responsibilities

Safeguarding and protection

Harm reduction

Duty of care

Ongoing communication between individual, carers, family and other services

Record-keeping

Signposting

Supporting specialist care

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Partnership working

Liaising between family and professionals in sharing information in line with confidentiality policy

Respecting individuality, rights, choice, privacy, independence, dignity, diversity

Supporting others to make informed choices about the services they access

Supervision, roles and accountability

Adhering to quality assurance systems

Maintaining knowledge, competence and skills

Ongoing review and evaluation of service provision

Accessing funding/advising on budgeting

Challenges to effective outpatient and community care for individuals:

Reliance on co-operation

Patient expectations and demands on services

Involvement versus non-involvement of relatives and carers

Non-compliance with care/support plans

Non-attendance at appointments

At-risk individuals may require additional protections

Frequency of assessment or treatment regime may require substantial resources

Staffing levels may be inadequate to support effective outpatient or community care, funding and budgetary constraints

Ineffective partnership working can have unintended consequences for the individual, e.g. missed opportunities to intervene/support

Challenges in ensuring adequate supervision of individuals going into people's homes

The importance of rigorous vetting

Time constraints

Staff availability and competence in relation to role requirements

Access to resources

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Analyse key drivers underpinning outpatient and community care		
P1 Analyse different drivers impacting on service delivery for outpatient and community care **P2** Review the effect of key drivers on the provision of outpatient and community care	**M1** Critically review key drivers and their influence on the provision of outpatient and community care	**D1** Critically evaluate the role of key drivers on service delivery in outpatient and community care
LO2 Review the services provided by outpatient and community care		
P3 Discuss the role of outpatient and community care in healthcare service provision **P4** Compare different types of service provided by outpatient and community care	**M2** Reflect on the role of outpatient and community care services in supporting individuals to live independently	**D2** Critically evaluate the role of outpatient and community care services in enabling an effective national health service
LO3 Assess the benefits of outpatient and community care for individuals		
P5 Discuss the benefits to different individuals of having access to different outpatient and community care services	**M3** Evaluate the impact on different individuals' health and wellbeing of accessing and using outpatient and community care services	**D3** Critically evaluate how the provision of outpatient and community care services benefits different individuals
LO4 Explore own role in providing outpatient and community care to individuals		
P6 Discuss own role in the delivery of outpatient and community care services **P7** Analyse the impact of own role on the individual receiving outpatient and community care services	**M4** Reflect on the remit of own role in outpatient and community care in relation to the roles of other professionals in providing an effective service.	**D4** Critically review own role and responsibilities in relation to effective and efficient service delivery in outpatient and community care

Recommended resources

Textbooks

CHILTON, S., BAIN, H., CLARRIDGE, A. and MELLING, K. (2012) *Textbook of Community Nursing.* Florida: CRC Press

CLEMENTS, L. (Great Britain) (2017) *Community Care and the Law*. *6th edition.* London: Legal Action Group.

DRENNAN, V. AND GOODMAN, C. (Ed.) (2014) *Oxford Handbook of Primary Care and Community Nursing 2nd Edition (Oxford Handbooks in Nursing).* Oxford: OUP Oxford.

EVANS, D., COUTSAFTIKI, D. and FATHERS, C. (Great Britain) (2014) *Health Promotion and Public Health for Nursing Students.* (*2nd Ed.*) London: Sage Publications.

IRETON-JONES, C. (Ed.) (2016) *Outpatient Nutrition Care and Home Nutrition Support: Practical Guidelines for Assessment and Management.* Florida: CRC Press.

Reports and Articles

PUBLIC HEALTH ENGLAND (2014) *Developing the power of strong, inclusive communities*

Websites

www.cqc.org.uk	Care Quality Commission (General reference)
www.nhs.uk	NHS Choices Children and young people's services (General reference)
www.gsdrc.org	Governance and Social Development Resource Centre Social Exclusion (Topic Guide)
www.nice.org.uk	National Institute for Clinical Excellence (General reference)
www.skillsforcare.org.uk	Skills for Care (Tutorials)
www.scie.org.uk	Social Care Institute for Excellence (General reference)
www.who.int	World Health Organisation (General reference)

Links

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 28: Holistic Approaches to Health Promotion

Unit 30: Pharmacology and Medicine Management

Unit 36: End of Life Care Planning and Support

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2	P5, P6, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2, LO3	P1, P3, M2, D1, P4, M3, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3	P3, P4, M2, D1, P5, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3, LO4	M2, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in outpatient and/or community care in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 32: Team and Individual Leadership: Mentoring and Coaching Others

Unit code	**T/616/1667**
Unit level	**5**
Credit value	**15**

Introduction

The purpose of this unit is to enable students to understand the role and contribution of mentorship in health and social care, which is to support the personal development and lifelong learning of staff. Mentorship is achieved through effective leadership, mentoring and/or coaching. Health and social care workers need to be able to differentiate between team and individual leadership, mentoring and coaching, and know how to apply these in their own practice.

This unit will support students' understanding of mentoring as establishing and developing learning relationships that support people to take charge of their own development. The unit will enable students to develop their confidence and motivation, through self-reflection and improved understanding, and their interpersonal skills. Further, this unit aims to develop students' practice in being able to lead, mentor and coach others in health and social care-related environments.

Students will review relevant theories, approaches and principles of leadership, mentoring and coaching, as well as considering the purposes and benefits of mentoring in health and social care practice. Further, students will plan, implement and review a period of mentoring in their own workplace.

The focus on personal and professional development through developing others will support students' progress through lifelong learning and increase their capacity to develop as well-rounded practitioners in the sector. The learning gained from this unit can also provide the foundation for undertaking further professional qualifications in coaching.

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Learning Outcomes

By the end of this unit students will be able to:

1 Review theories and principles of team and individual leadership, mentoring and coaching in health and social care

2 Explore how mentorship, through mentoring and coaching practices, can benefit individuals and organisations in care environments

3 Apply mentoring and coaching techniques to support mentorship of individuals in care environments

4 Review own leadership and mentoring practice in a care environment.

Essential content

LO1 **Review theories and principles of team and individual leadership, mentoring and coaching in health and social care**

Leadership theory and research

Theories of leadership in healthcare, e.g. emotional intelligence leadership theory, leader member exchange (LMX) theory, transformational change theory

Principles of individual leadership

Overarching leadership principles, ensuring direction, alignment and commitment within teams and organisations

Leadership in healthcare

Ensuring own care practices are safe, high-quality, compassionate and person-centred

Being a reflective practitioner

Taking responsibility for actions

Being responsible for own health and wellbeing, taking action to address health concerns

Showing initiative within the remit of own role

Providing support to other team members, emotional, physical and work-related

Principles of team leadership

Creating a strong sense of team identity

Implementing and measuring the effectiveness of staff development programmes

Leading self and others, being self-aware

Recognising impact of own actions on others

Providing clear objectives

Self- and people-management, e.g. conflict resolution

Enabling effective staff buy-in and engagement

Providing opportunities for learning and innovation

Team working

Identifying complementary skills

Encouraging co-operative and collaborative working practices

Effective and efficient practices: working towards and completing shared or common goals and tasks

Implementing and meeting quality improvement measures

Mentoring and coaching

Definitions

Relationship between coaching and mentoring

Facilitating individual and group personal and professional development

Commonalities e.g. supporting meaningful personal or professional transitions or development, applying the same underlying principles or skills

Differences e.g. coaching as short-term, task based vs mentoring as longer term relationship focused; coaching as questioning versus mentoring as advice-giving

Relationship between the mentor/s or coach/es and the mentee or student

Uses of coaching and mentoring in different contexts in health and social care practice

Models of mentorship applied in health and social care practice

Mentorship as mentoring, coaching and leading depending on setting, role and need

One to one e.g. supervising practitioner and student worker

Co-/peer mentoring e.g. experienced/more senior student workers supporting new student workers

Group e.g. Collaborative Learning in Practice (Real life learning wards) in nursing

Mentoring and coaching models and principles:

e.g. facilitated mentoring (Jones & Jowett, 1997), the mentoring life cycle (Hay, 1995), Action Reflection Model (Handal and Lauvås,1983, 1990), Situated Learning (Lave and Wenger, 1991), Gardner's Multiple Intelligences (1983), Kolb's learning cycle (1984), GROW Model (Whitmore 1992).

LO2 **Explore how mentorship, through mentoring and coaching practices, can benefit individuals and organisations in care environments**

The role and responsibilities of the workplace mentor

Supporting planning, training and assessment of mentees

Facilitation of tasks

Communication

Lines of reporting

Working within boundaries of own role

Support from senior staff

Similarities and differences between coaching and mentoring and professional talking therapies

Purpose and impact of mentorship practices on an organisation

Creating more inclusive environments for work, and support retention and progression of disadvantaged groups

Encouraging an environment of continuous improvement, development and learning

Sustainable processes e.g. identifying and addressing gaps to improve retention

Improved consistency across the team in terms of patient care

More cost-effective use of resources

Improved management of staff and staff morale

Personal and professional development of individuals and teams

Increased efficiency e.g. faster induction, identifying skills and potential to address specific gaps

Alternative strategies for developing and supporting employees

Counselling

Additional training courses

Workshops

Distance/flexible/e-learning

Webinars

Legal and organisational boundaries in mentorship

The health, safety and safeguarding of participants

Ensuring equality of access and opportunity, fairness, objectivity, understanding

Promoting and advocating diversity, difference and inclusion, e.g. non-discriminatory practice, sensitivity, cultural awareness, inclusive practice and procedures

Other ethical considerations

Concepts of power and authority, i.e. personal/positional, zero-sum power dynamics

Potential consequences power relationship between self and the coached or mentee, e.g. abuse of power and authority, personal intimacy, harassment

Requirements for supervision of mentors

Legal rights and professional boundaries of coaches and mentors

Contractual requirements

Professional conduct

Best and evidence-based practice

Regular supervision

Taking action according to organisational policy and procedure

Information handling, e.g. precise and clear recording and reporting, maintenance of legible and accurate records, sharing of information, consent, access to information and individuals especially when at risk, maintaining own health, wellbeing and safety

Escalating where necessary

Cultural issues in mentoring and coaching others

Working within a diverse workforce – awareness of impact of own personal beliefs and values, conscious and unconscious biases on attitudes and behaviours

Own role in promoting and advocating diversity and inclusive practices

Impact of stereotyping, e.g. of gender, religion, ethnicity, disability, sexual orientation, age, class and effect on individual and organisation

LO3 **Apply mentoring and coaching techniques to support mentorship of individuals in care environments**

Mentoring practice

Role modelling

Supporting the development of others, e.g. supervising, teaching, guiding and participating in the assessment of other staff – healthcare assistants or support workers new to the role

Peer mentoring

Arranging mentoring in own work placement or setting

Differences between supervised and unsupervised mentoring

Mentoring as a structured activity with ground rules established

Setting's expectations with regard to mentoring

Own experience of being mentored or coached

Undertaking practical supervised and unsupervised mentoring sessions with health or care assistants

Communication

Discourse analysis theories, relationship characteristics and contrasts between coaching and mentoring and the management of the coaching or mentoring relationship

The importance of rapport – trust, mutual respect and sensitivity

Active listening, encouraging mentee to own their own development

Ability to communicate complex, sensitive and undesired information

Keeping information confidential

Keeping records of formal meetings with mentee

Organisational skills needed for mentoring and coaching

e.g. Planning and structuring sessions, recording information and report-writing, time management, setting and maintaining boundaries, assessment and evaluation, action planning

Interpersonal skills needed for mentoring and coaching

e.g. demonstrating empathic understanding, self-awareness and transparent communication, effective questioning, being supportive, encouraging and motivating, non-confrontational yet clear and honest, reflective listening, non-prejudicial

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Appropriate physical environments for mentoring and coaching

Comfortable

Private area

Suitable and culturally appropriate surroundings

Noise levels

Physically safe environments for both coach/mentor and coachee/mentee

Proximity

Barriers to coaching and mentoring

Time

Resources

Attitudes

Values

Perceived power differences/consequence

Ownership

Strategies for overcoming barriers:

Utilising strategic thinking, i.e. developing a logical, evidenced-based, cost-effective and practical plan to overcome barriers and challenges, e.g. finding an appropriate space to carry out sessions, awareness of mentees concerns or needs beforehand to support planning

Appropriate organisational planning

Action learning and planning

Mutually established goals/outcomes and boundaries

Self-reflection and self-awareness

Techniques for programme monitoring, review and evaluation

LO4 **Review own leadership and mentoring practice in a care environment**

The cycle of reflection in relation to mentoring practice

Gibbs Reflective Cycle (1988)

Reflection in action and reflection on action

Using reflection to inform future behaviour, particularly directed towards sustainable performance

Structural considerations for language in reflective writing

Avoiding generalisation

Adopting a critical and objective approach

Reflecting on own personal development in a critical and objective way

Content of reflections

Reflecting on own abilities, views, beliefs, attitudes and values and impact on own mentoring practice

Barriers experienced in mentoring practice for self and others

Recognising own needs and boundaries, level of competence

Knowing when to escalate and seek support from more experienced coaches or mentors

Own response to criticism

Identifying areas of own professional growth or development through mentoring others

Forward planning for improvement

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Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Review theories and principles of team and individual leadership, mentoring and coaching in health and social care</td><td rowspan="2">D1 Assess the impact of theories, and principles of team and individual leadership, on own style of coaching and mentoring as applied in practice</td></tr>
<tr><td>P1 Compare relevant theories of team and individual leadership in relation to practice in care environments
P2 Discuss models of coaching and mentoring in relation to supporting practice in care environments</td><td>M1 Analyse own approach to coaching or mentoring other workers in a care environment in a leadership role</td></tr>
<tr><td colspan="2">LO2 Explore how mentorship, through mentoring and coaching practices, can benefit individuals and organisations in care environments</td><td rowspan="3">LO2 and LO3
D2 Critically review the effectiveness of own leadership and mentoring practice in supporting the development of workers in own care setting</td></tr>
<tr><td>P3 Discuss the impact of mentorship strategies on practice in organisations
P4 Discuss the impact of mentorship strategies on workers receiving this support</td><td>M2 Debate the benefits of coaching and mentoring for individuals and organisations in different care environments</td></tr>
<tr><td colspan="2">LO3 Apply mentoring and coaching techniques to support mentorship of individuals in care environments</td></tr>
<tr><td>P5 Create a plan for the delivery of a series of practical mentoring sessions within own work setting to support care assistants
P6 Discuss how communication theories are reflected in the plan to provide effective support to care assistants</td><td>M3 Implement a series of planned, informal mentoring sessions to support care assistants in own setting, using different theories of communication
M4 Reflect on the impact of barriers on the experience of care assistants being mentored</td><td></td></tr>
</table>

Pass	Merit	Distinction
LO4 Review own leadership and mentoring practice in a care environment		
P7 Discuss own leadership and or mentoring styles as applied in practice within own workplace setting **P8** Examine the impact of own leadership and mentoring on the practice of own mentee	**M4** Review the impact of own leadership and mentoring style on own practice and that of others	**D3** Critically reflect on the effectiveness of own leadership and mentoring practice in improving own development and the quality of provision in own workplace setting

Recommended resources

Textbooks

BAILEY-McHALE, J., HART, D. and HART, D.M (2013) *Mastering Mentorship: A Practical Guide for Mentors of Nursing, Health and Social Care Students.* London: Sage Publications.

CONNOR, M. and POKORA, J. (2012) *Coaching and Mentoring at work: Developing Effective Practice*. Oxford: Open University Press.

GOPEE, N. (2015) *Mentoring and Supervision in Healthcare (3rd Edition)*. London: Sage Publications.

SCOTT, I and SPOUSE, J. (2013) *Practice Based Learning in Nursing, Health and Social Care: Mentorship, Facilitation and Supervision (Advanced Healthcare Practice)*. Oxford: Wiley–Blackwell

WILKES, Z., JOYCE, L. and EDMOND, L. (2011) *Mentorship (Nursing and Health Survival Guides)*. Oxford: Routledge.

Reports and Journal Articles

AKERJORDET K, and SEVERINSSON E (2010) *The state of the science of emotional intelligence related to nursing leadership: an integrative review*. Journal of Nursing Management 18 (4) 363–82.

EDMONSTONE, J. (2011) *Developing leaders and leadership in healthcare: A case for rebalancing?* Leadership in Health Services, Vol. 24 Issue: 1, pp.8-18.

WEST, M., ARMIT, K., LOEWENTHAL, L., ECKERT, R., WEST, T. and LEE, A. (2015) *Leadership and Leadership Development in Healthcare: The Evidence Base*. London, Faculty of Medical Leadership and Management.

Websites

www.ccl.org	Center for Creative Leadership Collaborative Healthcare Leadership A Six-Part Model for Adapting and Thriving during a Time of Transformative Change (ebook)
www.hee.nhs.uk	Health Education England Yorkshire and the Humber Leadership Academy Coaching and Mentoring Strategy (General reference)

www.herts.ac.uk	University of Hertfordshire Mentors' Handbook 3rd Edition (ebook)
www.leadershipacademy.nhs.uk	Leadership Academy Better leaders, better healthcare 2016 (Programme guide)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 29: Human Resource Management in Healthcare

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1 LO2 LO3	M1 P3, P4, M2 M3, M4, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3	P5, P6, M3, M4, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3 LO4	D2 D3
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3 LO4	D2 D3

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 33: Psychophysiological Disorders

Unit code	**A/616/1668**
Unit level	**5**
Credit value	**15**

Introduction

Healthcare workers must develop an understanding of psychophysiological disorders and how these disorders impact the individual. Psychophysiological disorders refer to physical disorders that are strongly influenced, induced or affected by psychological factors.

In studying this unit, particular emphasis is placed on students exploring the interaction between the biological, psychological and socio-environmental factors that may underlie the development of a psychophysiological disorder such as cardiovascular, gastro-intestinal, endocrine and nervous system disorders.

Students will develop their critical analysis and reporting skills in examining the range of issues that impact on the management of these conditions in healthcare practice. They will investigate the roles of a range of practitioners who are involved in research into, and professional practice regarding, psychophysiological disorders from psychologists through to biochemists and neurologists. Students will also consider the roles they can play in raising awareness of, or supporting individuals with these conditions.

This unit will also provide the opportunity to broaden students' knowledge and develop the transferable skills needed to operate within a health environment with particular reference to the types and levels of care needed to support individuals with a psychophysiological disorder.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss the differences between psychophysiological, psychological and physiological disorders

2 Examine current theoretical perspectives on psychophysiological disorders

3 Analyse the forms of assessments for psychophysiological disorders

4 Explore current professional practice in supporting individuals with psychophysiological disorders.

Essential Content

LO1 **Discuss the differences between psychophysiological, psychological and physiological disorders**

Difference in categories of disorders

Physiological disorders

Psychological disorders

Psychophysiological disorders

General types of psychophysiological disorders

Somatoform – the physical symptoms have no known cause

Or, the physical symptoms have a physical cause but are exasperated by psychological issues

Diagnostic and Statistical Manual (DSM) of Mental Disorders

DSM V or most current version of the Manual

Development and use of

Challenges in differentiating between physiological disorders with a psychological basis and psychological disorders with physiological symptoms

Characterised types of psychophysiological disorders

Psycho-physiological skin disorders: neurodermotosis, eczema, acne and hives

Psycho-physiological musculoskeletal disorders: backache, muscle cramps, tension headaches, migraines and arthritis

Psycho-physiological respiratory disorders: bronchial asthma, hyperventilation syndrome and recurring bronchitis

Psycho-physiological cardiovascular disorders: hypertension, vascular spasms, angina syndrome, thrombosis and heart attack

Psycho-physiological gastro-intestinal disorders: peptic ulcers, chronic gastritis and mucous colitis

Psycho-physiological endocrine disorders: hyperthyroidism and obesity

Psycho-physiological disorders of nervous system in which emotional factors may play a role – multiple sclerosis

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LO2 **Examine current theoretical perspectives on psychophysiological disorders**

Theory and models

Medical

Humanistic-existential

Cognitive

Socio-cultural

Biosocial theory

Interrelationship of the body and mind (psychological – physical)

Body and mind, the essential connection

Memory and environmental triggers

Emotions and effective bond in health and disease

Fight/flight response to stress

Neurological wiring through the influence of environmental and genetic factors over the course of, or during, a lifespan

LO3 **Analyse the forms of assessment for psychophysiological disorders**

Professional organisations relevant to the diagnosis of, and research into, psychophysiological disorders

British Psychophysiological Society (BPS)

Psychophysiological Disorders Association (PPDA)

International Organisation of Psychophysiology (IOP)

British Association for Cognitive Neuroscience (BACN)

Society for Psychophysiological Research (SPR)

British Association for Counselling and Psychotherapy (BACP)

The Royal College of Psychiatrists (RCP)

Tutors should deliver with reference to examples of professional organisations as relevant to own home nation

Diagnosis and treatment of different disorders listed in LO1

Aim of intervention and professional practice

Examining the (bio-psycho-social) patterns inherent to the development of a psychophysiological disorder

Changing, managing and controlling psychophysiological disorders with a view to improvement of health and wellbeing

Roles of different practitioners involved in treating psychophysiological disorders

General, e.g. pharmaceutical

Psychotherapy and psychoanalytic, e.g. counselling

Psychiatric, counselling and pharmaceutical

Neurological and neuropsychological, e.g. rehabilitation

Psychiatry and neurology, e.g. pseudo-neurological

LO4 **Explore current professional practice in supporting individuals with psychophysiological disorders**

Professional practice

Ethical values – respect, competence, responsibility and integrity

Core skills

Assessment, establishment of agreement with the client

Formulation, of client's needs and problems

Intervention, implementation of solutions

Evaluation, of outcomes

Communication, reporting and reflecting on outcomes.

Long- and short-term solutions

Responsibilities and Boundaries of professional practice:

British Psychology Society, (BPS) Code of Ethics and Conduct

General Medical Council (GMC) Code of Conduct, or codes of practice relevant to home country

Competent and informed with effective and safe practice

Legal and ethical obligations of practice as relative to working with individuals with psychophysiological disorders

Ethical obligations, e.g. valuing and promoting diversity, difference and inclusion

Legal obligations, aspects of the following legislation as applicable to working with people with psychophysiological disorders, e.g.

General Data Protection Regulation (2018), Freedom of Information Act (2000), Confidentiality, data protection principles, sharing information

Equality Act (2010) protected characteristics, prohibited acts.

Health and Safety at Work Act (2000)

Mental Capacity Act (2005), Mental Health Act (amended) (2007)

OR equivalent legislation and frameworks relevant to home country.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss the differences between psychophysiological, psychological and physiological disorders</td><td rowspan="5">LO1 and LO2
D1 Critically evaluate theoretical approaches to understanding and diagnosing different types of psychophysiological disorders</td></tr>
<tr><td>P1 Analyse the main features of different categories of disorder and their diagnosis
P2 Critically compare the characterised types of psychophysiological disorders</td><td>M1 Critically analyse the challenges with diagnosis of general psychophysiological disorder with reference to specific examples of characterised types</td></tr>
<tr><td colspan="2">LO2 Examine current theoretical perspectives on psychophysiological disorders</td></tr>
<tr><td>P3 Review different theoretical perspectives on the origin and nature of psychophysiological disorders</td><td>M2 Critically analyse theoretical approaches to the origin and nature of different psychophysiological disorders</td></tr>
<tr><td colspan="2">LO3 Analyse the forms of assessments for psychophysiological disorders</td><td rowspan="5">LO3 and LO4
D2 Critically evaluate the impact of the assessment and professional intervention provided to support and maintain the health and wellbeing of an individual with a psychophysiological disorder</td></tr>
<tr><td>P4 Discuss different forms of assessment and how they are used to diagnose and plan interventions for different psychophysiological disorders</td><td>M3 Analyse assessments used to identify psychophysiological disorders in terms of their efficacy in diagnosis and treatment planning</td></tr>
<tr><td colspan="2">LO4 Explore current professional practice in supporting individuals with psychophysiological disorders</td></tr>
<tr><td>P5 Review current professional practices involved in diagnosing and supporting individuals with psychophysiological disorders
P6 Discuss ways in which support from professional practice can aid the individual with a psychophysiological disorder</td><td>M4 Analyse the influence of different types of assessment and professional intervention on the health and wellbeing of the individual with a psychophysiological disorder</td></tr>
</table>

Recommended resources

Textbooks

AMERICAN PSYCHIATRIC ASSOCIATION (2015) *Diagnostic and Statistical Manual of Mental Disorders* (*5th Ed.*) Washington: American Psychiatric Association.

ANDREASSI, L.J. (2014) *Psychophysiology: Human Behaviour and Physiological Response* (*5th Ed.*) Hove: Psychology Press.

BARLEY, E. (2016) *Health Psychology in Nursing Practice.* London: Sage Publications Ltd.

CACIOPPO, T.J., TASSIMARY, G.L. and BERNSTON, G.G. (2016) *Handbook of Psychophysiology* (*4th Ed.*). London: Cambridge University Press.

Websites

www.apa.org	American Psychological Association (General reference)
www.bacn.co.uk	British Association for Cognitive Neuroscience (General reference)
ihpe.org.uk	Institute of Health Promotion and Education (General reference)
www.nice.org.uk	National Institute for Health and Care Excellence (General reference)
www.nimh.nih.gov	National Institute of Mental Health (General reference)
www.psychiatry.org	American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Ebook)
www.ppdassociation.org	Psychophysiological Disorders Association (General reference)

Links:

This unit links to the following related units:

Unit 8: Addressing Health Inequalities

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 11: Changing Perspectives in Public Health

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 14: Sociological and Psychological Perspectives on Health

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 22: Supporting Individuals through Significant Life Events

Unit 24: Health Psychology

Unit 28: Holistic Approaches to Health Promotion

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO3 and 4	P5, P6 M3, M4 D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO4	P5, P6, M4, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO4	P5, P6, M4, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO4	P3, P5, P6, M2, M4, D1, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3-LO4	P4-P6, M3, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 34: Global Health and Wellbeing

Unit code	**F/616/1669**
Unit level	**5**
Credit value	**15**

Introduction

Global health issues continue to remain important concerns throughout the world. For example, infectious diseases such as the Zika virus and Ebola have received vast media attention due to the morbidity and mortality rates affecting different populations around the globe. Without the effective epidemiological study of the causes and associations of these diseases, the consequences may have meant a global health crisis of escalating epidemic scale. In addition, there are a number of non-communicable diseases such as coronary heart disease, cancer, chronic respiratory diseases and diabetes which are recognised by the World Health Organisation as being responsible for a critical number of deaths per year around the world.

The aim of this unit is for students to explore the field of global health and wellbeing, through the investigation of epidemiological approaches to improving population health. While learning the underpinning processes of epidemiology, students will link these to real-world examples within their own area of healthcare practice.

Topics in this unit include epidemiology of global, national and local health issues, including contributory factors, incidence and prevalence, data analysis, researching global health issues, communicable and non-communicable diseases and the effectiveness of interventions, including the impact of own practice.

On successful completion of this unit, students will be able to assess the epidemiology of global health problems related to their own professional experience and practice. By completing this unit, students will have gained valuable analytical, research and health intervention skills that will support further study or support progression of their career within the health sector, particularly in health promotion and public health.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss global priorities for health and wellbeing in relation to healthcare priorities of own country

2 Analyse epidemiological data in relation to health and wellbeing

3 Examine the epidemiology of communicable and non-communicable diseases related to own health practice

4 Assess public health intervention programmes addressing global health priorities in relation to own practice.

Essential content

LO1 **Discuss global priorities for health and wellbeing in relation to healthcare priorities of own country**

Contextualising public health and wellbeing priorities

Health and wellbeing priorities

Definition of global health and wellbeing

Global versus national public health issues/diseases

Challenges in addressing issues affecting health and wellbeing on the global stage:

economic factors, e.g. government investment in health support or services

cultural factors, e.g. values, beliefs, systems of different countries

geographical factors, e.g. accessibility of health services

infrastructure, e.g. education and access to health education and services

environmental factors

availability of support networks

intervention and reporting, e.g. government media, campaign groups – control over what is reported

Global health priorities:

The World Health Organisation (WHO)'s European Health Policy Framework (Health 2020, 2012) four priority areas:

investing in a life-course approach and empowering citizens

tackling Europe's major disease burdens of noncommunicable and communicable diseases

strengthening people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies creating supportive environments and resilient communities

Sustainable Development Goals (WHO, 2015)

e.g. end poverty in all its forms everywhere, end hunger, achieve food security and improved nutrition and promote sustainable agriculture, ensure healthy lives and promote well-being for all at all ages, ensure availability and sustainable management of water and sanitation for all, reduce inequality within and among countries, as developed from the Millennium Development Goals (WHO, 2000)

Personal factors

Competing personal priorities

Individual perceptions of health and illness

Differences in reporting and accessing services, e.g. gender, stereotypes, disclosing sensitive and potentially embarrassing information

LO2 **Analyse epidemiological data in relation to health and wellbeing**

Sources of evidence

Global sources, e.g. WHO, the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the Equality and Human Rights Commission, United Nations International Children's Emergency Fund (UNICEF)

Sources of specific statistical information, e.g. Office for National Statistics, Public Health Observatories, voluntary sector organisations involved with health and wellbeing priorities

Government influence within own country, e.g. Public Health England, Public Health Wales, NHS Scotland and Institute of Public Health Ireland

Relevant research studies related to specific health and wellbeing issues

Epidemiological principles

Principles of disease management, e.g. incidence and prevalence

Frequency analysis of data

Analysis of routine data on mortality and morbidity

Identification of risk in relation to a disease, association and cause of disease

The use of statistical data to determine health priorities in different countries and globally

Study methods

General overview of the different research methods used to obtain epidemiological data, e.g.: observational research, descriptive and analytical studies, experimental research, randomised controlled trials, field trials, community trials.

Reviewing sources of evidence

Assessing validity and reliability of sources, e.g., timeliness, relevance, accuracy of claims and scientific and other data

Critical analysis of sources of evidence, e.g., assessing advantages and disadvantages of using epidemiological data in determining appropriateness of public health strategy/priority applied to own country

LO3 **Examine the epidemiology of communicable and non-communicable diseases related to own health practice**

Definitions of communicable and non-communicable disease

Epidemics, pandemics, global threat

Methods of prevention, health protection, managing outbreaks and incidence

Impact of disease on a population

Epidemiology of communicable and non-communicable disease

Communicable diseases, e.g. tuberculosis, measles, human immunodeficiency virus, variants of the influenza virus, Ebola

Non-communicable diseases, e.g. coronary heart disease, chronic respiratory disease, diabetes, cancer

Infection control processes and regulations, e.g. Control of Substances Hazardous to Health (COSHH), handwashing, Personal Protective Equipment (PPE)

Evaluate sources of evidence applicable to own practice

National and local priorities for communicable and non-communicable diseases and their links to national and international concerns

Interpretations of sources of evidence applicable to own practice

LO4 **Assess public health intervention programmes addressing global health priorities in relation to own practice**

Reviewing global public health intervention strategies in relation to own practice

Elements of intervention, e.g. identifying appropriate global priorities applicable to own country and practice

Related interventions and communication methods using information from recognised health campaigners, e.g. WHO, Change 4 Life, British Heart Foundation, Diabetes UK, other campaigners in home country, producing materials and ideas as relevant to particular client group

Assessing effectiveness of current interventions and types of evidence supporting intervention through impact on own practice, e.g. how it contributes to control and management of disease/illness

Planning for own programme of intervention, e.g. identifying area, local priorities and impact on global priorities, organisations that could support plan, research evidence supporting programme of intervention

Links to own practice and future directions

Defining ways knowledge of local, national and global public health interventions and priorities impacts on own daily practice and provision

Reflecting on knowledge and skills and own future personal development and professional career pathway

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss global priorities for health and wellbeing in relation to healthcare priorities of own country</td><td rowspan="5">LO1 and LO2
D1 Assess the challenges and issues in determining priorities for health and wellbeing using epidemiological research within own country in comparison to global concerns</td></tr>
<tr><td>P1 Summarise the key priorities for health and wellbeing within own country
P2 Discuss the challenges and issues associated with addressing global health priorities in different countries</td><td>M1 Analyse the links between global and local priorities for health and wellbeing</td></tr>
<tr><td colspan="2">LO2 Analyse epidemiological data in relation to health and wellbeing</td></tr>
<tr><td>P3 Discuss epidemiological principles and sources of evidence applicable to health and wellbeing in own country
P4 Analyse epidemiological data that have defined global health priorities</td><td>M2 Critique the effectiveness of methods used to obtain epidemiological data to determine global and local health priorities</td></tr>
<tr><td colspan="2">LO3 Examine the epidemiology of communicable and non-communicable diseases related to own health practice</td><td rowspan="2">LO3 and LO4
D2 Critically reflect on the impact of local and global public health improvement programmes on the epidemiology of different communicable and non-communicable diseases</td></tr>
<tr><td>P5 Describe the epidemiology of one communicable and one non-communicable disease of relevance to own area of healthcare practice
P6 Demonstrate how own practice contributes to the control of communicable and non-communicable diseases</td><td>M3 Assess the impact of epidemiological evidence regarding one communicable and one non-communicable disease in controlling these diseases in own work setting</td></tr>
</table>

Pass	Merit	Distinction
LO4 Assess public health intervention programmes addressing global health priorities in relation to own practice		
P6 Produce a plan for health intervention relevant to own practice using a current public health intervention programme **P7** Implement a planned intervention relevant to own healthcare practice	**M4** Assess own effectiveness in planning and implementing a public health intervention in relation to professional practice	

Recommended resources

Textbooks

EVANS, D., COUTSAFTIKI, D. and FATHERS, C. (Great Britain) (2014) *Health Promotion and Public Health for Nursing Students.* (*2nd Ed.*) London: Sage Publications.

GREEN, J., TONES, K., CROSS, R. and WOODALL, J. (Great Britain) (2015) *Health Promotion Planning and Strategies.* (*3rd Ed.*) London: Sage Publications.

NICHOLSON, B., McKIMM, J. and ALLEN, A. (Great Britain) (2015) *Global Health.* London: Sage Publications.

SARACCI, R. (Great Britain) (2010) *Epidemiology: A very short introduction.* Oxford: Oxford University Press.

SOMERVILLE, M., KUMARAN, K. and ANDERSON, R. (Great Britain) (2016) *Public Health and Epidemiology at a Glance.* (*2nd Ed.*) Chichester: Wiley Blackwell.

Websites

www.euro.who.int	World Health Organisation Health 2020 (Guidance and Reports)
www.publichealth.ie	Institute of Public Health Ireland (General reference)
www.healthscotland.scot	NHS Scotland (General reference)
www.gov.uk	Public Health England (General reference)
fingertips.phe.org.uk	Public Health England Health Profiles (General reference)
www.publichealthwales.wales.nhs.uk	Public Health Wales (General reference)
www.who.int	World Health Organisation Sustainable Development Goals (Guidance and Reports)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 5: Health Education in Action

Unit 8: Addressing Health Inequalities

Unit 11: Changing Perspectives in Public Health

Unit 14: Sociological and Psychological Perspectives on Health

Unit 18: Innovation and Improvement through Action Research

Unit 24: Health Psychology

Unit 28: Holistic Approaches to Health Promotion

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO2, LO3	P1, P2, M1, D1 P3, P4, M2, P5, P6, M3, D3
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1, LO4	P1, P2, M1, D1
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	All Learning Outcomes	All Assessment Criteria
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	All Learning Outcomes	All Assessment Criteria
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	All Learning Outcomes	All Assessment Criteria

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

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Unit 35: Project Management for Healthcare

Unit code	**T/616/1670**
Unit level	**5**
Credit value	**15**

Introduction

This unit will provide students with the opportunity to gain understanding and develop skills relating to project management principles, methodologies, tools and techniques. This includes undertaking independent research, managing and implementing a project. They will develop confidence and abilities in decision-making, problem-solving, consequential thinking, critical analysis and research activities within their chosen field. Further, they will be able to critically assess key concepts, systems, processes, and practices within a work-based context to determine appropriate outcomes and solutions, present evidence and make recommendations in an appropriate, clear and understandable way.

Project briefs will be set by the centres in partnership with participating organisations. The projects must allow flexibility for student input in project design, and must enable students to explore and examine relevant and current topics or other key aspects of business within the healthcare environment.

In completing this unit, students will have developed skills in project management, supporting continuing further education in healthcare related management degrees and enhancing employment opportunities in supervisory or junior management roles in healthcare.

Learning Outcomes

By the end of this unit students will be able to:

1 Apply theories of project management to management systems and practices in own work setting

2 Implement a planned small-scale project relevant to own workplace experience

3 Produce an end of project evaluation report, taking into account audience and stakeholders

4 Critically reflect on own performance and learning within the project management process.

Essential content

LO1 **Apply theories of project management to management systems and practices in own work setting**

Project management

Definitions of project and project management

Principles of project management

Role of the project manager

The project environment and the impact of external influences on projects

Project lifecycle (PLC) feasibility study/research

Theories and practice of project management e.g. Agile methodologies, PRINCE2 principles, five project management process groups, project management tools and project leadership

Project management systems

Procedures and processes, knowledge of project information support (IS) systems

Integrating human and material resources to achieve successful projects

Comparing project outcomes with organisation objectives

Reviewing systems and procedures in own service setting and challenging ineffective practice

Recommending proposals for improvements in systems and procedures in own service setting

LO2 **Implement a planned small-scale project relevant to own workplace experience**

Measuring the success or failure of projects

The need to meet operational, time and cost criteria

Define and measure successes, i.e. develop the project scope – defining objectives, scope, purpose and deliverables to be produced

Steps and documentation required in the initiation phase

Developing the project plan, e.g. project execution strategy and the role of the project team

Consideration of benefit analysis and viability of projects

Determining success/failure criteria

Preparation of project definition report

Ethics, reliability and validity

Examples of ethical practice considerations in project research

Reliability and validity

Analysis of information and data

Using data collection tools, e.g. interviews and questionnaires, using analytical techniques, e.g. trend analysis, coding or typologies

Sources and types of research data

Internal and external

Primary and secondary

Formal and informal

Team workers, customers and other stakeholders

Qualitative and quantitative research methods

Official and unofficial information

Policy and opinion

LO3 **Produce an end of project evaluation report, taking into account audience and stakeholders**

Evaluation

Method, e.g. written, verbal, and medium, e.g. report, online, presentation

Impact of content and type of research

Communicating with intended audience

Reflecting on stakeholder involvement

Evaluation of the trends and patterns, diagrams and text

Consistency and reliability

Currency and validity

Legal and ethical considerations including confidentiality

Consequential thinking in evaluating projects

Decision-making, e.g. critical thinking and emotional intelligence skills and techniques

Consequential thinking as a tool to assess choices, anticipate how people will react, and follow through on intentions

Critical analysis in evaluation

Recognising critical analysis as subjective writing

Skills for critical analysis, i.e. critical reading and critical writing

Applying theoretical perspectives

Logical sequencing of information

Evaluation of outcomes

An overview of the success or failure of the research project planning, implementation and management, e.g.:

aims and objectives

evidence and findings

validity, reliability

benefits, risks

difficulties

conclusion(s)

LO4 **Critically reflect on own performance and learning within the project management process**

The difference between reflecting on performance and evaluating a project

The cycle of reflection: to include reflection in action and reflection on action

Content of reflective writing in evaluation

Own performance

The advantages of using project management towards improving own career prospects

Importance of using project management tools and approaches in typical practice

Own management of risk when undertaking projects

Review of own rationale for methods, approaches and topic

Lessons learned in terms of own performance through the process

Action planning for future improvement towards own career aspirations

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Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Apply theories of project management to management systems and practices in own work setting</td><td rowspan="2"></td></tr>
<tr><td>P1 Discuss different project management theories and models used in managing healthcare service provision
P2 Illustrate the different processes used in own setting to manage projects</td><td>M1 Analyse different project management theories and models in terms of their application to project management processes used in own setting</td></tr>
<tr><td colspan="2">LO2 Implement a planned small-scale project relevant to own workplace experience</td><td rowspan="2"></td></tr>
<tr><td>P3 Create project management plan using different methods of communication for a self-selected project
P4 Implement and manage a small-scale healthcare project in own work setting</td><td>M2 Apply detailed project management planning processes to the implementation and management of a small-scale healthcare project in own work setting</td></tr>
<tr><td colspan="2">LO3 Produce an end of project evaluation report, taking into account audience and stakeholders</td><td rowspan="2"></td></tr>
<tr><td>P5 Produce a well-constructed end of project evaluation report</td><td>M3 Produce an analytical end of project evaluation report</td></tr>
<tr><td colspan="2">LO4 Critically reflect on own performance and learning within the project management process</td><td rowspan="2"></td></tr>
<tr><td>P6 Report on the value of undertaking the project to meet stated objectives
P7 Discuss how consequential thinking and analysis was used in developing the report</td><td>M4 Reflect on the value of the project management process and use of quality research in developing own career prospects</td></tr>
<tr><td></td><td></td><td>D1 Critically evaluate and review project management processes in own setting using different theories and models of project management
D2 Evaluate and review own project management documentation for a small-scale healthcare project in own work setting
D3 Produce a critically reflective end of project evaluation report.
D4 Action plan for own future learning and development through own experience of the project management and quality research processes</td></tr>
</table>

Recommended resources

Textbooks:

COSTLEY, C., ELLIOT, G. and GIBBS, P. (2010) *Doing Work Based Research: Approaches to Enquiry for Insider-researchers.* London: Sage Publications Ltd.

FLICK, U. (2011) *Introducing Research Methodology: A Beginner's Guide to Doing a Research Project.* London: Sage Publications Ltd.

LEWIS, J.P. (2010) *Project Planning, Scheduling, and Control: The Ultimate Hands-On Guide to Bringing Projects in On Time and On Budget.* (*5th Ed.*)*.* London: McGraw-Hill Education

PENDLETON, D. and FURNHAM, A. (2012) *Leadership: All You Need to Know.* London: Palgrave Macmillan.

REIS, G. (2007) *Project Management Demystified.* (*3rd Ed.*) London: Taylor and Francis.

SCHWALBE, K. and FURLONG, D. (2013) *Healthcare Project Management*. Schwalbe Publishing.

SHORE, D. (2014) *Launching and Leading Change Initiatives in Healthcare Organizations: Managing Successful Projects.* EPUB (2014).

Websites

www.bbc.co.uk	BBC The Bottom Line (Podcast)
www.leadershipacademy.nhs.uk	Do OD Podcast Episode 27 – Raising our ambition, deepening our practice (Podcast)
www.managementhelp.org	Free Management Library All About Project Management (General reference)
www.managers.org.uk	Chartered Institute of Management (General reference)
www.project-management-podcast.com	PM Podcast Episode 386: Interpersonal Skills for Project Success (Podcast)

Journals

Edmonstone, J. (2010) *A New Approach to Project Managing Change*. *British Journal of Healthcare Management 2010*, Vol 16 No 5 225

Links

This unit links to the following related units:

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 4: Fundamentals of Evidence-based Practice

Unit 10: Developing Operational Management Skills for Healthcare Practice

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 23: Managing Quality in Care Environments

Unit 25: Facilitating Change in Healthcare Environments

Unit 29: Human Resource Management in Healthcare

Unit 32: Team and Individual Leadership: Mentoring and Coaching Others

This unit maps to the qualification Practice Themes as below:

Links to qualification Practice Themes depend on the project chosen.

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 36: End of Life Care Planning and Support

Unit code	**A/616/1671**
Unit level	**5**
Credit value	**15**

Introduction

Providing care for an individual at the end of their life is a sensitive and emotional period of care. Healthcare practitioners and support staff may be involved in supporting families in end of life care, at time of death and through bereavement. This can affect any individual at any life stage. Death can be sudden and this demands compassionate, supportive and empathetic skills from the carer. Some end of life care requires careful planning to support the individual and their family and friends effectively through this period.

In this unit, students will review local and national end of life guidelines as well as legislative processes in reporting death. Students will demonstrate skills in planning end of life care and providing support. It will be important for students to reflect upon periods of care and consider the development of their role as a part of the wider team providing palliative or end of life care. This unit will also give students the opportunity to explore cultural and social factors that influence approaches in end of life care.

Upon completion of this unit, students will have increased their knowledge and awareness of the impact of death and care up to and after loss, and be able to demonstrate skills in being able to support individuals through this challenging time. Providing end of life care can have a significant emotional impact upon all practitioners working in healthcare and it is important to address these issues and to develop awareness of sources of support and self-care. Students will consider these challenges in this unit, and be able to recognise when they need support and the support available to practitioners working in these environments.

The learning in this unit will support progression into continuing higher education courses for healthcare and allied health professions. Further, it can support progress to more senior support roles in healthcare environments and will enable students to consider specialising in palliative care or counselling roles.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss current national standards and guidelines in planning end of life care

2 Examine how cultural, religious and social factors influence end of life care planning and support

3 Explore own role in planning end of life care and providing support to individuals and their families

4 Review services available to support individuals and their families in planning end of life care.

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Essential content

LO1 **Discuss current national standards and guidelines in planning end of life care**

National guidelines:

Common core principles and competences for social care and health workers working with adults at the end of life (Skills for Care and Skills for Health, 2014)

Ambitions for Palliative and End of Life Care, A national framework for local action 2015-2020 (National Palliative and End of Life Care Partnership, 2015)

The Gold Standards Framework (GSF, 2017)

Getting it right every time: Fundamentals of nursing care at the end of life (Royal College of Nursing, 2015)

Every moment counts: A new vision for coordinated care for people near the end of life calls for brave conversations (National Council for Palliative Care, 2015)

Care of dying adults in the last days of life NG31 (NICE, 2015)

National End of Life Strategy (Department of Health, 2008)

Challenges to implementing guidelines:

Needs of individuals relative to their age/stage of development, e.g. infancy, childhood, adolescence, early adulthood, middle adulthood, later adulthood

The different periods over which people may require care

Managing own emotional responses to practical considerations

Local availability of skills and services

The range of different individuals that may be involved, e.g. friends, families, representatives, legal and social advocates

Complexity of decision-making

Issues around transparency versus sensitive handling

Knowing where to get support

Legal and ethical issues with regard to end of life and palliative care:

Relevant aspects of:

Care Act (2014)

Equality Act (2010)

Health and Social Care Act (2008) (Regulated Activities) Regulations (2015)

Human Rights Act (1998)

Mental Capacity Act (2005)

Mental Capacity Act (2005) – best interests

OR other related legislation as currently applicable in own home country

Advance care planning – advance directive/living will/advance refusal

Consent and capacity

The right for an individual to give someone else the legal authority to act on their behalf e.g. through Lasting Powers of Attorney (LPAs)

Controversies around the illegality of assisted dying

LO2 **Examine how cultural, religious and social factors influence end of life care planning and support**

Cultural

Customs relating to death

Funeral preparations

Family roles

Preparing for death, last wishes

Burial, cremation, natural burial

Grieving processes and norms

Religious factors

Different religious customs

Wakes/celebrations of life

Last rites

Preparation of body

Belief structures in after life, reincarnation

Spirituality, rejoicing in past life, wanting to make amends, wanting to share

Social factors

Family/friends support networks, how they react to death and dying

Feelings of fear, guilt, anxiety about death process and what happens next

Preparing for death, wanting to support those left behind, wanting to make contact with lost friends/family

Making plans – wills, advance directives, paying funeral costs

Age, gender, sexuality, disability and influence on death

Effective communication between professionals, discussion regarding death

Taboos, superstitions

Organ donation

Barriers to effective planning

Sudden death

Fears of dying, lack of support

Death of a child, shock to family, trauma and criminal implications

Financial difficulties, unable to plan funeral, stress of not meeting last wishes

Denial, refusal to participate in planning

Family breakdown

Practitioners not recognising or respecting the cultural, religious and social factors impacting on the individual, their friends and family

Practitioners finding it difficult to manage their own emotional responses

Unwarranted variations in care plan

LO3 **Explore own role in planning end of life care and providing support to individuals and their families**

Role of healthcare assistant in planning end of life care

Supporting the individual through person-centred planning, involvement in planning with family and friends

Holistic planning, acknowledging all aspects of a person's life and respecting spiritual belief structures within planning

Dignity and respect, equality and anti-discriminatory practice

Actively listening to the individual, their family and friends

Adapting responses to each situation with regard to the age, ability, needs and circumstances of the individual

Appreciating the significance and respecting wishes and preferences of the individual, their family and friends

Supporting activities that promote value in life

Supporting symptom management and physical care, nutrition and hydration, pain relief, personal care

Anticipatory prescribing

Being a reliable and professional source of support for individuals experiencing end of life

Working closely with multidisciplinary teams and agencies to provide effective support

Recognising boundaries of role

Advance care planning

Identify wishes and preferences

Refusing specific treatments, putting a "do not resuscitate" order in place

Requesting an advocate

Making a lasting power of attorney

Support from medical team

Recording information

Open dialogue

Communication

Effective methods of communication, reading cues to talk, privacy, respect

Active listening skills

Confidentiality, sharing life experiences and appropriate self-disclosure

Record-keeping

Encouraging opportunities for individual to talk with family and friends

Effective communication across agencies, integrated planning

Building relationships based on trust and open dialogue

Communicating with individuals at different ages and stages

Effective exploration of children's understanding of dying and death

Referral processes where grieving and bereavement is complex

Referral and communicating with relevant services

Grieving process

Loss, bereavement, grief and mourning, stages of grief (Kubler-Ross, 1965)

Bereavement, emotional and psychological impact

Complicated grieving, unable to move on

Support, counselling and cognitive behaviour therapy

Supporting individuals and families through process

Issues for the healthcare assistant supporting care at end of life

Own ability to cope with death and dying: emotional and psychological impact

Grief and grieving/stress and anxiety around death

Lack of experience/worries about what happens

Fear of own responses/self-awareness

Coping with grief of others

Links to personal experiences

Distinguishing between own and others' responses, e.g. the individual, their family and friends

Maintaining own professionalism, e.g. demonstrating appropriate empathy

Recognition of the impact of own emotional state on the individual, their friends and family, colleagues and others

Recognition of the impact of own emotional response on other areas of working practice and home life

Recognising when you need support

Seeking and accessing support, and supporting other colleagues, adhering to policies and procedures

Sources of support e.g. manager/supervisor, mentor, colleagues, counselling services, support groups in person and online

LO4 Review services available to support individuals and their families in planning end of life care

Holistic considerations in measuring the quality of end of life care planning and provision

Overall quality of life of the individual

Physical, psychological, social and spiritual dimensions of comfort and wellbeing

The individual's own perception of their care

The wellbeing and perception of family and/or social networks involved in the individual's life

Keeping the choices and priorities of the individual at the centre of planning and delivery

Helping keep individuals, families and friends well informed about the range of options and resources available to them to be involved with care planning.

Services supporting end of life care

Palliative care teams, Hospice care, Social care services, voluntary support agencies

Multidisciplinary approaches

Shared communication

Closely integrated support and planning, interagency working

Support for families

Practical support- finances, benefits, planning funerals

Best interests meetings, advance planning directives

Community-based support and engagement

Roles of professionals

e.g. Macmillan nurses, hospice staff, consultants/GP, pharmacists, palliative care workers, social workers, psychologists, grief counsellors, funeral directors, staff counselling services

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Discuss current national standards and guidelines in planning end of life care		
P1 Review national standards and guidelines for planning and supporting end of life care **P2** Discuss the challenges to effectively implementing guidelines in end of life care across different stages of the lifespan	**M1** Critically discuss possible ethical issues that can arise when planning end of life care across different stages of the lifespan in terms of safeguarding the individual receiving care	**D1** Critically analyse how effective different national standards and guidelines are in providing benchmarks for planning and supporting end of life care for individuals and families
LO2 Examine how cultural, religious and social factors influence end of life care planning and support		
P3 Discuss the cultural and religious influences on planning end of life care. **P4** Analyse social factors that can affect the way the individual and family respond to planning and support in end of life care	**M2** Critically discuss how to address potential barriers to effective end of life care and support, taking into account different influential factors	**D2** Critically evaluate the importance of taking into account the contribution different factors when planning and providing end of life care for different individuals
LO3 Explore own role in planning end of life care and providing support to individuals and their families		
P5 Communicate sensitively to different individuals, their friends and family in a setting where end of life care is provided **P6** Review the procedures and practices in place in the setting to ensure care planning is responsive to preferences and needs of individuals and their families requiring end of life care and support	**M3** Reflect own professional skills and behaviour as part of a team in planning and providing person-centred care for individuals towards end-of-life	**D3** Critically reflect upon own provision of care and impact on care processes involved in supporting individuals, friends and families coping with end of life

Pass	Merit	Distinction
LO4 Review services available to support individuals and their families in planning end of life care		
P7 Research local and national support groups available to support end of life care **P8** Discuss the role of different health and care professionals involved in supporting end of life care	**M5** Critically review own contribution to teamwork as a part of the multidisciplinary approach to planning end of life care	**D4** Critically evaluate the impact of multidisciplinary planning and support in end of life care for the individual and family and friends

Recommended resources

Textbooks

CORR, C.A., CORR, D.M., BORDERE, T.C. and NABE, C.M. (2011) *Death and Dying, Life And Living*. (*7th Ed*.) Boston, MA: CENGAGE Learning Custom Publishing.

GRINYER, A. (2012) *Palliative and End of Life Care for Children and Young People: Home, Hospice and Hospital.* Oxford: Wiley-Blackwell.

KESSLER, D.K. and KÜBLER-ROSS, E. (2005) *On Grief and Grieving: Finding the Meaning of Grief through the Five Stages of Loss.* London: Scribner's and Company.

KÜBLER-ROSS, and ROSS, K.E. (1970) *On Death and Dying*. New York: Collier Paperbacks, U.S.

MORRIS, C. and COLLIER, F. (2012) *End of Life Care: A Care Worker Handbook*. UK: Hodder Education.

REZEK, C. (2015) *Mindfulness for Carers: How to Manage the Demands of Caregiving While Finding a Place for Yourself.* London: Jessica Kingsley Publishers.

VOLANDES, A.E. (2016) *The Conversation: A Revolutionary Plan for End-of-Life Care.* USA: Bloomsbury.

Websites

endoflifecareambitions.org.uk	The National Palliative and End of Life Care Partnership Ambitions for Palliative and End of Life Care (Guidance)
www.rcgp.org.uk	Royal College of General Practitioners Palliative and End of Life Care Toolkit (Training)
www. scie.org.uk	Social Centre Institute of Excellence End of Life Care (Report)
www.who.int	World Health Organisation Global Atlas of Palliative Care at the End of Life (Guidance)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 6: Supporting Dementia Care

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 13: Supporting Individuals with Specific Needs

Unit 14: Sociological and Psychological Perspectives on Health

Unit 15: Healthcare Technology in Practice

Unit 16: Supporting Adults in Residential Care

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 22: Supporting Individuals through Significant Life Events

Unit 24: Health Psychology

Unit 26: Supporting Team and Partnership Working Across Health and Social Care Services

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1,	P1, P2, M1, D1
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO3	P3, P4, M2, P5, P6
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2	P4, M2, M3, M4, D3
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3	P2, P3, P4, P6
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3, LO4	D2, D3, D4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 37: Complementary Therapies in Healthcare Practice

Unit code	**F/616/1672**
Unit level	**5**
Credit value	**15**

Introduction

Complementary therapies have been in use across the globe for centuries. They are now rapidly becoming acceptable alternatives or additions to some conventional treatments for illness and disease as well as in the promotion of health and wellbeing for the individual. As our society aims for the individual to take more responsibility for their health and wellbeing, complementary therapies are becoming more readily available to users of health, care and support services.

This unit will enable students intending to become healthcare practitioners to explore a variety of complementary therapies and assess their benefits in relation to providing a holistic approach to health and wellbeing.

Students will review how complementary therapies are regulated for use in health and care provision and provide an analysis of how effective complementary therapies may be in addition to orthodox treatments on the long-term health and wellbeing of the individual.

This unit will support students' progression in healthcare related continuing higher education and in employment in healthcare related fields.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss the principles of providing complementary therapies in a healthcare setting

2 Assess the regulations affecting complementary therapies in healthcare settings

3 Investigate the use of complementary therapies in a healthcare setting

4 Analyse the role of complementary therapies in maintaining health and wellbeing.

Essential content

LO1 **Discuss the principles of providing complementary therapies in a healthcare setting**

Definition of complementary therapy as distinct from alternative therapy

The history of complementary therapies

Therapies e.g. aromatherapy, reflexology, massage, reiki, acupuncture, hypnotherapy, neurolinguistic programming (NLP), art therapy, homeopathic remedies

Classification of complementary therapies:

Physical therapies e.g. acupuncture, massage, reflexology, yoga

Cognitive therapies e.g. Neuro-Linguistic Programming (NLP), cognitive behaviour therapy, hypnotherapy

Expressive therapies e.g. art, music

Plant-based therapies e.g. homeopathy, flower remedies, herbalism

Role of complementary therapies

As a form of pain relief during procedures rather than analgesics

To alleviate the side effects of a conventional medicine

To relieve emotional responses and stress related to anxiety to illness or treatment

For use in preventative measures

For relaxation

Alongside conventional medicines in healthcare practice

Personal skills required of practitioners providing complementary therapies

Communication

Being hands on with patients

Being caring and reassuring

Working as part of a team and willing to work alongside other professionals

Working with service users of all ages

Advocacy skills

Ability to articulate and support the use of conventional therapies

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LO2 **Assess the regulations affecting complementary therapies in healthcare settings**

Professional standards, guidelines and advisory organisations relevant to the provision of complementary therapies

Complementary therapy professional and support bodies, e.g. Complementary and Natural Healthcare Council (CNHC), General Council for Massage Therapy (GCMT), Reflexology Forum (RF), Complementary Health Professionals, International Federation of Reflexologists (IFR), Complementary Therapists Association (CThA), Federation of Holistic Therapists (FHT)

Medical regulatory bodies and guidance, e.g. General Medical Council regulations and guidance (GMC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), General Osteopathy Council (GOsC), General Chiropractic Council (GCC), NICE guidance

Additional standards, e.g. National Occupational Standards (NOS)

Other regulatory bodies, e.g. The General Regulatory Council for Complementary Therapies

Additional requirements, e.g. the Disclosure and Barring Service (DBS)

Professional standards, guidance and advisory organisations in home country

Self-regulation

The therapist's professional responsibilities regarding consent for complementary therapies in the healthcare setting

Confidentiality when working in a healthcare setting

Professional codes of ethics

Legislation affecting the provision of complementary therapy treatments in the healthcare settings

Local and national policy of relevance to the provision of complementary therapies in healthcare settings. Impact of regulation, legislation and policy on access to complementary therapies including considerations of funding and availability

Public sector

Private sector

Voluntary sector

LO3 **Investigate the use of complementary therapies in a healthcare setting**

Use of complementary therapies alongside orthodox medicines as treatments for diseases and physical health conditions

e.g. in surgery, dosage

Effectiveness of complementary therapies

The importance of touch as used in complementary therapies, e.g. connection to others, reduction of anxiety, bonding, rapport, lower blood pressure, sensory input

Physiological effects of different therapies, i.e. impact on different body systems, e.g. alleviation of physiological symptoms

Psychological or behavioural effects of different therapies, e.g. the placebo effect, psychosomatic results, behaviour change

Maintenance of ongoing health status

Personal socio-cultural benefits: comfort, familiarity, choice, confidence

Attitudes towards complementary therapies

Risks

Associated with using or advising the use of complementary therapies as alternatives to conventional medicines

Risks to the individual receiving support or treatment

Risks to the organisation providing the service

Personal and professional consequences of errors in advice or treatment provided to service users requesting complementary therapies

Contraindications

Raising own knowledge and awareness regarding efficacy of complementary therapies

Identifying valid and reliable research that supports the use of complementary therapies

The difference between using complementary therapies to treat conditions with a psychological basis compared to physical health conditions

Differences in the scientific approach used to test conventional medicines and research that supports the efficacy of complementary therapies in treating physical health conditions

Recognising the ongoing nature of research to understand and identify the efficacy of complementary therapies in treating different conditions

Sources of information for research into complementary therapies related to own setting

e.g. complementary therapy practitioners, healthcare practitioners, individuals using complementary therapies, scientific studies, systematic research, commercial sources

LO4 **Analyse the role of complementary therapies in maintaining health and wellbeing.**

Use of complementary therapies

As a form of pain relief during procedures rather than analgesics

To alleviate the side effects of a conventional medicine

To relieve emotional responses such as anxiety to illness or treatment

Preventative uses

Therapeutic for different disorders

Impact on physiological function

Musculo-skeletal e.g. bones, joints, muscles, mobility, pain

Metabolic e.g. digestive and eliminatory processes, dermatological, endocrine functions, immune function, reproductive function

Cardio-respiratory e.g. pulmonary functioning, cardiovascular functioning

Central and peripheral nervous system

Psychological effects

Impact on mental health, e.g. relief of stress, depression, mood improvement and enhanced wellbeing

Impact with regard to learning difficulties or disabilities e.g. Attention Deficit Hyperactivity Disorder (ADHD), autism

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss the principles of providing complementary therapies in a healthcare setting</td><td rowspan="5">D1 Critically evaluate the effectiveness of current policy and practice requirements on regulating the use of complementary therapies in healthcare provision across different settings</td></tr>
<tr><td>P1 Discuss the purpose and historical context of different complementary therapies currently used by healthcare practitioners</td><td>M1 Analyse the relevance of the healthcare practitioners' personal skills in providing different complementary therapies in healthcare practice</td></tr>
<tr><td colspan="2">LO2 Assess the regulations affecting complementary therapies in healthcare settings</td></tr>
<tr><td>P2 Investigate different professional practice requirements for complementary therapists
P3 Assess how the use of complementary therapies is regulated in health and care settings</td><td>M2 Critically analyse impact of current legislative and policy environment on the use of complementary therapies in healthcare practice</td></tr>
<tr><td colspan="2">LO3 Investigate the use of complementary therapies in a healthcare setting</td><td rowspan="5">D2 Critically reflect on the effectiveness of the use of complementary therapies alongside orthodox treatments versus orthodox treatments alone in improving the health and wellbeing of individuals with different conditions</td></tr>
<tr><td>P4 Compare and contrast different complementary therapies and orthodox treatments used in healthcare settings</td><td>M3 Critically discuss the effectiveness of, and risks associated with, complementary therapies in use in a specific healthcare setting</td></tr>
<tr><td colspan="2">LO4 Analyse the role of complementary therapies in maintaining health and wellbeing</td></tr>
<tr><td>P5 Assess the impact of complementary therapies on different physiological functions
P6 Assess psychological effects of complementary therapies on individuals presenting with different behaviours in a healthcare setting</td><td>M4 Examine the role of different complementary therapies in maintaining physiological and psychological health and wellbeing</td></tr>
</table>

Recommended resources

Textbooks

ADAMS, J., MAGIN, P. and BROOM, A. (2013) *Primary Health Care and Complementary and Integrative Medicine: Practice And Research*. Epub: Imperial College Press.

DAWSON, V. and CHITTY, A. (2002) *Complementary Therapies: The Essential Guide*. Peterborough: Need2Know.

HAWK, C. (2017) *The Praeger Handbook of Chiropractic Health Care: Evidence-Based Practices.* Connecticut: Praeger.

HUTCHINSON, T.A (2017) *Whole Person Care: Transforming Healthcare*. New York: Springer.

MOAT, D. (2013) *Integrative Psychotherapeutic Approaches to Autism Spectrum Conditions.* London: Jessica Kingsley Publishers.

WILKS, J. (2017) *An Integrative Approach to Treating Babies and Children*. London: Singing Dragon.

Websites

www.nhs.uk	National Health Service
	Livewell – pages on Complementary alternative-medicine
	(General reference)
www.cnhc.org.uk	Complementary and Natural Healthcare Council
	(General reference)
www.nice.org.uk	National Institute for Health and Care Excellence (NICE)
	(General reference)
www.gcc-uk.org	The General Chiropractic Council
	(General reference)
www.rccm.org.uk	The Research Council for Complimentary Medicine
	(General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 5: Health Education in Action

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 14: Sociological and Psychological Perspectives on Health

Unit 16: Supporting Adults in Residential Care

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 24: Health Psychology

Unit 28: Holistic Approaches to Health Promotion

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

Unit 33: Psychophysiological Disorders

Unit 36: End of Life Care Planning and Support

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, P4, M2, D1
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1	P1, M1, D1
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2 LO3	P3, P4, M2, D1 M3

THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1	P1, M1, D1
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	P6, P7, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 38: Nursing – Principles and Fundamentals of Practice

Unit code	**J/616/1673**
Unit level	**5**
Credit value	**15**

Introduction

Nurses need a wide variety of skills and knowledge, from physical personal support techniques to knowledge of illnesses, medication and patient monitoring, from emotional and social support of service users and their friends and families, to dealing with bereavement.

This unit provides an overview of the underpinning principles, values and basic practice requirements for roles in nursing, giving students an insight into the profession and supporting progression to nursing or related roles. It focuses on four areas: the underpinning principles of care, factors that impact quality of care, health, safety and safeguarding responsibilities of the healthcare practitioner, and providing effective support to service users using health and care services. Students will consider not only the framework that underpins nursing care, but their role in developing their skills and knowledge towards entering the nursing profession. Students will also consider the different roles and responsibilities of nursing staff and the impact on service user outcomes.

Throughout the unit, students will be made aware of safe practices relating to staff roles and responsibilities, and the relationship to service user health, wellbeing and outcomes. Students will be able to demonstrate this awareness through the provision of care for service users that reflects this approach.

On completion of this unit, students will be able to carry out basic nursing techniques, assess the impact of health environments on recovery, and work to provide effective support of service users of different ages. They will have a developed understand of nursing and nursing care, influences on service delivery, the positive outcomes for individuals accessing services and the impact of their own role on achieving quality service provision.

Learning Outcomes

By the end of this unit students will be able to:

1 Relate the principles of effective nursing practice to own personal and professional development

2 Explore the impact of environmental factors on the service user experience

3 Analyse health and safety policy underpinning safe nursing procedures and practice

4 Provide appropriate care for service users in different life stages.

Essential content

LO1 **Relate the principles of effective nursing practice to own personal and professional development**

National Standards

Code of Practice for Nurses and Midwives

Codes and Standards of Conduct, Standards of Proficiency for health, allied health and social care workers

Relevant higher apprenticeship standards for healthcare related occupations

National Principles of Nursing Practice

Values underpinning nursing practice (Nursing Associate Standard, 2017)

Care, compassion, honesty, conscientiousness, commitment

Behaviours underpinning nursing practice (Nursing Associate Standard, 2017)

Treating people with dignity

Demonstrating respect for an individual's diversity, culture, beliefs, needs, values, privacy and preferences

Demonstrating respect and empathy for colleagues and other staff

Having the courage to challenge areas of concern

Demonstrating leadership

Adaptability

Resilience and self-awareness

Reliability and consistency

Discretion

Roles in nursing practice and allied health

Own personal and professional development

Current skills, knowledge and experience

Strengths

Areas for development

Strategies to develop personal and professional skills

Career progression pathways, mapping and planning

Training and development opportunities

Work experience

Reflective practice

Services worked in

Diversifying work experience

Patterns of work, voluntary, placement, employment, contract-based, apprenticeships

Matching opportunities for work experience with gaps in own experience or skills

Developing interpersonal communication skills to support personal and professional development, e.g. body language, tone of voice (written, electronic and verbal)

Dealing with others

Impact of own appearance

Admittance and release procedures

Referral

Routine and emergency situation techniques

Dealing with complaints

Professionalism and resilience

Working within own remit

Regulatory and professional bodies for nursing and healthcare

Nursing and Midwifery Council

Health and Care Professions Council

Royal College of Nursing

Skills Sector Councils

LO2 **Explore the impact of environmental factors on the service user experience**

Structural environmental factors

Impact of location of service in relation to local community, transport services and other available linked services

Impact of aspects of design and accessibility of the building, e.g. egress, exit and signage, cost of access, parking

Impact of aspects of layout and accessibility of service areas, and rooms including design requirements, e.g. fire and safety, access and location, signage

Access to outside areas if inpatient or residential service, e.g. windows

Situational environmental factors

Impact of aspects of interior design of service areas and rooms, e.g. aesthetics, space, lighting

Distinction between office/work spaces, storage areas and service areas

Efficiency of use of different areas and visual impressions

Other aspects of design and layout which relate to service user recovery

Health and safety considerations

Maintenance for hygiene reasons, e.g. ventilation

Radiation considerations and isolation facilities

Waste disposal, e.g. clinical waste, chemicals, medicines and sharps

Cleaning and disinfection

Impact of people traffic and noise on service users

Scheduling activities in appropriate areas and at appropriate times

Engaging service users in the design of their environment

LO3 **Analyse health and safety policy underpinning safe nursing procedures and practice**

Health and Safety legislation, e.g. Health and Safety at Work Act (1974), Medicines Act (1968), Environmental Protection Act (1990)

Health and Safety Regulations, e.g. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995), Control of Substances Hazardous to Health (COSHH) Regulations (1998), Health and Safety (Sharp Instruments in Healthcare) Regulations (2013), Personal Protective Equipment at Work Regulations (1992) (as amended)

Legislation, standards and regulations regarding safe use of medicines e.g. The Human Medicines Regulations (2012)

OR other equivalent legislation, regulation and standards as currently applicable in own home country

Relationship between health and safety and safeguarding legislation

Infection prevention and control

The principles of infection prevention and control

Causes and spread of infection

Cleaning, decontamination and waste management

Wound and wound management, e.g. tissue viability

Personal and protective equipment (PPE)

Medication administration, monitoring and management

Tools to support administration, monitoring and management

Administration, monitoring, management, recording

Procedure in dealing with errors

Invasive and non-invasive procedures

Definitions and distinction

Occupational competency requirements

Staff roles and responsibilities

Use of medical devices and equipment

Invasive procedures, e.g. taking blood samples for testing, catheterisation, if in scope of own role

Assisted feeding techniques, fluids

Current technological and pharmaceutical interventions

Procedures associated with specific medical disorder or

Recording and reporting

Isolation and barrier nursing

Laboratory procedures

Sterilisation and storage of equipment

Administrative responsibilities

Record keeping and management

Rotas

Registers

Filing

Team meetings, handovers and exchange of information – verbal, written or electronic

Liaising between different departments or teams

Time keeping and time management

Safety in the physical environment, e.g. dealing with spills and obstructions

LO4 **Provide appropriate care for service users in different life stages**

Life stages

Infancy, childhood, adolescence, early adulthood, middle adulthood, late adulthood

Applying person-centred and holistic approaches to care

Physical care provision

Signs of health and ill health

Detecting and responding to early signs of deterioration

Common illnesses and health conditions

Diagnosis, assessment and planning techniques and tools

Infection prevention and control

Observation and monitoring techniques

Personal care

Meeting nutrition and hydration needs

Providing physical support

First aid techniques

Record keeping

Equipment used, e.g. assistive technologies

Administering and management of medication within own remit

Working with other staff

Respecting rights to dignity, privacy, choice and consent

Managing tensions in balancing a service user's rights with own duty of care

Facilitating self-care

Providing intellectual, emotional and social support

Awareness of environmental factors impacting on effectiveness of communication

Use of case histories and care plans in engaging in conversations

Compassionate communication

Coproduction in care planning

Safeguarding and duty of care

Brave and difficult conversations

Involving carers, family and friends

Unconditional positive regard in care

Duty of candour and own personal role in being transparent and honest

Adapting communication according to the needs of the individual

Strategies to support individuals with different intellectual, emotional and social support needs

Signposting or connecting individuals and their families or carers to appropriate resources/services and support

Data protection policies and procedures

Health and safety and risk assessment

Lines of reporting and interprofessional, team communication

Supporting and mentoring other staff

Reflecting on own practice using feedback from service users, colleagues and supervisors

Inclusive practice

Celebrating and promoting diversity

Safeguarding

Safe working

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Relate the principles of effective nursing practice to own personal and professional development</td><td rowspan="3">D1 Produce a detailed, reflective and realistic development plan for own progression in a career in nursing</td></tr>
<tr><td>P1 Analyse own skills in relation to the skills required for nursing practice
P2 Analyse the importance of reflecting core principles, values and behaviours in developing own nursing practice</td><td>M1 Critically compare own skills, behaviours and experience to the skills, behaviours and experience required to effectively support professionally qualified nursing staff</td></tr>
<tr><td colspan="2">LO2 Explore the impact of environmental factors on the service user experience</td></tr>
<tr><td>P3 Assess structural environmental factors that impact on service user experience of own workplace setting
P4 Assess the situational environmental factors that impact on service user experience of own workplace setting</td><td>M2 Recommend strategies to improve the service user experience of own workplace setting through addressing environmental challenges</td><td rowspan="3">LO2 and LO3
D2 Justify own strategies to improve service user experience, taking into consideration the impact of safe, efficient nursing procedures and practice</td></tr>
<tr><td colspan="2">LO3 Analyse health and safety policy underpinning safe nursing procedures and practice</td></tr>
<tr><td>P5 Analyse the relationship between the health and safety policy and the safeguarding of service users using health and care services</td><td>M3 Critically examine the role of staff supporting professionally qualified nurses in safeguarding and maintaining the health and safety of service users</td></tr>
</table>

Pass	Merit	Distinction
LO4 Provide appropriate care for service users in different life stages		
P6 Carry out informal welfare and wellbeing consultations with service users of different ages, taking into account cultural, physical and mental health considerations, and record outcomes **P7** Carry out service user health monitoring techniques, taking into account the physical and emotional needs of the service user under the supervision of a registered nurse **P8** Accurately record results of observations and monitoring, demonstrating regard for data handling policies and procedures in own setting	**M4** Justify decisions taken when providing care for service users of different ages, referring throughout to their relationship to relevant professional code of conduct and the needs of the individual	**D3** Produce a critically reflective plan to further develop own practice in providing care for individuals of different ages and stages, taking into account service user and supervisor feedback

Recommended resources

Textbooks

EVANS, D., COUTSAFTIKI, D. and FATHERS, C. (2014) *Health Promotion and Public Health for Nursing Students.* (*2nd Ed.*) London: Sage Publications Ltd.

SHARPLES, K. (2011) *Successful Practice Learning for Nursing Students*. London: Sage Publications Ltd.

BROOKER, C., NICOL, M. and ALEXANDER, M.F. (2011) *Alexander's Nursing Practice (4th Ed.)*. London: Churchill Livingstone.

HOWATSON-JONES, L., STANDING, M. and ROBERTS, S. (2015) *Patient Assessment and Care Planning in Nursing (Transforming Nursing Practice Series)*. Exeter: Learning Matters.

WILKINSON, J.M. (2007) *Nursing Process and Critical Thinking.* Upper Saddle River, NJ: Pearson Prentice Hall.

Reports and articles

NHS ENGLAND PATIENT SAFETY DOMAIN and the NATIONAL SAFETY STANDARDS FOR INVASIVE PROCEDURES GROUP (2015) *National Safety Standards for Invasive Procedures (NatSSIPs*). NHS England.

Websites

www.skillsforhealth.org.uk	Skills for Health Code of Conduct for Healthcare Support Workers and Adult Social Care Workers (Guidance)
www.nmc.org.uk	Nursing and Midwifery Council UK regulator for nurses and midwives 1. The Code of Practice for Nurses and Midwives (Guidance) 2. Principles of Nursing Practice (Guidance)
www.legislation.gov.uk	UK-wide government website on legislation, effective both within the UK as a whole and for each of its four countries (Guidance)

www.nursingtimes.net	Nursing Times (General reference)
www.rcn.org.uk	Royal College of Nursing (Guidance and Training)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 13: Supporting Individuals with Specific Needs

Unit 15: Healthcare Technology in Practice

Unit 17: Effective Reporting and Record-keeping in Health and Social Care Services

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 26: Supporting Team and Partnership Working across Health and Social Care Services

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1 LO3 LO4	P1, M1 D1 P5, M3, D2 P8
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1 LO2 LO4	P1, P2, M1, D1 P3, P4, M2, D2 P6, P7, P8, M4, D3

THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3 LO4	P5, M3, D2 P6, P7, P8, M4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2 LO4	P3, P4, M2, D2 P6, M4, D3
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2 LO4	P4, M2, D2 P6, P7, P8, M4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the nursing or nursing-related health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 39: Supporting Operating Department Practice

Unit code	**L/616/1674**
Unit level	**5**
Credit value	**15**

Introduction

This unit is only for students currently in a healthcare assistant (or related) role supporting Operating Department Practitioners in settings that help individuals requiring surgical procedures or operations.

Operating departments are an integral and busy part of hospital activity. The theatre team will include surgeons, anaesthetists, operating department practitioners, theatre support workers and porters. Supporting operating department practice is a diverse role and includes a wide range of skills across the entire perioperative patient journey. Practitioners support operating theatre staff and provide care to patients at all stages of an operation. Practitioners usually work within an anaesthetic, surgical or recovery team, but might also work in accident and emergency, intensive care, day surgery clinics, maternity units or resuscitation teams, for example.

This unit covers the knowledge, understanding and skills needed when working in an operating department delivering safe and effective perioperative care. The unit focuses on a holistic, patient-centred approach, exploring the fundamental principles that underpin care within the National Health Service (NHS). Evidence-based practice is key to providing the best possible care for patients, and the importance and relevance of this to the role is explained.

On completion of this unit, students will be able to understand how operating departments function, the roles of practitioners working as part of the theatre team, what influences service delivery and the impact of evidence-based practice and their own role in achieving quality service provision within an operating department.

It is crucial that this unit is available only to students already supporting Operating Department provision who are supervised throughout their practice by Operating Department Practitioners and who agree its appropriateness for their own service delivery needs.

Learning Outcomes

By the end of this unit students will be able to:

1 Analyse principles of perioperative practice

2 Review the roles played by professionals involved in operating department practice

3 Examine the phases of perioperative care

4 Explore own role in providing perioperative care to individuals.

Essential content

LO1 **Analyse principles of perioperative practice**

Three main phases of perioperative care

Anaesthetics: preparation and administration of anaesthetic

Surgical phase: patient monitored, operation is performed

Post-anaesthetic care: monitoring and observation in recovery room, ongoing recovery

Anatomy and physiology of the respiratory system

Anatomy and physiology of the cardiovascular system

Anaesthesia

Definition

Anaesthetic techniques

The triad of anaesthesia

Anaesthetic agents, their actions and side effects

Monitoring, reporting and recording

Emergency and problem anaesthetics

Principles of ventilation

Principles of airway management

Gas laws and safety

Safety during the use of anaesthetic equipment

Management of shock

Massive blood transfusion

Stress response to anaesthesia/surgery

Haemodynamic monitoring

ECGs and principles of Advanced Life Support (ALS)

Management of spinals and epidurals

Management of complications/conditions during anaesthesia

LO2 **Review the roles played by professionals involved in operating department practice**

Operating department workforce

Surgeons

Consultants/specialist

Operating department practitioners

Anaesthetists

Theatre manager

Practitioner support:

theatre nurses

senior/scrub practitioners

senior/theatre support worker/practitioners

porters

administrative staff.

Responsibilities

Consent

Safe systems of work, care plans, checklists, communication

Collaboration

Team working, ongoing, consistent sharing and exchange of information

Monitoring patient wellbeing

Safeguarding and protection

Harm reduction

Infection prevention and control

Duty of care

Ongoing communication between practitioners, individual, carers, family and other services

Report and record-keeping

Supporting specialist care

Partnership working

Liaising between family and professionals in sharing information in line with confidentiality policy

Respecting individuality, rights, choice, privacy, independence, dignity, diversity

Supervision, roles and accountability

Adhering to quality assurance systems

Ongoing review and evaluation of service provision

Working as part of a team

Making informed decisions

LO3 **Examine the phases of perioperative care**

Anaesthetics phase

Prevention of pain and discomfort during surgical procedures/tests

Types of anaesthetic: local, general, regional, epidural, spinal, sedation

Drugs administered: sedatives, dissociative, analgesic

Preparation

Induction

Maintenance

Recovery

Routes

Side effects

Risks and complications

Surgical phase

Ongoing monitoring and assessment

Breathing-respiratory rate and rhythm, oxygen administration

Vital signs

Intravenous fluids

Other tubes: Foley, NG tube, suction, amount and type of drainage

Circulation

Circulatory complications

Temperature

Neurological assessment

Comfort

Support

Reassurance

Post-anaesthetic care

Risk factors

Risk score

Pain management

Checks, maintenance and monitoring of the individual:

easily arousable and oriented

maintain adequate ventilation

protect airway

nausea and pain control adequate

voiding

ambulant

adequate oral intake

no excess bleeding or drainage

received written discharge instructions and prescriptions.

LO4 **Explore own role in providing perioperative care to individuals**

Patient support as applicable to own role

Supporting patients through each stage of perioperative care

Monitoring a patient's physiological parameters

Observation of patients

Communicating between individual, carers, family and other services

Respecting individuality, rights, choice, privacy, independence, dignity, diversity

Supporting others to make informed choices about the services they access

Measuring and recording routine physiological observations: temperature, pulse, blood pressure, breathing

Applying appropriate principles of sterility and disinfection

Ventilation, keeping theatre doors closed

Restricting personnel

Traceability of instruments

Moving patients on trolleys

Reassuring family members

Preparing patients for anaesthetic

Setting out instruments and equipment ready for surgery

Making sure the department has stocks of items needed

Cleaning and tidying theatre areas after surgery

Taking blood/other samples for testing, if in scope of own role

Practitioner support as applicable to own role

Manual dexterity

Implementation of reporting and recording strategies

Team collaboration

Supporting teamwork

Supervision, roles and accountability

Reflective practice

Maintaining knowledge, competence and skills

Updating records, collecting statistics, keeping records up to date and making sure that procedures are followed

Preparing the necessary instruments and equipment for the operations, e.g. microscopes, lasers and endoscopes, within own level of competence

Responsibility for surgical instruments, equipment and swabs during the operation, within own level of competence

Reporting concerns to senior/person in charge

Applying clinical reasoning skills to meet patient needs

Health, safety and security as applicable to own role

Safeguarding and protection

Harm reduction

Duty of care

Implementing safe, evidence-based practice

Handwashing and basic hygiene

Maintenance of a sterile field

Use of masks

Scrub technique

Gowning and gloving

Pre-op shaving

Antiseptic skin preparation

Referring to infection control team policy

Knowledge of specific organisms

Prophylactic antibiotics

The implementation of universal precautions

Avoidance of needlestick/sharps injury

Challenges to effective operating department practice

Staffing levels may be inadequate to support effective perioperative care

Practitioner competence and skills at the appropriate level

Patient expectations and demands on services

Non-attendance at appointments/elective surgery

Funding and budgetary constraints

Staff availability and competence in relation to role requirements

Essentials of evidence-based practice

Integration of best and safe research evidence with clinical expertise and patient values

The effect of evidence-based practice on own role

The provision of safe, current, effective and efficient care

Implementation of theories/models

Utilising knowledge in decision-making

Prevention/reduction in harm

More efficient and effective use of resources

Consistency with current knowledge and practice

Quality improvement in service delivery and practice

Responding to the public and professional demand for accountability in safety and quality improvement in healthcare provision

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Analyse principles of perioperative practice		**D1** Critically analyse the principles involved in the delivery of all stages of perioperative care
P1 Discuss the principles underpinning perioperative care. **P2** Analyse the principles involved in the anaesthetics stage of perioperative care	**M1** Evaluate the principles practitioners adhere to when delivering effective perioperative care	
LO2 Review the roles played by professionals involved in operating department practice		**D2** Critically evaluate the role of professionals involved in operating department care in enabling an effective health service
P3 Analyse the different roles and responsibilities of professionals working in operating department service practice	**M2** Evaluate how staff work together in operating department service provision to enable effective patient-centred care	
LO3 Examine the phases of perioperative care		**LO3 and LO4** **D3** Critically reflect on the effectiveness of own practice throughout perioperative care towards providing an effective and efficient operating department service.
P4 Discuss the role of assessment and monitoring throughout perioperative care	**M3** Critically analyse the assessments and monitoring carried out during each phase of perioperative care	
LO4 Explore own role in providing perioperative care to individuals		
P5 Provide appropriate support to operating department service delivery, demonstrating teamwork and ensuring individuals' needs and safety are paramount	**M4** Autonomously participate in a period of operating department service delivery, consistently demonstrating teamwork and ensuring individuals' needs and safety are paramount	

Recommended resources

Textbooks

HATFIELD, A. (2014) *The Complete Recovery Room Book*. Oxford: Oxford University Press.

HUGHES, S. and MARDELL, A. (2009) *Oxford Handbook of Perioperative Practice (Oxford Handbooks in Nursing).* Oxford: Oxford University Press

KOUBEL, G. and BUNGAY, H. (2012) *Rights, Risks and Responsibilities: Interprofessional Working in Health and Social Care*. Basingstoke: Palgrave MacMillan.

ROTHROCK, J. (2014) *Alexander's Care of the Patient in Surgery, 15e.* Oxford: Mosby.

WICKER, P. (2010) *Caring for the Perioperative Patient 2 (Essential Clinical Skills*). Oxford: John Wiley and Sons.

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 6: Effective Reporting and Record-keeping in Healthcare Practice

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 14: Supporting Individuals with Specific Needs

Unit 15: Healthcare Technology in Practice

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 22: Supporting Individuals through Significant Life Events

Unit 28: Holistic Approaches to Health Promotion

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2	P5, P6, D2, D4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2, LO3	P1, P3, M2, D1, P4, M3, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3	P3, P4, M2, D1, P5, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3, LO4	M2, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in the nursing or nursing-related health and social care sector to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 40: Working with People Affected by Drug and Alcohol Addiction

Unit code	**R/616/1675**
Unit type	**Specialist Assistant Practice Unit**
Unit level	**5**
Credit value	**15**

Introduction

This unit is for students currently in a healthcare assistant (or related) role working in settings that help individuals affected by drug and/or alcohol addiction.

Historically, misconceptions surrounding why or how other people become addicted to drugs and/or alcohol has meant many of these individuals experience marginalisation, worsening of their condition and social exclusion, and even a lack of access to appropriate services to meet their needs. People often assume that individuals who use these substances lack willpower or do not have the sense or moral principles to stop their addiction just by choosing to. Addiction, however, is a complex health issue, and giving up usually takes more than good intentions or a strong will. Drugs and alcohol change the brain chemistry and thought processes in ways that make stopping hard, no matter how much the individual wants to give up.

In addition, there is often a range of social and psychological processes that are involved in the experience of addiction. Through decades of extensive research, our understanding of the impact of these substances on the physiology and psychology of individuals experiencing addiction has led to a range of treatments and support mechanisms in health and care services that can aid recovery.

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This unit introduces students to the specialist area of drug and alcohol addiction and the personal and professional skills required as a healthcare practitioner when supporting a person with drug and/or alcohol addiction. Students will explore the causes, signs and symptoms, therapies and treatments associated with drug and alcohol addiction. The unit will enable students to identify strategies that will facilitate a person-centred ethos in the delivery of effective care services to address the needs of people affected by addiction. The unit will also enable students to be aware of the challenges faced when delivering services to ensure the rights and choices of people with an addiction are upheld.

On completion of this unit, students will have developed their knowledge and skills in being able to be involved in the delivery of services which meet the wide and varied needs of individuals with an addiction to drugs and/or alcohol.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss the indicators of drug addiction and alcohol addiction

2 Review the treatments and support systems utilised to meet the needs of people affected by addiction

3 Contribute to the support of people affected by addiction

4 Reflect on the challenges involved in providing services which support people affected by addiction.

Essential content

LO1 **Discuss the indicators of drug addiction and alcohol addiction**

Key terminology

Addiction and dependency

Psychological, emotional and social risk factors

Trauma/traumatic life events, e.g. bereavement

Experience of abuse, e.g. domestic violence

Social deprivation and homelessness

Workload/academic demands, pressure or stress

Self-perception, insecurity

Peer or social attitudinal pressure

Relationship breakdown

Mental ill health, e.g. depression, anxiety, psychoses

Learned behaviour, e.g. parental/caregiver influence

The availability of and ease of access to substances

Biological and physiological

Injury or illness requiring prescription pain relief leading to continued reliance on prescribed medication to manage or 'block' pain

The substance used and how addictive it is

Theory of genetic predisposition

Lifestyle choices such as consumption of dietary supplements, e.g. steroids, appetite suppressants, alcohol, smoking

Statistical differences in drug and alcohol addiction

Gender

Socio-economic status

Cultural variances

Levels of education

Categories of drugs

Class A and examples

Class B and examples

Class C and examples

Methods of drug use

Topical, e.g. insufflation and smoking

Enteral, e.g. oral and suppositories

Parenteral, e.g. injecting into blood vessels

Types/categories of alcohol

Beer, cider, wine, spirits

Alcohol units

Methods of alcohol use

Oral

Patterns of drug and alcohol use/misuse/dependency

Experimental, recreational, situational, intensive, dependent use

The Jellinek Curve

Indicators of drug addiction

Distinguishing between indicators of addiction and conditions for diagnosis

Uncontrollable urge to consume the relevant substance(s)

Physical, e.g. glassy or watery eyes, dilated pupils, involuntary muscle twitching, shaking or teeth clenching, chills and sweating, trouble sleeping or sleeping more than usual

Psychological, e.g. mood swings, paranoia, hallucinations

Social, e.g. increasing isolation, neglecting personal hygiene and appearance, loss of interest in activities and hobbies, financial instability, behaviour changes, reduced inhibitions

Indicators of alcohol addiction

Distinguishing between indicators of addiction and conditions for diagnosis

Physical, e.g. flushed skin, broken capillaries on the face, trembling hands, bloody or black/tarry stools or vomiting blood, withdrawal symptoms when stopping or significantly reducing alcohol intake, e.g. ranging from sweating and nausea to anxiety, seizures and delirium tremens, drinking to excess, blackouts or memory loss, increasing tolerance of alcohol

Psychological, e.g. irritability, depression, or mood swings, uncontrollable desire or need to drink alcohol, even on waking

Social, e.g. drinking alone or in secret, neglect of responsibilities, self and others, increased risk taking and aggression, financial instability, use of alcohol to function on a daily basis

Impact of addiction on family, friends, carers

Loss of role

Mistrust

Loss of income

Eviction/homelessness

Insecurity

Stigma attached to addiction

Anxiety

Frustration

Interruption to routines/plans

Impact on wider society:

Costs involved in treatment centres, staffing and ongoing support

Impact on urgent treatment or accident and emergency services

Rates of petty crime

Costs associated with crime solving and reduction

The risk of the spread of illness or disease through discarded needles and paraphernalia

Time lost from work

Addiction related accidents and injuries

LO2 **Review the treatments and support systems utilised to meet the needs of people affected by addiction**

Complexities of diagnosis

Individual acknowledging their addiction

Overwhelming family/carer involvement

Hiding indicators/symptoms

Refusal to divulge

Reluctance to be assessed

Symptoms confused/linked to other illness/disease

Practitioner knowledge of specific indicators

Biochemical processes involved in becoming dependent:

Neurotransmission through the central nervous system pathways

Speed of transmission determines the intensity of feeling or state of arousal, affecting tolerance to substances

Usage increases to achieve desired outcomes, ultimately resulting in dependence and addiction

Treatments and approaches to support

Referral/self-referral

Care planning – identifying medical and psychological needs

Screening to ascertain level of use of drugs/alcohol

Risk assessment of immediate/long-term needs on individual and others

Identification of the dangers of substance used: methods of use, quantity, frequency, purity of the substances, polydrug use, length of recovery, financial implications for assessment and planning

Signposting to other services and resources

Multidisciplinary approaches to support

Psychopharmacology (drug therapy), medications to help with cravings and discourage further use, medications to treat psychiatric illnesses

Psychological therapies, e.g. person-centred counselling, cognitive behavioural therapy

Social support, e.g. peers, support groups

Residential treatment or inpatient rehabilitation

Outpatient treatment programmes

Self-help programmes, lifestyle changes

Therapeutic community living

The 12 Steps Programme

Motivational interviewing

Coaching

Agencies involved in managing drug/alcohol addiction

GP surgery

Hospitals

Treatment centres

Support groups and networks, e.g. National Treatment Agency

Addaction, Community for Recovery, Narcotics Anonymous, Cocaine Anonymous, Alcoholics Anonymous

Criminal justice system: policy, probation services

Environmental and physical barriers to treatment

The impact of certain medication on awareness and the ability to interact

Medication currently prescribed affecting interactions

The environment and how it facilitates communication and interaction

Pain or discomfort

The use of body language

Distractions

Intellectual and emotional barriers to treatment:

Acknowledgement that treatment is necessary

Acceptance of support

Anxiety

Embarrassment

Interactions and communication – cognitive ability

Understanding and comprehension

Use of jargon/terminology/dialect

The communication approach used

Failing to understand what is being said

Confidence

Addressing barriers to treatment

Staff training

Staff knowledge, skills and competence

Funding and resources

Service availability

Family/carer involvement

Reducing stigma

Support at the individual's own level and pace

Adopting a person-centred approach, applying Rogers (1951) core conditions, i.e. empathic understanding, unconditional positive regard and congruence

LO3 **Contribute to the support of people affected by addiction**

Treatment and support

Distinguishing between own role and responsibilities and others in providing treatment and support

Working only within the scope of own role

Referral processes

Recognising the limits and boundaries of own role and responsibilities

Utilising reporting and recording mechanisms

Reporting concerns

Supporting individuals to raise concerns or make complaints

Whistleblowing

Knowledge of substance misuse issues and their impact on people

Initial treatment:

Assessment and evaluation of symptoms and accompanying lifestyle issues

Making treatment choices and developing a plan

Detoxification – stopping use

Working with specialist nurses in an addiction clinic

Providing advice about health protection

Talking about options for support

Arranging/attending appointments with individuals

Contributing to the holistic assessment of needs, preferences and priorities

Involvement in crisis planning, if in scope of own role

Communicating with and supporting service users, their friends and family

Signposting to appropriate services

Supporting individuals with benefit/funding queries and applications

Active treatments

Visiting substance users and helping with immediate needs

Arrest referral work

Helping individuals access education and training services

Needle exchange-providing clean sharps and giving advice on how to use substances safely

Health promotion and prevention advice and guidance

Responsibility, if in scope of own role, for ensuring individuals are meeting food, fluid and nutritional needs

Discharge/transfer of service/referral to specialists

Supporting the development and maintenance of individuals' life skills

Risk identification and management

Contributing to the assessment of capacity, as per role and responsibilities

Supporting people with self-care deficits

Supporting the development of self-help strategies to maximise independence

Types of service provision and levels of support required

Services in the individual's own home or in a supported living home

Services in hospital and primary care

Services available in the community, e.g. clinics, self-help groups, outreach services

Multidisciplinary approaches to service provision

Ensuring person-centred practice

Dignity, respect, inclusion, empowerment, choice

Offering choice according to the person's ability

Providing an inclusive, empathic, non-judgmental environment

The ability to build trusting relationships

Supporting independence and self-management

Partnership working: with the individual, their family and social networks, additional services the individual may require

Support with life skills and daily living tasks

Empathic, calm, caring approach

Non-judgemental attitude

Awareness of other services for signposting and referral

LO4 **Reflect on the challenges involved in providing services which support people affected by addiction**

Challenges

Stigma attached to addiction

Staff skills, knowledge, understanding and competence

Resource allocation

Communication difficulties

Ongoing changes to individual's abilities and condition

The effect of medication on individual's abilities

Carer input

Risk

Access

Partnership working and collaboration

Addressing challenges and providing compassionate care

Staff training and development

Adherence to quality standards

Reflective practice

Supervision, mentoring

Advocates or interpreters to support individuals

Psychological interventions

Positive risk-taking

Ensuring the environment is quiet and conducive to effective communication

Information in the preferred language and/or in an accessible format

Reduce distractions

Repeat things if the person doesn't understand

Ongoing assessment and review

Currency of knowledge and practice

Capacity

Mental health and mental capacity legislation

Carer's assessment

Involvement of relatives and carers, as appropriate

Integrated working

Allocation of named health and/or care staff to implement and review the care plan

Access to memory assessment service

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss the indicators of drug addiction and alcohol addiction</td><td rowspan="2">D1 Evaluate the relationship between risk factors, indicators and impact of drug and alcohol addiction on the individual and wider society</td></tr>
<tr><td>P1 Discuss the indicators of drug addiction and alcohol and their use in supporting clinical diagnoses of the different types
P2 Discuss the risk factors associated with drug and alcohol addiction</td><td>M1 Analyse the differences between drug and alcohol dependency and the physical, social and psychological impact of each</td></tr>
<tr><td colspan="2">LO2 Review the treatments and support systems utilised to meet the needs of people affected by addiction</td><td rowspan="2">D2 Critically examine the complexities of diagnosing, treating and supporting individuals experiencing alcohol and drug addiction</td></tr>
<tr><td>P3 Compare treatments and support systems available to meet the needs of individuals affected by addiction
P4 Discuss the impact of different barriers to treatment on the ability of services to meet the needs of individuals affected by addiction</td><td>M2 Analyse the relationship between different approaches to treatment and support in meeting the range of needs of individuals with drug or alcohol addiction</td></tr>
</table>

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO3 Contribute to the support of people affected by addiction</td><td rowspan="5">LO3 and LO4
D3 Critically reflect on own role as part of a service in utilising different strategies to address challenges to providing effective support for individuals affected by addiction</td></tr>
<tr><td>P5 Provide a period of person-centred support in a service that provides treatment or support to individuals affected by drug or alcohol addiction</td><td>M3 Analyse the drug and non-drug approaches used to treat addiction and their impact on individuals in own setting</td></tr>
<tr><td colspan="2">LO4 Reflect on the challenges involved in providing services which support people affected by addiction</td></tr>
<tr><td>P6 Discuss the challenges to be addressed when delivering services which promote the rights and choices of people affected by drug or alcohol addiction

P7 Compare the roles of different services in enabling the active and informed participation of individuals accessing treatment and support for alcohol or drug addiction</td><td>M4 Evaluate the effectiveness of different strategies to uphold the rights and choices of people affected by addiction during service delivery</td></tr>
</table>

Recommended resources

Textbooks

ALLAN, G. (2014) *Working with Substance Users: A Guide to Effective Interventions.* Oxford: Palgrave MacMillan

MILNER, J and MYERS, S. (2017) *Using Solution Focused Practice with Adults in Health and Social Care.* London: Jessica Kingsley Publishers

ROBERTS, G.W. and MACHON, A. (2015). *Appreciative Healthcare Practice: A Guide to Compassionate, Person-centred Care.* Cumbria*:* MandK Publishing.

WHITE, T. (2012) *Working with Drug and Alcohol Users: A Guide to Providing Understanding, Assessment and Support.* London: Jessica Kingsley Publishers.

Reports

DEPARTMENT OF HEALTH, (2002a). *Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care*. Department of Health.

Websites

www.intervene.org.uk	Intervene (General reference)
www.nice.org.uk	National Institute for Health and Care Excellence Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (General reference)
www.drugwise.org.uk	Drugwise (General reference)
www.eata.org.uk	European Association for the Treatment of Addiction (UK) (General reference)
www.fdap.org.uk	Federation of Drug and Alcohol Professionals (General reference)
www.gov.uk	Department of Health Drug and alcohol addiction, and obesity: effects on employment outcomes (Report)
www.who.int	World Health Organisation Guidance on substance abuse (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 5: Health Education in Action

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 13: Supporting Individuals with Specific Needs

Unit 17: Effective Reporting and Record-keeping in Healthcare Practice

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 22: Supporting Individuals through Significant Life Events

Unit 24: Health Psychology

Unit 28: Holistic Approaches to Health Promotion

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

Unit 33: Psychophysiological Disorders

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2	P5, P6, D2
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2, LO3	P1, P3, M2, D1, P4, M3, D2
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3	P3, P4, M2, D1, P5, D2
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3 LO4	M2, M4, D2

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in nursing, social work or healthcare/social-work related fields environments, with specific experience of work with individuals, affected by addiction to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 41: Healthcare Practice with Children and Young People

Unit code	**Y/616/1676**
Unit type	**Specialist Assistant Practice Unit**
Unit level	**5**
Credit value	**15**

Introduction

This unit is for students currently in a healthcare assistant (or related) role working in settings that support children and young people receiving healthcare. This could include minor injuries, exploratory tests, or more severe conditions and illnesses such as cancer, mental health illness or physical disability.

Significant progress has been made in improving the health and wellbeing of children and young people and this is largely due to the recognition that children and young people are key stakeholders in the provision of services and their interests must be at the centre of all healthcare provision. It is vital that practitioners have an understanding of the needs children and young people have in relation to healthcare and that they are aware of the issues and challenges children and young people may face.

In this unit students will learn how practitioners delivering healthcare are guided through policy and legislation to ensure the best interests of the child or young person they are supporting are a priority. Students will explore the existing healthcare provision available to monitor and support the health and wellbeing of children and young people. Students will demonstrate skills in the provision of healthcare for children and young people and consider their role as a part of the wider team providing healthcare. This unit will give students the opportunity to explore issues and barriers to healthcare provision, which often involves working with others to ensure the child or young person's needs are met.

Upon completion of this unit, students will have developed increased knowledge and awareness of the healthcare available, what underpins service delivery, and the importance of person-centred practice when delivering healthcare to children and young people.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss the healthcare services available to children and young people

2 Explore current legislative frameworks and national standards underpinning healthcare practice for children and young people

3 Explore own role in providing healthcare to children and young people

4 Demonstrate person-centred practice when delivering healthcare to children and young people.

Essential content

LO1 **Discuss the healthcare services available to children and young people**

Services to monitor and support the health and wellbeing of children and young people

Assessing children and young people's health, educational or social care needs

General healthcare services

Services specific to the support of children and young people:

children and young people clinics in different areas of healthcare service provision

Child and Adolescent Mental Health Services (CAMHS)

paediatric services

psychological therapy – child psychotherapy, family psychotherapy, play therapy and creative arts therapies

children, young people and family services

The role of social work

Delivery approaches, specific service provision to meet needs, funding, roles/responsibilities, partnership working, lines of reporting

Assessment of needs to determine the support required by the child or young person

Barriers to the effective provision of children's healthcare services

Communication – age of the child and ability to understand information or instruction, sensory impairment, speech and language difficulties, English as a second language

Attitudinal barriers – the child or young person, carers, self, practitioners, other children and young people

Organisational barriers – policies and procedures, discrimination, resources and funding, knowledge, skills and competence of staff, access to the setting, e.g. geographical location and availability of appointments or appropriate staff

Overcoming barriers to accessing healthcare

Adapting the environment and resources

Knowledge of child or young person's needs, stage of development and abilities

Using interpreters

Advocacy

Adaptation of materials and resources

Specialist aids and equipment

Partnership working: engaging the support of family/loved ones, engaging the support of experienced colleagues, effective communication between services

Personal skills in communicating with children

LO2 **Explore current legislative frameworks and national standards underpinning healthcare practice for children and young people**

Aspects of current and related legislation as relevant:

Duty of care

Health and safety

Safeguarding and protection of children and young people

Equality and diversity

Disability

Human rights

Health and care service provision

Staffing levels/competence/pre-employment checks

National standards regarding access to and provision of services for children and young people:

The Children's National Service Framework

Education standards

Healthcare standards for children and young people

Looked-after children and young people public health guidelines

Inspection guidelines and standards

Guidance relating to capacity and consent

Staffing qualifications and competence

Safeguarding and protection standards

Children and young people's rights

Advocacy standards

Inclusion

Multi-agency working

Social and emotional wellbeing and ensuring positive outcomes

LO3 **Explore own role in providing healthcare to children and young people**

Physical support

Responsibility, if in scope of own role, for ensuring individuals are meeting food, fluid and nutritional needs

Discharge/transfer of service/referral to specialists

Measuring and recording routine physiological observations: temperature, pulse, blood pressure, breathing (within own level of competence)

Taking blood samples for testing if in scope of own role

Supporting children and young people with additional personal care needs

Social support

Support through person centre planning

Involvement in planning with children and young people, family and carers

Contributing to the holistic assessment of a child or young person's needs, preferences and priorities

Accompanying children and young people going to appointments, consultations, health assessments, care planning meetings

Transition planning

Involvement in crisis planning if in scope of own role

Communicating with and supporting children and young people, carers, friends and family

Holistic planning, acknowledging all aspects of a child or young person's life

Dignity and respect

Actively fostering and inclusive environment, equality and anti-discriminatory practice

Teamwork, interagency practice and protocols

Effective methods of communication, reading cues to talk, privacy, respect

Effective communication across agencies, integrated planning

Recognising boundaries of role

Working with others when assessing and planning for the needs of children and young people

Safeguarding, health and safety

Risk identification, management and monitoring

Supporting children and young people to raise concerns or make complaints

Reporting concerns

Reporting concerns to senior/person in charge

Whistleblowing

Utilising reporting and recording mechanisms

Updating records, collecting statistics, keeping records up to date and making sure that procedures are followed

Helping to prepare, implement and review care plans within scope of own role

Health promotion and prevention advice and guidance

Confidentiality in relation to record-keeping and information management

Referral and signposting to other provision

Emotional and psychological support

Positive role modelling

Advising and supporting children and young people, family and carers

Explaining the process of and reasons for consultations, health assessments, care planning meetings

Transition planning

Communicating with and supporting children and young people, carers, friends and family

Listening to child or young person and family

Effective methods of communication, reading cues to talk, privacy, respect

Listening skills

Building relationships based on trust

Supporting the development of self-help strategies to maximise independence

Reporting concerns and referral to additional support services

Recognising the limits and boundaries of own role and responsibilities

Adherence to the principles and values involved in working with children and young people

Promoting the wellbeing of individual children and young people

Keeping children and young people safe

Putting the child and young person at the centre

Taking a whole child approach

Building on strengths and promoting resilience

Promoting opportunities and valuing diversity

Providing additional help that is appropriate, proportionate and timely

Supporting informed choice

Working in partnership with families and carers

Respecting confidentiality and sharing information

Promoting the same values across all working relationships

Bringing together and sharing each worker's expertise

Co-ordinating help

LO4 **Demonstrate person-centred practice when delivering healthcare to children and young people**

Features of person-centred approaches to healthcare delivery for children and young people

Contributing to identifying a child or young person's needs in the care pathway

Differences in existing assessment planning, implementation and review processes

Professional accountability within safeguarding policies and procedures

Methods of engagement to ensure the child or young person is central to the delivery of healthcare

Children and young people setting and being aware of ground rules, written contributions, video/audio contributions

Offering choice according to the child or young person's ability while acknowledging that too much choice may be overwhelming

Providing an inclusive environment where individual differences are respected and taken into account

Legal and ethical considerations when planning and providing services, the quality standards for healthcare practice, influence in care planning, assessment and delivery

Adherence to confidentiality protocols

Safeguarding

Empowerment and supporting independence

Communicate using the child or young person's preferred approach, e.g. the use of pictures, symbols and memory aids

Partnership working: with the child or young person, their family and social networks, additional services they require

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Discuss the healthcare services available to children and young people		
P1 Compare ways in which healthcare provision in own locale supports integrated care working to meet the healthcare needs of children and young people **P2** Discuss barriers related to the provision of healthcare for children in own locale	**M1** Analyse methods of overcoming barriers to healthcare provision in own locale in relation to meeting the needs of the child or young person accessing services	**D1** Evaluate the effectiveness of healthcare provision in own locale in supporting integrated healthcare services in maintaining a child or young person's wellbeing
LO2 Explore current legislative frameworks and national standards underpinning healthcare practice for children and young people		
P3 Discuss the impact of legislation on service delivery for healthcare for children and young people **P4** Review the effect of national standards on the provision of healthcare practice for children and young people	**M2** Evaluate the role of legislation and standards in enabling the provision of high-quality healthcare services to children and young people	**D2** Critically analyse tensions between implementing the requirements of legislation and standards and the increasing demands on service delivery in healthcare for children and young people
LO3 Explore own role in providing healthcare to children and young people		
P5 Discuss how own role and responsibilities in a healthcare setting promote effective interprofessional team working to safeguard and meet the needs of children or young people **P6** Compare different forms of support in terms of their meeting the needs of an identified child or young person accessing healthcare services	**M3** Analyse the relationship between different aspects of own work and the principles and values required of healthcare practitioners working with children and young people	**LO3 and LO4** **D3** Critically reflect on the effectiveness of own practice in enabling a person-centred approach to healthcare service provision for children and young people

Pass	Merit	Distinction
LO4 Demonstrate person-centred practice when delivering healthcare to children and young people		
P7 Participate in different activities in the delivery of services for children and young people accessing healthcare that takes into account their needs, choices and preferences **P8** Demonstrate effective communication with children and young people to ensure services are responsive to their needs and preferences	**M4** Analyse own role in developing trusting and supportive relationships when providing healthcare services to children and young people	

Recommended resources

Textbooks

BLYTH, M. (2012) *Effective Safeguarding for Children and Young People: What Next After Munro?* London: Policy Press.

CORKIN, D. (2011) *Care Planning in Children and Young People's Nursing*. London: Wiley-Blackwell.

DEPARTMENT OF HEALTH (2011) *Quality criteria for young people friendly health services*. Department of Health: London.

GLASPER, A. (2014) *Children and Young People's Nursing at a Glance (At a Glance (Nursing and Healthcare).* London: Wiley-Blackwell.

KENNEDY, I.A. (2010) *Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs*. Department of Health: London.

LINDON, J. (2012) *Understanding Child Development*. London: Hodder Education.

ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH (2010) *Not just a phase: a guide to the participation of children and young people in health services*. Epub

TRODD, L. (2012) *Transitions in the Early Years: Working with Children and Families*. London: Sage Publications Ltd.

Websites

www.rcpch.ac.uk	Royal College of Paediatrics and Child Health (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 13: Supporting Individuals with Specific Needs

Unit 17: Effective Reporting and Record-keeping in Healthcare Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 24: Health Psychology

Unit 31: Providing Outpatient and Community Care

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, P4, M2, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3 LO4	P5, P6, M3, D3 P7, M4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO3	P5, P6, M3, D3
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1 LO3 LO4	P1, P2, M1, D1 P6, M3, D3 P6, P7, M4, D4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3 LO4	P6, M3, D3 P6, P7, M4, D4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in nursing, social work or healthcare/social-work related fields, with specific experience of working with children/young people, to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 42: Supporting Practitioners in Maternity Care

Unit code	**D/616/1677**
Unit type	**Specialist Assistant Practice Unit**
Unit level	**5**
Credit value	**15**

Introduction

This unit is for students currently in a healthcare assistant (or related) role working in settings supporting practitioners in maternity care. Maternity care healthcare assistants help bring babies into the world. They also support midwives in providing care to pregnant women before, during and after childbirth and work alongside families in maternity wards and theatres.

Pregnancy is an exciting time, but first-time mothers can be unsure of what happens and when or when to call the midwife or maternity unit. The role of a healthcare assistant in maternity care includes assisting midwives in caring for women and their babies through the vital stages of pregnancy, childbirth and the first few days of birth. They also provide support in post-natal wards in hospitals and in the community.

Birth centres and maternity units must be responsive able to provide high-quality, personalised care and support that meets the needs of mothers and their babies. Birth centres are small maternity units that are usually staffed by midwives. They aim to offer a homely, rather than clinical, environment. Maternity units vary, whether they are in hospitals or midwifery units and have medical facilities and doctors on hand if they are needed. They are sometimes called a delivery suite or an obstetric unit.

In this unit, students will explore how maternity care supports mothers and babies, and others during pregnancy and childbirth, to ensure that the care provided promotes mother and baby health and wellbeing effectively.

On completion of this unit, students will have demonstrated the application of knowledge, understanding and skills in providing person-centred care for mother and baby. This unit develops understanding of the values and principles that underpin the practice of those who work in maternity care.

Learning Outcomes

By the end of this unit students will be able to:

1 Examine maternity care services

2 Assess the impact of legislation, regulation, codes of practice and standards on maternity care

3 Explore own role in supporting maternity care services

4 Contribute to the provision of maternity care services which are underpinned by a holistic approach to person-centred practice.

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Essential content

LO1 **Examine maternity care services**

Stages of pregnancy and labour

Conception and implantation

Trimesters in pregnancy

Three stages of labour

Antenatal care

Tests to check on the health of the developing baby, e.g. ultrasound

Monitoring of mother, e.g. pre-eclampsia monitoring, weight gain, loss, general health and wellbeing

Temperature measurement, urinalysis, body mass index (BMI), gestational diabetes, respiration, infection control, fluid balance, nutritional needs

Advice and guidance on healthy eating and lifestyle

Support and advice from practitioners e.g. midwife, GP, consultant, specialist input, dietician, smoking cessation practice nurse, advocate, interpreter, translator, social worker, support accessing benefits

Types of delivery

Vaginal delivery

Caesarean section

Vacuum extraction

Forceps delivery

Vaginal delivery following caesarean section

During labour

Technology to support labour and birth

Early labour support

Inducement

Clinical measurements and monitoring, e.g. contractions

Pain relief, management and support

Emotional support, e.g. encouragement of different positions and mobilisation, touch, massage, instruction on breathing

Information on progress and procedures

Assisting the mother to make informed choices

Policies on involving significant other(s)

Monitoring and support from midwife, consultant, advocate, interpreter, translator

Complications and emergency intervention

Impact of health conditions e.g.- anaemia, gestational diabetes, pre-eclampsia

Pre-term labour

Post-term pregnancy

Failure to progress

Episiotomy

Premature rupture of membranes (prom)

Umbilical cord prolapse or compression

Forceps/ventouse delivery

Abnormal presentation, e.g. breech births

Miscarriage

Stillbirth

Impact on mother, child, family, members of the care team

Postnatal support

Newborn screening tests

Support with baby care, breastfeeding, nappy changing, bathing

Advice and guidance in relation to nutrition, hygiene, infection control

The management of common and serious health problems in women and their babies after birth

Lochia

Skin-to-skin

Bottle-feed demonstration

Temperature measurement, urinalysis, body mass index (BMI), gestational diabetes, respiration, infection control, fluid balance

Blood pressure and pregnancy

Monitoring, guidance and advice from midwife, consultant, advocate, interpreter, translator

Grief counselling

Post-natal depression support

Stillbirth and neonatal death support

Coping strategies

Birthing options

Labour ward in the maternity unit of a hospital, with medical facilities and doctors and specialist help available

Home birth when midwives support the mother in her own home

Birth centre, midwife-led unit where the environment is designed to be relaxed and homely, with a focus on birth without medical intervention

Influences on birth choice

Personal wishes and preference

Previous experience of birthing facilities

Support available from partner, relatives, friends to care for other children during mother's absence

Care needs post-childbirth

Doctor or midwife recommendations

Location/catchment area

Resource availability

Risk of complications

Low/high risk

First, second or subsequent baby and history of pregnancy and childbirth

Possibility of transfer during labour due to complications/safety of mother and/or baby

LO2 **Assess the impact of legislation, regulation, codes of practice and standards on maternity care**

Roles of professionals involved in maternity care

GP, midwife, radiographer, sonographer, obstetrician, perinatologist, anaesthetist, paediatrician, neonatal nurse, health visitor

Aspects of current and related legislation as relevant to maternity care:

Health and safety

Safeguarding

Equality and diversity

Disability

Human rights

Health, care and support service provision

Regulations:

Regulations regarding access to and provision of mental health services

Codes of practice:

Relevant professional codes of practice

Standards and guidance:

Inspection and regulation standards

Health and Social Care National Occupational Standards (NOS) as applicable in own home nation

National and international health strategies and implementation frameworks

Challenges to implementation

Resources

Geographical location of services

Risk to mother and unborn baby should there be complications

Postcode lottery in relation to service delivery and availability

Waiting times for appointments/consultations

Physically accessing services

Transport in rural areas

Appropriate service for individual needs

Knowledge of service provision/roles and responsibilities

The availability of aftercare support for mother and baby

Impact

Duty of care

Protocols for safety, safeguarding and protection

Approaches to confidentiality

Support provided for mothers, babies and relatives

Adherence to regulatory requirements

Inspection regimes

Consistency and continuity of service delivery

Quality procedures and outcomes

Monitoring and evaluation of service

Identification of roles and responsibilities

The requirement for qualifications, skills and competence

LO3 **Explore own role in supporting maternity care services**

Prenatal care

Care of the mother and unborn baby

Respecting individuality, rights, choice, privacy, independence, dignity, respect and partnership

Making routine observations: temperature, pulse, blood pressure, breathing

Updating records, collecting statistics, keeping records up to date and making sure that procedures are followed

Educating parents one-to-one or in groups

Taking blood and urine samples for testing

Preparing equipment

Reporting problems to a registered midwife or nurse

Sharing information with midwives about the condition of mothers and babies

Helping to prepare, implement and review care plans

Providing women with support to help them look after themselves and their unborn babies

Helping with parenting classes

During labour

Helping to care for mothers and babies during labour

Making routine observations: temperature, pulse, blood pressure, breathing, contractions, pain, etc.

Keeping records up to date

Preparing, checking, maintaining and cleaning equipment

Reporting problems to a registered midwife or nurse

Sharing information with midwives about the condition of mothers and babies

Providing support to families in labour wards and maternity theatres

Postnatal care

Helping to care for mothers and babies

Keeping records up to date

Educating parents one-to-one or in groups

Updating information to share with midwives about the condition of mothers and babies

Providing women with support to help them look after themselves and their newborn babies

Providing advice and support re: feeding, caring for newborn babies, ongoing needs

Signposting to support available

LO4 **Contribute to the provision of maternity care services which are underpinned by a holistic approach to person-centred practice**

Considerations

Roles and responsibilities: midwife, consultant, nursing staff, senior care assistant/team leader, care assistant, catering, administration

Safety and wellbeing of mother and baby

Monitoring and review of service delivery

Lines of reporting

Effective communication and interaction

Specific roles and responsibilities: supervision, accountability

Confidentiality protocols, the sharing of information as per agreed ways of working

Maintaining competence, knowledge and skills

Support networks and professional registration

Compliance with policies and procedures of the work setting

Identifying and meeting individual's preferences, wishes and needs

Inclusion, collaboration and involvement of individuals and others at all times

Assessment of needs and ongoing review

Supporting mother, partner, relevant others

Housekeeping and maintenance

Respecting diversity, different cultures and values

Providing care, support and guidance for mothers, babies, partners, family, friends

Confidentiality protocols

Ensuring privacy and dignity

Supporting mothers to make informed choices in relation to their care

Protection from risk of harm

Assessing risk to self and others, right of individuals to take risks

Risk management

Collaboration with practitioners, mothers, partners, family

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Examine maternity care services		
P1 Discuss the types of maternity services currently available to mothers throughout maternity in own nation **P2** Review the range of maternity services available in own locale in terms of how they meet the needs of the mother and family should complications arise	**M1** Comparatively analyse the antenatal, during labour and postnatal options available to mothers accessing maternity care in own locale and nationally	**D1** Critically evaluate the effectiveness of maternity care services in own locale in meeting the needs of the mother and family from antenatal through to postnatal care
LO2 Assess the impact of legislation, regulation, codes of practice and standards on maternity care		
P3 Discuss how legislation, regulation, codes of practice and professional standards underpin service delivery in maternity care	**M2** Analyse the relationship between legislative, regulatory requirements, codes of practice and professional standards for different professionals working in maternity care	**D2** Evaluate challenges faced in the implementation of legislation, regulation, codes of practice and standards in maternity care service provision
LO3 Explore own role in supporting maternity care services		
P4 Discuss how own role contributes to team-working to ensure mothers and babies are at the centre of maternity care service delivery **P5** Interrogate how own role in maternity care facilitates inclusive and person-centred working, ensuring efficient team working practice	**M3** Analyse the approaches used to ensure practice in maternity care is inclusive and person-centred	**LO3 and LO4** **D3** Critically analyse the effectiveness of own contribution to service delivery which fosters principles and values underpinning best practice in maternity care services

Pass	Merit	Distinction
LO4 Contribute to the provision of maternity care services which are underpinned by a holistic approach to person-centred practice		
P6 Participate in different activities in service delivery to ensure a mother's needs, choices and preferences are met through the use of effective communication and interaction **P7** Discuss different aspects of own practice which are underpinned by principles and values required of workers in maternity care	**M4** Evaluate how own practice is informed by the principles and values required of workers in maternity care	

Recommended resources

Textbooks

BASTON, H. and HALL, J. (2017) *Midwifery Essentials: Basics: Volumes* 1, 2e London: Churchill Livingstone.

MARSHALL, J. and RAYNOR, M. (2014) *Myles Textbook for Midwives*. London: Churchill Livingstone.

ROBERTS, G.W. and MACHON, A. (2015). *Appreciative Healthcare Practice: A Guide to Compassionate, Person-centred Care*. Florida: MandK Publishing.

TIRAN, D. (2012) Bailliere's *Midwives' Dictionary.* London: Bailliere Tindall.

THOMPSON, N. (Great Britain) (2017) *Promoting Equality: Working with Diversity and Difference, 4e.* Basingstoke: Palgrave

Websites

www.rcm.org.uk	Royal College of Midwives Clinical-practice-and-guidelines (General reference)
www.nmc.org.uk	Nursing and Midwifery Council Standards and Code of Practice (General reference)
www.nhs.uk	NHS Choices Pregnancy and baby guide (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 7: Effective Healthcare Practice using Maths

Unit 13: Supporting Individuals with Specific Needs

Unit 17: Effective Reporting and Record-keeping in Healthcare Practice

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 22: Supporting Individuals through Significant Life Events

Unit 24: Health Psychology

Unit 28: Holistic Approaches to Health Promotion

Unit 31: Providing Outpatient and Community Care

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, M2, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	P4, M2, D2, P5, P6, M3, D3, P7, M4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2, LO3, LO4	P3, M2, D2, P5, P6, M3, D3, P7, M4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3, LO4	P4, P5, P6, M3, D3, P7, M4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	P4, P5, P6, M3, D3, P7, M4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in midwifery, health visiting or nursing with specific experience of working in maternity to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 43: Supporting Practitioners in Urgent Care Environments

Unit code	**H/616/1678**
Unit type	**Specialist Assistant Practice Unit**
Unit level	**5**
Credit value	**15**

Introduction

This unit is for students currently in a healthcare assistant (or related) role working in urgent care settings. This does not always involve inpatient or emergency hospital care, often patients can be treated using local community services or out-of-hospital facilities.

Students will learn the role of urgent care, in that is does not replace GP care but is an option when someone is not able to access their GP or surgery, or is concerned that they might need further treatment or a hospital admission. Urgent care offers an alternative to waiting for hours in accident and emergency, and plays a significant role in enabling the efficient function and accessibility of healthcare services.

Urgent and emergency care has been under significant pressure for some time, prompting a review of service delivery and, in this unit, students will explore how different pressures impact on urgent care services and the approaches used to address these in healthcare. Students will also consider how patient understanding can be developed to ensure health services are used to good effect, as well as the role of urgent care services in reducing patient visits to accident and emergency.

In this unit, students will also explore the remit of the variety of urgent care environments that patients can access, assessing the role of each service in the provision of urgent care.

Students will demonstrate the application of knowledge, understanding and skills in providing person-centred care in an urgent care environment. This unit develops understanding of the values and principles that underpin the practice of those who work in urgent care settings.

Learning Outcomes

By the end of this unit students will be able to:

1 Examine the services provided in urgent care environments

2 Assess the impact of legislation, regulation, codes of practice and standards on urgent care provision

3 Analyse factors that can impact on services provided by urgent care settings

4 Contribute to the provision of urgent care services which are underpinned by person-centred practice.

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Essential content

LO1 **Examine the services provided in urgent care environments**

Remit

Using an algorithm (flow chart) of specific symptoms to treat medical issues that, while not emergencies, may require care within 24 hours

Treating an illness that is not life-threatening

Giving advice or directing patients to the best local service to treat their injury

Dealing with minor illnesses and injuries, e.g. infections and rashes, sprains, strains and fractures, lacerations and minor cuts and bruises

Do not treat conditions likely to require hospital admission

Services

General practitioner

NHS advice lines

Local community services

Urgent care walk-in services (WIC)

Minor injuries units and urgent care centres- initial assessment, clinical assessment, triage

Practitioners

Paramedic

General practitioner (GP)

Nurses

Practice nurse

Healthcare assistant

Radiographer

Call handlers

LO2 **Assess the impact of legislation, regulation, codes of practice and standards on urgent care provision**

Aspects of current and related legislation as relevant to own role in urgent care environments:

Health and safety

Safeguarding

Equality and diversity

Disability

Human rights

Health, care and support service provision

Regulations

Regulations regarding access to and provision of urgent care services

Codes of practice

Relevant professional codes of practice

Standards and guidance

Inspection and regulation standards

Health and Social Care National Occupational Standards (NOS)

National and international mental health strategies and implementation frameworks

Impact of legislation, regulation, codes of practice and standards on urgent care provision

Duty of care

Protocols for safety, safeguarding and protection

Approaches to confidentiality

Support provided for individuals, families and carers

Adherence to regulatory requirements

Inspection regimes

Consistency and continuity of service delivery

Quality procedures and outcomes

Monitoring and evaluation of service

Identification of roles and responsibilities

The requirement for qualifications, skills and competence

LO3 **Analyse factors that can impact on services provided by urgent care settings**

Accessibility

Demand

Demographics

Funding and resourcing of services

Physical access to services

Transport in rural areas

Appropriate service for individual needs

Location of services

Resourcing for services

Availability and recruitment of staff for roles

Use of services

Patient understanding of service provision

Patients acknowledging support is needed

Overuse of services

Peak time for demand

Accepting diagnosis/ill health

Waiting times for appointments/consultations

Knowledge of service provision/roles and responsibilities

Ensuring progress after treatment

Staff roles and responsibilities

Staff competence, knowledge and skills

Patient understanding of roles and remits of services

Hours services are open

Services at capacity

Level of demand on service

Injury/illness to be treated

Time taken for recovery, diagnosis, treatment

Strategies to overcome barriers

Examining roles, remits and responsibilities to ensure effective service delivery

Recruitment of sufficient, qualified staff

Restructuring of service provision

Distribution of expertise and services

Patient information and advice

Additional resourcing

Location of services

The provision of clear guidance and information to the public

Ongoing communication with patients

Clarification of GP roles and responsibilities

Sharing of resources between services

Reduction in duplication of service delivery

LO4 **Contribute to the provision of urgent care services which are underpinned by person-centred practice**

Patient support

The need for urgency of assessment, diagnosis and observation, within scope of own role

Contributing to assessment, diagnosis, monitoring and management of patients from first point of contact through to discharge or referral, within scope of own role

Speedy dissemination of findings from initial assessment

Initial assessment of need

Prioritising of care, next stage of treatment

Administering medication and supporting treatments according to agreed procedures and within scope of own role

Making routine observations: temperature, pulse, blood pressure, breathing, etc

Updating records, collecting statistics, keeping records up to date and making sure that procedures are followed

Providing holistic healthcare for patients

Respecting individuality, rights, choice, privacy, independence, dignity, respect and partnership

Helping to care for patients and significant others

Recognising the limits and boundaries of own role and responsibilities

Maintain and promote dignity and respect to patients and their carers through communicating effectively

Specific roles and responsibilities: supervision, accountability

Identifying and meeting individual's preferences and needs

Inclusion, collaboration and involvement of individuals and others at all times

Practitioner support

Prioritising patient's needs, within scope of own role

Reporting concerns to senior/person in charge

Health, safety and safeguarding

Preparing/cleaning/replacing equipment

Reporting concerns

Supporting individuals to raise concerns or make complaints

Raise adult and child safeguarding and other concerns through the appropriate policies, procedures and protocols

Work collaboratively with other healthcare professionals

Whistleblowing

Safety and wellbeing of patients

Monitoring and review of service delivery

Confidentiality protocols, the sharing of information as per agreed ways of working

Maintaining competence, knowledge and skills

Support networks and professional registration

Compliance with policies and procedures of the work setting

Supporting patients to make informed choices in relation to their care

Protection from risk of harm

Assessing risk to self and others, right of individuals to take risks

Risk management

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Examine the services provided in urgent care environments		
P1 Discuss the current scope of provision of services for patients requiring urgent care **P2** Analyse the services available locally for a patient with a given injury or illness requiring urgent care	**M1** Evaluate the services available to patients accessing urgent care provision	**D1** Critically evaluate the options available to patients requiring urgent care, using case study examples to illustrate key points
LO2 Assess the impact of legislation, regulation, codes of practice and standards on urgent care provision		
P3 Assess how effectively legislation protects patients accessing urgent care provision	**M2** Critically discuss how regulation, codes of practice and standards underpin effective service delivery in urgent care environments	**D2** Evaluate the impact of legislation, regulation, codes of practice and standards on urgent care service provision in own locality
LO3 Analyse factors that can impact on services provided by urgent care settings		
P4 Discuss barriers to implementing urgent care **P5** Interrogate the challenges faced by staff delivering urgent care	**M3** Analyse the effects barriers to urgent care service delivery have on patients	**D3** Review different methods and measures used to address barriers to urgent care service delivery in own setting
LO4 Contribute to the provision of urgent care services which are underpinned by person-centred practice		
P6 Participate in different activities in urgent care service delivery that takes into account an individual's needs, choices and preferences **P7** Discuss different aspects of own practice which are underpinned by principles and values required of workers in urgent care	**M4** Actively promote the principles and values required of workers in urgent care when supporting individuals accessing urgent care services	**D4** Evaluate the effectiveness of own contribution to service delivery which fosters principles and values underpinning best practice in urgent care settings

Recommended resources

Textbooks

CROUCH, R. and CHARTERS, A. (2016) *Oxford Handbook of Emergency Nursing*. Oxford: OUP.

DOLAN, B. and HOLT, L. (2013) *Accident and Emergency: Theory into Practice*. London: Bailliere Tindall.

HOLBERY, N. and NEWCOMBE, P. (2016) *Emergency Nursing at a Glance (At a Glance (Nursing and Healthcare).* London: Wiley-Blackwell.

MORRIS, F. and WARDROPE, J. (2014) *Minor Injury and Minor Illness at a Glance*. London: Wiley-Blackwell.

SANDERSON, H. and LEWIS, J. (2012) *A Practical Guide to Delivering Personalisation: Person-centred Practice in Health and Social Care*. London: Jessica Kingsley Publishers.

THOMPSON, N. (2017) *Promoting Equality: Working with Diversity and Difference, 4e.* Basingstoke: Palgrave Macmillan.

Reports

NATIONAL HEALTH SERVICE. (2014) NHS England, Five Year Forward View

Websites

www.rcem.ac.uk	The Royal College of Emergency Medicine (General reference)
www.kingsfund.org.uk	The King's Fund Projects: Urgent and Emergency Care (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 17: Effective Reporting and Record-keeping in Healthcare Practice

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 31: Providing Outpatient and Community Care

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, M2, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO4	P7, M4, D4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2 LO3 LO4	P3, M2, D2, P4, M3, D3 P6, M4, D4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3 LO4	P4, M3, D3 P6, M4, D4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1 LO2 LO3 LO4	P1, M1, D1 M2, D2 P4, P5, M3, D3 P6, D4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in nursing or healthcare related fields, with specific experience of work in urgent-care environments to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 44: Supporting Rehabilitation Services

Unit code	**K/616/1679**
Unit type	**Specialist Assistant Practice Unit**
Unit level	**5**
Credit value	**15**

Introduction

This unit is for students currently in a healthcare assistant (or related) role working in settings that help individuals accessing rehabilitation services. Rehabilitation involves the use of appropriate medical treatments, therapies, prosthetics, social and environmental supports, and often requires the collaboration of health, social services and other public agencies.

A responsive healthcare system must do more than treat people's illnesses, injuries and diseases. It must also equip them to fulfil their potential, remain independent and continue to be involved in and contribute to family life, their community and society as a whole.

In this unit, students will explore the key role rehabilitation plays in supporting and developing an individual's independence, by focusing on the impact that the health condition, developmental difficulty or disability has on the person's life, rather than focusing just on their diagnosis. Students will also examine how the partnership between healthcare practitioners and the service user enables individuals to maximise their potential and independence, and have choice and control over their lives. They will consider the impact of this approach in supporting people to continue to be valued and included in their communities, employment and education rather than being isolated and losing their confidence and independence.

Students will consider the range of rehabilitation care, from supporting an individual to develop new skills after an unexpected illness or accident to supporting individuals to manage and self-manage a long-term condition. Rehabilitation covers an enormous range of needs and abilities and students will explore these and their own role in the delivery of person-centred care and support.

On completion of this unit, student will have advanced their understanding of the requirements for working within rehabilitation services. Students will have developed their communication skills to improve care and achieve better outcomes for individuals within their role in rehabilitation services.

Learning Outcomes

By the end of this unit students will be able to:

1 Discuss how rehabilitation services facilitate an individual's recovery and wellbeing

2 Assess the challenges and benefits of accessing rehabilitation services for individuals

3 Contribute to the provision of rehabilitation services

4 Reflect on the challenges involved in implementing rehabilitation services which maximise the rights and choices of individuals.

Essential content

LO1 **Discuss how rehabilitation services facilitate an individual's recovery and wellbeing**

Purpose of providing rehabilitation services

Reducing health inequalities, supporting inclusion, improving outcomes

Preventing the loss of function

Slowing the rate of loss of function

Improving or restoring function

Compensating for lost function

Maintaining current function

Conditions that may require rehabilitative intervention

Physical or movement problems

Mental health conditions

Sensory problems

Cognitive or behavioural problems

Communication problems

Psychosocial and emotional problems

Medically unexplained symptoms

Complex conditions involving two or more of the above

Range of settings

Primary care

In hospital

In the community

Services provided

Occupational therapy – scope and breadth

Physiotherapy – scope and breadth

Dietary services – scope and breadth

Speech and language therapy – scope and breadth

Chiropody and podiatry – scope and breadth

Orthoptics – scope and breadth

Clinical psychology/psychiatry – scope and breadth

Orthotics and prosthetics – scope and breadth

Specialist social work – role in supporting individuals to access rehabilitation services

Alternative therapies – art therapy, music therapy, drama therapy, acupuncture, aromatherapy

Relationships between different aspects of rehabilitative services

Accessing services, procedure e.g. referral

Scheduling appointments

Consequences on service of missed appointments

Partnership, multiagency and collaborative working across services, with services users and friends and family

Service commissioning – challenges

Social prescribing

Local unmet need and the reasons this occurs

Lack of services, staffing and resources

Issues with rural supply and demand

Staffing recruiting and retaining

Staffing competence and skills

Resource availability

Funding availability

Eligibility criteria

LO2 **Assess the challenges and benefits of accessing rehabilitation services for individuals**

Challenges

Service availability

Cost of treatment not publically funded

Unsure of services offered

Support provided for aftercare

Missed appointments/cancelled appointments

Waiting times for appointments/consultations

Physically accessing services

Transport in rural areas

Appropriate service for individual needs

Knowledge of service provision/roles and responsibilities

Ensuring progress after treatment

Motivation to carry on with exercises/activities/routine

Benefits

Return to employment/studying/social activities

Learning new skills

Less pressure and demand on careers and relatives

Optimising opportunities for inclusion

Making the most of existing abilities

Remain in own home

Consistency of support

Greater control of own care – inclusion and involvement with treatment plan

Meeting individual needs

Harm and risk reduction through skills and activities developed

Administration of treatments

Maintaining independence

Empowerment, independence, autonomy, respect, power sharing

Making informed choices

Holistic approach to care, supporting the integration of physical and mental health and wellbeing

Reduction in reliance on acute health services

Supporting the role of the individual in their rehabilitative care:

Partnership-working

Re-ablement

Self-management

Capacity

Activation

Co-production

LO3 **Contribute to the provision of rehabilitation services**

Assessment of ability and need:

Assessing current level of abilities in home, workplace, the community

Identifying and accessing equipment and support

Supervising assessment, planning and treatment, if in scope of own role

Responding to questions, areas of concern

Safeguarding and protection

Harm reduction

Duty of care

Ongoing communication between individual, carers, family and other services

Record keeping

Recognising the limits and boundaries of own role and responsibilities

Liaising between family and professionals in sharing information in line with confidentiality policy

Utilising reporting and recording mechanisms

Support and treatment

Facilitating the use of aids, adaptations and equipment

Support for individuals arranging appointments/during appointments

Recording observations/changes/progress

Guidance in relation to follow up exercises/activity/treatment

Supporting people with self-care deficits

Supporting the development of self-help strategies to maximise independence

Reporting concerns

Supporting individuals to raise concerns or make complaints

Signposting

Partnership working

Respecting individuality, rights, choice, privacy, independence, dignity, diversity

Supporting others to make informed choices about the services they access

Supervision, roles and accountability

Adhering to quality assurance systems

Maintaining knowledge, competence and skills

Ongoing review and evaluation of service provision

Accessing funding/advising on budgeting

LO4 **Reflect on the challenges involved in implementing rehabilitation services which maximise the rights and choices of individuals**

Service challenges

Availability of services to meet needs

Local versus regional or national priorities

Geographical differences in funding of rehabilitation services

Funding and commissioning rehabilitation services

Ensuring services are delivered in a person-centred way to promote an individual's wellbeing

Practitioner challenges

Defining own contribution to identifying an individual's abilities and needs

Recognising and acting on own developmental and training needs to effectively support the individual and services being provided

Supporting an individual to balance their rights and choices with delivering duty of care

Empowering the individual to report their changing needs, preferences and abilities

Supporting an individual to raise concerns regarding the ongoing delivery of their care

Ensuring own professional values encompass the 6 Cs (care, compassion, courage, communication, commitment and competence)

Adapting communication according to the needs of the individual

Respecting the need for privacy and dignity when communicating with individuals accessing services

Duty of candour and own personal role in being transparent and honest

Balancing an individual's rights and choices for empowerment and autonomy with duty of care

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Discuss how rehabilitation services facilitate an individual's recovery and wellbeing		
P1 Discuss how different rehabilitative services can support the recovery and wellbeing of individuals with different conditions **P2** Describe current local unmet need related to rehabilitation provision in own locale	**M1** Analyse the purposes of a multiagency approach to rehabilitation services provided to individuals with complex conditions to meet their individual needs	**D1** Critically evaluate local provision in terms of its effectiveness in meeting the needs of an identified individual requiring different rehabilitation services
LO2 Assess the challenges and benefits of accessing rehabilitation services for individuals		
P3 Analyse the challenges and benefits of the statutory provision of rehabilitation services **P4** Discuss the role of rehabilitation services in supporting an individual's active participation in their own care	**M2** Evaluate the impact of the strategies used to support an individual's active participation in their care on the individual themselves	**D2** Critically evaluate the effectiveness of rehabilitation services in enabling the benefits of rehabilitation to outweigh the challenges for the individual
LO3 Contribute to the provision of rehabilitation services		
P5 Apply appropriate communication strategies in identifying and responding to the needs and preferences of individuals using a rehabilitation service **P6** Discuss the impact of own role on the delivery of rehabilitation services	**M3** Analyse the effectiveness of own role in enabling a positive experience of rehabilitation services for different individuals	**D3** Critically reflect on own success in supporting rehabilitation service provision to meet the needs of individuals with different rehabilitative needs

Pass	Merit	Distinction
LO4 Reflect on the challenges involved in implementing rehabilitation services which maximise the rights and choices of individuals		
P7 Discuss challenges faced by practitioners in delivering rehabilitation services in meeting the care needs of different individuals **P8** Examine the challenges rehabilitation services face in providing care to individuals to effectively meet their needs	**M4** Analyse own capacity to overcome challenges faced by practitioners and rehabilitation services to support the maintenance of an individual's rights and choices	

Recommended resources

Textbooks

CURTIN, E. (2017) *Occupational Therapy for People Experiencing Illness, Injury or Impairment: Promoting occupation and participation, 7e (Occupational Therapy Essentials).* Oxford: Elsevier.

EVANS, D., COUTSAFTIKI, D. and FATHERS, C. (2014) *Health Promotion and Public Health for Nursing Students.* (*2nd Ed.*) London: Sage Publications.

KOUBEL, G. and BUNGAY, H. (2012) (Great Britain) *Rights, Risks and Responsibilities: Interprofessional Working in Health and Social Care*. Basingstoke: Palgrave MacMillan.

PORTER, S. (2013). *Tidy's Physiotherapy, 15e (Physiotherapy Essentials).* London: Churchill Livingstone.

ROBERTS, G.W. and MACHON, A. (2015) (Great Britain) *Appreciative Healthcare Practice: A Guide to Compassionate, Person-centred Care*. Florida: MandK Publishing.

Websites

www.csp.org.uk	Chartered Society of Physiotherapy
	The Falls Prevention Economic Model
	(Report)
www.gov.uk	GOV.UK
	Care and support statutory guidance
	Care Act 2014
	(General reference)
www2.rcn.org.uk	Royal College of Nursing
	(General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 17: Effective Reporting and Record-keeping in Healthcare Practice

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 31: Providing Outpatient and Community Care

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3	P4, P5, M3, D3
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO1 LO2 LO4	D1 P4, M2, D2 P6, P7, M4, D3
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1 LO3 LO4	P1, M1, D1 P4, M3, D3 P6, M4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1, LO3, LO4	All criteria

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in nursing, social work or healthcare/social-work related fields with specific experience of rehabilitation to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

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Unit 45: Supporting Orthopaedic Care

Unit code	**D/616/1680**
Unit type	**Specialist Assistant Practice Unit**
Unit level	**5**
Credit value	**15**

Introduction

This unit is for students currently in a healthcare assistant (or related) role working in settings supporting practitioners working in, and patients accessing, orthopaedic care services. This aspect of healthcare involves the treatment of conditions involving the musculoskeletal system. Orthopaedic practitioners use surgical and nonsurgical methods to treat musculoskeletal trauma, sports injuries, degenerative diseases and congenital disorders.

Students will learn about the roles of practitioners working in orthopaedic services, and the functions carried out. Students will also examine how orthopaedic services are driven by legislation, frameworks and guidelines, informing policy and practice.

In this unit, students will develop the knowledge, skills and understanding required when working with individuals accessing orthopaedic care services. Orthopaedic treatments and support evolve on a fast and regular basis; students working in orthopaedic environments will need to ensure they update their knowledge and skills to facilitate the work of practitioners caring for individuals requiring orthopaedic services. The work of orthopaedic practitioners encompasses a wide range of needs and abilities. Students will familiarise themselves with these and explore their role in the delivery of person-centred care and support.

On completion of this unit, students will have expanded their knowledge and understanding of working within orthopaedic services. Students will have developed their communication skills to improve care and achieve better outcomes for individuals accessing orthopaedic care.

Learning Outcomes

By the end of this unit students will be able to:

1 Examine legislation, frameworks and guidelines underpinning orthopaedic care services

2 Discuss the function and purpose of orthopaedic services

3 Explore the benefits and challenges of orthopaedic service provision for individuals

4 Contribute to the provision of orthopaedic services to maximise the rights and choices of individuals.

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Essential content

LO1 Examine legislation, frameworks and guidelines underpinning orthopaedic care services

Aspects of current and related legislation as relevant to own role in orthopaedic care:

Health and safety

Safeguarding

Equality and diversity

Disability

Human rights

Health, care and support service provision

Frameworks and guidelines:

Frameworks regarding access to and provision of orthopaedic care services

inspection and regulation standards

Health and Social Care National Occupational Standards (NOS)

Clinical guidance

Commissioning guidance

Consent guidance

Diabetic food guidance

Medico-legal code of practice

Prophylaxis in orthopaedic surgery guidelines

Orthopaedic Standards for Trauma

Guidance on the provision of anaesthesia

Follow up for patients after surgery

Management of fractures

Impact

Duty of care

Protocols for safety, safeguarding and protection

Approaches to confidentiality

Support provided for individuals, families and carers

Adherence to regulatory requirements

Inspection regimes

Consistency and continuity of service delivery

Quality procedures and outcomes

Monitoring and evaluation of service

Identification of roles and responsibilities

The requirement for qualifications, skills and competence

LO2 **Discuss the function and purpose of orthopaedic services**

Function

Treat conditions involving the musculoskeletal system

Surgical and nonsurgical interventions

Conditions treated

Musculoskeletal trauma

Spine diseases

Sports injuries

Degenerative diseases

Infections

Tumours

Congenital disorders

Practitioners' roles in diagnosis

Orthopaedic specialists/consultants

Senior practitioner/expert nurse

Consultant nurses

Senior/healthcare support workers

Roles of other practitioner involved treatment or assessment

Occupational therapists

Orthotists

Physiotherapists

Roles of other practitioners involved in aftercare

Prosthetists

Specialist social workers

Challenges to effective function of orthopaedic services, e.g. local unmet need and the reasons this occurs

Patient demand and expectations

Issues with rural supply and demand

Staffing recruiting and retaining

Staffing competence and skills

Resource availability

Funding availability

Eligibility criteria

LO3 **Explore the benefits and challenges of orthopaedic service provision for individuals**

Benefits

Pain reduction/relief

Clarification of injury/illness/diagnosis/prognosis

Improved movement/mobility/function

Learning new skills

Optimising opportunities for inclusion

Making the most of existing abilities

Remain in own home/reduction in hospital appointments/stays

Consistency of support

Inclusion and involvement with treatment plan

Meeting individual needs

Administration of treatments

Maintaining independence

Empowerment, independence, autonomy, respect, power sharing,

Making informed choices

Challenges

Waiting times for appointments/consultations

Physically accessing services

Transport in rural areas

Fear and uncertainty about treatment and prognosis

Appropriate service for individual needs

Knowledge of service provision/roles and responsibilities

Ensuring progress after treatment

Motivation to carry on with exercises/activities

Impact of challenges

Deterioration in health and wellbeing

Unemployment

Psychological impact

Impact on family, carers

Loss of or reduction in benefits received

Access to community and resources

Impact on daily living skills

LO4 **Contribute to the provision of orthopaedic services to maximise the rights and choices of individuals**

Providing person-centred care

Helping to prepare, implement and review care plans within scope of own role

Adapting communication according to the needs of the individual

Respecting the need for privacy and dignity when communicating with individuals accessing services

Ensuring own professional values encompass the 6 Cs (care, compassion, courage, communication, commitment and competence)

Balancing an individual's rights and choices for empowerment and autonomy with duty of care

Respecting individuality, rights, choice, privacy, independence, dignity, diversity

Supporting individuals to make informed choices about the services they access

Supporting the development and maintenance of individuals' life skills

Ethical practice

Booking in patients/discharging patients

Responding to questions, areas of concern

Recording observations/changes/progress

Updating records, collecting statistics, keeping records up to date and making sure that procedures are followed

Taking blood samples for testing, if in scope of own role

Reporting concerns to senior/person in charge

Signposting to appropriate services

Risk identification and management

Contributing to the assessment of capacity, as per role and responsibilities

Harm reduction

Risk assessment and risk management

Liaising between family and professionals in sharing information in line with confidentiality policy

Duty of candour and own personal role in being transparent and honest

Promoting recovery

Measuring and recording routine physiological observations: temperature, pulse, blood pressure, breathing within own level of competence

Responsibility, if in scope of own role, for ensuring individuals are meeting food, fluid and nutritional needs

Guidance in relation to follow up exercises/activity/treatment

Monitoring patients pre-and post-operative

Supporting patients with mobility/exercises

Support for patients in arranging appointments/during appointments

Personal development and learning

Areas of strength and areas for development

Specific roles and responsibilities: supervision, accountability

Maintaining competence, knowledge and skills

Support networks and professional registration

Quality procedures and outcomes

Monitoring, review and evaluation of service

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Examine legislation, frameworks and guidelines underpinning orthopaedic care services		
P1 Review the legislation supporting orthopaedic care **P2** Discuss the ways in which legislation affects the development of guidelines to support the delivery of orthopaedic care	**M1** Assess how service delivery in orthopaedic care is driven by frameworks and guidelines	**D1** Critically analyse the effectiveness of legislation, frameworks and guidelines in providing practical solutions for the safe and efficient provision of orthopaedic care
LO2 Discuss the function and purpose of orthopaedic services		
P3 Discuss the current range of service provision for patients accessing orthopaedic services **P4** Analyse current local unmet need related to orthopaedic provision in own locale	**M2** Evaluate the options available to patients requiring orthopaedic care in own locale	**D2** Critically evaluate local provision in terms of meeting the needs of an identified individual requiring orthopaedic services
LO3 Explore the benefits and challenges of orthopaedic service provision for individuals		
P5 Discuss the benefits of orthopaedic service provision to an individual's wellbeing **P6** Analyse the relationship between benefits and challenges to accessing orthopaedic care from a patient's perspective	**M3** Propose a series of measures to address the impact of challenges on individuals accessing orthopaedic services	**D3** Critically evaluate the benefits gained by individuals accessing orthopaedic services in relation to the challenges faced

Pass	Merit	Distinction
LO4 Contribute to the provision of orthopaedic services to maximise the rights and choices of individuals		
P7 Participate in different activities in the delivery of services for individuals accessing orthopaedic services to ensure their needs, choices and preferences are met. **P8** Apply appropriate communication strategies in providing support to individuals in identifying and responding to their needs in orthopaedic services	**M4** Evaluate how effectively own practice is informed by the principles and values required of workers in orthopaedic services	**D4** Critically reflect on own role and practice in facilitating and empowering different individuals accessing orthopaedic services

Recommended resources

Textbooks

CLARKE, S. and SANTY-TOMLINSON, J. (2014) *Orthopaedic and Trauma Nursing: An Evidence-based Approach to Musculoskeletal Care*. Oxford: Wiley-Blackwell.

JESTER, R. (2011) *Oxford Handbook of Orthopaedic and Trauma Nursing (Oxford Handbooks in Nursing*. Oxford: OUP.

PORTER, S. (2013). *Tidy's Physiotherapy, 15e (Physiotherapy Essentials).* London: Churchill Livingstone.

SANDERSON, H. and LEWIS, J. (Great Britain) (2012) A *Practical Guide to Delivering Personalisation: Person-centred Practice in Health and Social Care*. London: Jessica Kingsley Publishers.

WILLMOTT, H. (2015) *Trauma and Orthopaedics at a Glance.* Oxford: Wiley-Blackwell.

Websites

www.arthritisresearch.org	Arthritis Research UK (General reference)
www.steps-charity.org.uk	STEPS, the national association for children with lower limb abnormalities (General reference)
www.orthopaedic-institute.org	The Orthopaedic Institute (General reference)
www.boa.ac.uk	British Orthopaedic Association (General reference)
www.gov.uk	GOV.UK Care and support statutory guidance (General reference)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 7: Effective Healthcare Practice using Maths

Unit 9: Fundamentals of Anatomy and Physiology for Health and Ill health

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 17: Effective Reporting and Record-keeping in Healthcare Practice

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 31: Providing Outpatient and Community Care

Unit 37: Complementary Therapies in Healthcare Practice

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 1: LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO4	P1, P2, M1, D1, P7, M4, D4
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	M3, D3, P7, P8, M4, D4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO1, LO3, LO4	P1, P2, M1, D1, P4, P5, M3, D3, P6, M4, D4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3, LO4	P4, P5, M3, D3, P6, M4, D4
THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1, LO2, LO3, LO4	D1, P3, D2, P5, P6, M3, D3, P7, P8, M4, D4

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in nursing, social work or healthcare/social-work related fields, with specific experience of orthopaedic care to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

Unit 46: Supporting Mental Health Services

Unit code	H/616/1681
Unit type	Specialist Assistant Practice
Unit level	5
Credit value	15

Introduction

This unit is for students currently in a healthcare assistant (or related) role working in settings that help individuals experiencing acute mental ill health conditions such as acute anxiety and stress-related illness, to more severe, chronic conditions and illnesses such as drug and alcohol abuse, eating disorders and psychoses.

We are all familiar with the idea of looking after our physical health, but how often do we look after our mental health? Our mental health is not stagnant and can change as circumstances change and as we move through different stages of our life. As a result of this, most of us have experienced times when we feel down or stressed or anxious and generally those feelings pass. Sometimes, however, they develop into more serious longer-term issues that require some form of intervention, additional support or treatment. There is still a negative stigma that surrounds mental ill health that healthcare practitioners should challenge as a normal part of their practice.

Mental health services are there to provide the additional support, guidance and treatment that individuals experiencing mental health difficulties may need. These services are often accessed on a professional referral basis, though there are some mental health services that will allow people to refer themselves, including services for drug and alcohol use or misuse, as well as some psychological therapies.

In studying this unit, students will consider how treatment and care delivery in mental health services have evolved over time, for example the shift from institutionalisation and exclusion towards building resilience, wellbeing, inclusion and person-centred care. Further, students will explore the range of services available for people with mental health issues and conditions, including the legislation underpinning these services. Students will also develop their understanding of the values and principles that underpin the practice of those who work in mental healthcare.

This unit requires students working in these services to demonstrate the application of knowledge, understanding and skills in providing person-centred care for people accessing mental health services. Completing this unit will support students working in mental health services to develop a more thorough understanding of the wider scope of mental health services to inform their practice in their role as healthcare assistants.

Learning Outcomes

By the end of this unit students will be able to:

1 Examine approaches to mental ill health in healthcare service provision

2 Assess the impact of legislation, regulation, codes of practice and standards on people accessing mental health services

3 Examine roles of professionals in the mental health workforce

4 Contribute to the provision of mental healthcare services which are underpinned by person-centred practice.

Essential content

LO1 **Examine approaches to mental ill health in healthcare service provision**

Key concepts

Mental health and wellbeing: emotional, psychological, psycho-social wellbeing, relationship between these aspects of health

Impact on cognition and behaviour, health and ill health

Interrelationship between physical and mental health

Factors that influence mental wellbeing and mental health

Biological factors: genetics, stress, abuse, traumatic event, deficiencies of certain vitamins, drug/alcohol misuse

Economic and environmental factors: inequalities in geographical and home environment, poverty, income and employment, access to opportunities, education, lifestyle, diet

Social factors: support networks, advice, peers, social isolation, quality of social relationships

Psychological factors: past/current traumatic experiences such as abuse, bereavement, divorce, resilience, physical wellbeing, e.g. drug and alcohol addiction

Appropriateness and availability of mental health services, e.g. with regard to detection, diagnosis and early intervention

Classification of mental health disorders

The Diagnostic and Statistical Manual of Mental Disorders (DSM), American Psychiatric Association (APA)

The International Statistical Classification of Diseases and Related Health Problems (ICD), World Health Organisation (WHO)

Types of mental ill health

Disorders e.g. Mood, Dissociative, personality, anxiety disorders, psychotic disorders, substance-related disorders, eating disorders, cognitive disorders

Signs and symptoms of mental ill health

Emotional, cognitive and physical signs and symptoms

Behavioural indicators

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Impact of mental ill health

Social and emotional impact, e.g. loss/lowering of confidence/self-esteem, isolation

Physical impact, e.g. dependence on medication and treatment

Socio-economic impact, e.g. on earnings, employment and housing

Intellectual impact, e.g. lack of or restricted access to education and training opportunities

Public attitudes towards mental health

Issues regarding perception of mental health, understanding, stigma, discrimination, fear, anxiety, mental ill health as a burden, avoidance

Changing attitudes towards mental ill health

Positive conceptions and action towards understanding and supporting individuals

Proactive monitoring and assessment of mental health

Parity between mental and physical health

Mental ill health as disability

Organisations working to challenge stigma of mental ill health

Management and treatment approaches to support individuals with mental ill health

Medical treatment: medications, e.g. antidepressants, antipsychotics, benzodiazepines, mood stabilisers, electroconvulsive therapy

Talking treatments and complementary therapies

Social care assessment and eligibility, direct payments

Support planning

GP support and intervention, social prescribing

Hospital admission

Programme approaches, e.g. the care programme approach (CPA)

Improvements in health, care and support service provision for individuals experiencing mental ill health

Historical approaches, e.g. asylums, limited inspection and regulation

Person-centred practice, assessment and inclusion

Greater use of community-based services to support individuals with mental ill health, provision for partnership working/collaboration

Shorter lengths of stay in inpatient treatment

Respite care/holiday relief

Improved quality of accommodation and service delivery, rehabilitation

Increased involvement of the private sector

Legislative changes to empower individuals experiencing mental ill health, e.g. changes to employment legislation, care standards, monitoring of service provision, equality and diversity

Changes to funding mechanisms, e.g. eligibility criteria for accessing and using mental health services, deferred payments, market shaping and commissioning

Holistic, person-centred approaches to support, duty of care and candour and safeguarding protocols

Improved staff training and development, e.g. recognition of the need for qualifications and registration

Support available

Statutory, independent, private sector services and support

Informal support mechanisms

Partnership provision

Service types

Adult, older adult, child and adolescent, learning disability services

Substance misuse services

Crisis services

Day and respite care, community resources, self-help groups, networks

Rehabilitation

Characteristics of improvements in mental health

Reduction in, or alleviation of, symptoms associated with specific conditions

Increasingly positive lifestyle choices

Increased family, social, work, community participation and interaction

Improved physical wellbeing

More effective coping strategies when dealing with life and changes

Feelings of being valued and respected

Feelings of meaningfulness and purpose in relation to life

Increased optimism

LO2 **Assess the impact of legislation, regulation, codes of practice and standards on people accessing mental health services**

Legislation underpinning Mental Health Service provision

Mental health and mental capacity legislation

Aspects of current related legislation as relevant

Health and safety, safeguarding, equality and diversity, disability, human rights, health, care and support service provision

Regulations

Regulations regarding access to and provision of mental health services

Codes of practice

Relevant professional codes of practice

Standards and guidance

Inspection and regulation standards

Health and Social Care National Occupational Standards (NOS)

National and international mental health strategies and implementation frameworks

Challenges to implementation

Funding and commissioning of services and treatment, cost

Stigma

Accepting diagnosis/ill health

Waiting times for appointments/consultations, delayed transfers of care

Physically accessing services, transport in rural areas

Appropriate service for individual needs

Knowledge of service provision/roles and responsibilities

Ensuring progress after treatment

Impact of legislation, regulation and codes of practice

Establishment of a duty of care of individuals working in the health and social care sector

Protocols for safety, safeguarding and protection

Approaches to confidentiality

Support provided for individuals, families and carers

Challenges and benefits of adherence to regulatory requirements

Challenges and benefits of inspection regimes

Issues regarding consistency and continuity of service delivery

Quality procedures and outcomes, monitoring and evaluation of service

Identification of roles and responsibilities

Qualifications, skills and competence requirements

LO3 **Examine roles of professionals in the mental health workforce**

10 essential shared capabilities for mental health practice

Working in partnership

Respecting diversity

Practising ethically

Challenging inequality

Promoting recovery, wellbeing and self-management

Identifying people's needs and strengths

Providing person-centred care

Making a difference

Promoting safety and risk enablement

Personal development and learning

Mental health workforce roles and responsibilities

Psychiatrists

Primary care, e.g. general practitioners

Care and support, e.g. social workers

Mental health nursing, e.g. community psychiatric nurses

Nursing support staff, e.g. mental health support workers

Psychologists

Complementary therapists

Community mental health teams

Other practitioners, e.g. youth and community workers, police, advocates

Partnership working with other professionals, individuals in receipt of services and their family, friends or representatives

Care pathways

Own roles and responsibilities in relation to others

Inclusion, collaboration and involvement of individuals and others at all times, e.g. formal and informal carers, advocates and friends and family as appropriate

Assessment of needs and ongoing review

Roles and responsibilities of different workers: psychiatrist, general practitioners, occupational therapists, general and mental health nursing staff, psychologists, social workers, independent advocates, senior care assistants/team leaders, care assistants/support workers, administration

Challenges faced by individuals working in mental health services

Stigma attached to mental ill health

The individual acknowledging they need support

Staff skills, knowledge, understanding and competence

Resource allocation, limits

Communication difficulties and language barriers

Ongoing changes to individual's abilities and condition

Effects of medication on individual's abilities

Carer input

Risk

Access

Challenges of partnership working and collaboration

Addressing challenges and providing compassionate care

Ensuring the environment is quiet and conducive to effective communication

Information in the preferred language and/or in an accessible format

Reduce distractions

Repeat things if the person doesn't understand

Staff training and development

Adherence to quality standards

Reflective practice

Supervision, mentoring

Advocates or interpreters to support individuals

Psychological interventions

Positive risk-taking

Ongoing assessment and review

Currency of knowledge and practice

LO4 **Contribute to the provision of mental healthcare services which are underpinned by person-centred practice**

Work in partnership

Own role as part of a multidisciplinary team providing care, support and guidance for individuals, partners, family, friends

Communicating with and supporting service users, their friends and family to engage with their care

Collaboration with practitioners, individuals, partners, family

Own and others roles, responsibilities and boundaries as part of a multidisciplinary team

Own interaction and communication skills

Respect diversity

Non-discriminatory approaches to practice – respecting individuality, choice, privacy and confidentiality, independence, dignity, respect and partnership

Treating others fairly regardless of disability, age, gender identity, sexual orientation, language, religion or national, ethnic or socio-economic status

Practise ethically

Recognition and respect for the rights of individuals within the law

Assessment of capacity, as per role and responsibilities and within the law and organisational policy

Confidentiality protocols, the sharing of information as per agreed ways of working

Keeping records up to date and making sure that procedures are followed within the law and according to organisational policy

Challenge inequality

Appropriate and non-discriminatory language when communicating with, or about, others, e.g. service users

Appropriately challenge others' discriminatory or stigmatising language or behaviour

Reporting protocols

Supporting individuals to raise concerns or make complaints

Whistleblowing

Promote recovery

Assisting in the preparation, implementation and review of care plans within scope of own role

Measuring and recording routine physiological observations: temperature, pulse, blood pressure, breathing within own level of competence

Supporting people with self-care deficits

Active listening

Meeting individuals' food, fluid and nutritional needs

Signposting individuals to appropriate services

Supporting the development and maintenance of individuals' life skills

Development of self-help strategies to maximise independence

Identify people's needs and strengths

Acknowledging the personal, social, cultural and spiritual strengths and needs of the individual

Working in partnership with the individual's friends and family to collect information to assist understanding of their strengths and needs

Supporting individuals who need assistance e.g. signposting or supporting individuals with benefit/funding queries and applications as appropriate

Provide service user-centred care

Contribute to the holistic assessment and care of individuals' needs, preferences and priorities

Make a difference

Compliance with best practice guidelines for working in a setting

Supporting the consistency and continuity of service delivery

Arranging, initiating or taking part in person-centred care and activities, e.g. therapeutic interventions, group support, discussion groups to maximise an individual's recovery

Promote safety and positive risk-taking

Monitoring and review of service delivery

Lines of reporting

Ensuring the safety and wellbeing of self and others

Protection of self and others from risk of harm

Assessing risk to self and others, right of individuals to take risks

Risk management

Personal development and learning

Areas of strength and areas for development

Specific roles and responsibilities: supervision, accountability

Maintaining competence, knowledge and skills

Support networks and professional registration

Quality procedures and outcomes

Monitoring and evaluation of service

Identification of roles and responsibilities

The requirement for qualifications, skills and competence

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Examine approaches to mental ill health in healthcare service provision</td><td rowspan="2">D1 Critically evaluate the effectiveness of health and care services available to individuals requiring mental healthcare in own locale</td></tr>
<tr><td>P1 Analyse the interrelationship between different factors that can influence the development of a mental ill health condition

P2 Discuss how different types of health and care services available in own nation support individuals experiencing mental ill health</td><td>M1 Evaluate the impact of effective and ineffective care services and social support on individuals experiencing mental ill health</td></tr>
<tr><td colspan="2">LO2 Assess the impact of legislation, regulation, codes of practice and standards on people accessing mental health services</td><td rowspan="2">D2 Evaluate the challenges faced by the implementation of legislation, regulation, codes and standards of practice in mental healthcare service provision</td></tr>
<tr><td>P3 Discuss different pieces of legislation that underpin service delivery in mental healthcare

P4 Compare different regulations, codes and standards of practice in terms of their relationship to high quality and safe service delivery in mental healthcare</td><td>M2 Review the impact of legislation, regulation, codes and standards of practice on service delivery for individuals accessing mental health services</td></tr>
</table>

Pass	Merit	Distinction
LO3 Examine roles of professionals in the mental health workforce		
P5 Analyse own role in facilitating inclusive and person-centred working as part of a wider mental health workforce **P6** Analyse the value of the essential shared capabilities of mental health practice in supporting individuals with mental ill health	**M3**. Evaluate the challenges faced by different professionals in the mental health workforce in meeting all the essential shared capabilities	**D3** Critically reflect on own role in relation to others working in partnership to provide person-centred and compassionate care to individuals experiencing mental ill health
LO4 Contribute to the provision of mental healthcare services which are underpinned by person-centred practice		
P7 Participate in different activities that demonstrate respect for the individual being cared for as a consensual and equal partner in the planning and delivery of their care **P8** Analyse the relationship between different aspects of own work and the essential shared capabilities of mental healthcare practice	**M4** Evaluate how effectively different aspects of own practice reflect essential shared capabilities for mental health practice	**D4** Produce a reflective account of own practice in mental health that includes a development plan that embeds the essential shared capabilities for mental health practice

Recommended resources

Textbooks

FRANKLIN, C. (2015) *Mental Health: Personalities: Personality Disorders, Mental Disorders and Psychotic Disorders.* Seattle: CreateSpace Independent Publishing Platform.

KINSELLA, C. (2015) *Introducing Mental Health*. London: Jessica Kingsley Publishers.

PILGRIM, D. (2014) *Key Concepts in Mental Health*. London: Sage Publications Ltd.

ROBERTS, G.W. and MACHON, A. (2015) *Appreciative Healthcare Practice: A Guide to Compassionate, Person-centred Care*. Florida: MandK Publishing.

THOMPSON, N (2017) *Promoting Equality: Working with Diversity and Difference, 4e.* Basingstoke: Palgrave Macmillan.

Websites

www.nhs.uk	NHS Choices
	Livewell pages on mental health
	(General reference)
www.mind.org.uk	Mind (mental health charity)
	(General reference and training material)
www.instituteofhealthequity.org	Fair Society, Healthy Lives
	The Marmot Review (General reference)
www.mentalhealth.org.uk	Mental Health Foundation
	(General reference)
www.gov.uk	UK Government website
	1. Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing
	2. Mental Capital and Wellbeing
	(Reports)
www.nes.scot.nhs.uk	NHS Education Scotland
	The 10 Essential Shared Capabilities for Mental Health Practice: Learning Materials
	(Training)

Links

This unit links to the following related units:

Unit 1: Law, Policy and Ethical Practice in Health and Social Care

Unit 2: Demonstrating Professional Principles and Values in Health and Social Care Practice

Unit 3: Supporting the Individual Journey through Integrated Health and Social Care

Unit 5: Health Education in Action

Unit 12: Supporting Independent Living

Unit 13: Supporting Individuals with Specific Needs

Unit 19: Reflective Approaches in Implementing Person-centred Practice

Unit 20: Care Planning Processes in Healthcare Practice

Unit 21: Recognising and Meeting the Needs of Individuals with Long-term Health Conditions

Unit 22: Supporting Individuals through Significant Life Events

Unit 24: Health Psychology

Unit 28: Holistic Approaches to Health Promotion

Unit 30: Pharmacology and Medicine Management

Unit 31: Providing Outpatient and Community Care

Unit 33: Psychophysiological Disorders

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	**ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)**
THEME 2: LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, P4, M2, D2
THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	P5, P6, M3, D3, P7, P8, M4, D4
THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGH THE LIFESPAN	LO2, LO3, LO4	P3, P4, M2, D3, P5, P6, M3, D3, P7, P8, M4, D4
THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1, LO2, LO3, LO4	All criteria

THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1, LO2, LO3, LO4	All criteria

Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Tutors must be appropriately qualified and experienced in nursing, social work or healthcare/social-work related fields to cover the principles and skills development aspects of this unit.

Assessment

Students must be given time to develop their workplace experience, knowledge and understanding before assessment of this unit. They will be expected to present evidence based substantially on their work in health, care and/or support services. Evidence against practice-based criteria can be collated in the Practical Learning and Development Portfolio (PLAD).

Employer engagement and vocational contexts

A letter to employers that briefly outlines the Learning Outcomes of this unit may be helpful to support students' workplace learning needs. An exemplar letter is given in the PLAD that accompanies this specification.

11 Appendices

Appendix 1: Glossary of terms used for internally assessed units

This is a summary of the key terms used to define the requirements within units.

Term	Definition
Analyse	Present the outcome of methodical and detailed examination, either: ● breaking down a theme, topic or situation in order to interpret and study the interrelationships between the parts, and/or ● of information or data to interpret and study key trends and interrelationships. Analysis can be through activity, practice, written or verbal presentation.
Apply	Put into operation or use. Use relevant skills/knowledge/understanding appropriate to context.
Arrange	Organise or make plans.
Assess	Offer a reasoned judgement of the standard/quality of a situation or a skill informed by relevant facts.
Calculate	Generate a numerical answer with workings shown.
Compare	Identify the main factors relating to two or more items/situations or aspects of a subject that is extended to explain the similarities, differences, advantages and disadvantages. This is used to show depth of knowledge through selection of characteristics.
Compose	Create or make up or form.
Communicate	Convey ideas or information to others. Create/construct skills to make or do something, for example a display or set of accounts.
Create/ Construct	Skills to make or do something, for example a display or set of accounts.

Term	Definition
Critically analyse	Separate information into components and identify characteristics with depth to the justification.
Critically evaluate	Make a judgement taking into account different factors and using available knowledge/experience/evidence where the judgement is supported in depth.
Define	State the nature, scope or meaning.
Describe	Give an account, including all the relevant characteristics, qualities and events.
Discuss	Consider different aspects of a theme or topic, how they interrelate, and the extent to which they are important.
Demonstrate	Show knowledge and understanding.
Design	Plan and present ideas to show the layout/function/workings/object/system/process.
Develop	Grow or progress a plan, ideas, skills and understanding.
Differentiate	Recognise or determine what makes something different.
Discuss	Give an account that addresses a range of ideas and arguments.
Evaluate	Work draws on varied information, themes or concepts to consider aspects, such as: ● strengths or weaknesses ● advantages or disadvantages ● alternative actions ● relevance or significance. Students' enquiries should lead to a supported judgement, showing relationship to its context. This will often be in a conclusion. Evidence will often be written but could be through presentation or activity.
Explain	To give an account of the purposes or reasons.
Explore	Skills and/or knowledge involving practical research or testing.
Identify	Indicate the main features or purpose of something by recognising it and/or being able to discern and understand facts or qualities.
Illustrate	Make clear by using examples or providing diagrams.

Term	Definition
Indicate	Point out, show.
Interpret	State the meaning, purpose or qualities of something through the use of images, words or other expression.
Investigate	Conduct an enquiry or study into something to discover and examine facts and information.
Justify	Students give reasons or evidence to: ● support an opinion ● prove something is right or reasonable.
Outline	Set out the main points/characteristics.
Plan	Consider, set out and communicate what is to be done.
Produce	To bring into existence.
Reconstruct	To assemble again/reorganise/form an impression.
Report	Adhere to protocols, codes and conventions where findings or judgements are set down in an objective way.
Review	Make a formal assessment of work produced. The assessment allows students to: ● appraise existing information or prior events ● reconsider information with the intention of making changes, if necessary.
Show how	Demonstrate the application of certain methods/theories/concepts.
Stage and manage	Organisation and management skills, for example running an event or a Healthcare Practice pitch.
State	Express.
Suggest	Give possible alternatives, produce an idea, put forward, for example an idea or plan, for consideration.
Undertake/ carry out	Use a range of skills to perform a task, research or activity.

This is a key summary of the types of evidence used for Pearson BTEC Higher Nationals.

Type of evidence	Definition
Case study	A specific example to which all students must select and apply knowledge.
Project	A large-scale activity requiring self-direction of selection of outcome, planning, research, exploration, outcome and review.
Independent research	An analysis of substantive research organised by the student from secondary sources and, if applicable, primary sources.
Written task or report	Individual completion of a task in a work-related format, for example a report, marketing communication, set of instructions, giving information.
Simulated activity/role play	A multi-faceted activity mimicking realistic work situations.
Work placement activity	Completion of planned, observed and assessed practice-based tasks, supported by signed and witnessed work logs, witness testimony and/or assessor records
Team task	Students work together to show skills in defining and structuring activity as a team.
Presentation	Oral or through demonstration.
Production of plan/observation record	Students produce a plan as an outcome related to a given or limited task.
Reflective journal/log	Completion of a journal from work experience, detailing skills acquired for employability.
Video/audio recording of a professional discussion	Completion of a planned and recorded professional discussion, a holistic assessment of a student's development of specific work-related skills, experience and behaviours
Poster/leaflet	Documents providing well-presented information for a given purpose.

Appendix 2: Assessment methods and techniques for Higher Nationals

Assessment technique	Description	Transferable skills development	Formative or summative
Academic graphic display	This technique asks students to create documents providing well-presented information for a given purpose. Could be a hard or soft copy.	Creativity Written communication Information and communications technology Literacy	Formative Summative
Case study	This technique presents students with a specific example to which they must select and apply knowledge.	Reasoning Critical thinking Analysis	Formative Summative
Discussion forum	This technique allows students to express their understanding and perceptions about topics and questions presented in the class or digitally, for example online groups, blogs.	Oral/written communication Appreciation of diversity Critical thinking and reasoning Argumentation	Formative
Independent research	This technique is an analysis of research organised by the student from secondary sources and, if applicable, primary sources.	Information and communications technology Literacy Analysis	Formative

Assessment technique	Description	Transferable skills development	Formative or summative
Oral/viva	This technique asks students to display their knowledge of the subject via questioning.	Oral communication Critical thinking Reasoning	Summative
Peer review	This technique asks students to provide feedback on each other's performance. This feedback can be collated for development purposes.	Teamwork Collaboration Negotiation	Formative Summative
Presentation	This technique asks students to deliver a project orally or through demonstration.	Oral communication Critical thinking Reasoning Creativity	Formative Summative
Production of an artefact/ performance or portfolio	This technique requires students to demonstrate that they have mastered skills and competencies by producing something. Some examples are Care or activity plans, using a piece of equipment or a technique, developing, interpreting, and using assessment tools.	Creativity Interpretation Written and oral communication Interpretation Decision-making Initiative Information and communications technology Literacy.	Summative

Assessment technique	Description	Transferable skills development	Formative or summative
Project	This technique is a large-scale activity requiring self-direction, planning, research, exploration, outcome and review.	Written communication Information Literacy Creativity Initiative	Summative
Role playing	This technique is a type of case study, in which there is an explicit situation established, with students playing specific roles, understanding what they would say or do in that situation.	Written and oral communication Leadership Information literacy Creativity Initiative	Formative
Self-reflection	This technique asks students to reflect on their performance, for example to write statements of their personal goals for the course at the start and what they have learned at the end of the course, including their assessment of their performance and contribution; completion of a reflective journal/log from work experience, detailing skills acquired for employability.	Self-reflection Written communication Initiative Decision-making Critical thinking	Summative

Assessment technique	Description	Transferable skills development	Formative or summative
Simulated activity	This technique is a multi-faceted activity based on realistic work situations.	Self-reflection Written communication Initiative Decision-making Critical thinking	Formative Summative
Team assessment	This technique asks students to work together to show skills in defining and structuring an activity as a team. All team assessment should be distributed equally, with each of the group members performing their role before the team collates the outcomes and submits them as a single piece of work.	Collaboration Teamwork Leadership Negotiation Written and oral communication	Formative Summative
Tiered knowledge	This technique encourages students to identify their gaps in knowledge. Students record the main points they have captured well and those they did not understand.	Critical thinking Analysis Interpretation Decision-making Oral and written communication	Formative

Assessment technique	Description	Transferable skills development	Formative or summative
Time-constrained assessment	This technique covers all assessment that needs to be done within a centre-specified time-constrained period on-site.	Reasoning Analysis Written communication Critical thinking Interpretation	Summative
Top ten	This technique asks students to create a 'top ten' list of key concepts presented in the assigned reading list.	Teamwork Creativity Analysis Collaboration	Formative
Written task or report	This technique asks students to complete an assignment in a structured written format, for example a report on procedures in a setting, an analytical case study of a service user in their care, a set of instructions, giving information.	Reasoning Analysis Written communication Critical thinking Interpretation	Summative

Assessment technique	Description	Transferable skills development	Formative or summative
Observation of workplace practice	This provides students with the opportunity to demonstrate they have genuinely acquired the skills, knowledge and behaviour to be able to perform specific (usually planned) tasks in their workplace setting, and is formally observed and assessed by a qualified tutor-assessor. This technique is typically started and ended with a debrief, or professional discussion with	Reasoning Critical thinking Creativity Interpretation Decision-making Initiative Oral communication	Formative Summative
Professional discussion	A planned, structured in-depth discussion between the student and their tutor-assessor designed to provide a holistic approach to enabling students to demonstrate complex knowledge and behaviour.	Reasoning Critical thinking Interpretation Decision-making Initiative Oral communication	Summative

Appendix 3: Mapping of HND in Healthcare Practice for England against FHEQ Level 5

Key	
KU	Knowledge and Understanding
CS	Cognitive Skills
AS	Applied Skills
TS	Transferable Skills

The qualification will be awarded to students who have demonstrated:

FHEQ Level 5 descriptor		Healthcare Practice for England HND Programme Outcome
Knowledge and critical understanding of the well-established principles of their area(s) of study, and of the way in which those principles have developed	KU1	Knowledge and understanding of the fundamental principles and practices of the contemporary healthcare practice environment.
	KU2	Understanding and insight into person-centred practice and compassionate care, including the impact of these approaches on professional practice, the experience of users of services and the structure and function of health and social care.
	KU3	A critical understanding of the evolving concepts, theories and models within the study of healthcare practice across a range of practical and hypothetical scenarios.
	KU4	An ability to evaluate and analyse a range of concepts, theories and models to make appropriate decisions.
	KU5	An appreciation of the concepts and principles of CPD, staff development, leadership and reflective practice as methods and strategies for personal and people development.
	KU6	Knowledge and understanding of vital concepts, principles and theories relating to the role of law, policy and professional regulation in health and social care.

FHEQ Level 5 descriptor		Healthcare Practice HND Programme Outcome
	KU7	Critical understanding of the multidisciplinary nature of healthcare practice and how health and social care organisations, professionals and services communicate with one another, support processes and lead to collaborative, informed solutions to a problem.
	KU8	Understanding of the application of appropriate mathematical techniques in the observation, assessment and monitoring of service users in health and care.
	KU9	Critical understanding of the use of industry standard technical documentation and practices.
	KU10	Deploy appropriate tools, theories, principles and methodologies to analyse, specify, construct and evaluate care plans and care planning in health and social care contexts towards the provision of high quality care.
	KU7	Critical understanding of the multidisciplinary nature of healthcare practice and how health and social care organisations, professionals and services communicate with one another, support processes and lead to collaborative, informed solutions to a problem.
	KU8	Understanding of the application of appropriate mathematical techniques in the observation, assessment and monitoring of service users in health and care.
	KU9	Critical understanding of the use of industry standard technical documentation and practices.
	KU11	Deploy appropriate tools, theories, principles and methodologies to analyse, specify, construct, test and evaluate care plans and care planning in health and social care contexts.
	KU12	An ability to apply industry standard methods in assessment and care planning to inform the development of appropriate and consistent health and care services.

FHEQ Level 5 descriptor		Healthcare Practice HND Programme Outcome
Ability to apply underlying concepts and principles outside the context in which they were first studied, including, where appropriate, the application of those principles in an employment context	AS1	Evidence the ability to show client relationship management and develop appropriate policies and strategies to meet stakeholder expectations.
	AS2	Apply innovative ideas to develop and create new systems or services that respond to the changing nature of organisations.
	AS3	Integrate theory and practice through the investigation and examination of practices in the workplace.
	AS4	Develop outcomes for service users using appropriate practices and data to make justified recommendations.
	AS5	Apply healthcare practice concepts and principles to critically evaluate and analyse complex practical problems and provide effective solutions.
	AS6	Apply ethical approaches and demonstrate respect for the diversity of values associated with health and physical and mental well-being in practice in the workplace
Knowledge of the main methods of enquiry in the subject(s) relevant to the named award, and ability to evaluate critically the appropriateness of different approaches to solving problems in the field of study	CS1	Recognise and evaluate the professional, economic, social, moral and ethical issues that influence sustainable healthcare practice.
	CS2	Critique a range of systems and operations and their application to maximise and successfully meet strategic objectives.
	KU11	An understanding of the appropriate techniques and methodologies used to resolve real-life problems in the workplace.
	TS1	Develop a skill set to take appropriate and effective actions to address conflict in a specific organisational context.
An understanding of the limits of their knowledge, and how this influences analysis and interpretations based on that knowledge	TS2	Self-reflection, including self-awareness; the ability to become an effective student and appreciate the value of the self-reflection process.
	TS3	Undertake independent learning to expand own skills and delivered content.

Typically, holders of the qualification will be able to:

FHEQ Level 5 descriptor		Healthcare Practice HND Programme Outcomes
Use a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis	TS4	Competently use digital literacy to access a broad range of research sources, data and information.
	CS3	Interpret, analyse and evaluate a range of data, sources and information to inform evidence-based decision-making.
	CS4	Analyse health and health issues, alongside health information and qualitative and quantitative data, that may be drawn from a wide range of disciplines
	CS5	Synthesise knowledge and critically evaluate strategies and plans to understand the relationship between theory and real-world scenarios.
Effectively communicate information, arguments and analysis in a variety of forms to specialist and non-specialist audiences, and deploy key techniques of the discipline effectively	TS5	Communicate confidently and effectively, both orally and in writing, both internally and externally with individuals using health, care and support services, organisations and other stakeholders.
	TS6	Communicate ideas and arguments in an innovative manner using a range of digital media.
	AS7	Locate, receive and respond to a variety of information sources (e.g. textual, numerical, graphical and computer-based) in defined contexts.
	TS7	Communicate effectively, verbally and in writing, and articulate well-defined issues for a variety of purposes, taking into account the audience viewpoint.
	TS8	Demonstrate strong interpersonal skills, including effective listening and oral communication skills, as well as the associated ability to persuade, present and negotiate.
Undertake further training, develop existing skills and acquire new competences that will enable them to assume significant responsibility within organisations	TS9	Identify personal and professional goals for continuing professional development in order to enhance competence to practise within a chosen healthcare practice field.
	TS10	Take advantage of available pathways for continuing professional development through higher education and Professional Body qualifications.

Holders will also have:

FHEQ Level 5 descriptor		Healthcare Practice HND Programme Outcomes
The qualities and transferable skills necessary for employment and requiring the exercise of personal responsibility and decision-making.	TS11	Develop a range of skills to ensure effective team working, independent initiatives, organisational competence and problem-solving strategies.
	TS12	Show an ability to work as a member of a health and care team, recognising the different roles within a team and the different ways of organising teams.
	TS13	Reflect adaptability and flexibility in approach to work, showing resilience under pressure and meeting challenging targets within given deadlines.
	TS14	Use quantitative skills to manipulate data, evaluate and verify existing theory.
	TS15	Show awareness of current developments in healthcare and their impact on employability and CPD.
	TS16	Manage small to medium scale projects using appropriate planning and time management techniques.
	CS6	Evaluate the changing needs of the healthcare environment and have confidence to self-evaluate and undertake additional CPD as necessary.
	TS17	Display emotional intelligence and sensitivity to diversity in relation to people and cultures.

Appendix 4: Transferable and sector-specific skills mapping

Level 4 Higher National Certificate in Healthcare Practice for England: mapping of transferable employability and academic study skills

Skill set	**Cognitive skills**							**Intrapersonal skills**				**Interpersonal skills**		
Unit	Problem-solving	Critical thinking/ Analysis	Decision-making	Effective communication	Digital literacy	Numeracy	Creativity	Plan/ Prioritise	Self-management	Independent learning	Self-reflection	Team work	Leadership	Cultural awareness
1	x	x	x		x			x		x	x			x
2	x	x	x	x	x	x		x	x	x	x	x	x	x
3	x	x	x	x	x	x	x	x	x	x	x		x	x
4	x	x		x		x			x	x	x	x		
5	x	x	x	x		x	x		x	x	x		x	x
6	x			x								x	x	x
7		x		x		x		x			x			x
8		x		x		x		x	x	x	x	x	x	x
9	x	x		x				x				x	x	x
10	x	x	x	x	x	x					x	x		x
11	x	x	x	x	x	x		x	x	x	x	x	x	x
12	x	x	x	x	x	x	x	x	x	x	x		x	x

Skill set	**Cognitive skills**							**Intrapersonal skills**				**Interpersonal skills**		
Unit	Problem-solving	Critical thinking/ Analysis	Decision-making	Effective communication	Digital literacy	Numeracy	Creativity	Plan/ Prioritise	Self-management	Independent learning	Self-reflection	Teamwork	Leadership	Cultural awareness
13	X	X		X		X			X	X	X	X		
14	X	X	X	X		X	X		X	X	X		X	X
15	X			X								X	X	X
16		X		X		X		X			X			X
17	X	X		X				X				X	X	X

Higher Nationals in Healthcare Practice for England: mapping of sector-specific employability and academic study skills (Core and Specialist Units only)

	PRACTICE THEME EXPLICITLY ASSESSED IN UNIT					
UNIT	**Law, regulation and ethical practice**	**Professional values, attitudes and behaviour**	**Health, safety and safeguarding through the lifespan**	**Valuing and promoting diversity, difference and inclusion**	**Promoting physical and mental health and emotional wellbeing**	**Numeracy in practice**
1	All assessment criteria	P1, P3-P8, M1-M3	P4, P7, P8, M2	P5, M2, D2	P5, P6, M2, D1	Not explicitly assessed
2	P3, P4, P6, P7, M2, M3, D2	All assessment criteria	P3, P4, P6, P7, M2, M3, D1, D2	P3, P4, P6, P7, M2, M3, D1, D2	P3, P4, P6, P7, M2, M3, D1, D2	P3, P4, P6, P7, M2, M3, D2
3	P4, p6	P3-P8, M2-M4, D3, D4	P3-P8, M1-M5, D1, D3, D4	P2-P8, M1-M4, D1, D3, D4	P3-P8, M1-M5, D1, D3, D4	Not explicitly assessed
4	P1, P2, M1, D1	P1-P4, P6-P8, M1-M4, D1-D4	P1-P4, P5, P8, M4, D2, D3	P1-P4, P5, P8, M4, D2, D3	P1-P4, P5, P8, M4, D2, D3	P4, P6, M2, D2
5	Not explicitly Assessed	M2, M4, D1, D2	P1-P4, M1-M3, D1	P1-P8, M1-M3, D1-D2	P1-P8, M1-M3, D1-D2	D2
6	Not explicitly assessed	P5, P6, D2	P1, P3, P4, M2, M3, D1, D2	P3-P5, M2, D1, D2	M2, M4, D2	NOT EXPLICITLY ASSESSED
8	P3-P6, M3, D1, D2	P7, P8, M4, D3	P3-P8, M2-M4, D2, D3	P3-P8, M2-M4, D2, D3	P2-P8, M2-M4, D2, D3	P2, P4
9	P5	P4-P6, M3, M4, D2	P4-P6, M3, M4, D2	P6, M4, D2	P6, M4, D2	P4-P6, M3, M4, D2
10	P1, M1, D1	P2, P3, P5, M1-M3, D1-d4	P2, P5, P6, M2, D2	P1-P5, M1-M4, D1	P1, P2, M1, D1	P7, M4, D2
17	P1, P2, M1, D1.	P8, P9, M4, D4	P6, P7, M3, D3	NOT EXPLICITLY ASSESSED	NOT EXPLICITLY ASSESSED	P8
18	P4, P8, D3	dependent on research topic	dependent on research topic	dependent on research topic	dependent on research topic	dependent on research topic
19	P3, P4, M2, D2	P2, P5, P6, P7, M1, M3, M4, M5, D1, D3, D4	P3, P4, M2, D2, D3	P2, P3, P4, P6, M1, M2, M3, M4, D1, D3	P1, P2, P5, P6, M3, M4, D3	not explicitly assessed
20	M1	P3, P4, M2, D2	P1, P3, P4, P6-P8, M1-M4, D1, D2	P4-P8, M2, M4, M5, D2, D3	P3-P6, M2, D2	not explicitly assessed
21	not explicitly assessed	P7, P8, M2, M3, D2, D3	P4, P8, P9, M3. M5, D2, D3	P4, P5, P7, M2, M3, D2	P4, P5, P6, P7, M2, M3, M4, D2, D3	not explicitly assessed

	PRACTICE THEME EXPLICITLY ASSESSED IN UNIT					
UNIT	**Law, regulation and ethical practice**	**Professional values, attitudes and behaviour**	**Health, safety and safeguarding through the lifespan**	**Valuing and promoting diversity, difference and inclusion**	**Promoting physical and mental health and emotional wellbeing**	**Numeracy in practice**
22	P5, M3, D2	P4, P5, P6, M3, M4, D2, D3	P5, P7, M3, D2	P2, P3, P7, M1-M4, D1-D3	P6, M4	not explicitly assessed
23	P1, P2, M1, D1	P5	P4, M2, D2	P3, M2, M3, D2, D3	not explicitly assessed	P5, P6, P7, M5, D4
24	P4, P5, M4, D2	M4, D2	P3, M3, D2	P1, P2, M1, M2, M4, D1	P1-P3, M1-M4, D1, D2	M3
25	P1, P2, P4, M1, M2, D1, D2	P8, P9, M4, D3, D4	not explicitly assessed	not explicitly assessed	not explicitly assessed	P5-P9
26	P3	P1, P2	not explicitly assessed	P2, P3, P4, P5, P6, M2, M3, M4, D2, D3	not explicitly assessed	not explicitly assessed
27	All criteria	P8	not explicitly assessed	M4	P8, M3, M4, d2	not explicitly assessed
28	not explicitly assessed	P1, P4, M3, M4, D2	M3	P1, P2, P4, M1-M4	ALL CRITERIA	D2
29	P5, P6, M3, D3	P7, P8, M4, D4	P1, P2, P5, p7, M1, M3, D3	P1, P2, P5, P7, M1, M3, D1, D3	not explicitly assessed	not explicitly assessed
30	P4, P5, M2, D2	P8, M4, D4	all criteria	not explicitly assessed	all criteria	P2, P3, P6-P8, M1, M3-M4, D1, D3-D4
32	not explicitly assessed	P7, P8, M1, M3-M5 D1, D2	P1, P2, P5, M1, M3, M4, D1, D2	P1, P2, P5-P8, M1, M3, M4, D1, D2	P1, P2, M1, D1	not explicitly assessedf
36	P1, P2, M1, D1S	P2, P4, M2, M3, M4, D2, D3	P1, M1, D1	P3, P4, M2, D2	P6, M3, D3	NOT EXPLICITLY ASSESSED
38	P5, M3, D2	P1, P2, M1, D1	P3, P4, P5, M2, M3, D2	P6, M3, D3	P7, P8, M3, D3	P7, P8

Level 5 Higher National Diploma in Healthcare Practice for England: mapping of transferable employability and academic study skills

Skill sets	Cognitive skills							Intrapersonal skills				Interpersonal skills		
Unit	Problem-solving	Critical thinking/ analysis	Decision-making	Effective communication	Digital literacy	Numeracy	Creativity	Plan/ prioritise	Self-management	Independent learning	Self-reflection	Team work	Leadership	Cultural awareness
18	x	x	x	x	x	x					x	x		x
19	x	x	x	x	x	x		x	x	x	x	x	x	x
20	x	x	x	x	x	x	x	x	x	x	x		x	x
21	x	x	x	x	x	x					x	x		x
22	x	x	x	x	x	x		x	x	x	x	x	x	x
23	x	x	x		x			x		x	x			x
24	x	x	x	x	x	x		x	x	x	x	x	x	x
25	x	x	x	x	x	x	x	x	x	x	x		x	x
26	x	x		x		x			x	x	x	x		
27	x	x	x	x		x	x		x	x	x		x	x
28	x			x								x	x	x
29		x		x		x		x			x			x
30		x		x		x		x	x	x	x	x	x	x
31	x	x		x				x				x	x	x
32	x	x	x	x	x	x					x	x		x
33	x	x	x	x	x	x		x	x	x	x	x	x	x

Skill sets	Cognitive skills							Intrapersonal skills				Interpersonal skills		
Unit	Problem-solving	Critical thinking/ analysis	Decision-making	Effective communication	Digital literacy	Numeracy	Creativity	Plan/ prioritise	Self-management	Independent learning	Self-reflection	Team work	Leadership	Cultural awareness
34	x	x	x		x			x		x	x			x
35	x	x	x	x	x			x	x	x	x	x	x	x
36	x	x	x	x	x		x	x	x	x	x		x	x
37	x	x		x	x				x	x	x	x		
38	x	x	x	x	x	x	x		x	x	x		x	x
39	x			x		x						x	x	x
40		x		x		x		x			x			x
41		x		x		x		x	x	x	x	x	x	x
42	x	x		x		x		x	x	x		x	x	x
43	x	x	x	x		x		x	x	x	x	x		x
44	x	x	x	x		x		x	x	x	x	x	x	x
45	x	x	x	x		x	x	x	x	x	x		x	x
46	x	x	x			x		x		x	x			x

Appendix 5: HNC/HND in Healthcare Practice for England Programme Outcomes for students

	Knowledge and understanding											Cognitive skills						Applied skills						
Unit	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	1	2	3	4	5	6	7
1	X	X	X	X	X	X	X		X	X	X	X	X			X	X		X	X			X	X
2	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X		X	X		X	X
3	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X		X	X		X	X
4	X		X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X		X	X
5	X			X			X	X			X	X		X	X	X		X		X	X		X	X
6	X	X	X		X	X	X	X	X	X	X	X				X		X		X	X		X	X
7	X	X						X	X	X	X	X				X				X	X		X	X
8	X		X	X		X	X	X			X	X		X	X	X				X				X
9	X	X						X	X	X	X	X			X	X	X	X		X	X		X	X
10	X		X	X	X	X	X	X	X		X	X	X	X		X		X	X	X			X	X
11			X	X		X	X				X	X	X	X	X	X	X		X	X				X
12	X	X	X			X	X			X	X	X				X		X		X	X		X	X
13	X	X				X	X		X	X	X	X			X	X		X		X	X		X	X
14	X	X	X	X								X				X	X			X			X	X
15	X		X					X	X	X	X	X				X			X	X			X	X
16	X	X	X	X		X	X	X	X	X	X	X			X	X		X		X	X		X	X
17	X	X	X	X		X	X	X	X	X	X	X				X	X		X	X			X	X

	Knowledge and understanding											Cognitive skills						Applied skills						
Unit	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	1	2	3	4	5	6	7
18	X		X	X		X	X	X	X		X	X	X	X		X	X		X	X	X	X	X	X
19	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X
20	X	X	X	X	X	X	X	X	X	X	X	X			X	X		X		X	X	X	X	X
21	X	X		X		X	X	X	X	X	X	X		X	X	X		X		X	X	X	X	X
22	X	X		X			X				X	X				X		X		X		X	X	X
23	X	X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X		X	X	X
24	X	X	X	X		X						X			X	X		X	X	X		X	X	X
25	X		X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X		X	X	X
26	X	X	X	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X	X	X	X
27	X		X	X	X	X					X	X	X	X		X				X		X		X
28	X	X		X		X	X	X	X		X	X		X	X	X		X		X	X	X	X	X
29	X		X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X		X	X	X
30	X	X	X			X		X	X	X	X	X			X	X		X		X		X	X	X
31	X	X	X			X	X		X		X	X			X	X		X		X		X	X	X
32	X	X	X	X	X	X	X		X		X	X	X			X	X	X	X	X		X	X	X
33	X	X	X	X			X					X			X	X						X		X
34			X	X			X	X				X	X	X	X	X						X		X
35	X		X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X		X	X	X
36	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X		X	X	X	X	X
37		X	X	X		X	X					X				X				X			X	X
38	X	X		X	X	X	X	X	X	X	X	X		X		X	X	X		X			X	X

	Knowledge and understanding											Cognitive skills						Applied skills						
Unit	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	1	2	3	4	5	6	7
39	X	X	X	X	X	X		X	X		X	X				X		X		X			X	X
40	X	X	X	X	X	X	X	X	X		X	X				X		X		X			X	X
41	X	X	X	X	X	X	X	X	X		X	X				X		X		X			X	X
42	X	X	X	X	X	X		X	X		X	X				X		X		X			X	X
43		X	X	X	X	X	X	X	X		X	X				X		X		X			X	X
44		X	X	X	X	X	X	X	X		X	X				X		X		X			X	X
45		X	X	X	X	X	X	X	X		X	X				X		X		X			X	X
46		X	X	X	X	X	X	X	X		X	X			X	X		X		X			X	X

Transferable skills																	
Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	X		X	X	X					X	X	X	X		X		X
2	X	X	X	X	X			X	X	X	X		X		X		X
3	X	X	X	X	X		X	X		X	X	X	X		X		X
4	X		X	X	X	X	X	X		X	X		X	X	X	X	X
5	X	X	X	X	X	X	X	X		X	X		X	X		X	X
6	X	X	X	X	X			X		X	X	X	X				X
7	X	X	X	X	X		X	X		X	X	X	X				
8		X	X	X	X		X	X		X	X		X	X			X
9	X	X	X		X			X		X	X	X	X		X		X
10	X	X	X	X	X		X	X		X	X	X	X	X	X		X
11			X	X	X		X			X	X		X	X	X		
12	X	X	X	X	X			X		X	X	X	X				X
13	X	X	X	X	X			X		X	X	X	X		X		X
14			X	X	X					X	X		X	X	X		X
15	X		X	X	X					X	X	X	X	X	X		
16	X	X	X	X	X		X	X		X	X	X	X		X		X
17	X	X	X	X	X		X			X	X	X	X	X	X		X

Transferable skills																	
Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18	X	X	X	X	X	X	X	X		X	X		X	X	X	X	X
19	X	X	X	X	X			X	X	X	X	X	X		X		X
20	X	X	X	X	X		X	X		X	X	X	X	X	X		X
21	X	X	X	X	X		X	X		X	X	X	X		X		X
22		X	X	X	X		X	X		X	X	X	X				X
23	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X
24		X	X	X	X					X	X		X				X
25	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X
26	X	X	X	X	X		X	X		X	X	X	X		X		X
27			X	X	X					X	X		X		X		X
28		X	X	X	X		X	X		X	X	X	X	X		X	X
29	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X
30	X	X	X	X	X			X		X	X	X	X	X			
31	X	X	X	X	X		X	X		X	X	X	X				X
32	X	X	X	X	X		X	X		X	X	X	X		X		X
33	X		X	X	X					X	X		X				X
34	X		X	X	X					X	X		X	X			X
35	X	X	X	X	X		X	X		X	X	X	X	X		X	X
36	X	X	X	X	X		X	X		X	X	X	X	X			X
37			X	X	X					X	X	X	X				X

Appendix 6: Apprenticeship and Professional Standards mapping

Level 5 Higher National Diploma in Healthcare Practice (Healthcare Assistant Practitioner): mapping of Healthcare Assistant Practitioner Higher Apprenticeship Standard

Healthcare Assistant Practitioner Standard / Unit numbers (Core and Specialist only)		Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 32	Unit 36
Ref	**Behaviours**													
B1	Treat individuals with dignity, respecting individual's beliefs, culture, values and preferences		#	#	#	#	#	#	#	#	#	#	#	#
B2	Respect and adopt an empathetic approach		#	#		#	#	#	#	#	#	#		#
B3	Demonstrate courage to challenge areas of concern and work to best practice		#				#		#	#	#	#		#
B4	Be adaptable		#	#	#	#	#	#	#	#	#	#	#	#
B5	Demonstrate discretion	#	#	#	#	#	#	#	#	#	#	#	#	#
Ref	**Knowledge**													
K1	the principles and philosophy of health and social care	#	#	#	#	#			#	#	#	#	#	#

Healthcare Assistant Practitioner Standard	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 32	Unit 36
K2	the physiology, organisation and function of the human body							#				#		#
K3	lifespan developments and healthcare needs from prenatal to end of life/bereavement							#				#		#
K4	research and development in the health and social care sector to inform and improve quality of care				#	#			#				#	
K5	provision and promotion of holistic person centred care and support, duty of care and safeguarding of individuals		#	#		#	#	#		#	#	#	#	#
K6	the importance of the strategic environment in health and social care and the implications for the individual	#		#		#				#	#	#	#	#
K7	the importance of current evidence based practice within scope of the role				#				#	#	#			#
Skills														
1: Responsibilities and duty of the role														
Undertakes defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner								#				#		#

Healthcare Assistant Practitioner Standard / Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 32	Unit 36
2: Case Management													
Manages own work and case load and implements programmes of care in line with current evidence, taking action relative to an individual's health and care needs										#	#		#
3: Supervision and Teaching													
Allocates work to and supports the development of others and may supervise, teach, mentor and assess other staff as required									#		#	#	
4: Personal Development													
Maintains and further develops own skills and knowledge, and that of others, through recognised Continuing Professional Development (CPD) activities enabling flexibility in practice and responsiveness to changing service needs		#	#					#			#	#	
5: Team Working													
Promotes effective inter-professional and multi-disciplinary team working with peers, colleagues and staff from other agencies and provides appropriate leadership within the scope of the role		#	#					#	#	#	#	#	#

Healthcare Assistant Practitioner Standard / Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 32	Unit 36
6: Assessment													
Provides holistic assessment of individuals, implementing programmes of care and modifying individualised care plans within their scope of practice		#	#			#	#		#	#	#		#
7: Communication													
Demonstrates the ability to communicate complex sensitive information to a wide variety of professionals through a variety of methods including the use of interpersonal skills, written and verbal effectiveness, accurate record keeping, keeping information confidential and appropriate use of technology and equipment for the role including data entry	#	#	#	#	#	#	#	#	#	#	#	#	#
8. Person-centred care and wellbeing													
Promotes and understands the impact of effective health promotion, empowering, healthy lifestyles such as movement and nutrition and fluid balance		#	#		#		#	#		#	#	#	#

Healthcare Assistant Practitioner Standard	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 32	Unit 36
9. Physiological Measurements														
	Undertakes physiological measurements as part of an assessment of an individual's healthcare status and following evaluation, makes appropriate changes or recommendations to care plan. Reports changes to the Registered Practitioner when the nature of the change falls outside of the agreed scope of role						#	#		#	#	#		#
10. Risk Management														
10.1	Infection Prevention and Control: Uses and promotes a range of techniques to prevent the spread of infection including hand hygiene, the use of Personal Protective Equipment (PPE) and waste management			#				#		#	#	#		#
10.2	Health and safety: Promotes and maintains a safe and healthy working environment	#	#	#		#	#	#		#	#	#		#
10.3	Risk Management: Identifies and manages risks, including assessment of moving and handling risk and understanding the nature of risk as it applies to the safeguarding of vulnerable individuals.	#		#			#	#		#	#	#		#

Healthcare Assistant Practitioner Standard / Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 32	Unit 36
11. Equality and Diversity													
Promotes and advocates Equality, Diversity and Inclusion (EDI).	#	#	#	#	#	#	#	#	#	#	#	#	#
12. Quality													
Proactively makes recommendations to improve the quality of service delivery				#				#		#	#		

#indicates partial mapping

Level 5 Higher National Diploma in Healthcare Practice (Nursing): mapping of Nursing Associate Higher Apprenticeship Standard (2017)

Nursing Associate Standard / Unit numbers (Core and Specialist only)		Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Ref	**Behaviours**													
B1	Treat individuals with dignity, respecting individual's diversity, beliefs, culture, needs, values, privacy and preferences		#	#	#	#	#	#	#	#	#	#	#	#
B2	Show respect and empathy for those with whom you work		#	#		#	#	#	#	#	#	#	#	#
B3	Have the courage to challenge areas of concern	#	#				#		#	#	#	#		#
B4	Demonstrate leadership								#	#	#			
B5	Be adaptable		#	#	#	#	#	#	#	#	#	#	#	#
B6	Be reliable and consistent		#	#		#	#	#	#	#	#	#	#	#
B7	Show discretion	#	#	#	#	#	#	#	#	#	#	#	#	#
B8	Show resilience		#	#	#	#	#	#	#	#	#	#	#	#
B9	Show self-awareness	#	#	#	#	#	#	#	#	#	#	#	#	#

Nursing Associate Standard	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
You will know and understand:														
Domain 1: Professional values and parameters of practice														
1.1	How to exercise personal responsibility and work independently within defined parameters of practice, legislation and local policies	#	#	#	#	#	#	#	#	#	#	#	#	#
1.2	The limits of the role and when to escalate concerns and seek support	#	#	#			#	#		#	#	#	#	#
1.3	The responsibilities and professional values of a nursing associate and the nursing profession		#											#
1.4	The importance of personal health, resilience and wellbeing on personal performance and judgement		#	#				#	#		#			#
Domain 2: Person-centred approaches to care														
2.1	The principles of nursing practice in the assessment, planning, delivery and evaluation of care			#					#	#	#	#	#	#
2.2	The principles of person centred care including consent	#	#	#			#	#	#	#	#	#	#	#
2.3	How to safely adapt care or support plans to reflect changing need(s)			#						#	#	#		
2.4	How to manage appropriate relationships with individuals and carers		#	#			#			#		#		
2.5	How person-centred care enables individuals to be equal partners in their care		#	#				#		#	#	#		#

Nursing Associate Standard	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Domain 3: Delivering nursing care														
3.1	The appropriate diagnostic, decision making and problem solving skills needed to support the registered nurse or other appropriate healthcare professional						#	#		#		#	#	#
3.2	The structures and functions of the human body							#						
3.3	Common physical, mental health and learning disability conditions							#				#	#	
3.4	Infection prevention and control	#					#	#				#	#	#
3.5	The principles of medicine management including:													
3.5a	The management of adverse drug events, adverse drug reactions, prescribing and administration errors and the potential repercussions for individuals, their families/carers, teams, departments and organisations						#	#					#	#
3.5b	The statutory requirements in relation to mental health, mental capacity, children/young people and medicines, national service frameworks and other guidance	#				#		#			#		#	#
3.6	Concepts of behaviour change in health promotion, wellbeing and addressing health inequalities					#						#		
3.7	The strengths and weaknesses of the nursing interventions required to deliver high-quality, person-centred care							#				#	#	

Nursing Associate Standard	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Domain 4: Communication and inter-personal skills														
4.1	How to communicate with individuals, considering a wide range of options and channels focusing on delivering and improving health and care services		#	#		#			#	#	#	#	#	
4.2	The legislative, policy and local requirements and ways of working with information and data in relation to accuracy of recording, reporting, secure storage and confidentiality	#	#	#	#	#	#	#	#	#	#	#	#	#
Domain 5: Team-working and leadership														
5.1	The supervisory and leadership opportunities and roles for a nursing associate													
5.2	The principles of working with others to deliver and improve services		#	#						#	#	#	#	#
5.3	Quality and service improvement, including the focus on unwarranted variation as a way of ensuring the right care in the right place at the right time	#		#					#	#	#	#	#	#
5.4	Health and social care leadership frameworks			#										#

Nursing Associate Standard	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Domain 6: Duty of care, candour, equality and diversity														
6.1	The legislation and principles underpinning safeguarding, duty of care, equality and diversity and the need for candour and the ways in which you are able to avoid acts or omissions which can reasonably be foreseen as likely to cause harm	#	#		#		#	#	#	#	#	#	#	#
6.2	The ways in which individuals can contribute to their own health and well-being and the importance in encouraging and empowering people to share in and shape decisions		#	#		#			#	#	#	#		#
Domain 7: Supporting learning and assessment in practice														
7.1	The importance of Continuing Personal and Professional Development to ensure that professional knowledge and skills are kept up to date	#	#		#				#	#				#
7.2	The educational theories that underpin learning and teaching in the clinical environment, including health promotion and its impact on individuals			#		#			#	#				
7.3	A knowledge of teaching, learning and assessment in the design and delivery of peer learning													

Nursing Associate Standard	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Domain 8: Research, development and innovation														
8.1	Research, innovation and audit in improving the quality of patient safety and nursing care				#									
8.2	Methods of research and audit in their area of work and how these are used to interpret and apply new knowledge in health and social care				#	#			#		#			
8.3	The role of statutory and advisory regulatory bodies and the concept of evidence-based practice and how these support service improvement	#	#		#			#	#	#				#

#indicates partial mapping

Nursing Associate Standard (Skills)	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Ref	**You will be able to:**													
Domain 1: Professional values and parameters of practice														
1.1	Apply and promote safe and effective practice that places the individual and/or family/carer at the centre of care , in a manner that promotes individual wellbeing and self-care		#	#			#	#		#	#	#	#	#
1.2	Display a personal commitment to professional standards and *ethical practice*, operating within national and local ethical, legal and governance requirements	#	#	#	#	#	#	#	#		#	#	#	#
1.3	Act as a role model for others, acting with probity and personal integrity in all aspects of practice, be truthful and admit to and learn from errors		#	#			#		#	#	#	#	#	#
Domain 2: Person-centred approaches to care														
2.1	Deliver holistic, person centred nursing care		#	#			#	#		#	#	#	#	#

Nursing Associate Standard (Skills) / Unit numbers (Core and Specialist only)		Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Ref	**You will be able to:**													
2.2	Engage actively with individuals, their families and/or carers by establishing their needs, wishes, preferences and choices and incorporate these into care planning		#	#				#		#	#	#	#	#
2.3	Ensure the rights of individuals are upheld and facilitate the resolution of any conflict arising	#		#				#		#	#	#	#	#
2.4	Act independently and in partnership with others to: ensure that the rights of individuals are not overlooked or compromised; and resolve conflict in situations where there may be refusal of care by individuals or their families		#	#							#	#		#
Domain 3: Delivering nursing care														
3.1	Deliver planned interventions under direction of Registered Nurse, without direct supervision, delivering care, at times, independently in line with an agreed and defined plan of care												#	#
3.2	Support healthcare professionals to assess, plan, deliver and evaluate care		#	#			#				#	#		

Nursing Associate Standard (Skills) / Unit numbers (Core and Specialist only)		Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Ref	**You will be able to:**													
3.3	Recognise and act upon, including escalating where necessary, in a timely manner, early signs and/or deterioration using appropriate physiological or psychological assessments and observations						#	#		#	#	#	#	#
3.4	Safely administer medication						#	#					#	
3.5	Safely use invasive and non-invasive procedures, medical devices, and therapeutic, technological and pharmacological interventions		#	#		#	#	#		#		#	#	#
3.6	Work safely and learn from the assessment and evaluation of health and safety incidents	#	#	#			#	#			#		#	#
3.7	Raise health risks for discussion with individuals and undertake brief interventions (including key messages for major lifestyle risk factors) and assess evidence of effective interventions			#		#	#	#				#	#	#
Domain 4: Communication and inter-personal skills														
4.1	Communicate complex, sensitive information effectively, and improve communication using a range of strategies with regard to person-centred care, *duty of care*, candour, equality and diversity to reduce conflict and complaints		#	#		#		#		#	#	#	#	#

Nursing Associate Standard (Skills) / Unit numbers (Core and Specialist only)		Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Ref	**You will be able to:**													
4.2	Handle information and data in line with national and local policies and legislation	#	#	#	#	#	#	#	#	#	#	#	#	#
Domain 5: Team working and leadership														
5.1	Lead peers and others where appropriate									#		#	#	#
5.2	Use reflection to improve personal performance		#	#	#		#		#	#	#	#	#	#
5.3	Work effectively with others in teams and/or networks to deliver and improve services		#	#		#	#	#	#	#	#	#	#	#
5.4	Contribute to planning, management and optimisation of resources to improve services and promote equity in access to services								#					
5.5	Contribute to and support quality improvement and productivity initiatives within the workplace													
5.6	Assess and manage risks to individuals			#							#	#	#	#

Nursing Associate Standard (Skills)	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
Domain 6: Duty of care, candour, equality and diversity														
6.1	Safeguard and protect vulnerable adults and children		#	#	#	#	#	#	#	#	#	#	#	#
6.2	Manage tensions and conflicts between and individual's rights and a duty of care		#	#						#	#	#	#	#
6.3	Demonstrate the ability to treat all individuals, carers and colleagues with dignity and respect for their diversity, beliefs, culture, needs, values, privacy and preferences		#	#	#	#	#	#	#	#	#	#	#	#
6.4	Demonstrate respect, kindness, compassion and empathy for all individuals, carers and colleagues within the workplace and wider organisation		#	#		#	#	#	#	#	#	#	#	#
Domain 7: Supporting learning and assessment in practice														
7.1	Act as a role model in terms of ongoing learning and development of professional knowledge, skills and capabilities		#						#	#		#		#
7.2	Demonstrate the skills required for career-long CPD		#	#	#				#	#				#
7.3	Promote and actively support, leading where appropriate, training, teaching, learning, supervision and assessment within the workplace			#					#					

Nursing Associate Standard (Skills)	Unit numbers (Core and Specialist only)	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 7	Unit 9	Unit 18	Unit 19	Unit 20	Unit 21	Unit 30	Unit 38
7.4	Contribute to the education and promotion of health and wellbeing in individuals, their families and/or carers					#		#			#	#		#
Domain 8: Research, development and innovation														
8.1	Apply critical analytical skills in a research/audit/service improvement context, working within an ethical framework								#					
8.2	Contribute effectively to evidence-based audit procedures, research, development and innovation in the delivery of health and care		#			#	#		#	#	#	#	#	#
8.3	Adhere to all ethical, legal, governance and quality assurance frameworks that pertain to research, development and innovation	#			#	#			#					

#indicates partial mapping

Mapping of units in the Higher Nationals in Healthcare Practice for England against the Practice Themes and Related National Occupational Standards

PRACTICE THEME 1: Law, Regulation and Ethical Practice: This refers to the legal and regulatory frameworks that govern practice in health and social care.			
Knowledge and Skills: Explain how legislation and regulatory frameworks apply to ethical practice in health and social care.			
Area	**Level 4 Units:**	**Level 5 Units:**	**Related National Occupational Standards**
Legislation, Regulatory Frameworks, Codes of Conduct and Practice	1-2, 6-8, 10-12, 15-17	18-20, 23-24, 26, 27-31, 32-33, 37,38, 40-46	**Care Certificate Standards:** 1.1-1.3, 2.2, 3.1, 4.1, 4.3, 6.4, 7.1, 8.1, 9.3, 9.5-9.6, 10.1, 13.1 **NOS:** SCDINSPG1.K1, K3, K31, K35, K38, K42, K45; SCDHSC0452.K1, K7, K11, K29, K30, K32, K40-K42 SCDHSC0041.K1, K7, K29, K32, K40

PRACTICE THEME 2: Professional Values, Attitudes and Behaviour: These values, attitudes and behaviour refer to adopting a professional, knowledgeable and skilled approach to practice, particularly when interacting with others in health and social care.			
Knowledge and Skills: Explain the values, attitudes and behaviour that underpin effective practice in health and social care; and demonstrate a professional, knowledgeable and skilled approach to practice.			
Area	**Level 4 Units:**	**Level 5 Units:**	**Related National Occupational Standards**
Person-centred values and principles of care	1-3, 6-7, 9-10, 12-16	19-22, 28, 30, 32, 36, 38, 40-46	**Care Certificate Standards:** 5.1-5.3, 5.6-5.7 **NOS:** SCDINSPG1.P1, K8, K9 SCDHSC0041: P1-P7, K12-K17 **NHS KSF:** HWB1.1-1.3; HWB2.1-4.3; HWB4.1-4.3, HWB5.1-5.3
effective verbal, written, electronic and non-verbal communication	2-7, 10, 12-13, 15-17	All units	**Care Certificate Standards:** 6.1-6.6 NOS: SCDHSC0041.P1-P4, P7,P8-P12, P14, P17, P19, P28, P30, P31, P33-P34, P35, P41, K7, K28, K30, K55, K56-K62, K63, K64; SCDINSPG1.P13, K3, K24-K30, K35, K36, K42, K43, K44-K45 SCDHSC0452.P11,P28, K28, K40-K44, K67 **NHS KSF:** 1.2, 1.3
working professionally within the limits of own knowledge and skills including professional presentation and self- and time management	2-3	19-20, 30-32, 38-46	**Care Certificate Standards:** 1.1-1.4 **NOS:** SCDINSPG1.P11, K4-K7, K21, K30, K37 SCDHSC0452.P1-P4, P7, P8, P11, P26-P30, K8-K11, K16, K21, K63-K65, K67 SCDHSC0041.P8-P10, P28, P40, K3, K9-K11, K20-K21, K38, K45,K46, K49, K50 **NHS KSF:** 2.2, 2.3, 5.2, 5.3

PRACTICE THEME 2: Professional Values, Attitudes and Behaviour: These values, attitudes and behaviour refer to adopting a professional, knowledgeable and skilled approach to practice, particularly when interacting with others in health and social care.			
Knowledge and Skills: Explain the values, attitudes and behaviour that underpin effective practice in health and social care; and demonstrate a professional, knowledgeable and skilled approach to practice.			
Self-development	2-4, 7, 10	18-19, 27, 29, 32, 34-35, 38, 44	Care Certificate Standards: 2.1, 2.2 **NOS:** SCDHSC0452.P37, p39, K15, K21, K24-K26, K45, 49-K51, K63-K65 SCDHSC0041.P33, P40, K8, K9-K10, K15, K16, K19, K21, K24-K26, K50, K54 **NHS KSF:** 2.2, 2.3, G2.1,G2.2, G5.1, G5.2, G6.1, G6.2

PRACTICE THEME 3: Health, Safety and Safeguarding through the Lifespan: Students are expected to consider and apply appropriate measures, strategies and approaches to support the health, safety and safeguarding of those they work with and demonstrate this application as appropriate throughout their learning.			
Knowledge and Skills: Explain Health, Safety and Safeguarding policies and practices that underpin effective practice in health and social care and apply relevant health, safety and safeguarding policies and practices in own practice.			
Area	**Level 4 units**	**Level 5 units**	**Related National Occupational Standards**
Health and Safety	1, 7-8, 15-17	19-20, 22-24, 27-29, 33, 38, 41-46	**Care Certificate Standards:** 3.1, 3.4, 8.1-8.3, 13.1-13.5, 13.8 NOS: SCDINSPG1.K35, K36, K46-K48 SCDHSC0452.K29-K31, K40, K52, K53 SCDHSC0041.K29-K31, K40, K52, K53 **NHS KSF:** 3.1, 3.2, 3.3
Safeguarding	1-3, 6.7, 9-10, 12, 16-17	18-23, 26-32, 38-46	**Care Certificate Standards:** 10.1, 10.2, 10.4 **NOS:** SCDINSPG1.K15, K37-K41 SCDHSC0452. K32-K37, K66 SCDHSC0041. K20, K32-K37, K48, K53 **NHS KSF:** HWB3.1, 3.2

PRACTICE THEME 4: Valuing and Promoting Equality, Diversity and Inclusion: This not only refers to respectful and non-discriminatory approaches to working with others regardless of their personal characteristics, but also includes taking positive action to support a diverse and inclusive work and learning environment			
Knowledge and Skills: Explain how to promote and support respectful, non-discriminatory and inclusive approaches to service users, colleagues and others encountered when working in health and social care settings; and demonstrate respectful, non-discriminatory and inclusive approaches to service users, colleagues and others when working in health and social care settings			
Area	**Level 4 Units**	**Level 5 Units**	**Related National Occupational Standards**
Equality and Diversity and Inclusive Practices	1-3, 6-7, 9-10, 12-13, 16	19-21, 23,25, 28-29, 31-33, 38-39, 41-46	**Care Certificate Standards:** 10.1, 10.2, 10.4 **NOS:** SCDHSC0452. P1-P6, P8, P17-P19, P21, P22, P38, K1-K3, K6, K7-K19, K22 K27, K33, K45, K46, K54, K57, 59, K62, K68, K70, K71, K73-K75 SCDHSC0041. P12, P36, K1-K4, K6, K8, K12-K19, K28, K56, K61 **NHS KSF:** 6.1, 6.2. 6.3

PRACTICE THEME 5: Promoting Physical and Mental Health and Emotional Wellbeing: an understanding of the interrelationship between physical and mental health and emotional wellbeing. Adopting a holistic approach to caring for others, taking into consideration both physical and mental aspects of an individual's health and wellbeing, recognising the value of mental health and emotional wellbeing in supporting an individual's overall health.			
Knowledge and Skills: Explain what a holistic approach to caring for others means, taking into consideration both physical and mental aspects of an individual's health and wellbeing, recognising the value of mental health and emotional wellbeing in supporting an individual's overall health and; demonstrate a holistic approach when caring for individual service users, taking into consideration both physical and mental aspects of an individual's health and wellbeing.			
Area	**Level 4 Units**	**Level 5 Units**	**Related National Occupational Standards**
Taking into account both physical and mental health and wellbeing factors when providing health and/or social care	1-3, 5, 9, 13	19, 21, 28, 30-31, 38, 44, 46	**NOS:** MH3.2013 K1, 2, 4, 5. P3; MH14.2013 K10, 16, PC4; MH66.2013 K12, 14, 20-21; MH90.2013 K1-10, P9, 11-12; CMD1 K1-3, 10-11, 16-18 **NHS KSF:** HWB6.1-6.3

PRACTICE THEME 6: Numeracy in Practice: The appropriate and accurate use of numeracy skills.			
Knowledge and Skills: Explain the mathematical principles and processes that underpin effective healthcare practice and; use appropriate mathematical principles in a number of ways throughout their learning and work practice, from calculations and measurements, to data analysis and evaluation.			
Area	**Level 4 Units**	**Level 5 units**	**Related National Occupational Standards**
Accurate and purposeful use different mathematical operations, taking into account their purpose and significance	2, 4, 5, 7-11, 15, 17	18-21, 23, 30, 34-36, 38-40, 42-45	**Care Certificate Standards:** 13.5, 13.8, 14.1 **NOS:** CHS2.K1, 2, 4-7, 9, 10, 16, 17; P 1-4, 11,12 GEN135 K8-12, 17, P2-6, 9-11; PHP01 K1-6, P1,2,4,5; CHS221 K1-7, 9-16, P1-8, 10, 12; CFABAD321.K1-4, P1-4; CFABAD321K1-8, P1-8; HI1.2010 K1-4; HI6.2010 K7-9, 13, 16-18, P1,2,5,6,11; HI7.2010 K7-11, 14, P1-5; HI82010.K10, 14-17, 19, P1,2,6,17,18 **NHS KSF:** HWB6.1-6.3G4.1

Level 5 Higher National Diploma in Healthcare Practice for England (Public Health and Health Promotion): mapping of Public Health Skills and Knowledge Framework

PUBLIC HEALTH SKILLS AND KNOWLEDGE FRAMEWORK MAPPING																																			
	Function A																**Function B**									**Function C**									
Unit	1			2			3			4			5				1		2		3		4			1		2		3			4		
1																	#																		
2																																			
3																			#									#							
4										#			#																						
5	#			#													#																		
8	#			#																						#									
18	#						#												#											#					
19	#			#						#			#															#							
24	#			#			#						#				#																		
27	#			#													#											#							
28	#			#													#																		

Appendix 7: Indicative settings for students on the Nursing and Healthcare Assistant Practitioner HND pathways

In Hospital	Close to home	At home
• NHS and independent sector – adult, children and young people) • Paramedic services • Emergency assessment units (community hospital settings) • Mental health inpatient services • Learning disability inpatient services	• Hospice (adult and child) • Primary care – general practice and general practice nurses • Respite care with nursing service • Mental health crisis house with nursing services • Mental health community outreach teams • Re-ablement services • School nursing • Substance misuse services • Community learning disability services integrated teams • Child and adolescent mental health services • (CAMHS) • Public Health England nursing services	• Nursing homes • District and community nursing services • Assisted living for people with learning disabilities • Supported living services • Children's domiciliary care services • Older person services • Paediatric nursing services • Health visiting services • Community palliative care teams (child and adult) • Charitable end of life services, e.g. Macmillan • Community mental health teams (older people, adult, child) • Perinatal mental health teams • Early intervention for psychosis teams • Offender healthcare units

Table 1: Health and Care Settings with indicative placements contexts (this is not an exhaustive list): Extracted from the Nursing Associate Curriculum Framework (Health Education England, February 2017)

Appendix 8: Example Delivery Plans for the HNC Diploma in Healthcare Practice for England

SAMPLE PLAN 1		
Term 1	**Term 2**	**Term 3**
Unit	**Unit**	**Unit**
1	3	3
2	2	2
5	4	4
8	10	10

Sample Delivery Plan for L4 HNC HCP for England : assuming academic year of 36 weeks									
	Term 1		**Term 2**		**Term 3**		**TOTAL HOURS (GLH)**		**TOTAL HOURS (GLH IN CLASSROOM AND PLACEMENT)**
	Unit no.	**Classroom hours**	**Unit no.**	**Classroom hours**	**Unit no.**	**Classroom hours**	**Classroom**	**Placement**	
	1	**54**	4	**21**	4	**33**	**84**	+*12 GLH in placement	**90**
	2	**18**	2	**18**	2	**18**	**84**	+*12 GLH in placement	**90**
	5	**51**	3	**24**	3	**18**	**51**	+*18 GLH in placement	**60**
	8	**54**	10	**21**	10	**36**	**111**	+*12 GLH in placement	**120**
	Total Placement hours (GL and non-GL)	**35**	Total Placement hours (GL and non-GL)	**115**	Total Placement hours (GL and non-GL)	**75**			
TOTAL HOURS PER TERM		**212**		**199**		**180**			

Sample Delivery Plan for L4 HNC HCP for England : assuming academic year of 36 weeks								
	Term 1		**Term 2**		**Term 3**		**TOTAL HOURS (GLH)**	**TOTAL HOURS (GLH IN CLASSROOM AND PLACEMENT)**
PER WEEK excl. placement (12-week term)	**15**		**7**		**9**			
PER WEEK incl. placement (12-week term)	**17.5**		**16.5**		**15**			
Plus maths or English (701pprox.. 3hrs each week)	20.5		19.5		18			

SAMPLE PLAN 2	
Semester 1	**Semester 2**
Unit	**Unit**
1	3
2	2
8	10
5	4

Delivery Plan for L4 HNC HCP for England: assuming academic year of 34 weeks							
	Semester 1		**Semester 2**		**TOTAL HOURS (GLH)**		**TOTAL HOURS (GLH IN CLASSROOM AND PLACEMENT)**
	Unit No.	**Classroom hours**	**Unit No.**	**Classroom Hours**	**Classroom**	**Placement**	
	1	**54**	3	**24**	**84**	+*6 GLH in placement	**90**
	2	**54**	2	**24**	**84**	+*6 GLH in placement	**90**
	5	**54**	10	**18**	**51**	+*9 GLH in placement	**60**
	8	**54**	4	**60**	**111**	+*9 GLH in placement	**120**
	Total Placement hours (GL and non-GL)	**75**	Total Placement hours (GL and non-GL)	**150**			
TOTAL HOURS PER SEMESTER		**291**		**276**			
PER WEEK excl. placement (17-week semester)		**13**		**7.5**			
PER WEEK incl. placement (17-week semester)		**17**		**16**			
Plus Maths or English (approx. 3hrs each week)		20		19			

Appendix 9: Recognition of Prior Learning

QCF Pearson BTEC Level 4 Higher National Certificate in Health and Social Care unit content mapped to the Level 4 units available in the RQF Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice and Pearson BTEC Higher National Certificate in Healthcare Practice for England

HNCs in Healthcare Practice/Healthcare Practice for England: Unit Mapping Overview

This mapping document is designed to support centres who wish to recognise student achievement in older QCF Higher Nationals within the new RQF suites. The document demonstrates where content is covered in the new suite, and where there is new content to cover to ensure full coverage of learning outcomes.

P – Partial mapping (some topics from the old unit appear in the new unit)

X – Full mapping + new (all the topics from the old unit appear in the new unit, but new unit also contains new topic(s))

N – New unit

Unit no.	Unit title New RQF HN programme	Maps to unit number on existing QCF HN programme	Level of similarity between units
1	Law, Policy and Ethical Practice in Health and Social Care	2 3 5 7 9 10	P P P P P P
2	Demonstrating Professional Principles and Values in Health and Social Care Practice	1 2 4	P P X
3	Supporting the Individual Journey through Integrated Health and Social Care	1 2 4 9 10	P P X X P P

Unit no.	Unit title New RQF HN programme	Maps to unit number on existing QCF HN programme	Level of similarity between units
4	Fundamentals of Evidence Based Practice	4	P
5	Health Education in Action	1 9 11	P
6	Supporting Dementia Care	1 2 4 9 10	P P P P P
7	Effective Healthcare Practice using Maths	1 2 12	P P P
8	Addressing Health Inequalities	1 2 3 7 8 11	P P P P X X
9	Fundamentals of Anatomy and Physiology for Health and Ill-Health	1 2 3 12	P P P X
10	Developing Operational Management Skills for Healthcare Practice	1 2 9 13 25	P P P X P

Unit no.	Unit title New RQF HN programme	Maps to unit number on existing QCF HN programme	Level of similarity between units
11	Changing Perspectives in Public Health	1 2 5 7 8 11	P P P P P X
12	Supporting Independent Living	1 2 4 5 9 10	P P P P P P
13	Supporting Individuals with Specific Needs	1 2 9 10	P P P P
14	Sociological and Psychological Perspectives on Health	1 2 15	P P X
15	Healthcare Technology in Practice	1 2	P P
16	Supporting Adults in Residential Care	1 2 3 9 10	P P X P P
17	Effective Reporting and Record-Keeping in Health and Social Care Services	1 2 3 10	P P P P

HNCs in Healthcare Practice/Healthcare Practice for England: Unit Mapping Depth

The RQF Pearson BTEC Level 4 HNC Certificate in Healthcare Practice/Healthcare Practice for England partially mapped against the current QCF Pearson BTEC Level 4 HNC Certificate in Health and Social Care units (specification end date 31/12/17).

RQF HNC Units		**QCF HNC units**		**Mapping comments**	
No	RQF unit title	No	QCF unit title	QCF LOs	RQF LOs
1	Law, Policy and Ethical Practice in Health and Social Care	2	Principles of Health and Social Care Practice	1 2 4	3 2 4
		3	Health and Safety in the Health and Social Care Workplace	1 2 3	2 3 3 4 3 4
		5	Working in Partnership in Health and Social Care	2	3
		7	Social Policy	1 2 3	1 1 3 2 4
		9	Empowering Users of Health and Social Care Services	1	2 3
		10	Safeguarding in Health and Social Care	2 3	2 3 3

RQF HNC Units		QCF HNC units		Mapping comments	
No	RQF unit title	No	QCF unit title	QCF LOs	RQF LOs
2	Demonstrating Professional Principles and Values in Health and Social Care Practice	1	Communicating in Health and Social Care Organisations	1 2	2 2
		2	Principles of Health and Social Care Practice	1 2 4	2 3 2 3 3
3	Supporting the Individual Journey through Integrated Health and Social Care	1	Communicating in Health and Social Care Organisations	1 2	4 3 4
		2	Principles of Health and Social Care Practice	2 4	2 3 3
		9	Empowering Users of Health and Social Care Services	1 2 3	3 4 2 3 4 3
		10	Safeguarding in Health and Social Care	2 3	1 1 3
5	Health Education in Action	1	Communicating in Health and Social Care Organisations	1 2	2 1 2
		9	Empowering Users of Health and Social Care Services	2	1 2

RQF HNC Units		QCF HNC units		Mapping comments	
No	RQF unit title	No	QCF unit title	QCF LOs	RQF LOs
6	Supporting Dementia Care	1	Communicating in Health and Social Care Organisations	1 2	2 3 4 2 3 4
		2	Principles of Health and Social Care Practice	1 4	3 4 3
		4	Personal and Professional Development in Health and Social Care	3 4	3 4 3 4
		9	Empowering Users of Health and Social Care Services	2 3	2 3 4 3
		10	Safeguarding in Health and Social Care	2	4
7	Effective Healthcare Practice using Maths	1	Communicating in Health and Social Care Organisations	2	2
		2	Principles of Health and Social Care Practice	1	4
		12	Physiological Principles for Health and Social Care	3	1 2 3
8	Addressing Health Inequalities	2	Principles of Health and Social Care Practice	1	4
		3	Health and Safety in the Health and Social Care Workplace	1 2	4
		7	Social Policy	3	3

RQF HNC Units		QCF HNC units		Mapping comments	
No	RQF unit title	No	QCF unit title	QCF LOs	RQF LOs
9	Fundamentals of Anatomy and Physiology for Health and Ill-Health	1	Communicating in Health and Social Care Organisations	2	4
		2	Principles of Health and Social Care Practice	1 4	4 4
		3	Health and Safety in the Health and Social Care Workplace	2 3	4
10	Developing Operational Management Skills for Healthcare Practice	1	Communicating in Health and Social Care Organisations	1 2	1 1 3
		2	Principles of Health and Social Care Practice	2 4	1 3
		25	Influences on Health and Social Care Organisations	3	2 3
11	Changing Perspectives in Public Health	2	Principles of Health and Social Care Practice	2 4	2 3
		5	Working in Partnership in Health and Social Care	2 3	2 3
		7	Social Policy	1 2 4	1 1 2 3
		8	The Sociological Context of Health and Social Care	1	1
				3	2
9	Fundamentals of Anatomy and Physiology for Health and Ill-Health	1	Communicating in Health and Social Care Organisations	2	4
		2	Principles of Health and Social Care Practice	1 4	4 4
		3	Health and Safety in the Health and Social Care Workplace	2 3	4

RQF HNC Units		QCF HNC units		Mapping comments	
No	RQF unit title	No	QCF unit title	QCF LOs	RQF LOs
10	Developing Operational Management Skills for Healthcare Practice	1	Communicating in Health and Social Care Organisations	1 2	1 1 3
		2	Principles of Health and Social Care Practice	2 4	1 3
		25	Influences on Health and Social Care Organisations	3	2 3
11	Changing Perspectives in Public Health	2	Principles of Health and Social Care Practice	2 4	2 3
		5	Working in Partnership in Health and Social Care	2 3	2 3
		7	Social Policy	1 2 4	1 1 2 3
		8	The Sociological Context of Health and Social Care	1 3	1 2
13	Supporting Individuals with Specific Needs	1	Communicating in Health and Social Care Organisations	2	1 2 4
		2	Principles of Health and Social Care Practice	1 2 3 4	4 3 2 4 2 4
		9	Empowering Users of Health and Social Care Services	2 3	2 4 3 4

RQF HNC Units		QCF HNC units		Mapping comments	
No	RQF unit title	No	QCF unit title	QCF LOs	RQF LOs
		10	Safeguarding in Health and Social Care	2 3	3 2 3 4
14	Sociological and Psychological Perspectives on Health	2	Principles of Health and Social Care Practice	3	1 2 3
15	Healthcare Technology in Practice	1	Communicating in Health and Social Care Organisations	1 3	3 3
		2	Principles of Health and Social Care Practice	1 4	3 4
		3	Health and Safety in the Health and Social Care Workplace	3 3	2 4 2 4
16	Supporting Adults in Residential Care	1	Communicating in Health and Social Care Organisations	1 2	3 4 3 4
		2	Principles of Health and Social Care Practice	1 2 4	2 3 2 4
		3	Health and Safety in the Health and Social Care Workplace	1 2 3	2 2 3 4
		9	Empowering Users of Health and Social Care Services	1 2	2 3 2 3

RQF HNC Units		QCF HNC units		Mapping comments	
No	RQF unit title	No	QCF unit title	QCF LOs	RQF LOs
		10	Safeguarding in Health and Social Care	2 3	2 3 4
17	Effective Reporting and Record-Keeping in Health and Social Care Services Supporting Dementia Care	1	Communicating in Health and Social Care Organisations	1 2 3	2 1 2 3
		2	Principles of Health and Social Care Practice	2 4	1 2 4
		3	Health and Safety in the Health and Social Care Workplace	1 2	2 4 1
		10	Safeguarding in Health and Social Care	3	4

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