

# Higher Nationals

## Healthcare Professions' Support for England

### Specification

For use with the Higher National Certificate and Higher National Diploma in Healthcare Professions' Support for England

First teaching from September 2023

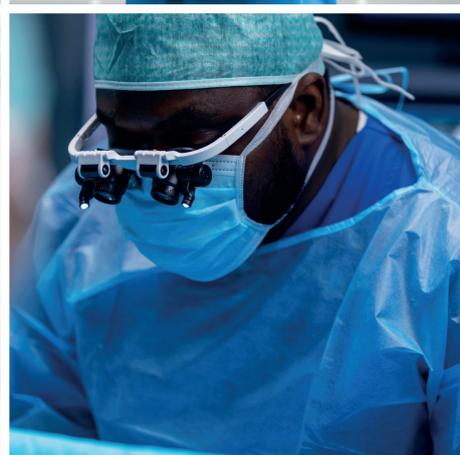
First Certification from September 2024



**Higher National  
Certificate Lvl 4**

**Higher National  
Diploma Lvl 5**

Undergraduate Level  
Qualifications



**Pearson  
BTEC**

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# 1 Introduction

BTEC is an established brand of choice for the world's learning communities, engaging students in applied, practical, interpersonal and thinking skills for more than three decades. The BTEC suite of Pearson qualifications, Higher Nationals (HNs), are widely supported by higher education and industry as the principal vocational qualifications at Levels 4 and 5. BTEC is one of the world's most successful applied learning brands, helping students develop their practical, interpersonal and thinking skills for more than 30 years.

When developing our BTEC Higher National qualifications, we worked with a wide range of students, employers, higher education providers, colleges and subject experts to make sure the qualifications met their needs and expectations. We also work closely with professional organisations to make sure the qualifications are in line with recognised professional standards.

The Pearson BTEC Higher National qualifications are designed to reflect the increasing need for high-quality professional and technical education at levels 4 and 5. They provide students with a clear line of sight to employment and to a degree at level 6 if they choose.

## 1.1 The student voice

Students are at the heart of what we do. That is why we consult them from the start when developing our Higher National qualifications. We involve them in writing groups, seek their feedback and take note of their opinions.

This helps us develop the best possible qualifications and learning experience for students worldwide.

## 1.2 Why choose Pearson BTEC Higher Nationals?

Pearson BTEC Higher National qualifications take a student-centred approach to the curriculum. There is a flexible, unit-based structure that focuses on developing the practical, interpersonal and thinking skills the student will need to succeed in employment and higher education. They represent the latest in professional standards and provide opportunities for students to develop skills and behaviours for work, for example by taking part in a group project or meeting a client brief. A student may achieve exemption from professional or vendor qualifications, or membership of selected professional organisations to help them on their journey to professional recognition or membership.

Pearson BTEC Higher Nationals are intended to keep doors open for future study if a student wishes to take their education further after completing a Higher National programme. They do this by allowing space for students to develop their higher education study skills, such as the ability to research. The study programme is clearly set out in line with the Quality Assurance Agency for Higher Education's Framework for Higher Education qualification standards at Levels 4 and 5. This means that students who want to progress to Levels 5 or 6 study should feel better prepared.

The Pearson BTEC Higher Nationals meet these requirements by providing:

- a range of general and specialist study units, both core and optional, each with a clear purpose, so there is something to suit each student's choice of programme and future progression plans
- up-to-date content, closely in line with the needs of employers, professional bodies and higher education, for a skilled future workforce
- learning outcomes mapped against professional body standards, where appropriate
- support for tutors, including authorised assignment briefs, curriculum planning support and assessment guidance, and
- support for students, including digital learning resources and communities, through HN Global.

### **1.3 HN Global**

Our HN Global website provides a specially designed range of digital resources to give tutors and students the best possible experience during the BTEC Higher Nationals course. More information is available at [www.ighernationals.com](http://www.ighernationals.com).

## **1.4 Qualification titles**

**Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England**

**Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support for England**

## **1.5 Qualification codes**

Ofqual Regulated Qualifications Framework (RQF) Qualification numbers:  
Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England: **603/7879/7**

Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support for England: **603/7880/3**

## **1.6 Awarding institution**

Pearson Education Ltd

## 1.7 Key features

This qualification has been designed for those working as or seeking to become trainee assistant practitioners and, ultimately, assistant practitioners in healthcare.

Assistant practitioners work in diverse healthcare environments, including the NHS and independent sector, e.g. primary, secondary and tertiary care, diagnosis, therapeutic inpatient and outpatient departments, theatres, GP practices, community settings, rehabilitation services. They support a wide range of practitioners, including registered nurses, occupational therapists, speech and language therapists, diagnostic radiographers, physiotherapists, general practitioners, doctors of medicine, surgeons. This is not an exhaustive list.

In February 2021<sup>1</sup> the King's Fund highlighted a shortage of 84,000 healthcare staff in NHS hospitals, secondary and tertiary care (data taken from NHS Workforce statistics). With the review and broadening of the Healthcare Assistant Practitioner Occupational Standard in 2022, and the advent of Higher Technical Qualifications and associated funding, this qualification meets the needs of a wide variety of learners and employers.

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 HN Certificate and build on this in the Level 5 HN Diploma, with an optional unit linked to their specialist area of study.
- Refreshed content that is closely aligned with employer, professional body 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 enables centres to offer assessment relevant to the local economy, thereby accommodating and enhancing different learning styles.
- Quality assurance measures – as outlined in *Sections 7 and 8* of this programme.

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<sup>1</sup> The King's Fund. 2021. *The NHS workforce: our position* [Online]. London: The King's Fund. Available: <https://www.kingsfund.org.uk/projects/positions/nhs-workforce> [Accessed 16th September 2021].

- Specification – to ensure that all stakeholders (e.g. professional bodies, universities, colleges and students) can feel confident in the integrity and value of the qualification frameworks.
- Qualification designed to meet the needs and expectations of students aspiring to work in healthcare.
- A pathway into employment for apprentices in relevant healthcare settings through completion of the HND element of the Pearson BTEC Higher National in Healthcare Professions' Support for England 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 National for the healthcare 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 Healthcare Professions' Support for England qualification, and are referred to as the 'Practice Themes'. Further detail on these Practice Themes can be found in *Section 2.7*.

The four Core Domains<sup>2</sup> that underpin all tiers and areas of healthcare practice have also been embedded throughout the units. These domains are:

- Practice
- Leadership
- Education, training and development
- Research and service improvement

In addition, units have been updated to include the eight domains from the draft *Allied Health Professions' Support Worker Competency, Education and Career Development Framework*.<sup>3</sup> These domains are:

- Formal knowledge and experience
- Supporting patients and service users
- Clinical, technical and scientific roles and responsibilities
- Communication and information
- Safe and inclusive environments
- Research and service improvement

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<sup>2</sup> Department of Health (2000). *Meeting the Challenge: A Strategy for the Allied Health Professions*, London: Department of Health.

<sup>3</sup> Health Education England (2021). *Allied Health Professions' Support Worker Competency, Education and Career Development Framework (draft for consultation)*, London: Health Education England.

- Leadership
- Personal and professional values and behaviours.

### **Work experience/placement requirements**

The Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England requires at least 225 hours of work experience/placement in healthcare settings and a Practice Learning, Assessment and Development (PLAD) portfolio, including reflections on placement/workplace learning and experiences, to be completed.

The Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support for England requires at least 450 hours of work experience/placement in healthcare settings and a PLAD portfolio, including reflections on placement/workplace learning and experiences, to be completed over the two-year period of the qualification. Further details on the mandatory elements of work experience/placement are provided in *Section 6.2* of this specification.

An example list of suitable placements can be found in *Appendix 3*.

### **Qualification frameworks**

Pearson BTEC Higher National qualifications are recognised higher education qualifications in the UK. They are in line with 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 the Pearson BTEC Higher Nationals in Healthcare Professions' Support for England will be aiming to go on to employment or progress to the second or final year at university.

The units within the qualification have been drawn from the Pearson BTEC Higher Nationals in Healthcare Practice (Healthcare Assistant Practitioner). They have been edited in response to feedback from stakeholders, which include employers and education providers. Professional bodies were consulted and engaged with the original qualification development.

We are very grateful to the employers, education providers and other individuals who have generously shared their time and expertise to help develop this qualification from the existing HND in Healthcare Practice (Assistant Practice), and those who have supported the final iteration of the Higher Nationals in Healthcare Professions' Support for England:

- Essex Partnership University NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Mid and South Essex Hospitals Group
- Liverpool NHS Foundation Trust
- University Hospital Southampton
- Warrington & Vale Royal College
- Royal Berkshire Hospital
- Liverpool College
- East Sussex College
- Sunderland College
- ICON College of Technology and Management.

## 2 Programme purpose and objectives

### 2.1 Purpose of the Pearson BTEC Higher Nationals

The purpose of Pearson BTEC Higher Nationals is to develop students as independent-thinking professionals who can meet the demands of employers and adapt to a constantly changing world. The qualifications aim to widen access to higher education and improve the career prospects of those who take them.

### 2.2 Objectives of the Pearson BTEC Higher Nationals

The aims of the Pearson BTEC Higher Nationals in Healthcare Professions' Support for England are to:

- Equip students with the healthcare practice skills, knowledge and understanding necessary to achieve high performance in the global health and social care environment.
- Provide education and training for a range of careers in healthcare, including healthcare assistant practitioner roles in a range of settings such as nursing assistant roles, care navigation, planning, and assessment.
- Provide insight and understanding into the diversity of roles within the healthcare sector, recognising the importance of collaboration at all levels.
- Equip students with knowledge and understanding of culturally diverse organisations, cross-cultural issues, diversity and values.
- Provide opportunities for students to enter or progress in employment in healthcare, or progress to higher education qualifications such as a pre-registration degree in one of the allied health professions<sup>4</sup> or nursing.
- Provide opportunities for students to develop the skills, techniques and personal attributes essential for successful working lives.
- Support students to understand the local, regional and global context of healthcare practice and to aspire to progress their career in healthcare.
- 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 and personal approaches to providing healthcare to individuals across their lifespan.

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<sup>4</sup> There are 15 allied health professions. Summaries of their roles and protected titles can be found at: <https://www.hcpc-uk.org/about-us/who-we-regulate/the-professions/>

- Provide opportunities for students to achieve a nationally recognised professional qualification within their chosen area.
- Offer students the opportunity to progress their career in their chosen or associated field.
- Enable flexibility of study to meet local or specialist needs.
- Offer a balance between employability skills and knowledge that is essential for students with entrepreneurial, career or academic aspirations.
- 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.
- 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 at RQF level 4 that are built upon at RQF level 5.
- Equipping individuals with sector-relevant acumen, understanding and healthcare practice skills for success in a range of healthcare assistant practice and healthcare support roles.
- 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 Professions' Support 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 Professions' Support 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 Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England

The Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England offers students a broad introduction to the subject area via a mandatory core of learning. This effectively builds underpinning core skills while preparing the student for 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 seven core units, which include one unit assessed by a Pearson-set assignment. The units are:

- Law, Policy and Ethical Practice
- 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)
- Principles of Health Education
- Effective Healthcare Practice Using Maths
- Applied Anatomy and Physiology.

Graduates successfully completing the Pearson BTEC Higher National Certificate in Healthcare Professions' Support 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 interprofessional team working, independent initiative, 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 with a given resource.

## **2.4 Aims of the Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support for England**

The Level 5 Higher National Diploma in Healthcare Professions' Support for England is designed to support progression into relevant occupational areas or on to pre-registration study.

The Level 5 Higher National Diploma offers one optional unit for students who wish to concentrate on a particular aspect of healthcare practice. Core units are:

- Innovation and Improvement through Participatory Action Research
- Reflective Approaches in Implementing Person-centred Practice
- Care Planning Processes in Healthcare Practice
- Recognising and Meeting the Needs of Individuals with Long-term Health Conditions
- Team and Individual Leadership: Mentoring and Coaching Others
- End of Life Care Planning and Support.

Students must have access to relevant, suitable and appropriate workplaces/ placements before embarking on optional units. Optional units are:

- Supporting Individuals through Significant Life Events
- Managing Quality in Care Environments
- Health Psychology
- Facilitating Change in Healthcare Environments
- Supporting Team and Partnership Working across Health and Social Care Services
- Social Policy in Public Health
- Holistic Approaches to Health Promotion
- Human Resource Management in Healthcare
- Pharmacology and Medicine Management
- Nursing – Principles and Fundamentals of Practice
- Providing Outpatient and Community Care
- Psychophysiological Disorders
- Global Health and Wellbeing
- Project Management for Healthcare
- Complementary Therapies in Healthcare Practice
- Supporting Operating Department Practice
- Working with People Affected by Drug and Alcohol Addiction
- Healthcare Practice with Children and Young People

- Supporting Practitioners in Maternity Care
- Supporting Practitioners in Urgent Care Environments
- Fundamentals of Rehabilitation and Reablement
- Supporting Orthopaedic Care
- Supporting Mental Health Services.

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, which students can build on if they decide to continue their studies. The Level 5 Higher National Diploma allows students to specialise by committing to specific career paths and progression routes to degree-level study.

Once students have achieved the Level 5 Higher National Diploma, they can develop their careers in healthcare by:

- Entering employment
- Continuing existing employment
- Becoming a member of the appropriate professional body
- Committing to continuing professional development
- Going 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:

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

## University recognition and articulations

We work with a range of higher education institutions around the world that accept Pearson BTEC Higher Nationals as a qualification for entry to their undergraduate degree courses. Some universities enable advanced entry to the second or third year of their course. Agreements can include transferring learning credits from one course or qualification to another, articulation and case-by-case admission.

Students should be aware that each university sets its own admission criteria and that those criteria can change. Before applying, students should understand the course entry requirements for the subject and year in which they want to study.

### 2.5.2 Employment

After completing the 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 Professions' Support for England as part of a higher apprenticeship programme can progress directly into employment as assistant practitioners, on successful completion of the end-point assessment.

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 the qualification could lead to if the student is working in these areas and the appropriate optional units are chosen:

- Occupational therapy assistant practitioner
- Operating department assistant practitioner
- Prehabilitation and rehabilitation assistant practitioner
- Maternity care assistant practitioner
- Community care assistant practitioner.

## 2.6 Developing students' employability skills and academic study skills

Employability skills (sometimes referred to as transferable skills) are vital to increase students' career prospects and contribute to their personal development. Our BTEC Higher Nationals in Healthcare Professions' Support for England support students in developing the key skills, qualities and strengths that employers are looking for.

We divide employability skills into five main categories.

- **Cognitive and problem-solving skills**

These include:

- critical thinking
- using expert and creative solutions to solve non-routine problems

- using systems and digital technology, and
- generating and communicating ideas creatively.

- **Independent skills**

These include:

- self-management
- adaptability and resilience
- self-monitoring and self-development
- self-analysis, and
- reflection, planning and prioritising.

- **Interpersonal skills**

These include:

- leadership skills
- communicating effectively
- working with others
- negotiating and influencing, and
- presentation skills.

- **Clinical practice skills**

These include:

- interprofessional and multidisciplinary working
- health assessment related to area of practice
- impact of clinical, diagnostic or therapeutic interventions
- delegation within the interprofessional team, and
- coaching and role modelling.

- **Research and evaluation skills**

These include:

- evidence-based review and evaluation
- quality improvement planning
- audit and review cycle, and
- participatory action research planning.

Students also benefit from opportunities for deeper learning, where they can make connections between different study units and select areas of interest for detailed study. In this way, BTEC Higher Nationals in Healthcare Professions' Support for England provide a vocational context in which students can develop the knowledge and academic study skills they need to progress to university degree courses.

These academic study skills include:

- action research
- effective writing
- analytical skills

- critical thinking
- creative problem-solving
- decision-making
- preparing for exams
- using digital technology
- 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 transferable and academic study skills relevant to higher education, available in *Appendix 1*.

### **2.6.1 Use of Maths and English within the curriculum**

A career in healthcare requires technical skills and broader employability skills. For example, appropriate communication with users of services and colleagues is an essential skill, so the ability to use English in a professional context is a key area for student development.

This type of development is embedded throughout the BTEC Higher Nationals, in line with healthcare requirements. During their course, students may, for example, be involved in:

- Simulated and real practice
- Preparing written reports
- Informal conversations with a range of audiences, including users of services, other healthcare professionals, peers and employers
- Use of mathematics in developing the skills to administer, manage and control the safe use of medications under patient group directions and where this is within their scope of practice
- Giving formal presentations
- 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.
- Using professional, sector-specific language and terminology.

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 5.2*).

Throughout the programme, students will be using maths within the curriculum. It is vital that all students 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 their scope of practice.

Students accessing the Pearson BTEC Higher National Diploma in Healthcare Professions' Support for England 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 Sector-specific knowledge and skills: themes for effective practice in health and social care**

The Pearson BTEC Higher Nationals in Healthcare Professions' Support 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:

### **1. Law, regulation and ethical practice**

This refers to the legal and regulatory frameworks that govern practice in healthcare. On an ongoing basis, students are expected to consider and apply relevant law and regulation and demonstrate an understanding of how these relate to their own ethical practice.

### **2. Professional values, attitudes and behaviours**

Values, attitudes and behaviours refers to adopting a professional, knowledgeable and skilled approach to practice, particularly when interacting with service users. 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 behaviours throughout their learning, in the classroom and the workplace. The values, attitudes and behaviours identified reflect the requirements of codes of conduct as set out by professional bodies and the wider healthcare systems.

### **3. Health, safety and safeguarding throughout 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 team. 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.

#### **4. Valuing and promoting diversity, difference and inclusion**

This not only refers to respectful and non-discriminatory approaches, including being person-centred and 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 the work they do in their roles as part of a healthcare team throughout their study.

#### **5. 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, 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.

#### **6. 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 users of services. Developing numerate students will support a healthcare 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 organisations:

- 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 Preparing students for employment

### 3.1 Designing with employers, for employers

As a large employer and qualification-awarding organisation, Pearson understands the value of developing the skills and talent of the future workforce. We believe in, and champion, higher technical education that is relevant to employers.

We work with employers, students, professional bodies, education providers and other experts to design qualifications with the future workforce in mind. Higher National qualifications blend employability skills with academic, business and technical knowledge. They support trainees and apprentices in their higher apprenticeship and other technical education programmes, as well as students working towards a degree. We update our programmes regularly to maintain their high quality and meet the changing needs of the workforce.

Employers contribute to our Higher Nationals in several ways:

- They are involved in every stage of designing our qualifications, from developing the structure and pathways to selecting subjects, developing content and approving qualifications.
- They help us deliver qualifications, for example through vendor accreditation, letters of support and co-badging. Our qualifications actively encourage training providers to work with employers. Work placements and work through learning are key features of BTEC Higher Nationals.
- They help us review and update our qualifications to meet occupational standards and provide supporting material such as case studies to reflect the real world of work.

We are committed to equipping apprentices, trainees and organisations with the tools and resources they need to support high-quality, innovative technical education and Higher Apprenticeship programmes that work.

Including a Higher National qualification as part of a Higher Apprenticeship or technical education programme gives students:

- an internationally recognised higher-level qualification in line with the Framework for Higher Education Qualifications, and
- a stepping stone to continue their education or training and gain a recognised degree or professional qualification.

To find out more, and to access detailed mapping to Higher Apprenticeship and occupational standards for your qualification, please visit the 'Apprenticeship' pages on HN Global.

### 3.1.1 Employability skills and competencies for student career success

Pearson is committed to delivering learning that is rooted in the real world and to developing work-ready graduates with the professional skills and behaviours that employers need. The Pearson BTEC Higher National curriculum provides a clear line of sight to employment, depending on which specialist areas students complete. The aim is to produce students who are equipped to thrive in the changing world of work, whether they leave with an HNC or an HND qualification.

The table below shows the type of position that a student graduating at each educational level might expect to start in, and some examples of the competencies expected.

Levels of competency			
Employability level at learning level	Level 4 Senior support worker	Level 5 Assistant practitioner	Level 6 Registered professional
<b>General employment outcomes for graduates at each level</b>	Graduates can: <sup>5</sup> <ul style="list-style-type: none"> <li>Assist with delegated therapeutic or clinical tasks and interventions</li> <li>Support, educate and enable individuals with their health and wellbeing</li> <li>Record interventions and progress against defined outcome measures</li> </ul>	Graduates can: <sup>6</sup> <ul style="list-style-type: none"> <li>Act within the limits of own competence and within agreed ways of working, under supervision (direct or indirect) of a registered practitioner</li> <li>Contribute to the on-going holistic assessment of individuals</li> <li>Promote an evidence-based approach to providing health and care services, participating in quality improvement and research activity</li> </ul>	Graduates can: <sup>7</sup> <ul style="list-style-type: none"> <li>Work as autonomous practitioners</li> <li>Collaboratively reach solutions</li> <li>Demonstrate leadership and management qualities</li> <li>Work as part of the interprofessional team that includes service users, their families, carers and other healthcare professionals</li> </ul>

<sup>5</sup> Selection of duties from Senior Healthcare Support Worker occupational standards

<sup>6</sup> Selection of duties from draft Healthcare Assistant Practitioner occupational standards

<sup>7</sup> Selection of duties adapted from pre-registration Allied Health Professional occupational standards

Levels of competency			
Employability level at learning level	Level 4 Senior support worker	Level 5 Assistant practitioner	Level 6 Registered professional
Examples of roles in different areas of business	<ul style="list-style-type: none"> <li>• Senior healthcare support worker</li> <li>• Radiographic assistant</li> <li>• Mental health support worker</li> </ul>	<ul style="list-style-type: none"> <li>• Prehabilitation and rehabilitation assistant practitioner</li> <li>• Clinical imaging assistant practitioner</li> <li>• Community mental health assistant practitioner</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Therapeutic radiographer</li> <li>• Dietician</li> <li>• Operating department practitioner</li> </ul>

### 3.1.2 Developing competencies for the workplace

Core competencies developed on the programme will support students in preparing for a range of employment opportunities in their chosen sector. These core competencies collectively summarise the key capabilities that are important across the sector, covering areas of relevant expertise and technical skills that would be required within the sector to successfully perform a job, as defined in currently advertised job vacancies.

Core competencies are developed on the programme within a balanced framework of cognitive (knowledge-based), affective (behavioural) and psychomotor (practical) learning outcomes to encourage a more vocational and practical approach to learning.

The tables below show how the core competencies developed on the Pearson BTEC Higher Nationals fit typical job descriptions in healthcare. The job description duties used are from jobs advertised at the time this document was published.

<b>Job title: Assistant Practitioner – Stroke</b>	
<b>Selection of duties and responsibilities</b>	<b>Examples of core competencies/learning outcomes gained through the BTEC Higher National Diploma in Healthcare Professions' Support for England</b>
Form professional relationships with clients and communicate condition-related information to them in a way that respects their views, autonomy and culture.	<p>Practice Theme 2: Adoption of positive values and behaviours and a person-centred approach that supports effective care and collaborative relationships with service users, peers and colleagues.</p> <p><i>Unit 3, Learning Outcome 4:</i></p> <p>LO4 Demonstrate the need for person-centred communication in implementing person-centred care.</p> <p><i>Unit 9, Learning Outcomes 1 and 2:</i></p> <p>LO1 Describe a reflective approach to person-centred practice.</p> <p>LO2 Understand the impact of policy and guidance on reflective, person-centred care.</p>
Involve patients and carers in the planning of care/rehabilitation programmes and encourage self-management where appropriate.	<p><i>Unit 34, Learning Outcomes 1, 2, 3 and 4:</i></p> <p>LO1 Summarise the similarities and the differences in the core components and team members in rehabilitation and reablement.</p> <p>LO2 Examine the relationship between delegation and legislation, policy, and codes of conduct for the provision of safe and effective rehabilitation and reablement services.</p> <p>LO3 Evaluate ways to support the learning of yourself and others within rehabilitation and reablement services.</p> <p>LO4 Reflect on solutions to develop sustainable, efficient and effective rehabilitation and reablement services which meet the needs of the local and national population.</p>

<b>Job title: Assistant Practitioner – Stroke</b>	
Communicate and work together with other teams within the provider services, and other providers to ensure optimum patient-centred care.	<p><i>Unit 10, Learning Outcome 3:</i></p> <p>LO3 Review the benefits of planning person-centred care/episodes of care in the workplace.</p> <p><i>Unit 12, Learning Outcome 1:</i></p> <p>LO1 Critically appraise theories and principles of team and individual leadership, mentoring and coaching in the context of healthcare.</p>
To provide written reports and verbal feedback to the team regarding clients' performance/progress in areas of self-maintenance, productivity and leisure.	<p>Units with a written assessment component</p> <p><i>Unit 5, Learning Outcome 2</i></p> <p>LO2 Investigate the impact of health beliefs on wellbeing and illness.</p>
Use tact, motivational negotiating and reassurance skills.	<p><i>Unit 3, Learning Outcome 3</i></p> <p>LO3 Explore the relationship between theoretical models of health education and health behaviour.</p>

<b>Job title: Assistant Practitioner – Physiotherapy</b>	
<b>Selection of duties and responsibilities</b>	<b>Core competencies/learning outcomes gained through the BTEC Higher National Diploma in Healthcare Professions’ Support for England</b>
Make clear decisions with confidence and communicate these effectively.	<i>Unit 10 Planning Care in Practice</i> Content and assessment
Assess, plan, implement and evaluate individualised and holistic care of clients and carers.	<i>Unit 3, Learning Outcome 1</i> LO1 Examine the health, care and support services available to an individual requiring multidisciplinary care.
Have empathy and ability to reassure, advise and support patients appropriately.	<i>Unit 13, Learning Outcome 3</i> LO3 Explore own role in planning end-of-life care and providing support to individuals and their families.
Accountable for own professional reflective practice learning and maintaining level of competence.	<i>Unit 9, all Learning Outcomes</i> LO1 Describe a reflective approach to person-centred practice. LO2 Understand the impact of policy and guidance on reflective, person-centred care. LO3 Demonstrate how own reflection informs team and service development. LO4 Demonstrate how reflective practice can assist in the development of professional skills and behaviours in health and social care.
Treat the client and carers as individuals respecting privacy and dignity at all times.	<i>Unit 2, content related to Practice Theme 5: Promoting physical and mental health and emotional wellbeing in health and social care practice</i>

**Job title: Assistant Practitioner – Physiotherapy**

To work within organisational guidelines, policies and procedures.

*Unit 1, all Learning Outcomes*

- LO1 Explore the legal framework within which health and social care practitioners operate.
- LO2 Describe key legislation and national and organisational policy of fundamental importance to the health, care or support service practitioner.
- LO3 Interpret the law in relation to key ethical and professional Practice Themes in health and social care.
- LO4 Understand the application of law and policy in a health and social care practice setting.

<b>Job title: Assistant Practitioner – District Nursing</b>	
<b>Selection of duties and responsibilities</b>	<b>Core competencies/learning outcomes gained through the BTEC Higher National Diploma in Healthcare Professions' Support for England</b>
Able to recognise changes in a client's condition and take appropriate action	<i>Unit 7, Learning Outcome 4</i> LO4 Contribute to appropriate care interventions based on an individual's physiological measurements which contribute to reducing risks to health.
Actively and positively promote health and wellbeing at all times, providing health promotion advice and support, including smoking cessation.	<i>Unit 5, all Learning Outcomes</i> LO1 Examine the factors influencing health status. LO2 Investigate the impact of health beliefs on wellbeing and illness. LO3 Explore the relationship between theoretical models of health education and health behaviours. LO4 Implement a local health education initiative using a theoretical model of health education.
Communicate effectively, sensitively and compassionately with colleagues, patients and carers, recognising their needs for alternative methods of communication.	<i>Unit 13, Learning Outcome 2</i> LO2 Examine how cultural, religious and social factors influence end-of-life care planning and support.
Participate in various aspects of governance, including surveys and audits as appropriate.	<i>Unit 4, Learning Outcome 2</i> LO2 Examine the processes involved in doing an audit, a quality improvement project and a research project to inform evidence-based practice in health and social care.
Record patient information clearly, concisely and adhering to Trust policy and national standards.	<i>Unit 9, content related to Learning Outcome 2</i> LO2 Understand the impact of policy and guidance on reflective, person-centred care.

**Job title: Assistant Practitioner – District Nursing**

Plan, organise and problem solve own workload, with guidance from the nurse in charge, according to the needs of the service, being flexible to meet changing demands at short notice.

*Unit 10, all Learning Outcomes*

- LO1 Examine the influence of theoretical models and practical methods of assessing planned care in the workplace.
- LO2 Involvement in care plans/plans for an episode of care in the workplace to meet desired outcomes for individuals.
- LO3 Review the benefits of planning person-centred care/episodes of care in the workplace.
- LO4 Reflect upon the impact of the planning of care/episodes of care on practitioners, individuals, family and carers in relation to own practice.

### 3.1.3 Working with professional bodies

During the original development of the Pearson BTEC Higher National in Healthcare Practice, from which these qualifications' units are drawn, we worked closely with the following healthcare professional bodies:

- College of Operating Department Practitioners
- Royal College of Nursing

By aligning to professional body standards and frameworks, the content and assessment supports student development as professional practitioners now and in the future. This adds value for students by offering them access to continuing professional development.

Many healthcare professional bodies offer student membership which is either free or significantly reduced. This enables students working in related areas to access a range of services provided by professional bodies:

- Policy and document libraries
- Communities of practice and special interest groups
- Continuing professional development resources and recording platforms
- Expert advice from officers
- Free or reduced conference and study day attendance
- Local/branch meetings and study days
- Peer reviewed journals, periodicals and newsletters.

Some professional bodies offer membership to education providers or facilitate the education provider purchasing membership for their whole cohort of students.

### 3.1.4 Programme structures that support delivery of Higher Apprenticeships and the associated Occupational Standards

The programme structures set out below cover a combination of both core and optional units which Centres could deliver to meet occupational standards. These units cover the knowledge, skills and behaviours relevant to these occupational standards.

**The structures are only given to meet occupational standards – please refer to *Section 6* for the full programme structures.**

The Pearson BTEC Higher Nationals in Healthcare Professions' Support for England map to the following occupational standards:

### Occupational Level 5 Healthcare Assistant Practitioner

<b>Level 4 units</b>	
Law, Policy and Ethical Practice	
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	
Principles of Health Education	
Effective Healthcare Practice Using Maths	
Applied Anatomy and Physiology	
<b>Level 5 units</b>	
Innovation and Improvement through Participatory Action Research	
Reflective Approaches in Implementing Person-centred Practice	
Planning Care in Practice	
Meeting the Needs of Individuals with Long-term Health Conditions	
Team and Individual Leadership: Mentoring and Coaching Others	
End of Life Care Planning and Support	
<b>Plus one Level 5 optional unit</b>	
Supporting Individuals through Significant Life Events	Managing Quality in Care Environments
Health Psychology	Facilitating Change in Healthcare Environments
Supporting Team and Partnership Working across Health and Social Care Services	Social Policy in Public Health
Holistic Approaches to Health Promotion	Human Resource Management in Healthcare
Pharmacology and Medicine Management	Nursing – Principles and Fundamentals of Practice
Providing Outpatient and Community Care	Psychophysiological Disorders
Global Health and Wellbeing	Project Management for Healthcare
Complementary Therapies in Healthcare Practice	Supporting Operating Department Practice

Working with People Affected by Drug and Alcohol Addiction	Healthcare Practice with Children and Young People
Supporting Practitioners in Maternity Care	Supporting Practitioners in Urgent Care Environments
Supporting Rehabilitation Services	Supporting Orthopaedic Care
Supporting Mental Health Services	

## 4 Centre support

### Support for setting up your course and preparing to teach

You can access a wide range of resources and support to help you deliver our Pearson BTEC Higher Nationals with confidence. You will find a list of resources to support teaching, learning, assessment and professional development on HN Global.

#### 4.1 This document

This specification gives you details of the administration of qualifications and information on the units included.

#### 4.2 HN Global

HN Global is a dedicated online learning platform for all Pearson BTEC Higher National students and delivery centres. You can find various free resources to support staff delivering a Pearson BTEC Higher National programme and to guide students on their learning journey. The global forum connects students and tutors and provides the opportunity to discuss common themes and share good practice. HN Global also provides access to the following:

**The learning zone** includes student study materials such as core textbooks, study skills modules, a 'Progression hub' featuring opportunities to develop employability skills and an e-library and subject materials.

**The tutor resources** section hosts a wealth of delivery materials, reading lists, blended learning resources, video guidance on assessment, and professional development opportunities. Staff can also access the QA Hub for templates and more Centre support.

**Short courses** provide support for curriculum planning, developing schemes of work and developing students' academic skills.

These are available from the HN Global website at [www.highernationals.com](http://www.highernationals.com).

### 4.3 Authorised Assignment Briefs

We provide a booklet of Authorised Assignment Briefs (AABs) for a sample of units. These Authorised Assignment Briefs have been developed to support Centres with their assessment strategy for the delivery of a sample of units, as well as providing guidance and inspiration for effective planning and design of future Assignment Briefs.

They can be used in the following ways:

1. AABs **can be modified and customised** to meet localisation.
2. AABs **can be used by Centres if they meet your specific requirements** following internal verification. They have been written to assess student's knowledge, understanding and skills specifically relevant to the unit learning outcomes but they have not been contextualised to meet local need or international diversity. Centres will still need to select and provide a relevant organisation. If an AAB is used, it should still be internally marked and made available for standards verification.

The AABs offer a range of real and simulated assessment activities; for example, group work to encourage cooperation and social skills, or a solution-focused case study to develop cognitive skills. The assessment grids for each unit explain the specific requirements for assessing these skills.

All assignments must still be moderated in line with the internal verification process.

The tutor resources section on HN Global offers a wide range of resources and guidance documents to help you plan and design assessments effectively. Please see the Authorised Assignment Brief booklet for more information at <https://hnglobal.highernationals.com/>.

### 4.4 Assignment Checking Service

This is a free service for BTEC Centres to make sure that assignments enable students to produce suitable evidence across the required Learning Outcomes.

It is especially useful for programme teams who are relatively new to BTEC and who want to check that their assignments are fully meeting a unit's requirements. Please see <https://qualifications.pearson.com/en/support/Services/assignment-checking-service.html>.

### 4.5 Pearson English

Pearson provides a full range of support for English learning, including diagnostics, qualifications and learning resources. Please see [www.pearson.com/english](http://www.pearson.com/english).

The Pearson English Portal also offers a variety of digital resources. The portal encourages users to get involved, improves teaching and results, and enhances the learning experience.

# 5 Planning your programme

## 5.1 Delivering the Higher Nationals

As a large employer and qualification-awarding organisation, Pearson understands the value of developing the skills and talent of the future workforce. We believe in, and champion, higher technical education that is relevant to employers.

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

Assess your students very carefully to make sure they take the right qualification and the right pathways and optional units. This will allow them to progress to the next stage in their learning or employment journey. You should also check the qualification structures and unit combinations carefully when giving students advice.

Make sure your students have access to a full range of information and advice to help them choose the right qualification and units. When students are recruited, you need to give them accurate information on the title and focus of the qualification they are studying for. Centres must provide a programme specification for approvals but it is also essential that Centres produce:

- a staff handbook to support full- and part-time members of your team, and
- a student handbook to guide students through the course requirements so they know what is expected of them and understand their rights.

You can find more information in the *BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment* available on our website: <https://qualifications.pearson.com/en/qualifications/btec-higher-nationals/about/quality-assurance-process.html>.

### 5.1.1 Centre approval

We need to approve all Centres before they can offer our qualifications. This is to make sure that Centres are ready to assess students and that we can provide the support you need.

For more information about becoming a Centre and gaining approval to run our qualifications, please visit 'UK centre approvals for schools and colleges' on our website: <https://qualifications.pearson.com/en/forms/-uk-centre-approval-for-schools-and-colleges.html>.

### 5.1.2 Tutor knowledge

We do not set any requirements for tutors, but we do recommend that Centres assess the overall skills and knowledge of the teaching team to make sure they are relevant, up-to-date and at the correct level.

### 5.1.3 Resources

As part of your Centre approval, you will need to show that the right resources and workspaces are available to deliver Pearson BTEC Higher Nationals. Some units need specific resources. This is clearly explained in the unit descriptions.

### 5.1.4 Delivering learning

With our approval, you can deliver our Pearson BTEC Higher Nationals using a mixture of learning options that meet your students' needs. We recommend you offer full-time, part-time, blended learning and distance learning.

If you are delivering distance learning, please see the *Pearson Distance Learning Self-Assessment Policy* at <https://qualifications.pearson.com/en/support/support-topics/understanding-our-qualifications/policies-for-centres-learners-and-employees.html>.

### 5.1.5 Support from Pearson

For each programme with active registrations, we will provide an external examiner to help you plan and review assessments. You will also be able to access training events and support from a dedicated team of Pearson Higher National subject leads. Please see: <https://qualifications.pearson.com/en/qualifications/btec-higher-nationals.html>.

## 5.2 Entry requirements and admissions

Pearson does not set formal entry requirements for our qualifications. But as a Centre, you are responsible for making sure that the students you recruit have a reasonable chance of success on the programme.

Students who have recently been in education are likely to need:

- 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, or
- an international equivalent of the above.

Our Recognition of Prior Learning policy means that students' previous learning and experience can be taken into account and they may be awarded certain qualifications or units of a qualification based on that learning or experience. Please see *Section 9* for more information.

### 5.2.1 English language requirements

Pearson's mission is to help people make more of their lives through learning. To assist centres to recruit students who have the skills to benefit from undertaking a Higher National programme of study, we are providing the following clarification regarding the English language **admission requirements** when offering places to applicants whose first language is not English.

**All Centres** delivering Pearson BTEC Higher National qualifications in English must ensure that each applicant can demonstrate their capability to learn and be assessed at the relevant level in English.

Students applying for a Pearson BTEC Higher National qualification that is taught and assessed completely in English will need a certain level of English language skills. Before accepting students onto a programme, you must make sure that those who are non-native English speakers and who have not carried out their final two years of schooling in English can demonstrate ability at a standard equivalent to:

- **Common European Framework of Reference (CEFR) level B2**
- **PTE Academic 51**, or
- **IELTS 5.5** (reading and writing must be at 5.5).

Students who have completed a Pearson BTEC Higher National qualification delivered partly or completely in another language but assessed in English will need to demonstrate ability in English to the standard described above, but at the **end** of the programme.

It is up to you to decide what proof of ability students will need to provide.

**If students are intending to use this qualification to support entry to a pre-registration healthcare education programme**, admission tutors are strongly advised to ensure students understand that the English language entry requirements for pre-registration allied health professional, midwifery and registered nurse programmes are higher than those given above.

### 5.3 Access to study

This section focuses on the administration you will need to carry out when delivering our Pearson BTEC Higher National qualifications. It will be most relevant to quality controllers, programme leaders and examinations officers.

Our qualifications should:

- be available to everyone able to reach the required standards
- be free from any barriers that restrict access and progress, and
- provide equal opportunities for all those who want to access the qualifications.

For more information, please see our Equality, diversity and inclusion policy at <http://qualifications.pearson.com/>.

Please use your integrity when recruiting students to our Pearson BTEC Higher National programmes.

- Make sure that students applying have the information and advice they need about the qualification to be sure it meets their needs.
- Check each student's qualifications and experience to make sure they have the potential to achieve the qualification.
- For students with disabilities and specific needs, consider the support available to the student during teaching, placements and assessment. For more guidance, please see *Section 5.6.2* on reasonable adjustments.

## 5.4 Student registration and entry

All students should be registered on the qualification they are studying, and suitable arrangements need to be made for internal and external verification. For information on making registrations, please see the information manual available in the support section of our website at <https://qualifications.pearson.com/en/support.html>.

Students can be formally assessed only for a qualification on which they are registered. If a student changes the qualification they want to study for (for example, if they decide to choose a different specialist pathway), you must transfer their registration to the new pathway. We cannot sample a student's work unless they are registered on the correct pathway.

## 5.5 Access to assessments

Assessments need to be managed carefully so that all students are treated fairly and that results and certificates are published without delay.

Our equality policy requires that:

- all students have an equal opportunity to access our qualifications and assessments, and
- 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 by law (for example, race, sexuality or religious belief) are not disadvantaged in comparison to students who do not share that characteristic
- all students achieve the recognition they deserve for taking a qualification, and
- this achievement can be compared fairly to the achievement of their peers.

For more information on access arrangements, please visit the Joint Council for Qualifications (JCQ) website at <http://www.jcq.org.uk/>.

## 5.6 Administrative arrangements for internal assessment

### 5.6.1 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 (<https://qualifications.pearson.com/en/support.html>). 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.

### 5.6.2 Reasonable adjustments to assessment

A reasonable adjustment is one that is made before a student takes an assessment, to ensure that they have 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 are available on the support section of our website (<https://qualifications.pearson.com/en/support/support-topics/exams/special-requirements/reasonable-adjustment.html>).

### 5.6.3 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 JCQ Guide to Special Considerations policy, which can be found on the JCQ website: <https://www.jcq.org.uk/>.

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.

#### 5.6.4 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 (<https://qualifications.pearson.com/en/support.html>).

If your Centre is located in England or Wales and the student is still dissatisfied with the final outcome of their appeal they can make a further appeal to the Office of the Independent Adjudicator (OIA) by emailing: [enquiries@oiahe.org.uk](mailto: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](mailto:nipso@nipso.org.uk).

#### 5.7 Dealing with malpractice in assessment

‘Malpractice’ refers to 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.

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 in relation to 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.

### **5.7.1 Learner malpractice**

The Head of the Centre is required to report incidents of suspected learner malpractice that occur during Pearson qualifications. We ask Centres to complete JCQ Form M1 (downloadable from [www.jcq.org.uk/malpractice](http://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](mailto: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.

### **5.7.2 Teacher/Centre malpractice**

The Head of the 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 the Centre is requested to inform the Investigations team by submitting a JCQ Form M2 (downloadable from [www.jcq.org.uk/malpractice](http://www.jcq.org.uk/malpractice)) with supporting documentation to [pqsmalpractice@pearson.com](mailto: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 the 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.

You should be aware that Pearson may need to suspend certification when undertaking investigations, audits and quality assurance processes. You will be notified within a reasonable period of time if this occurs.

### **5.7.3 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 the Centre 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 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 the 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>).

## 6 Programme structure

### 6.1 Units, credits and total qualification time (TQT)

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 an HND student to have achieved at least 90 credits at Level 4 before progressing to Level 5 units. This allows the student to submit the remaining 30 credits at Level 4 while continuing with their Level 5 study.

If an HND student does not complete the full qualification, they may be awarded an HNC if they have gained enough credits.

Pearson BTEC Higher Nationals consist of core units, specialist units and optional units.

- Core and specialist units are mandatory.
- Specialist units provide a specific occupational focus to the qualification in line with professional body standards.
- Optional units provide greater depth and breadth of study and can be localised.

Each unit usually carries 15 credits. Units are designed around the amount of time it will take for a student to complete them and receive a qualification. This is known as the total qualification time (TQT). TQT includes guided learning activities, directed learning activities and assessment. Each 15-credit unit has a TQT of 150 hours – 60 guided learning hours (GLH) and 90 independent learning hours (ILH). (More information about guided and independent learning is provided below.)

- The total qualification time for Higher National Certificate (HNC) = 1,200 hours.
- The total qualification time for Higher National Diploma (HND) = 2,400 hours.

Examples of activities that can contribute to TQT include:

- guided learning
- independent and unsupervised research and learning
- unsupervised creation of a portfolio of work experience
- unsupervised e-learning
- unsupervised e-assessments
- unsupervised coursework
- watching a recorded podcast or webinar, and
- unsupervised work-based learning.

## **Guided learning hours**

These are the hours where a tutor is present to give specific guidance towards the learning aim being studied. Guided learning hours include lectures, tutorials and supervised study in, for example, open learning centres and learning workshops. They also include supervised assessment activities such as invigilated exams, observed assessments and observed work-based practice.

- The total guided learning hours for Higher National Certificate (HNC) = 480 hours.
- The total guided learning hours for Higher National Diploma (HND) = 960 hours.

Some examples of activities that can contribute to guided learning include:

- classroom-based learning supervised by a tutor
- work-based learning supervised by a tutor
- a live webinar or telephone tutorial with a tutor
- live e-learning supervised by a tutor, and
- all forms of assessment guided or supervised at the time by a tutor or other education or training provider. This includes where the assessment is competence-based and turned into a learning opportunity.

## **Independent learning hours**

These are the hours where a student is learning without the direct guidance of a member of Centre staff. They are critical to the student's ability to develop knowledge and skills, as well as providing them with the opportunity to develop key transferrable skills such as self-discipline, time management and self-motivation.

- The total independent learning hours for Higher National Certificate (HNC) = 720 hours.
- The total independent learning hours for Higher National Diploma (HND) = 1,440 hours.

Some examples of activities that can contribute to independent learning include:

- self-directed research and investigation
- reading set texts or other sources of information
- watching subject-related videos as part of investigation and research
- reviewing recordings of scheduled sessions or notes from those sessions
- peer activities, such as group meetings and online discussions, where students explore their learning together, and
- reviewing and recording thoughts on their own learning.

## 6.2 Programme structures

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 required
- the specialist units required
- the optional units available, and
- the maximum credit value in units that can be Centre-commissioned.

When combining units for our Pearson BTEC Higher National qualification, it is up to the Centre to make sure the correct combinations are followed.

### 6.2.1 Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England

- Requires at least 120 credits = seven core units, six with a value of 15 credits and one with a value of 30 credits.
- Total qualification time = 1,200 hours.
- Total guided learning hours = 480 hours.
- All units are at Level 4.

#### Work placement/experience requirements

The total qualification time for the Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England includes a minimum requirement of 225 hours' work placement or experience in healthcare settings. The mandatory elements of work placement/experience are as follows:

Minimum number of placements	Types of setting	Minimum number of hours in each placement
One	Any health or health-related social care setting providing direct healthcare to service users	75

Examples of recommended settings for placement are in *Appendix 3* of this specification.

Students can undertake placements in more than one setting, providing each meets the minimum requirement for types of setting as indicated above.

Students can undertake placements in more than the minimum requirement for 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 Practice Learning, Assessment and Development (PLAD) portfolio that accompanies this specification.

### **Assistant practitioner placement/workplace assessment requirements**

Students on the Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England need to work in a setting where they can be appropriately supervised by a statutorily registered healthcare professional such as a Health and Care Professions Council registered allied health professional or a Nursing and Midwifery Council registered nurse or midwife. Other public voluntarily registered healthcare professionals or those who are suitably qualified and experienced may be suitable supervisors.

Centres should ensure supervision arrangements are appropriate before students enter placements.

<b>Pearson BTEC Level 4 Higher National Certificate in Healthcare Professions' Support for England</b>		<b>Unit credit</b>	<b>Level</b>
Core unit <i>Mandatory</i>	<b>1: Law, Policy and Ethical Practice</b>	15	4
Core unit <i>Mandatory</i>	<b>2: Demonstrating Professional Principles and Values in Health and Social Care Practice</b>	30	4
Core unit <i>Mandatory</i>	<b>3: Supporting the Individual Journey through Integrated Health and Social Care</b>	15	4
Core unit <i>Mandatory</i>	<b>4: Fundamentals of Evidence-based Practice</b>	15	4
Core unit <i>Mandatory</i>	<b>5: Principles of Health Education</b>	15	4
Core unit <i>Mandatory</i>	<b>6: Effective Healthcare Practice Using Maths</b>	15	4
Core unit <i>Mandatory</i>	<b>7: Applied Anatomy and Physiology</b>	15	4
<b>There are no optional units at Level 4.</b>			

**N.B.** No compensation arrangements apply. Students must complete and achieve a Pass in all units.

## 6.2.2 Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support for England

- Requires 240 credits, of which 120 credits are at Level 5 (seven units) and 120 credits are at Level 4 (seven units).
- Total qualification time = 2,400 hours.
- Total guided learning hours = 960 hours.
- Mix of core and one optional unit totalling 240 credits.
- The requirements of the HNC have to be met.

### Work placement/experience requirements

The total qualification time for the Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support 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:

Minimum number of placements	Types of setting	Minimum number of hours in each placement
Two	Any health or health-related social care setting providing direct healthcare to service users	100

Examples of recommended settings for placement are in *Appendix 3* of this specification.

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

Students can undertake placements in more than the minimum requirement for 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 Practice Learning, Assessment and Development (PLAD) portfolio that accompanies this specification.

## Assistant practitioner placement/workplace assessment requirements

Students on the Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support for England need to work in a setting where they can be appropriately supervised by a statutorily registered healthcare professional such as a Health and Care Professions Council registered allied health professional or a Nursing and Midwifery Council registered nurse or midwife. Other public voluntarily registered healthcare professionals or those who are suitably qualified and experienced may be suitable supervisors.

Centres should ensure supervision arrangements are appropriate before students enter placements.

Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support for England		Unit credit	Level
<b>Level 4 units</b>			
Core unit <i>Mandatory</i>	<b>1: Law, Policy and Ethical Practice</b>	15	4
Core unit <i>Mandatory</i>	<b>2: Demonstrating Professional Principles and Values in Health and Social Care Practice</b>	30	4
Core unit <i>Mandatory</i>	<b>3: Supporting the Individual Journey through Integrated Health and Social Care</b>	15	4
Core unit <i>Mandatory</i>	<b>4: Fundamentals of Evidence-based Practice</b>	15	4
Core unit <i>Mandatory</i>	<b>5: Principles of Health Education</b>	15	4
Core unit <i>Mandatory</i>	<b>6: Effective Healthcare Practice Using Maths</b>	15	4
Core unit <i>Mandatory</i>	<b>7: Applied Anatomy and Physiology</b>	15	4
<b>There are no optional units at Level 4.</b>			

Pearson BTEC Level 5 Higher National Diploma in Healthcare Professions' Support for England		Unit credit	Level
<b>Level 5 units</b>			
Core unit <i>Mandatory</i>	<b>8: Innovation and Improvement through Participatory Action Research</b>	30	5
Core unit <i>Mandatory</i>	<b>9: Reflective Approaches in Implementing Person-centred Practice</b>	15	5
Core unit <i>Mandatory</i>	<b>10: Planning Care in Practice</b>	15	5
Core unit <i>Mandatory</i>	<b>11: Meeting the Needs of Individuals with Long-term Health Conditions</b>	15	5
Core unit <i>Mandatory</i>	<b>12: Team and Individual Leadership: Mentoring and Coaching Others</b>	15	5
Core unit <i>Mandatory</i>	<b>13: End of Life Care Planning and Support</b>	15	5
<b>Plus ONE optional unit, which can be selected from the optional units given below.</b>			
<b>Optional units – students MUST have access to relevant, suitable and appropriate workplaces/placements before embarking on these units</b>			
Optional unit	14: Supporting Individuals through Significant Life Events	15	5
Optional unit	15: Managing Quality in Care Environments	15	5
Optional unit	16: Health Psychology	15	5
Optional unit	17: Facilitating Change in Healthcare Environments	15	5
Optional unit	18: Supporting Team and Partnership Working across Health and Social Care Services	15	5
Optional unit	19: Social Policy in Public Health	15	5
Optional unit	20: Holistic Approaches to Health Promotion	15	5
Optional unit	21: Human Resource Management in Healthcare	15	5
Optional unit	22: Pharmacology and Medicine Management	15	5
Optional unit	23: Nursing – Principles and Fundamentals of Practice	15	5
Optional unit	24: Providing Outpatient and Community Care	15	5
Optional unit	25: Psychophysiological Disorders	15	5
Optional unit	26: Global Health and Wellbeing	15	5
Optional unit	27: Project Management for Healthcare	15	5

<b>Optional units – students MUST have access to relevant, suitable and appropriate workplaces/placements before embarking on these units</b>			
Optional unit	28: Complementary Therapies in Healthcare Practice	15	5
Optional unit	29: Supporting Operating Department Practice	15	5
Optional unit	30: Working with People Affected by Drug and Alcohol Addiction	15	5
Optional unit	31: Healthcare Practice with Children and Young People	15	5
Optional unit	32: Supporting Practitioners in Maternity Care	15	5
Optional unit	33: Supporting Practitioners in Urgent Care Environments	15	5
Optional unit	34: Fundamentals of Rehabilitation and Reablement	15	5
Optional unit	35: Supporting Orthopaedic Care	15	5
Optional unit	36: Supporting Mental Health Services	15	5

**N.B.** No compensation arrangements apply. Students must complete and achieve a Pass in all units.

### 6.2.3 Meeting local needs

Due to the limited opportunity for optional units within this qualification, the Meeting Local Needs (MLN) options are not available. Please use our Contact us page at <https://qualifications.pearson.com/contactus> if you would like to discuss meeting local needs within your context.

### 6.2.4 Commissioning new units for Pearson BTEC Higher Nationals

If MLN does not provide enough flexibility in terms of qualification structure, you can ask us to develop new units to meet your needs. You will need to fill in an application form explaining the reasons for your request. You must apply a full year ahead of the year in which you want to deliver the new unit.

If we agree to your application, we will develop the new unit in consultation with you.

We would be pleased to discuss your ideas for commissioning new units. For more information please see the 'Custom Designed Higher Nationals' on our website at <https://qualifications.pearson.com>.

### 6.3 Pearson-set units

Pearson-set units form part of the core units. Each year, Pearson will decide on a theme and (for Level 4) a set of topics related to that theme. At Level 5, students must work with their tutors to define their own topic related to the theme.

It is a formal requirement that you must:

- apply the theme to Level 4 and Level 5 units and select a topic at Level 4, and
- develop an assignment, to be internally assessed, to involve students in work related to the theme.

#### Example

Theme: 'Valuing and promoting diversity, difference and inclusion'.

Level 4 topics

- Inclusive approaches to improving the experience of staff from diverse groups in health and social care services.
- The value of diversity, equity and inclusion in developing effective leadership in health and social care settings.
- Providing person-centred care that embraces diverse, equitable and inclusive approaches.
- Health inequalities: addressing discrimination and disadvantage in health and social care provision and their impact on health outcomes for marginalised groups.

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

These documents can be found on HN Global at

<https://hnglobal.highernationals.com/>.

The Pearson-set unit provides a common framework for Centres to develop work that will allow us to:

- compare information across the sector, and
- identify and share best practice in higher education teaching and learning.

We will share the best practice results with all Centres.

For more information about assessing Pearson-set units, please see *Section 7*.

## 6.4 Unit descriptor example

The unit descriptor is how we define the individual units of study that make up a Higher National qualification. Students will complete the units included in the programme you offer at your Centre.

You can use any of the unit descriptors listed in *Section 11*. We have described each part of the unit as follows.

<b>Unit title</b>	A general statement of what the unit will cover.
<b>Unit code</b>	The Ofqual unit code.
<b>Unit type</b>	There are three unit types (two within this qualification): <ul style="list-style-type: none"><li>• Core (mandatory to all pathways)</li><li>• Specialist (mandatory to specific pathways)</li><li>• Optional (available to most pathways).</li></ul>
<b>Unit level</b>	All our Pearson BTEC Higher National units are at Levels 4 or 5.
<b>Credit value</b>	The credit value relates to the total qualification time (TQT) and unit learning hours (ULH). It is easy to calculate: <ul style="list-style-type: none"><li>• 1 credit = 10 ULH, so</li><li>• 15 credits = 150 ULH.</li></ul> To complete a Higher National Certificate or Diploma, students must achieve all of the credits required.
<b>Introduction</b>	Some general notes on the unit: <ul style="list-style-type: none"><li>• setting the scene</li><li>• stating the purpose, and</li><li>• outlining the topics and skills gained through the unit.</li></ul>
<b>Learning Outcomes</b>	These clearly explain what students will be able to do after completing the unit. There are usually four Learning Outcomes for each unit.
<b>Essential Content</b>	This section covers the content students can expect to study as they work towards achieving their Learning Outcomes.

## **Learning Outcomes and Assessment Criteria**

Tutors can refer to this table when grading assignments. The table connects the unit's Learning Outcomes with the student's work. Assignments can be graded at 'Pass' (P), 'Merit' (M) and 'Distinction' (D) depending on the quality of the student's work.

## **Recommended Resources**

Lists the resources that students should use to support their study for this unit. It includes books, journals and online material. The programme tutor may also suggest resources, particularly for local information.

## **Web resources – referencing**

Some units have web resources as part of their Recommended Resources list. Hyperlinking to these resources directly can cause problems, because their locations and addresses may change. To avoid this problem, students and tutors should reference web resources as follows:

- [1] A link to the main page of the website
- [2] The title of the site
- [3] The section of the website where the resource can be found
- [4] The type of resource it is, for example:
  - research
  - general reference
  - tutorials
  - training
  - e-books
  - report
  - wiki
  - article
  - datasets
  - development tool
  - discussion forum.

## **Examples**

[1] [www.england.nhs.uk](http://www.england.nhs.uk)

[2] NHS

[3] Personalised care > What is personalised care?

[4] (General reference)

# 7 Assessment

Pearson BTEC Higher Nationals are assessed using a combination of:

- Centre-developed internal assignments that are set and assessed by Centres, and
- Pearson-set assignments, which are set by Centres in line with our guidelines and graded by Centres.

Pearson-set units are mandatory and target particular industry-specific skills. The number and value of these units are dependent on qualification size.

- For the HNC, Centres will assess one compulsory Pearson-set unit targeted at particular skills. This is a Level 4 core unit carrying 15 credits.
- For the HND, Centres will assess two compulsory Pearson-set units targeted at particular skills:
  - one Level 4 core unit carrying 15 credits and
  - one Level 5 core unit carrying 15 credits.

All other units are assessed through internal assignments set by the Centre.

## 7.1 Principles of internal assessment

This section summarises the main features of internal assessment and explains how you can offer it effectively. Full details are given in the *BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment*, available on the 'Enhanced quality assurance' section of our website at: <https://qualifications.pearson.com/en/qualifications/btec-higher-nationals/about/quality-assurance-process.html>. All of your assessment team will need to refer to this document.

For Pearson BTEC Higher Nationals, you must meet the expectations of stakeholders and the needs of students by providing a programme that is practical and applied. You can tailor programmes to meet local needs and should use links with local employers and the wider business sector.

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

### 7.1.1 Assessment through assignments

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

Students should receive each assignment as an Assignment Brief with a hand-out date, a completion date and clear requirements for the evidence they must provide. There may also be specific practical activities which the student must complete under tutor observation as part of the assignment. Assignments can be divided into separate parts and may require several forms of evidence. A valid assignment will enable a clear and formal assessment grade based on the assessment criteria.

### **7.1.2 Using unit-based criteria**

You must base your assessment decisions for Pearson BTEC Higher Nationals on the specific criteria we have provided for each unit and grade level. We have based these criteria on a framework to make sure that standards are consistent in the qualification and across the whole range of qualifications. We have developed each unit to assess the student's understanding, practical skills and the vocational qualities necessary for the qualification.

The assessment criteria for a unit are based on a hierarchy. For example, if a Merit criterion requires the student to show 'analysis' and the related Pass criterion requires the student to 'explain', then to gain a Merit the 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.

Assessors must show how they have reached their decisions using the criteria in the assessment records. When a student has completed all the assessments for a unit, the assessment team can give a grade for the unit. This grade is based on the highest level the student is judged to have met for all the criteria.

- To achieve a Pass, a student must have met all the Pass criteria for the Learning Outcomes, demonstrating that they have covered the unit content and achieved Level 4 or 5 of the national framework.
- To achieve a Merit, a student must have met all the Merit criteria (and the Pass criteria) through high performance in each Learning Outcome.
- To achieve a Distinction, a student must have met all the Distinction criteria (and the Pass and Merit criteria), demonstrating outstanding performance across the whole unit.

A Pass cannot be awarded just because the student has completed all the assignments. Students must meet all of the Pass criteria. If they do not, their grade should be reported as 'Unclassified'.

### 7.1.3 The Practice Learning, Assessment and Development (PLAD) portfolio

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 (PLAD) portfolio 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 portfolio is not graded; it forms the basis of decisions regarding the achievement of reflective practice criteria within units.

#### Content of the PLAD portfolio

The PLAD portfolio is a student document. It has been formatted and written to encourage the students to own the document and the evidence of learning it contains. Key elements of the PLAD portfolio are:

1. Induction, preparing and planning for placement
2. Evidence of developing skills and practice
3. Reflection on developing skills and practice
4. Additional evidence of competence (optional)

The PLAD portfolio 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.

### 7.1.4 Effective organisation

You will need an effective team for internal assessment. There are three key roles involved, each with different responsibilities. These roles are listed below.

- The **Programme Leader** is responsible for the programme, its assessment and internal monitoring to meet our requirements. They must register with us each year. They are also responsible for:
  - record keeping
  - liaising with the standards verifier
  - acting as an assessor
  - supporting the rest of the assessment team
  - making sure that the team has the information it needs about our assessment requirements
  - organising training, and
  - using our guidance and support materials.

- **Internal Verifiers** oversee all assessment activity with the Programme Leader. They check that assignments and assessment decisions are valid and meet our requirements. All Internal Verifiers will follow the same standards and procedures as instructed by their Programme Leader. Internal Verifiers are usually also Assessors, but they do not verify their own assessments.
- **Assessors** set assignments or use assignments to assess students to national standards. Before taking any assessment decisions, they are trained by the Programme Leader to all work to the same standards and procedures. They also work with the Programme Leader and Internal Verifiers to make sure assessment is planned and carried out in line with our requirements.

Our External Examiner will sample student work across your Assessors. They will also want to see evidence of how you have verified assignments and assess your decisions.

Full information is provided in the *BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment* available in the 'Enhanced quality assurance' section of our website: <https://qualifications.pearson.com/en/qualifications/btec-higher-nationals/about/quality-assurance-process.html>.

### 7.1.5 Effective organisation

Internal assessment needs to be well organised so that you can track student progress and so that we can make sure your assessments are in line with national standards. It is particularly important that you manage the overall assignment programme and deadlines to make sure that all your students can complete their assignments on time.

When developing an overall plan for delivering and assessing your 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.

We support you in this through:

- assessment and feedback guidance documents available on HN Global, and
- training materials and sample templates for curriculum planning.

Please also see *BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment* available in the 'Enhanced quality assurance' section of our website: <https://qualifications.pearson.com/en/qualifications/btec-higher-nationals/about/quality-assurance-process.html>.

### **7.1.6 Preparing students**

You need to make sure that your students understand their responsibilities for assessment and the Centre's arrangements. From induction onwards, you will want to make sure that students are motivated to work consistently and independently to achieve their qualifications. They need to understand:

- how assignments are used
- the importance of meeting assignment submission deadlines, and
- that all the work submitted for assessment must be their own.

To support them, you should provide a guide that explains:

- how you use assignments for assessment
- how assignments relate to the teaching programme
- how to use and reference source materials, including how to avoid plagiarism, and
- your Centre's approach to assessments – for example, how students must submit assignments, what happens if they submit late work, and how they can request an extended deadline in special circumstances.

## **7.2 Making valid assessment decisions**

### **7.2.1 Authentic student work**

An Assessor must assess only student work that is authentic – in other words, the student's own independent work. Students must sign a declaration for each assessment to confirm that it is their own work. This declaration must confirm that:

- any evidence submitted for the assignment is the student's own, and
- the student understands that if this is not the case, they may face penalties for malpractice.

Assessors must make sure that evidence is authentic by setting valid assignments and supervising students during the assessment period. Assessors must also take care not to provide direct input, instructions or specific feedback that may influence the student's work and final grade.

You can use Pearson templates or your own templates to document authentication.

If your Assessor suspects that a student's evidence is not authentic, they must take action in line with our policies for malpractice. (See *Section 5.7* for more information.)

### **7.2.2 Making assessment decisions using criteria**

Assessors must use our criteria to make assessment decisions. They can judge the evidence from a student using all the relevant criteria at the same time, but they must be satisfied that there is enough detailed evidence for each of the criteria required.

For example, including a concluding section may not be enough evidence to meet the criterion requiring 'evaluation'.

Assessors should use the information and support available to help them reach their decisions. This includes:

- examples of moderated assessed work, and
- their Programme Leader's and assessment team's experience.

### **7.2.3 Dealing with late assignments**

For assessment to be fair, it is important that students are all assessed in the same way and that some students are not given an advantage by having extra time or the opportunity to learn from others. You should develop and publish your own regulations on late assignments and circumstances where you may agree to an extension.

Students must understand your policy on completing assignments by the deadlines you give them. You may agree to extend a deadline for a genuine reason such as illness in line with your Centre policies. (See also *Section 5.6 Administrative arrangements for internal assessment*).

You can apply a penalty to assignments that are submitted late. To do this, you should:

- assess the assignment normally
- apply the penalty or cap to the grade awarded
- tell the student their uncapped grade to recognise the learning they have achieved and provide genuine assessment feedback
- record both the uncapped and capped grades, and
- have both grades verified by a suitable Assessment Board, taking into account any genuine reasons for the assignment being late.

Please also see the *BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment*, which can be found on our website:

<https://qualifications.pearson.com/en/qualifications/btec-higher-nationals/about/quality-assurance-process.html>.

### **7.2.4 Providing assessment decisions and feedback**

Once your assessment team has completed the assessment process for an assignment, they will provide a formal assessment decision. This should be recorded formally and reported to the student. The information given to the student:

- must show the formal decision and how it has been reached, including how assessment criteria have been met
- may show why they have not demonstrated achievement against assessment criteria

- must not provide feedback on how to improve evidence, and
- may provide feedback on how to improve in the future.

### **7.2.5 The opportunity to resubmit an assignment**

If a student's assignment does not pass after the first assessment, they must have the opportunity to resubmit the assignment for reassessment.

- Students can have the assignment reassessed once only.
- If coursework, project- or portfolio-based assignments need to be reassessed, this will usually involve carrying out the original activity again.
- For examinations, reassessment will involve completing a new activity.
- The grade for a reassessed assignment will be capped at a Pass.
- Assignments already graded at a Pass or higher cannot be reassessed.

### **7.2.6 Repeat units**

If a student fails to achieve a pass for a unit following reassessment, your assessment board may agree that they can repeat the unit. In this case:

- the student must pay the unit fee and study the unit again, with full attendance
- the grade for the unit (if successfully completed) will be capped at a pass.

Students can repeat a unit once only.

### **7.2.7 Assessment Boards**

It is a formal Pearson requirement that Centres must have an Assessment Board for all your Pearson BTEC Higher National programmes. The main purpose of an Assessment Board is to make recommendations on:

- the grades achieved by students on the units
- extenuating circumstances
- cases of cheating and plagiarism
- students progressing to the next stage of the programme
- the awards to be made to students, and
- students resubmitting assignments and repeating units.

Assessment Boards may also monitor academic standards. The main board meetings normally take place at the end of the session, but if your Centre operates on a semester system there may be meetings at the end of the first semester. There may also be separate meetings to deal with referrals.

If you do not have an Assessment Board, our External Examiner will discuss this with your quality nominee and Programme Leader. Assessment Board reports and minutes provide valuable evidence of your quality assurance processes.

### 7.3 Planning and record keeping

For internal processes to be effective, your assessment team needs to be well organised and keep effective records. We will work closely with you to make sure you are meeting national standards. This process gives stakeholders confidence in your assessment approach.

Your Programme Leader must have an assessment plan, produced as a spreadsheet. This plan should include:

- the time required to train the assessment team and make sure they are working to the same standards and procedures
- the time available for teaching and carrying out assessments, including when students may complete assessments and when quality assurance will take place
- the completion dates for different assignments
- who is acting as Internal Verifier for each assignment and the date by which the assignment needs to be verified
- a procedure for Internal Verifiers to sample Assessors' decisions that covers all assignments, Assessors and a range of students
- a process to assess and verify students' work so that they receive formal decisions quickly, and
- a system for scheduling resubmissions.

The Programme Leader must also keep records of all assessments carried out. The key records are:

- checking of Assignment Briefs
- student declarations
- Assessor decisions on assignments, with feedback given to students, and
- confirmation of assessment decisions.

Examples of records and more information are available in the *BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment*, available on the 'Enhanced quality assurance' section of our website: <https://qualifications.pearson.com/en/qualifications/btec-higher-nationals/about/quality-assurance-process.html>

## **7.4 Calculating the final qualification grade**

### **7.4.1 Compensation**

Using compensation may lead to learners achieving an aegrotat award.

#### **Compensation for the HNC**

Students who have attempted but not achieved a Pass in one of their Level 4 15-credit units may still be awarded an HNC as long as they have completed and passed the remaining units. However, using compensation may have implications for Higher Technical Qualification funding because the full occupational standard may not have been achieved. Compensation should be used as a last resort.

#### **Compensation for the HND**

Students who have attempted but not achieved a Pass in one of their Level 4 15-credit units and one of their Level 5 15-credit units may still be awarded an HND as long as they have completed and passed the remaining units at both levels as per rules of combination of the required qualification. However, using compensation may have implications for Higher Technical Qualification funding because the full occupational standard may not have been achieved. Compensation should be used as a last resort.

### **7.4.2 Conditions for the award**

#### **Conditions for awarding our HNC**

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

- completed units equivalent to 120 credits at Level 4, and
- achieved at least a Pass in 120 credits at Level 4.

#### **Conditions for awarding our HND**

To achieve our 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 120 credits at Level 5
- completed units equivalent to 120 credits at Level 4, and
- achieved at least a Pass in 120 credits at Level 4.

### 7.4.3 Calculating the overall qualification grade

A student's overall qualification grade is based on their performance in all units. They are awarded a Pass, Merit or Distinction using the points gained through all 120 credits, at Level 4 for the HNC and Level 5 for the HND. The overall qualification grade is calculated in the same way for the HNC and the HND. For HND, the overall qualification grade is based on student performance in Level 5 units only.

Students must have attempted all units in a valid combination for each qualification. The conditions of award and compensation arrangements will apply as explained above. If a student has been granted compensation for a unit attempted but not achieved, that unit will appear as Unclassified (a 'U' grade) on the notification of performance provided with their 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+

## 7.4.4 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								
Core 1	15	4	4	M	90	P	60	P	60	D	120	D	120
Core 2	30	4	4	P	120	P	120	P	120	D	240	M	180
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
Core 7	15	4	6	M	90	M	90	D	120	D	120	D	120
Total	120				600		510		630		870		780
Grade					M		P		M		D		M

The table above is provided as a general example of using unit grades to calculate qualification grades. It does not reflect the specifics of this qualification.

## Pearson BTEC Level 5 Higher National Diploma

	Credits	Level	Grade point	Student 1		Student 2		Student 3		Student 4		Student 5	
				Grade	Unit points								
Core 1	15	4	0	M	0	P	0	P	0	D	0	P	0
Core 2	30	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	M	0	U	0
Core 7	15	4	0	M	0	M	0	D	0	D	0	D	0
Core 8	30	5	6	M	180	M	180	M	180	P	120	D	240
Core 9	15	5	6	M	90	M	90	M	90	P	60	D	120
Core 10	15	5	6	M	90	M	90	D	120	P	60	D	120
Core 11	15	5	6	M	90	P	60	D	120	P	60	D	120
Core 12	15	5	6	M	90	P	60	D	120	M	90	M	90
Core 13	15	5	6	M	90	P	60	M	90	M	90	P	60
Opt 1	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

(Opt = optional unit)

**The table above is provided as a general example of using unit grades to calculate qualification grades. It does not reflect the specifics of this qualification.**

## 8 Quality assurance

The Quality Assurance system for all Pearson BTEC Higher National programmes is linked to Level 4 and Level 5 of the Quality Assurance Agency (QAA) Framework for Higher Education Qualifications (FHEQ). This means that Centres must have effective quality assurance processes to review their programme delivery. It also means that assessment grades must be in line with national standards.

The quality assurance process for Centres offering our Pearson BTEC Higher National programmes has five main features:

- 1 The approval process
- 2 Monitoring internal systems
- 3 Independent review of assessments
- 4 Annual Programme Monitoring Review
- 5 Annual student survey.

### 8.1 The approval process

If you want to deliver our programmes at your Centre, you must apply first through the existing Centre approval process and then through the programme approval process. We can consider your application by:

- carrying out a desk-based review, or
- visiting your Centre.

You will need to provide evidence that your Centre:

- has the human and physical resources needed to deliver and assess the programme effectively
- understands the rules of independent assessment and agrees to follow them
- has a strong internal assessment system supported by 'fit for purpose' assessment documentation, and
- has a system to internally verify assessment decisions so that they are consistent across all Assessors and sites.

Your application must be supported by the Head of Centre (your principal or chief executive). It must include a declaration that you will operate the programmes strictly and in line with our requirements.

If your Centre is already approved and you want to renew approval, you may be able to use our automatic approval process.

We may withdraw qualification or Centre approval if we believe you can no longer quality assure your programme delivery or assessment standards.

### **8.1.2 Centre and qualification approval**

As part of the approval process, your Centre must meet the conditions listed below before offering the qualification.

- You must have suitable physical resources (for example, equipment, IT, learning materials, teaching rooms) to support delivery and assessment of the qualifications.
- You must provide the specific resources required for individual units.
- Staff involved in the assessment process must have relevant skills or experience.
- You must have systems to provide continuing professional development for staff delivering the qualification.
- You must have suitable Health and Safety policies for students and staff using equipment.
- You must deliver the qualification in line with current equality legislation.

In this way, we can provide qualifications that meet the needs and expectations of students worldwide.

## **8.2 Monitoring internal systems**

You will need to demonstrate that you continue to meet our Centre approval criteria over time and across all Higher National programmes. This involves providing evidence to our External Examiners for review.

Our External Examiners will check that:

- your systems and the way you use them remain suitable for supporting the programmes
- you apply student registration and appeals policies consistently, and
- you have effective internal examination and standardisation processes.

In some cases, you may present evidence of your operation within a recognised code of practice such as that of the Quality Assurance Agency for Higher Education. However, we may still want to confirm independently that these arrangements are operating to our standards.

If our examiners identify problems with your internal systems, we will take steps to help you correct them.

### 8.3 Independent review of assessments

The External Examiner will review your internal assessments for all Pearson BTEC Higher National programmes benchmarked to Levels 4 and 5 of the Quality Assurance Agency (QAA) Framework for Higher Education Qualifications. They will either:

- confirm that your internal assessments meet national standards and allow certification, or
- provide actions to improve the quality of your assessments before allowing certification.

### 8.4 Annual Programme Monitoring Review (APMR)

This annual review form gives you the opportunity to analyse and reflect on the most recent teaching year. It also provides us with information to help us improve the quality assurance of the Pearson BTEC Higher National programmes. An overview report is produced to outline the findings of the APMR each year. You can access this at <http://monitoring-report.highernationals.com>.

### 8.5 Annual student survey

Pearson will conduct an annual survey of Pearson BTEC Higher National students. This provides us with a snapshot of every Higher National student's experience as part of the quality assurance process. Each centre with enough students taking part in the survey will get its own report about their results. You can access the report on HN Global at <http://hnglobal.highernationals.com>.

### 8.6 Continuing quality assurance and standards verification

Each year we update our *BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment*, available in the 'Enhanced quality assurance' section of our website at: <https://qualifications.pearson.com/en/qualifications/btec-higher-nationals/about/quality-assurance-process.html>. The handbook contains detailed guidance on the quality processes you should follow.

#### Our key principles of quality assurance

- A Centre delivering Pearson BTEC Higher National programmes must be approved by us and must have our approval for the programmes or groups of programmes it is delivering.
- As part of gaining our approval, the Centre agrees to always follow our terms and conditions for delivering programmes effectively and assessing quality assurance.

- We provide approved Centres with a range of materials and opportunities for reviewing internal materials through our assessment-checking service. This service demonstrates the processes required for effective assessment and provides examples of effective standards. You must use these materials and services to make sure all staff delivering Pearson BTEC Higher National qualifications keep up to date with the guidance on assessment.
- You must follow agreed processes for:
  - making sure Assessors and verifiers all work to the same standards and procedures
  - planning, monitoring and recording assessment processes, and
  - dealing with special circumstances, appeals and malpractice.
- We will work in partnership with you to help you achieve quality-assured assessment.
- We will help you follow best practice and use suitable technology to support quality assurance processes.
- We will try to make sure our quality assurance processes do not create unnecessary administrative work for you.
- We will monitor and support you in achieving effective assessment and quality assurance.

We will do this by:

- making sure that you complete a suitable declaration at the time of approval
- carrying out approval visits to your Centre
- making sure you have a well-trained, effective team of Assessors and verifiers
- sampling and verifying your assessments, assessed student work and other relevant documents, and
- reviewing your strategy for assessing and quality-assuring your BTEC programmes.

As an approved Centre, you must advertise your certification only with our permission and in line with our reporting requirements.

If you do not have and maintain a strong approach to quality assurance, you will not be able to apply for certification for any of Pearson's BTEC Higher National qualifications.

If you do not follow our recommendations for improving your quality assurance, we may withdraw approval for you to deliver our qualifications.

## 8.7 Use of Higher Technical Qualifications (HTQ) quality mark

When delivering the BTEC Higher Nationals in Leadership and Management for England, centres must take care to ensure that they use the HTQ quality mark with due care and attention on promotional material.

The quality mark must be only used by centres in relation to an approved Higher Technical Qualification to demonstrate that the qualification has been:

- approved by the Institute for Apprenticeships and Technical Education (IfATE), and to advertise a specific course leading to a Higher Technical Qualification
- for careers advisory purposes, to explain and promote the Higher Technical Qualifications programme as a whole.

It should only be used to promote approved Higher Technical Qualifications and must not be used in a way that could reasonably be misinterpreted as a wider endorsement of any other qualifications or your centre overall.

For more information about who can use the quality mark, and how it should be used, please refer to The Higher Technical Qualification quality mark Guidelines at:

<https://www.gov.uk/guidance/higher-technical-education-reforms>

## 9 Recognition of prior learning and attainment

Recognising prior learning (RPL) is a way of awarding credit if a student can demonstrate they meet the assessment requirements for a unit through knowledge, understanding or skills they already have. As long as the assessment requirements are met, RPL can be used to accredit a unit, units or a whole qualification.

RPL provides a route for recognising the achievements of continuous learning from a range of activities using any valid assessment procedure. We encourage you to recognise students' previous achievements and experiences at work, at home, in leisure and in the classroom. Evidence of learning must be valid and reliable.

For full guidance on RPL, please see *Recognition of prior learning policy and process* in the policy section of our website at: <https://qualifications.pearson.com/en/support/support-topics/understanding-our-qualifications/policies-for-centres-learners-and-employees.html>.

# 10 Equality and diversity

Equality and fairness are central to our work. The design of these qualifications embeds 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, and
- raising ambitions and supporting achievement for people with different needs and backgrounds.

Creating an inclusive learning environment means anticipating students' varying needs and trying to make sure all students have equal access to educational opportunities. This involves providing access for people who have differing individual needs and removing unnecessary barriers to learning. Qualification design must be inclusive so that students with and without disabilities have equal access to learning opportunities.

Our equality policy requires that:

- all students have an equal opportunity to access our qualifications and assessments, and
- our qualifications are 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 by law (for example, race, sexuality, religious belief) are not disadvantaged in comparison to students who do not share that characteristic
- all students achieve the recognition they deserve for taking a qualification, and
- this achievement can be compared fairly to the achievement of their peers.

Our qualifications should:

- be available to everyone capable of reaching the required standards
- be free from any barriers that restrict access and progress, and
- offer equal opportunities for all those who want to access them.

Please see our *Equality, diversity and inclusion in Pearson qualifications and related services policy* document in the policy section of our website at <https://qualifications.pearson.com/en/support/support-topics/understanding-our-qualifications/policies-for-centres-learners-and-employees.html>.

Please use your integrity when recruiting students to our Pearson BTEC Higher National programmes.

- Make sure they have the information and advice they need about the qualification to be sure it meets their needs.
- Check each student's qualifications and experience to make sure they have the potential to achieve the qualification.
- For students with disabilities and specific needs, consider the support available to them and any other support they may need during teaching and assessment.

Please see our policy documents on students with particular needs.

### **Access to qualifications for students with disabilities or specific needs**

Students can be assessed in a recognised regional sign language.

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 provided in *Supplementary guidance for reasonable adjustment and special consideration in vocational internally assessed units*. See the policy section of our website for both documents:

<https://qualifications.pearson.com/en/support/support-topics/understanding-our-qualifications/policies-for-centres-learners-and-employees.html>.

# 11 Units

# Unit 1: Law, Policy and Ethical Practice

**Unit code** D/618/8524

**Unit type** Core

**Unit level** 4

**Credit value** 15

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## Introduction

All health and social care practitioners need to remain aware of the law and policy that guide and govern the sector. A sound understanding of both law and the policy that implements that law is required to practise in the public or voluntary (or any combined) sector in a proficient, safe and ethical manner.

This unit develops students' understanding of the relevant law and policy. The unit presents opportunities for students to apply relevant law and policy to practice settings to promote ethical working.

The Learning Outcomes in this unit build progressively from core underpinning legal principles and perspectives to national and international law on key topics in 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 knowledge through targeted assignments. Students will consider how legal and ethical frameworks are interpreted and applied to different settings within the different practice areas of the health and social care sector and apply this learning to their own practice.

## **Learning Outcomes**

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

- LO1 Explore the legal framework within which health and social care practitioners operate
- LO2 Describe key legislation and national and organisational policy of fundamental importance to the health, care or support service practitioner
- LO3 Interpret the law in relation to key ethical and professional Practice Themes in health and social care
- LO4 Demonstrate understanding of the application of law and policy in a health and social care practice setting.

## Essential Content

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

The definition of law, including the different levels of law in relation to health and social care practice.

The role of the legislature (parliaments and assemblies), executive (cabinet, government, local authorities and health trusts) and the judiciary (courts and tribunals).

How national policy, professional codes and organisational policy provide an interpretive framework through guidance and regulation.

An introduction to case law and the role of the courts, both civil and criminal.

The concept of liability and the relationship of ethics to law in health and social care.

### LO2 Describe key legislation and 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:*

Key legislation in England, Scotland, Wales and Northern Ireland that covers caring for others, mental health, management of medications, general health and social care and other relevant topics that change from time to time, e.g. the Health and Safety at Work etc. Act 1974; the Care Act 2014; the Mental Health Act 1983; the Mental Capacity Act 2005; the National Health Service Act 2006; the NHS Redress (Wales) Measure 2008; the Mental Health (Wales) Measure 2010; the Health and Care Professions Council's *Guidance on conduct and ethics for students* (2016)

The impact of legislation and national policy on care service provision and the role of the health and social care practitioner and service users

The impact of law on organisational policy.

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

*Interpret the legislation identified in LO2 in relation to three key Practice Themes:*

Health, safety and safeguarding throughout the lifespan

Valuing and promoting diversity, difference and inclusion

Promoting physical and mental health and emotional wellbeing

The link between legal requirements, policy and ethical practice

The role of organisational, professional bodies and codes of professional conduct in ensuring delivery of safe, non-discriminatory and ethical care to service users and clients.

#### LO4 **Demonstrate understanding of the application of law and policy in a health and social care practice setting**

*In relation to a relevant practice setting, consider:*

Regulatory and ethical requirements of the role

The role and limitations of professional practice regulators, e.g. the Health and Care Professions Council (HCPC), the Nursing and Midwifery Council (NMC)

The role and limitations of professional bodies in relation to policy formation, e.g. the Royal College of Nursing, the Royal College of Occupational Therapists, the College of Paramedics

The role and limitations of regulators of service providers, e.g. the Care Quality Commission (CQC), Care Inspectorate Wales (CIW), Healthcare Improvement Scotland (HIS) and the Regulation and Quality Improvement Authority (RQIA)

The impact of a lack of regard for regulatory and ethical requirements e.g. unwarranted variation.

Note: A relevant practice setting can include (but is not limited to):

- A hospital or other inpatient setting (public or private)
- A primary or community care setting
- Nursing or care home (single or dual registered)
- Assisted or supported living services
- Community health, care or support setting, e.g. mental health crisis house, hospice or community learning disability services
- A public health service, e.g. UK Health Security Agency, Office for Health Improvement and Disparities
- Information, advice and support services
- Offender healthcare units
- Charitable end-of-life or health and wellbeing support services.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Explore the legal framework within which health and social care practitioners operate		<b>D1</b> Evaluate the impact of the legal framework on the development of services as delivered within organisational policy.
<b>P1</b> Summarise key features of the key law and policy that impact on health and social care. <b>P2</b> Describe the relationship between ethics and legislation in relation to the work of health and social care practitioners.	<b>M1</b> Analyse the relationship between the law and ethical service delivery.	
<b>LO2</b> Describe key legislation and national and organisational policy of fundamental importance to the health, care or support service practitioner		
<b>P3</b> Describe the relationship between key legislation and national policy of direct relevance to health and social care practice. <b>P4</b> Compare national and organisational policy against national professional standards in terms of their impact on health and social care practice.	<b>M2</b> Analyse ways in which specific tasks in health, care or support service practice meet national professional standards within a legal or policy framework.	

Pass	Merit	Distinction
<p><b>L03</b> Interpret the law in relation to key ethical and professional Practice Themes in health and social care</p>		<p><b>L03 and L04</b></p> <p><b>D2</b> 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 case scenario in a health or care setting.</p>
<p><b>P5</b> Explain how specific laws influence and inform the equitable and fair treatment of others in health, care and support services.</p> <p><b>P6</b> Demonstrate how relevant legislation and policy promote safe practice.</p>	<p><b>M3</b> 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.</p>	
<p><b>L04</b> Demonstrate understanding of the application of law and policy in a health and social care practice setting</p>		
<p><b>P7</b> Describe the relationship between law, policy and ethical requirements in relation to a scenario in a health or care setting.</p> <p><b>P8</b> Explain the impact of relevant law and policy on the outcome of a scenario in a health or care setting.</p>	<p><b>M4</b> Explain in detail how chosen law, policy and ethical considerations might result in different outcomes for a scenario in a health or care setting, taking into account unwarranted variation.</p>	

## Recommended Resources

### Textbooks

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

Herring, J. (2022) *Medical Law and Ethics*. 9th Ed. Oxford: Oxford University Press.

### Websites

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

Department of Health, Northern Ireland  
Government website of national policy, law and practice in Northern Ireland, including links to NI health and social care trusts

(General reference)

<https://www.gov.uk/>

Information about government services and information in England and for non-devolved matters in the UK.

(General reference)

[www.gov.scot](http://www.gov.scot)

Government website of national policy and legislation in Scotland

(General reference)

[www.gov.wales](http://www.gov.wales)

Government website of national policy, law and practice in Wales, including links to NHS Wales

(General reference)

[www.hcpc-uk.org](http://www.hcpc-uk.org)

Health and Social Care Professions Council

UK regulator of 15 allied health professions

(General reference)

“Standards” (including conduct, performance and ethics)

(General reference)

“Professional bodies” (list of and links to)

(General reference)

[www.legislation.gov.uk/](http://www.legislation.gov.uk/)

Legislation

UK-wide government website on legislation, often with explanatory notes  
(General reference)

[www.nmc.org.uk](http://www.nmc.org.uk)

Nursing and Midwifery Council

UK regulator for nurses and midwives  
“The Code” (professional standards of practice and behaviour)

(General reference)

[www.rcn.org.uk](http://www.rcn.org.uk)

Royal College of Nursing

Professional body for nursing and midwifery

(General reference)

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>	LO1–LO4	All assessment criteria
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>	LO1–LO4	P1, P3–P8
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>	LO2–LO4	P4, P7, P8
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	LO3	P5
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	LO3, LO4	P6, P7, P8
<b>THEME 6: NUMERACY IN PRACTICE</b>		

## **Essential requirements**

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## **Delivery**

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

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

**Unit code** H/618/8525

**Unit type** Core

**Unit level** 4

**Credit value** 30

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## **Introduction**

This unit focuses on understanding the concepts of reflective practice to develop personally and professionally. Emphasis is placed on the role reflective practice plays in the understanding of self as a practitioner within the health and social care setting where research and innovation propel change in the interest of enhancing the quality of service and care. Throughout the unit students will be introduced to the purpose and process of reflection. Students will be supported to carry out active, dynamic, action-based, real-time reflection and to develop the necessary skills to self-observe and evaluate their performance effectively.

As well as an introduction to reflective models and theorised perspectives on the process of reflection, a proactive approach to self-development and career progression is encouraged and students will be supported to develop action plans enabling them to refine their practice on an ongoing basis. The importance of continually reviewing their own practice and aligning professional development accordingly will be achieved through the exploration of the benefits it brings to self, service users and the provision of high-quality services and care.

This unit is intended to run alongside other units in this qualification. This provides opportunities for students to reflect frequently on a range of applied subject matter and real-life working practices. This familiarises students with the process of reflection and enhances effectiveness over time, moving its application through and beyond their educational journey. Students will use evidence of their learning and development through the process of reflection to compile a Practice Learning, Assessment and Development (PLAD) portfolio. The portfolio captures evidence of learning and development against a framework of Practice Themes – essential core elements that run throughout this and other units. The unit aims to develop the student's ability to critically reflect on their own values, attitudes, behaviours and

approaches to practice and the daily practice of others. The unit content, activities and learning strategies are designed to build confidence in the student's ability to perform effectively within practice through the recognition of their achievements. They also offer opportunities for students to acknowledge areas for development and gain support in planning and arranging relevant opportunities to address these.

Towards the end of the unit students evaluate their reflective journey and the effectiveness of the PLAD portfolio 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:

- LO1 Explain the importance of reflective practice in supporting ongoing personal and professional development and the adoption of best practice
- LO2 Generate evidence that demonstrates the personal application of Practice Themes across a broad range of work-related activities
- LO3 Demonstrate knowledge and skill development through active, ongoing, critical reflection of learning experiences
- LO4 Analyse the outcomes of their own reflective journey in terms of establishing future development needs and plans for career progression.

## Essential Content

### LO1 Explain the importance of reflective practice in supporting ongoing personal and professional development and the adoption of best practice

*The purpose of reflection in health and social care practice:*

Exploration of the reflective cycle, introducing concepts and models of reflective practice, e.g. Gibbs' reflective cycle (1998); Johns' model for structured reflection (2000); Rolfe's framework for reflective practice (2001); Kolb's experiential learning framework (1984); Schön's reflection in action and reflection on action (1991)

Understanding reflective vocabulary and the ways in which this will assist in thinking and writing reflectively

Understanding self-awareness – appreciating the importance of questioning personal assumptions and beliefs, and exploring personal motivations, feelings and aspects of character and how one's values, attitudes and behaviours impact on others

Understanding the role of reflection in promoting changes in perceptions and behaviour of self and others

Providing insight into the benefits of, and comparisons between, individual and group reflection techniques

Appreciating the merits and challenges of the reflective process and exploring ways to effectively approach and manage the introspective process.

*Benefits of conducting reflective practice for personal and professional development:*

Exploration of reflective practice as mechanism to evaluate current performance and establish future learning needs

Provides effective ways to augment personal success through planning

The role of reflection in developing a highly proficient, collaborative and professional workforce

Recognises the value of reflection in building personal confidence and supporting health and wellbeing

Appreciating the role of reflection in the provision of high-quality service and care that meets the individual and diverse needs of service users

The value of reflection in keeping practitioners up to date, therefore improving safety and leading to the adoption of best practice.

*Tools and techniques to gather evidence to reflect on practice:*

Introduction to the Practice Learning, Assessment and Development (PLAD) portfolio and the variety of structured reflective tools within it

Exploration of methods to gather evidence of reflective learning and development

Exploration of the types of evidence to be generated and collated, including induction records, feedback from practice placement supervisors, supervisor/assessor observations of practice and records of attendance, alongside reflective accounts of learning using own or others' models of reflection, certificates of training and self-initiated continuing professional development (CPD)

Insight into a range of approaches to personal development planning, identifying short-, medium- and long-term targets using a SMARTER (specific, measurable, agreed, realistic, time-bound, ethical, recorded) framework to guide own personal and professional development.

## **LO2 Generate evidence that demonstrates the personal application of Practice Themes across a broad range of work-related activities**

*Theme 1. Law, regulation and ethical practice, evidenced through:*

Demonstration of understanding role and responsibilities in the delivery of high-quality services and care

Using initiative, taking personal responsibility and working independently to the appropriate standard within a defined scope of practice

Identifying the benefits of person-centred care and supporting the wellbeing and individual needs of service users, carers, colleagues and other individuals

Adopting effective communication strategies and a collaborative approach to practice

Promoting best practice and adopting an approach to practice consistent with policies and practices relating to Health and Safety, equality and diversity and quality of care.

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

Exploration of own values, attitudes and behaviours and how they impact on quality of work and performance of self and others

Adoption of positive values, attitudes and behaviours and a person-centred approach that supports effective care and collaborative relationships with service users, peers and colleagues

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

Demonstration of attitudes and behaviours that support personal development of self and others

Exhibiting courage to face challenges in different contexts and adopting a flexible approach to practice and being adaptable to change.

*Theme 3. Health, safety and safeguarding throughout the lifespan, demonstrated through:*

Carrying out roles and responsibilities consistent with Health and Safety legislation

Working effectively to ensure wellbeing of service users, carers, colleagues and other individuals is not compromised

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 equality, diversity, difference and inclusion, evidenced through:*

Fair and equitable treatment of, and response to, individual service users, carers, colleagues and others

Adjusting own working practices, behaviour and approach to meet the needs of individual service users, carers, colleagues and others, as well as the organisation

Actively valuing and promoting the individuality, equality, diversity and inclusion of others to include age, gender identity, 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 required in effectively supporting the individual physical and mental health needs of service users

Establishing good relationships with service users and colleagues, demonstrating empathy and providing emotional support to others

Consistent display of dignity and respect to others and valuing the contributions others make in the delivery of service and care

Management of own emotional wellbeing by learning new things and adopting strategies that enhance own physical and mental health

Involvement in developing and disseminating evidence-based practice, raising awareness of ways other practitioners could enhance the physical and mental health and emotional wellbeing of others.

*Theme 6. Numeracy in practice, demonstrated through:*

Effective use of information technologies and databases as part of day-to-day activities

Gathering, recording and interpreting data from service users or as a result of tests or research interventions

Administering medications or performing a range of tests that involve measurements, calibration or calculation, according to the student's scope of practice and the Centre/placement provider's supervision policy

Interpretation or analysis of numerical data, e.g. interpretation of graphs and charts or identifying statistical trends.

**LO3 Demonstrate knowledge and skill development through active, ongoing, critical reflection of learning experiences**

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

Effective ways to locate and source information about current best practice, legislation, policy and other information to be able to carry out work role effectively

Innovative ways to develop and strengthen analytical and problem-solving skills, and applying these when addressing issues in practice

Gaining knowledge and skills through communicating with others, building ethical relationships and working cooperatively with colleagues, service users and their families and other professionals to be able to reflect on performance and skills

Exploring effective ways to gain an in-depth understanding of roles and responsibilities, best practice and professional behaviour

Understanding the preparation, planning and sensitivity required when arranging to shadow and observe colleagues and the benefits of being proactive in arranging suitable learning experiences

Effective ways to practise self-reflection, critique skills and evaluate competence through journalling, participation in activities, peer reviews, supervisor observations, mentoring and critical friend models.

*Develop and record reflections of working practice:*

The requirements for producing a Practice Learning, Assessment and Development (PLAD) portfolio using the Practice Themes across all areas of working practice

Introduction to the PLAD portfolio, sections and associated forms that help structure reflection, exploring expected level of detail required

Exploration of other innovative tools and techniques that can be used to undertake a deeper level of reflection in a creative way

Establishing ways to remain objective, open-minded and self-critical of abilities and needs

The importance of respecting and protecting confidentiality, privacy and settings data, and anonymising materials presented within the PLAD portfolio

Effective approaches to dealing with and responding to uncertainty and positive and negative feedback

Effective ways to self-manage the process of gathering and recording evidence, organising, and presenting the PLAD portfolio.

#### **LO4 Analyse the outcomes of their own reflective journey in terms of establishing future development needs and plans for career progression**

*Own personal and professional learning and development across the Practice Themes and other units forming part of this qualification:*

Evaluation of the use of the Practice Themes framework in capturing learning and development throughout the course

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

Evaluation of the theoretical models, tools and techniques used and developed for the purpose of reflection and value in supporting own reflective journey

Appraisal of the impact of peer support throughout their learning and development and reflective journey.

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

Presenting a holistic reflective overview of learning and development and the achievement of Learning Outcomes

Appreciating changes within self and extent of personal and professional development since the start of the course by referring to reflective evidence in the PLAD portfolio

Identifying and celebrating areas of success and sharing achievements with others

Identifying areas and reasons for development, acknowledging and acting on future development needs

Exploring the impact of personal development and how it has benefitted service users, colleagues and the organisation

Appreciating the future value of the reflective journey on entering a new career phase

Developing commitment towards continuing professional development (CPD), exploring ways to take advantage of a range of opportunities beyond the course

Identifying potential career options, exploring ways to make informed decisions in relation to own intended professional career pathway.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>L01</b> Explain the importance of reflective practice in supporting ongoing personal and professional development and the adoption of best practice		<b>D1</b> Evaluate how own reflections can impact on personal and professional development of self and the experience of individuals accessing services.
<b>P1</b> Explain the purposes of reflection in health and social care practice.  <b>P2</b> Describe models and tools used for reflection in health and social care practice.	<b>M1</b> Examine ways in which reflective practice is applied in health and social care.	
<b>L02</b> Generate evidence that demonstrates the personal application of Practice Themes across a broad range of work-related activities		<b>D2</b> Assess the effectiveness of the plan in supporting the development of own reflective practice skills.
<b>P3</b> Explain how the Practice Themes can be used to underpin reflection in learning and practice.  <b>P4</b> Illustrate in detail the links between the Practice Themes and other units in the course.	<b>M2</b> Produce a plan for reflecting on own learning and development using the Practice Themes.	

Pass	Merit	Distinction
<p><b>L03</b> Demonstrate knowledge and skill development through active, ongoing, critical reflection of learning experiences</p>		<p><b>L03 and L04</b></p> <p><b>D3</b> Evaluate own holistic professional learning and development through practice.</p>
<p><b>P5</b> Explain methods used to gain evidence of effective reflective practice in own area of work practice.</p> <p><b>P6</b> Produce a portfolio of evidence using the Practice Themes as a framework.</p>	<p><b>M3</b> Analyse own performance and learning using the framework of Practice Themes.</p>	
<p><b>L04</b> Analyse the outcomes of their own reflective journey in terms of establishing future development needs and plans for career progression</p>		
<p><b>P7</b> Review evidence gathered in own portfolio in regard to its contribution to own personal and professional development.</p> <p><b>P8</b> Produce action plan for the development of own professional career pathway.</p>	<p><b>M4</b> Assess own personal learning and development in terms of its contribution to own journey towards a future career pathway.</p>	

## Recommended Resources

### Textbooks

Bassot, B. (2015) *The Reflective Practice Guide: An interdisciplinary approach to critical reflection*. London: Routledge.

Bolton, G. and Delderfield R. (2018) *Reflective Practice: Writing and Professional Development*. 5th Ed. London: Sage Publications.

Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs – Parenting Capacity. Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence*. 2nd Ed. London: The Stationery Office.

Delves-Yates, C. (2021) *Beginner's Guide to Reflective Practice in Nursing*. London: Sage Publications.

Johns, J. (2022) *Becoming a Reflective Practitioner*. 6th Ed. Oxford: Wiley-Blackwell.

Tanguay, E., Hanratty, P. and Martin, B. (2020) *Reflective Writing for Nursing, Health and Social Work*. London: Macmillan Education.

### Websites

[www.bbc.co.uk/news/health](http://www.bbc.co.uk/news/health)

BBC Health News  
(General reference)

[www.healthcareers.nhs.uk](http://www.healthcareers.nhs.uk)

NHS Health Careers  
(General reference)

[www.hcpc-uk.org](http://www.hcpc-uk.org)

Health and Care Professions Council  
"Reflective practice"  
(General reference)

[www.hsj.co.uk](http://www.hsj.co.uk)

Health Service Journal (HSJ)  
(General reference)

[www.nhs.uk](http://www.nhs.uk)

NHS  
(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England  
(General reference)

[www.health.org.uk](http://www.health.org.uk)

The Health Foundation  
(General reference)

## Policy and guidance

Department of Health and Social Care (2021, updated 2023) *Care and support statutory guidance*. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

HM Government (2018) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

NHS England and NHS Improvement (2019) *Safeguarding policy*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/09/safeguarding-policy.pdf>.

NHS England (2022) *Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework*. Available at: <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>.

Royal College of Nursing (2018, updated 2022) *Adult safeguarding: Roles and competencies for health care staff. Intercollegiate document*. Available at: <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>.

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

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)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>	LO1, LO2, LO3, LO4	P3, P4, M2, D2, P6, M3, D3, P7, M4
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>	LO1, LO2, LO3, LO4	P1, P2, P6, P7, P8, M1, M3, M4, D1, D2, D3
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>	LO1, LO2, LO3, LO4	P3, P4, M2, D2, P6, M3, D3, P7, M4
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	LO1, LO2, LO3, LO4	P2, P4, M2, D2, P6, M3, D3, P7, M4
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	LO1, LO2, LO3, LO4	P2, P4, M2, D2, P6, M3, D3, P7, M4
<b>THEME 6: NUMERACY IN PRACTICE</b>	LO2, LO3	P3, P4, M2, P6, M3

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## Delivery

This unit is intended to run alongside other units in this qualification. Tutors should consider structuring it as a long, thin unit running throughout the academic year.

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

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

<b>Unit code</b>	<b>K/618/8526</b>
<b>Unit type</b>	<b>Core</b>
<b>Unit level</b>	<b>4</b>
<b>Credit value</b>	<b>15</b>

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## Introduction

The integration of the health and social care sub-sectors is important because it provides services for the wellbeing of individuals to meet the increasing demands of increasingly complex needs. The focus on personalised care that comes with person-centred care plays an important part in health and social care service delivery and this module will assist students in developing a robust understanding of this. Students working in health will also need to be aware of multidisciplinary approaches to anticipated care that enable an individual with identified needs to move progressively through their journey and experience positive outcomes.

This unit aims to develop students' understanding of an individual's right to be central to the progress of their own care and to develop students' skills in promoting this right when working with individuals. 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 coordinate care with the individual service user and multidisciplinary teams. In addition, students will recognise their own responsibilities in understanding integrated services that support the individual through their pathway of care, considering planned personalised 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.

## **Learning Outcomes**

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

- LO1 Examine the health, care and support services available to an individual requiring multidisciplinary care
- LO2 Assess an individual's capacity to identify their own needs
- LO3 Describe the impact of own relationship with the individual and multidisciplinary teams involved in the delivery of the care pathway
- LO4 Demonstrate the need for person-centred communication in implementing person-centred care.

## Essential Content

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

*How person-centred care and multidisciplinary approaches promote individualised and personalised care:*

The meaning of person-centred and personalised care and models of care

The place and practicalities of individualised and personalised care in a complex healthcare system

Holistic and co-produced care approaches to: personalised care; service delivery; service improvement; co-production of care plans/plans for episodes of care; service users as experts in their own health.

*Differences in service delivery across organisations:*

How different organisations meet different needs of an individual

Health/healthcare service providers (organisations and institutions)

Social care service providers (organisations and institutions)

Support service providers (organisations and institutions)

Integrated care systems and their impact on multidisciplinary care

Systemic reasons for unmet needs, e.g. issues with rural supply and demand, other social and economic determinants – poverty, geography.

*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.

### LO2 **Assess an individual's capacity to identify their own needs**

*Principles of mental capacity and establishing consent:*

Principles of self-directed and service support.

*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 regarding 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 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 that 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 practice can be demonstrated.

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

*Recognising the individual as an equal partner:*

Empowering individuals

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

Ensuring own professional values encompass NHS and independent sector employer values.

*Communication as part of the health and social care partnership:*

Differences between informal and formal communication

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

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.

Pass	Merit	Distinction
<b>LO1</b> Examine the health, care and support services available to an individual requiring multidisciplinary care		<b>D1</b> Evaluate local resources and provision in terms of meeting the needs of an identified individual requiring multidisciplinary care.
<b>P1</b> Outline local resources and provision that support integrated care working.  <b>P2</b> Describe current local unmet need related to health, care and support service provision in own locale.	<b>M1</b> 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.	
<b>LO2</b> Assess an individual's capacity to identify their own needs		<b>D2</b> Evaluate the differences in care assessments across the integrated care pathway.
<b>P3</b> Provide support to an individual in a health, care or support service setting towards the identification of their own care needs.  <b>P4</b> Describe the role of the health, care or support service practitioner in supporting person-centred care.	<b>M2</b> Explain own involvement in the different person-centred assessments used to define an individual's care pathway.	

Pass	Merit	Distinction
<p><b>LO3</b> Describe the impact of own relationship with the individual and multidisciplinary teams involved in the delivery of the care pathway</p>		<p><b>D3</b> 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.</p>
<p><b>P5</b> Provide appropriate leadership within the remit of own role in a health, care or support service to promote effective interprofessional and multidisciplinary team working, within own scope of practice.</p> <p><b>P6</b> Describe the responsibilities of information sharing between multidisciplinary teams.</p>	<p><b>M3</b> Provide competent and autonomous leadership in information sharing within a multidisciplinary team in own setting towards meeting different individuals' care needs, within own scope of practice.</p>	
<p><b>LO4</b> Demonstrate the need for person-centred communication in implementing person-centred care</p>		<p><b>D4</b> Evaluate own role and practice in facilitating and empowering an individual to communicate their changing care needs in health, care and support services.</p>
<p><b>P7</b> Describe different communication methods used to provide appropriate support to different individuals to meet and review their care needs.</p> <p><b>P8</b> Apply appropriate communication strategies in identifying and responding to the needs of different service users in a health, care or support service.</p>	<p><b>M4</b> Demonstrate safe and clinically effective practice within own professional boundaries when communicating with different service users and staff in health, care or support services.</p> <p><b>M5</b> Analyse own capacity for positive and person-centred care when supporting an individual to meet their health or care needs.</p>	

## Recommended Resources

### Textbooks

Boggatz, T. (2020) *Quality of Life and Person-centered Care for Older People*. Cham, Switzerland: Springer Nature.

Cleaver, H., Unell, I. and Aldgate, J (2011) *Children's Needs – Parenting Capacity: Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence*. 2nd Ed. London: The Stationery Office.

Kreitzer, M. J. and Koithan, M. (2018) *Integrative Nursing*. 2nd Ed. New York: Oxford University Press.

McCormack, B., McCance, T., Bulley, C., Brown, D., McMillan, A. and Martin, S. (2021) *Fundamentals of Person-centred Healthcare Practice*. Oxford: Wiley-Blackwell.

### Journals and articles

Byrne, A.L., Baldwin, A. and Harvey, C. (2020) 'Whose centre is it anyway? Defining person-centred care in nursing: An integrative review', *PLOS ONE*, 15(3), e0229923. Available at: <https://doi.org/10.1371/journal.pone.0229923>.

Dukhu, S., Purcell, C. and Bulley, C. (2018) 'Person-centred care in the physiotherapeutic management of long-term conditions: A critical review of components, barriers and facilitators', *International Practice Development Journal*, 8(2). Available at: <https://doi.org/10.19043/ipdj.82.002>.

Santana, M.J., Manalili, K., Jolley, R.J., Zelinsky, S., Quan, H. and Lu, M. (2018) 'How to practice person-centred care: A conceptual framework', *Health Expectations*, 21(2), 429–440. Available at: <https://doi.org/10.1111/hex.12640>.

Sladdin, I., Chaboyer, W. and Ball, L. (2018) 'Patients' perceptions and experiences of patient-centred care in dietetic consultations', *Journal of Human Nutrition and Dietetics*, 31(2), 188–196. Available at: <https://doi.org/10.1111/jhn.12507>.

### Websites

[www.health.org.uk](http://www.health.org.uk)

Health Foundation  
(General reference)

[www.nationalvoices.org.uk](http://www.nationalvoices.org.uk)

National Voices  
(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England  
"Universal personalised care"  
(General reference)

<a href="http://www.healthcareers.nhs.uk">www.healthcareers.nhs.uk</a>	Health Careers “Working in Health” “NHS values” (General reference)
<a href="http://www.personalisedcareinstitute.org.uk">www.personalisedcareinstitute.org.uk</a>	“What is personalised care?” (General reference)
<a href="https://shapingourlives.org.uk/">https://shapingourlives.org.uk/</a>	Shaping Our Lives (General reference)
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Skills for Care (General reference)
<a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a>	Skills for Health (including communication skills) (General reference)
<a href="http://www.scie.org.uk">www.scie.org.uk</a>	Social Care Institute for Excellence “Care Act 2014” (General reference)
<a href="http://www.thinklocalactpersonal.org.uk">www.thinklocalactpersonal.org.uk</a>	Think Local Act Personal (General reference)

## Policy and guidance

Department of Health and Social Care (2021, updated 2023) *Care and support statutory guidance*. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

HM Government (2018) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

NHS England and NHS Improvement (2019) *Safeguarding policy*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/09/safeguarding-policy.pdf>.

NHS England (2022) *Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework*. Available at: <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>.

Royal College of Nursing (2018, updated 2022) *Adult safeguarding: Roles and competencies for health care staff*. Intercollegiate document. Available at: <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>.

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>	LO2, LO3	P4, P6
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>	LO2, LO3, LO4	P3, P4, M2, P5, P6, M3, D3, P7, P8, M4, D4
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>	All Learning Outcomes	M1, D1, P3, P4, M2, P5, P6, M3, D3, P7, P8, M4, M5, D4
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	All Learning Outcomes	P5, P2, M1, D1, P3, P4, M2, P5, P6, M3, D3, P7, P8, M4, D4
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	All Learning Outcomes	M1, D1, P3, P4, M2, P5, P6, M3, D3, P7, P8, M4, M5, D4
<b>THEME 6: NUMERACY IN PRACTICE</b>		

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## Delivery

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 4: Fundamentals of Evidence-based Practice

**Unit code** M/618/8527

**Unit type** Core

**Unit level** 4

**Credit value** 15

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## Introduction

Evidence-based practice is fundamental to delivering sustainable, safe and effective services in health and social care. It involves taking systematic approaches to answer key questions, including undertaking an audit, a quality improvement project or a research project. Developing the evidence base within health and social care is everyone's business and not just for academics or senior practitioners.

Most importantly, the key questions on which to build the evidence base must be informed by the people who access the services, encapsulated in the term 'Nothing about us without us'.<sup>8</sup> Therefore, the principles of co-production must be embedded within the development of the evidence base, regardless of the systematic approach being used.

The aim of this unit is to develop students' knowledge, understanding and application of audit, quality improvement and research – embedding the principles and key features of co-production throughout each process. Students will learn the purpose and the processes involved in undertaking an audit, a quality improvement project and a research project, exploring the concept of co-production at each stage. Students will devise a quality improvement plan on a topic of their choice, aligned to the Practice Themes.

On completion of this unit, and with the feedback from their assessment, students will have a quality improvement project outline that provides opportunities within their employment to actively engage in developing the evidence base to enhance the quality of the service in which they work. Possessing the necessary skills to develop the evidence base will enhance employability within existing roles and provide strong

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<sup>8</sup> Adapted from: Department of Health (2012). *Liberating the NHS: No decision about me, without me – Government response*. London: Department of Health.

foundations to explore further study, including for pre-registration qualifications if desired.

## **Learning Outcomes**

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

- LO1 Explain the purpose of audit, quality improvement and research in informing evidence-based practice in health and social care
- LO2 Examine the processes involved in doing an audit, a quality improvement project and a research project to inform evidence-based practice in health and social care
- LO3 Explore the concept of co-production to underpin quality improvement and research activity in health and social care
- LO4 Develop a quality improvement plan embedding co-production principles.

## Essential Content

### LO1 Explain the purpose of audit, quality improvement and research in informing evidence-based practice in health and social care

#### *Purpose of audit:*

To assess how services are performing against standards; help providers identify areas for improvement for people who access services; ask and answer the question 'What are we doing?'; audit areas – structure of service, processes within services and/or outcome of services; use data to benchmark performance and plan actions for improvement

Local audit processes

Examples of local or regional audits

Audit reports, action plans and review cycles.

#### *Purpose of quality improvement:*

Systematic and coordinated approach; problem-solving together across networks and pathways; deliver sustained improvements in the quality, safety and effectiveness of services to those who access them; provide people with skills and resources to make changes

Examples of local and national quality improvement projects within health and social care

Public and patient involvement in quality improvement projects

Methods used in quality improvement projects.

#### *Purpose of research:*

Patient safety; find out new knowledge; determine efficacy of intervention or approach; develop effective services

Creating the evidence base

Challenging and evolving historical practices

Research priorities driven by people who access services.

**LO2 Examine the processes involved in doing an audit, a quality improvement project and a research project to inform evidence-based practice in health and social care**

*Audit within healthcare settings and workplaces:*

Standards of care for a service or process

Benchmarking service against standards and other providers

Audit cycles and reporting

Outcome measures

Follow-up actions.

*Quality improvement projects within healthcare settings and workplaces:*

Principles of PDSA (Plan, Do, Study, Act) cycles

Iterative change

Collaboration between clinicians and people who access services

Culture change

Processes and systems

Small change, big impact.

*Research projects:*

The research process – working with people who access services, identify problem/question, literature review and critical appraisal tools, research approaches and data collection methods (qualitative, quantitative, mixed methods), data analysis and results, discussion, conclusion

Sharing findings in a range of media and with a range of audiences

Apply findings to own and others' practice.

*Principles of good practice for health and social care quality improvement projects and research:*

Safety of participants and researchers

Competence and capability of researchers

Scientific and ethical conduct: ethical approval; consent and choice; respect for privacy; information about the research; research protocol; benefits and risks for participants, researcher and employer

Active participation from patient/service user/public involvement

Integrity, quality and transparency

Insurance and indemnity

Governance and compliance

Accessible findings.

### **LO3 Explore the concept of co-production to underpin quality improvement and research activity in health and social care**

*Key principles of co-production:*

Work together to prioritise needs of local population

Principles of equity, equality, diversity and inclusion in the co-production of quality improvement and research activity

Relationship-building, power-sharing, everyone is of equal importance, including all perspectives and skills

Treating people with dignity, empathy and reciprocity.

*Key features of co-production:*

Full and equal partnerships at every stage of the quality improvement or research project

Clear ground rules

Ownership, ongoing discussion and dialogue

Finding solutions through shared decision-making

Enhancing authenticity through continuous reflection

Different approaches to work with different groups of people to influence service design, delivery or commissioning of services.

### **LO4 Design a quality improvement plan embedding co-production principles**

*Content of a quality improvement plan:*

Aims and objectives

Background to the project

Scope of project (Plan, Do, Study, Act)

Expected deliverables and timescale

Analysis of risk

Resources and budget considerations

Method/process

Accountability to people who access services, colleagues and employer

Identification of the project team and sponsor

Data and measures

Dependencies (i.e. links between one action and another)

How the work is going to be sustained and shared with other services.

*Co-production principles in quality improvement plans:*

Joint setting of aims and objectives

Reflecting on the process and experiences as an individual and a team

Agreed deliverables

Joint decision-making on practical elements, including risk and budget, methods, data collection, dissemination of findings, future action planning.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>L01</b> Explain the purpose of audit, quality improvement and research in informing evidence-based practice in health and social care		<b>D1</b> Critique the use of audit, quality improvement and research to inform evidence-based practice in health and social care.
<p><b>P1</b> Explain the purposes of the three different processes.</p> <p><b>P2</b> Describe how each process informs evidence-based practice in health and social care.</p>	<p><b>M1</b> Compare the use of audit, quality improvement and research to inform evidence-based practice in health and social care.</p>	
<b>L02</b> Examine the processes involved in doing an audit, a quality improvement project and a research project to inform evidence-based practice in health and social care		<b>D2</b> Critique the use of the components in practice to inform evidence-based practice in health and social care.
<p><b>P3</b> Describe the components within audit, quality improvement and research processes.</p> <p><b>P4</b> Identify examples for the application of the components within audit, quality improvement and research processes in practice.</p>	<p><b>M2</b> Compare the components in audit, quality improvement and research processes.</p> <p><b>M3</b> Justify the use and application of the components to inform evidence-based practice in health and social care.</p>	

Pass	Merit	Distinction
<p><b>L03</b> Explore the concept of co-production to underpin quality improvement and research activity in health and social care</p>		<p><b>D3</b> Provide a critical evaluation, based in the literature, drawing on your own opinions and experiences of co-production within quality improvement and research activity.</p>
<p><b>P5</b> Define the key principles and features of co-production in quality improvement and research.</p> <p><b>P6</b> Discuss the importance of co-production within quality improvement and research activity.</p>	<p><b>M4</b> Analyse the challenges to embedding co-production principles and features in quality improvement and research projects.</p>	
<p><b>L04</b> Design a quality improvement plan embedding co-production principles</p>		<p><b>D4</b> Provide a critical reflection of own experiences designing a quality improvement plan.</p>
<p><b>P7</b> Produce a comprehensive quality improvement plan, related to a specific aspect within own work.</p> <p><b>P8</b> Discuss the importance of co-production principles and key features within own quality improvement plan.</p>	<p><b>M5</b> Propose ways to embed co-production principles and key features within every stage of the quality improvement plan.</p>	

## Recommended Resources

### Textbooks

Beresford, P. (2021) *Participatory Ideology: From Exclusion to Involvement*. Bristol: Bristol University Press.

Charlton, J. (2000) *Nothing About Us Without Us: Disability Oppression and Empowerment*. Berkeley, CA: University of California Press.

Cottrell, S. (2023) *Critical Thinking Skills: Effective Analysis, Argument and Reflection*. 3rd Ed. London: Palgrave Macmillan.

Jolley, J. (2020) *Introducing Research and Evidence-Based Practice for Nursing and Healthcare Professionals*. 3rd Ed. London: Routledge.

Swanwick, T. and Vaux, E. (2020) *ABC of Quality Improvement in Healthcare*. Oxford: Wiley-Blackwell.

### Journals and articles

Backhouse, A. and Ogunlayi, F. (2020) 'Quality improvement into practice', *BMJ*, 368, m865. Available at: <https://doi.org/10.1136/bmj.m865>.

### Websites

<https://bepartofresearch.nihr.ac.uk/>

Be Part of Research: National Institute for Health and Care Research

"What is health and care research?"

(General reference)

<https://casp-uk.net/>

Critical Appraisal Skills Programme

"CASP Checklists"

(General reference)

[www.health.org.uk](http://www.health.org.uk)

Health Foundation

"Quality improvement made simple"

(Report)

[www.learningforinvolvement.org.uk](http://www.learningforinvolvement.org.uk)

Learning for Involvement: National Institute for Health and Care Research

"Co-producing a research project"

(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England

“Plan, Do, Study, Act (PDSA) cycles and the model for improvement”

(Training)

[www.hra.nhs.uk](http://www.hra.nhs.uk)

NHS Health Research Authority

“Planning and improving research: UK Policy Framework for Health and Social Care Research”

(General reference)

[www.strokeaudit.org](http://www.strokeaudit.org)

Sentinel Stroke National Audit Programme

“About SSNAP”

(General reference)

[www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)

Think Local Act Personal

“Projects: Co-production”

(General reference)

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO2, LO3, LO4	P1, P2, P5, P6, P7, P8, M1, M4, M5, D1, D3, D4
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	P5, P6, P7, P8, M4, M5, D3, D4
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN		
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1, LO2, LO3, LO4	P1, P2, P3, P4, M1, M2, M3, D1, D2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING		
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## **Essential requirements**

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## **Delivery**

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 5: Principles of Health Education

**Unit code** T/618/8528

**Unit type** Core

**Unit level** 4

**Credit value** 15

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## Introduction

Health education is a key role of all healthcare practitioners and is aimed to equip others with the knowledge, skills, values and attitudes necessary to promote and maintain health and, ultimately, positively influence health outcomes. In addition, health education is a key focus for the government, underpinned by the significant increase in funding in this area over recent years owing 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. It will develop students' understanding of the factors that impact upon health and explore the methods used to identify health inequalities at a local level. Students will also enhance their understanding of the relationship between health beliefs and illness, enabling them to assess how health beliefs can influence communication between healthcare practitioners and service users. This unit will also provide an opportunity to discuss ways in which barriers to effective communication can be addressed and overcome.

Theoretical models of health education utilised 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 develop an understanding of and be able to apply methods used to evaluate health education initiatives.

## **Learning Outcomes**

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

- LO1 Examine the factors that can influence health status
- LO2 Investigate the impact of health beliefs on wellbeing and illness
- LO3 Explore the relationship between theoretical models of health education and health behaviours
- LO4 Design a local health education initiative for potential implementation using a theoretical model of health education.

## Essential Content

### LO1 Examine the factors that can influence health status

#### *Factors influencing health:*

Socio-economic factors

Sex and gender identity

Culture

Education

Lifestyle

Environmental factors

Biological influence

The impact of ethnicity on health status

Personal beliefs

The role of the legislature (parliaments and assemblies), executive (cabinet, government, local authorities and health trusts) and the judiciary (courts and tribunals).

#### *Barriers to 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 skills used in health education

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 behaviours**

*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 enabling 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, for example, common diseases and conditions, vaccination, safe sex, adherence to medication, smoking, diet, drugs, health screening, alcohol. This is not an exhaustive list and initiatives should be explored that relate to students' placements/workplaces

Health improvement strategies used in different campaigns.

#### **LO4 Design a local health education initiative for potential implementation using a theoretical model of health education**

*Current local demographic data on health status:*

Department of Health and Social Care (regional and local data)

UK Health Security Agency (regional and local data)

Office for Health Improvement and Disparities (regional and local data)

Health Education England (regional and local data)

Office for National Statistics

Local government 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

Information provided by charities and non-governmental organisations (NGOs).

*Planning an initiative, setting objectives and selecting strategies:*

Aims

Objectives/desired outcomes

Available resources

Time frame

Financial implications

SMART targets

Strategies

Health models.

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

Implementing a plan

Resources

Time frame

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

Pass	Merit	Distinction
<b>L01</b> Examine the factors that can influence health status		<b>D1</b> Evaluate how factors can influence the communication strategies used by healthcare practitioners to support individuals to achieve better health.
<b>P1</b> Compare a range of factors that impact on health status. <b>P2</b> Explain potential barriers service users face when accessing healthcare services using examples from own placement/ workplace.	<b>M1</b> Discuss potential measures that can be used to address the barriers service users face when accessing healthcare.	
<b>L02</b> Investigate the impact of health beliefs on wellbeing and illness		<b>D2</b> Evaluate how healthcare professionals can work with service users to overcome the health beliefs of individuals to achieve better health outcomes.
<b>P3</b> Explain the relationship between health beliefs and illness.	<b>M2</b> Analyse how the health beliefs of service users can affect the communication between them and healthcare practitioners.	

Pass	Merit	Distinction
<b>L03</b> Explore the relationship between theoretical models of health education and health behaviours		<b>D3</b> Evaluate the success of a local health education initiative and make recommendations for future health education campaigns.
<b>P4</b> Compare and contrast health education and health promotion and strategies used to effect health improvement.  <b>P5</b> Describe how different theoretical models are reflected in different local health education campaigns.	<b>M3</b> Explain how different models of health education have been used to elicit changes in behaviour using contemporary examples.	
<b>L04</b> Design a local health education initiative for potential implementation using a theoretical model of health education		<b>D4</b> Reflect on the strengths and weaknesses of the design of a local health education initiative and how it could be improved.
<b>P6</b> Justify the need for a health education initiative using current local demographic data and a relevant theoretical model.  <b>P7</b> Produce a detailed plan for a local health education initiative that addresses a current local health issue.	<b>M4</b> Discuss the implementation considerations for a local health education initiative that addresses a current local health issue.	

## Recommended Resources

### Textbooks

Copeman, J. and Woodall, J. (2020) *Practical Health Promotion*. 3rd Ed. Cambridge: Polity Press.

DiClemente, R.J., Salazar, L.F. and Crosby, R.A. (2019) *Health Behavior Theory for Public Health: Principles, Foundations, and Applications*. 2nd Ed. Burlington, MA: Jones and Bartlett Learning.

Cottrell, R., Seabert, D., Spear, C. and McKenzie, J. (2021) *Principles of Health Education and Promotion*. 8th Ed. Burlington, MA: Jones and Bartlett Learning.

Hansen, R. (2019) *Health Education: Theories, Principles and Applications*. New York: Hayle Medical.

Marks, D.F., Murray, M. and Estacio E.V. (2020) *Health Psychology: Theory, Research and Practice*. 6th Ed. London: Sage Publications.

Morrison, V. and Bennett, P. (2022) *Introduction to Health Psychology*. 5th Ed. London: Pearson.

Wills, J. (2022) *Foundations for Health Promotion (Public Health and Health Promotion)*. 5th Ed. London: Elsevier.

Scriven, A. (2017) *Ewles & Simnett's Promoting Health: A Practical Guide*. 7th Ed. London: Elsevier.

Sutton, S., Baum, A. and Johnston, M. (2004) *The SAGE Handbook of Health Psychology*. London: Sage Publications.

## Websites

[www.bps.org.uk](http://www.bps.org.uk)

British Psychological Society

“Publications”

(General reference)

[www.gov.uk](http://www.gov.uk)

UK Government

UK health policies

(General reference)

[www.hcpc-uk.org](http://www.hcpc-uk.org)

Health and Care Professions Council

“Resources”

(General reference)

[www.hee.nhs.uk](http://www.hee.nhs.uk)

Health Education England

“Population health and prevention”

(General reference)

[www.health.org.uk](http://www.health.org.uk)

Health Foundation

(General reference)

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

King’s Fund

“What are health inequalities?”

(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England

“What are health inequalities?”

(General reference)

“The English Indices of Deprivation 2019”

(FAQs)

[www.who.int](http://www.who.int)

World Health Organization

(General reference)

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO2, LO4	M2, M4, D1, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1, LO2, LO3, LO4	P1, P2, P3, P4, M1, M2, M3, D1
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO1, LO2, LO3, LO4	P1, P2, P3, P4, P5, P6, P7, P8, M1, M2, M3, D1, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1, LO2, LO3, LO4	P1, P2, P3, P4, P5, P6, P7, P8, M1, M2, M3, D1, D2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	D2
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## Delivery

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 6: Effective Healthcare Practice Using Maths

**Unit code** A/618/8529

**Unit type** Core

**Unit level** 4

**Credit value** 15

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## 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; for example, 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 including fractions, decimals, ratios, percentages, averages and unit conversions for different purposes, for example, in obtaining and analysing physiological readings, medication administration and management. The scientific rationale for the information and methods used will 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.

## **Learning Outcomes**

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

- LO1 Explain different purposes of mathematical information used in healthcare practice
- LO2 Apply mathematical methods accurately to report on and work to improve individuals' health status
- LO3 Investigate the scientific rationale of the mathematical methods and information used to predict health outcomes
- LO4 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 (BMI)

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 medication 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, e.g. the problems caused by obesity, weak pulse

Cultural issues, e.g. objections to practitioners of a different sex or gender identity

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, spreadsheets

Purposes of repeated observations or measurements

Interpreting diagnostic tools, e.g. 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, e.g. 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:*

BMI, problems with body composition, poor indicator of individual health, use in large populations

Cholesterol levels, high-density lipoprotein (HDL) and low-density lipoprotein (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 owing to the inaccurate application of mathematical methods and/or poor understanding of the scientific rationales:*

Policies ensuring that dosage calculations are double-checked

Procedures to ensure timely use of medicines.

*Legislation designed to prevent the consequences of mistakes owing to the inaccurate application of mathematical methods and/or 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

Pass	Merit	Distinction
<b>LO1</b> Explain different purposes of mathematical information used in healthcare practice		<b>D1</b> Justify the use of ~specific sources to obtain mathematical information for different purposes in healthcare settings.
<p><b>P1</b> Describe different types and sources and purposes of mathematical information used in a healthcare context.</p> <p><b>P2</b> Explain potential challenges faced in obtaining primary data in healthcare settings.</p>	<p><b>M1</b> Explain in detail strategies to address the potential challenges faced in obtaining mathematical data for different purposes in healthcare settings.</p>	
<b>LO2</b> Apply mathematical methods accurately to report on and work to improve individuals' health status		<b>LO2 and LO3</b> <b>D2</b> Critically review the efficacy of own data collection in solving problems and predicting health outcomes for different individuals in healthcare settings.
<p><b>P3</b> Safely monitor different aspects of an individual's health status.</p> <p><b>P4</b> Report on own data collection to healthcare professionals using appropriate tools, formats and communication systems in a healthcare setting.</p>	<p><b>M2</b> Explore barriers affecting own use of mathematical tools, formats and communication systems to solve problems and predict health outcomes.</p>	
<b>LO3</b> Investigate the scientific rationale of the mathematical methods and information used to predict health outcomes		
<p><b>P5</b> Explain the scientific rationale for own data collection in a healthcare context.</p> <p><b>P6</b> Explain the scientific basis of own interpretation of the results of mathematical data collection.</p>	<p><b>M3</b> Analyse the biochemical and physiological significance of data obtained that falls outside normal ranges.</p>	

Pass	Merit	Distinction
<p><b>LO4</b> Assess the implications of the use of mathematical methods and scientific rationales for healthcare practice</p>		<p><b>D3</b> Evaluate the significance of the accurate and appropriate use of mathematical methods and scientific rationales for effective healthcare practice.</p>
<p><b>P7</b> Illustrate the impact of the application of mathematical skills and scientific understanding on the service user in a healthcare context.</p> <p><b>P8</b> Outline the procedures used to reduce the likelihood of mistakes affecting service users.</p>	<p><b>M4</b> Describe the potential consequences for the service user and professionals of applying poor mathematical and scientific understanding to problems in a healthcare context.</p> <p><b>M5</b> Explain in detail the procedures used to reduce the likelihood of mistakes and the benefits for service users.</p>	

## Recommended Resources

### Textbooks

Boyd, C. (2021) *Calculation Skills for Nurses: Student Survival Skills*. 2nd Ed. Oxford: Wiley-Blackwell.

Gatford, J.D. and Phillips, N. (2016) *Nursing Calculations*. 9th Ed. Oxford: Elsevier.

Haylock, D. and Warburton, P. (2013) *Mathematics Explained for Healthcare Practitioners*. London: Sage Publications.

Reid-Searl, K., Dwyer, T., Moxham, L., Reid-Speirs, J. and Richards, A. (2012) *Maths and Medications (Nursing and Health Survival Guides)*. 2nd Ed. 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)*. 3rd Ed. London: Routledge.

Tyreman, C.J. (2013) *How to Master Nursing Calculations: Improve Your Maths and Make Sense of Drug Dosage Charts*. 2nd Ed. London: Kogan Page.

### Websites

[www.bbc.co.uk](http://www.bbc.co.uk)

BBC Teach

“Skillswise”

Maths resources across different levels including guidance and practice assessments

(Training)

[www.nationalnumeracy.org.uk](http://www.nationalnumeracy.org.uk)

National Numeracy

Resources and support to improve maths skills, including subject-specific resources, training and practice assessments

(Training)

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO4	P7, P8, M4, M5, D3
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1, LO2	P2, M1, D1, P4, M2, D2
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO1	D1, P4, M2, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2	P2, M1, D1
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	M4, M5
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO1, LO2, LO3, LO4	P1, P2, P3, P4, P5, P6, P7, P8, M1, M2, M3, M4, M5, D1, D2, D3

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## Delivery

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 7: Applied Anatomy and Physiology

<b>Unit code</b>	<b>M/618/8530</b>
<b>Unit type</b>	<b>Core</b>
<b>Unit level</b>	<b>4</b>
<b>Credit value</b>	<b>15</b>

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## Introduction

The aim of this unit is to provide students with background knowledge and understanding of how the healthy human body works. It will also examine the potential changes that may 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 both individually and collaboratively during both good and ill health. This will be focused on students' work/placement area to ensure relevance. There will be a focus on managing risks to health, for example, infection, dehydration and malnutrition, pressure sores and the importance of early warning systems that 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 the body systems and how these are affected in common long-term conditions and illnesses such as diabetes, heart failure, chronic obstructive pulmonary disease (COPD), cancer 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:

- LO1 Describe the systems within a healthy human
- LO2 Explain the interrelationship of body systems in good and ill health from a physiological perspective
- LO3 Investigate how physiological measurements in the body are affected by ill health
- LO4 Contribute to appropriate care interventions based on an individual's physiological measurements which contribute to reducing risks to health.

## Essential Content

### LO1 Describe the systems within a healthy human

*Microscopic structure and function:*

Human cells, organelles and mitosis

Osmosis and diffusion of cells

Tissue types – epithelial, connective, muscle and nervous.

*Overview of body systems relevant to the student's work/placement area (e.g.):*

Cardiovascular

Respiratory

Gastrointestinal

Urinary

Nervous

Musculoskeletal

Reproductive

Endocrine

Lymphatic and immune

Integumentary.

*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 systems of different forms of ill health, e.g.:

- impact on the heart of chronic heart failure (CHF)
- changes that take place in the lungs of individuals in COPD
- how the pancreas is affected by type 1 diabetes
- types of cancer and its spread, and the impact on body organs and systems
- impact on different body systems of lifestyle, e.g. smoking, diet, drugs, alcohol.

**LO2 Explain the interrelationship of body systems in good and ill health from a physiological perspective**

*Energy metabolism:*

The role of the cardiovascular and lymphatic systems 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 in enabling gas exchange and cell respiration

The role of the digestive system in digestion, absorption of nutrients, energy production and waste excretion.

*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 and chemical receptors

How blood glucose levels and urine output are regulated in the body

The role of the urinary system and how filtration and selective reabsorption takes place in the kidneys

Ill health that affects energy metabolism and homeostasis, e.g. heart failure, stroke, COPD, malnutrition, diabetes, renal failure, cancer, 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 level of consciousness

How shock and haemorrhage may adversely affect normal physiological measurements

How disease and ill health can affect normal physiological functions, e.g. diabetes, COPD, stroke, cancer, CHF

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 that recognise and respond to individuals whose condition is deteriorating, e.g. National Early Warning Score (NEWS)

The importance of accurate recording and reporting of abnormal physiological measurements and assessments

The importance of working within the remit of own knowledge and scope of practice when interpreting physiological measurements and assessments.

**LO4 Contribute to appropriate care interventions based on an individual's physiological measurements which contribute to reducing risks to health**

*Risks to health:*

The role of preventative interventions that 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, for example, developing a pressure sore or falling

Effective measures to prevent and control infection, e.g. signs of infection

Interventions that reduce the risk of breathlessness

Tools that predict and measure severe pain.

*Care interventions:*

How to accurately record and measure fluid input and output for individuals, e.g. drinking, catheterisation

The importance of urinalysis in individuals, for example, with renal failure or diabetes

Providing and enabling an environment where individuals can eat and drink a balanced diet

The role of risk assessment tools that prevent, for example, pressure sores

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 supporting service users to maintain personal hygiene.

Effective person-centred care:

The importance of taking into account the individual's mental and physical wellness or wellbeing when planning interventions, e.g. physical care interventions, diagnosis, treatment or therapeutic interventions

Provide care that reflects values-based and compassionate care

Involve the individual as architect of their own care

Provide inclusive care that takes take into account individual differences, e.g. disability, culture, sex, gender identity, religious beliefs, personal preferences.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Describe the systems within a healthy human		<b>D1</b> Evaluate the role of body systems in homeostasis in a healthy human body.
<p><b>P1</b> Outline the structure of a healthy human cell and its role.</p> <p><b>P2</b> Describe the structure and function of different body systems in the healthy human body.</p>	<b>M1</b> Explain the function of body systems in the healthy human body.	
<b>LO2</b> Explain the interrelationship of body systems in good and ill health from a physiological perspective		<b>D2</b> Discuss the role of body systems in homeostasis in ill health compared with a healthy human body.
<b>P3</b> Explain how body systems interrelate to maintain the health of the individual.	<b>M2</b> Examine how the cardiovascular, respiratory and digestive systems work together to provide energy for the healthy human body.	
<b>LO3</b> Investigate how physiological measurements in the body are affected by ill health		<b>D3</b> Analyse the potential effectiveness of the planned actions suggested when physiological measurements are outside normal limits.
<b>P4</b> Interpret normal and abnormal physiological measurements for an individual with ill health.	<b>M3</b> Plan the appropriate actions to take when physiological measurements are outside normal limits.	
<b>LO4</b> Contribute to appropriate care interventions based on an individual's physiological measurements which contribute to reducing risks to health		<b>D4</b> Reflect on the strengths and weaknesses of the proposed care plan /intervention, the challenges of implementation and how it could be improved.
<p><b>P5</b> Undertake a risk assessment that minimises harm to the health of an individual with ill health.</p> <p><b>P6</b> Produce a person-centred care plan/intervention that discusses interventions that improve an individual's ill health and associated outcomes.</p>	<b>M4</b> Assess the effectiveness of each stage of the proposed care plan/intervention.	

## Recommended Resources

### Textbooks

Blows, W.T. (2018) *The Biological Basis of Clinical Observations*. 3rd Ed. London: Routledge.

Cook, N., Shepherd, A. and Boore, J. (2020) *Essentials of Anatomy and Physiology for Nursing Practice*. 2nd Ed. London: Sage Publications.

Ellis, P., Standing, M. and Roberts, S.B. (2023) *Patient Assessment and Care Planning in Nursing (Transforming Nursing Practice Series)*. 4th Ed. London: Sage Publications/ Learning Matters.

Mahmoud, S.F. (2019) *Patient Assessment in Clinical Pharmacy: A Comprehensive Guide*. Cham, Switzerland: Springer International Publishing.

McCormack, B. and McCance, T. (2016) *Person-Centred Practice in Nursing and Health Care: Theory and Practice*. 2nd Ed. Oxford: Wiley-Blackwell.

Peate, I. and Evans, S. (2020) *Fundamentals of Anatomy and Physiology: For Nursing and Healthcare Students*. 3rd Ed. Oxford: Wiley-Blackwell.

Smith, J. and Roberts, R. (2011) *Vital Signs for Nurses: An Introduction to Clinical Observations*. Oxford: Wiley-Blackwell.

Waught, A. and Grant, A. (2022) *Ross and Wilson Anatomy and Physiology in Health and Illness*. 14th Ed. London: Elsevier.

## Websites

[www.blf.org.uk](http://www.blf.org.uk)

Asthma + Lung UK (formerly British Lung Foundation)

“Support for you: Lung conditions”

(General reference)

[www.bhf.org.uk](http://www.bhf.org.uk)

British Heart Foundation

“Information and support”

(General reference)

[www.britishjournalofnursing.com](http://www.britishjournalofnursing.com)

British Journal of Nursing

(Journal)

<https://valuesbasedpractice.org/>

Collaborating Centre for Values-based Practice in Health and Social Care

(General reference)

[www.dementiauk.org](http://www.dementiauk.org)

Dementia UK

“About dementia”

(General reference)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

Diabetes UK

“Diabetes: the basics”

(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England

“National Early Warning Score”

(Tool)

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Care Excellence

“Calls for standardised model of bedside monitoring”

(News)

[www.stroke.org.uk](http://www.stroke.org.uk)

Stroke Association

“What is a stroke?”

(General reference)

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO4	P5
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	P4, P5, P6, M3, M4, D2
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO3, LO4	P4, P5, P6, M3, M4, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO4	P6, M4, D2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	P4, P5, P6, M3, M4, D2
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO3, LO4	P4, P5, P6 M3, M4, D3, D4

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## Delivery

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 8: Innovation and Improvement through Participatory Action Research

<b>Unit code</b>	<b>T/618/8531</b>
<b>Unit type</b>	<b>Core</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>30</b>

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## Introduction

Research, as part of informing evidence-based practice, is essential to the delivery of sustainable, safe and effective services in health and social care. There are two fundamental components for effective research: first, research topics need to focus on the priorities within the system; second, to identify the priorities, it is necessary to work together to design, conduct and disseminate the research. This is called co-production and involves equitable participation between people who access services, practitioners and researchers.

It can take a long time for research to be implemented in practice. Participatory action research (PAR) is a research approach that seeks to bridge the knowledge–practice gap. Co-production is embedded in the design.

The aim of this unit is to develop students' knowledge, understanding and application of PAR within health and social care. Students will learn the concepts and processes involved in PAR, develop skills in conducting a literature review and develop a PAR proposal. Students will be expected to reflect on their experience of writing the proposal and identify their learning and development needs as future participatory action researchers.

On completion of this unit, and with the feedback from their assessment, students will have a PAR proposal outline that they can implement in practice (once relevant ethical approvals have been obtained where required). This unit provides students with the knowledge and skills to devise co-produced proposals and develop services in health and social care, and enhances employability within existing roles. For students who wish to explore further study, including for pre-registration qualifications, the knowledge and skills provide a strong foundation to build capability in research engagement.

## Learning Outcomes

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

- LO1 Evaluate the processes involved in undertaking a participatory action research project
- LO2 Conduct a review of key literature relating to a specific topic with the aim of innovating or improving an aspect of service delivery in health and social care that can be explored using participatory action research methodology
- LO3 Develop a participatory action research proposal to explore a specific aspect of service delivery in health and social care
- LO4 Reflect on learning and development needs, as a potential future action researcher, across all four Pillars of Practice.<sup>9</sup>

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<sup>9</sup> The Four Pillars of Practice were first defined for allied health professionals in 2000, when they were termed the four core functions. The Four Pillars of Practice now form the foundation of all tiers of healthcare professionals, including those working in nursing and midwifery roles, especially enhanced, advanced and consultant roles. The essence of the pillars is embedded in the education and career frameworks in all countries of the UK, though sometimes termed differently. This includes Health Education England's career framework for those supporting the allied health professions. Department of Health (2000) *Meeting the Challenge: A Strategy for the Allied Health Professions* [Report]. London: Department of Health.  
Health Education England (2021) *Allied Health Professions' Support Worker Competency, Education and Career Framework (Draft for Consultation)*. London: Health Education England.

## Essential Content

### LO1 Evaluate the processes involved in undertaking a participatory action research project

*What is participatory action research?*

Interactive inquiry process

A research methodology with and for people

Involves taking action and doing research at the same time

Practical and collaborative

Informed by theory

Generates new contextual insights

Reflexive – being aware of self and others within the process.

*Concepts in action research:*

Co-production

Reflexivity to understand researcher role and influence within project, including: to manage bias; confidentiality; choice; consent; ethics in action research; trustworthiness; transparency in the processes; contribute to knowledge.

*Processes involved in action research:*

Ethical considerations and approval

Action research spirals or cycles

Working with and for people together to identify a problem

Review possible interventions, including from the literature

Select course of action

Implement action together

Data collection to evaluate action

Reflect on learning

Identify next problem.

*What action research is not:*

Does not allow for generalisability of findings beyond research context

Does not mean results will be consistent in another setting conducted by other people (reliability, validity)

Not a positivist method.

**LO2 Conduct a review of key literature relating to a specific topic with the aim of innovating or improving an aspect of service delivery in health and social care that can be explored using action research methodology**

*Purpose of literature review:*

Establish what is known about a topic from multiple perspectives, including from people who access services

Identify next logical gap to frame research question

Identify similar methods used within research.

*Conducting a literature search using authoritative textbooks, peer-reviewed journals, reports, authoritative websites, policy documents and other sources:*

Primary and secondary citations

Methods used for searching internet, including databases

Search terms and key words

Reading techniques (scanning abstract, skim reading).

*Using Critical Appraisal Skills Programme (CASP) tools to evaluate the quality of an article:*

Critical appraisal of qualitative research, quantitative research, systematic reviews, scoping reviews, randomised controlled trials, clinical controlled trials, single case studies.

*Presenting literature reviews using academic writing and referencing system (within a participatory action research project):*

Reporting search strategies

Paraphrasing versus direct quotes

Accurate referencing within text and in the list at the end to avoid unintentional plagiarism

Articulating the gap in the research that proposal could seek to fill.

**LO3 Develop a participatory action research proposal to explore a specific aspect of service delivery in health and social care**

*Identify a problem:*

Methods for identifying a focused problem impacting on quality and effectiveness of service delivery

Forming suitable research questions based on a problem.

*Review possible interventions, including from the literature:*

Ways to present key findings from literature search

Evaluating the quality of evidence, including strengths and limitations.

*Select course of action:*

Timelines and action planning, based on cycles for the action research project.

*Implement action together:*

Co-production: active participation, equity in participation

Ethical considerations: choice, consent, approvals.

*Data collection to evaluate action:*

Data collection approaches: qualitative, quantitative, within a mixed methods design

Methods for collecting data, e.g. interviews, questionnaires, observations, focus groups, standardised tools versus non-standardised tools.

*Reflect on learning:*

Reflecting on process of writing a research proposal

Reflecting on own skills and performance.

**LO4 Reflect on learning and development needs, as a future action researcher, across all Four Pillars of Practice**

*The Four Pillars of Practice:*

Four pillars: Clinical/Professional Practice; Leadership; Facilitation of Learning; Evidence, Research and Development

Interrelationship between the four pillars.

*Learning and development needs across the Four Pillars of Practice:*

Clinical/professional practice

Leadership skills to act as an action researcher, including working with and for people

Ability to facilitate learning of others

Research skills and knowledge.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>L01</b> Evaluate the processes involved in undertaking an action research project		<b>D1</b> Critically evaluate the application of the concepts and the processes involved in action research.
<b>P1</b> Describe the concepts in action research. <b>P2</b> Explain the processes involved in action research.	<b>M1</b> Examine the relationship between the concepts and processes in action research.	
<b>L02</b> Conduct a review of key literature relating to a specific topic with the aim of innovating or improving an aspect of service delivery in health and social care that can be explored using action research methodology		<b>D2</b> Critically evaluate the literature within the context of health and social care to justify the research question.
<b>P3</b> Construct a literature review section that details the strategies used to select the resources. <b>P4</b> Draw conclusions from the literature to justify the need for the proposed research question.	<b>M2</b> Appraise the literature, including the limitations and the strengths of the selected sources. <b>M3</b> Synthesise the literature to justify the research question.	

Pass	Merit	Distinction
<p><b>L03</b> Develop an action research proposal to explore a specific aspect of service delivery in health and social care</p>		<p><b>D3</b> Provide a critical evaluation of the participatory action research proposal.</p>
<p><b>P5</b> Create a comprehensive participatory action research proposal.</p> <p><b>P6</b> Organise the participatory action research proposal in a clear and logical way.</p>	<p><b>M4</b> Synthesise the information and sections within the action research proposal to provide a detailed and coherent proposal.</p>	
<p><b>L04</b> Reflect on learning and development needs, as a potential future action researcher, across all Four Pillars of Practice</p>		<p><b>D4</b> Critically reflect on learning and development needs, as a future action researcher, across the Four Pillars of Practice.</p> <p><b>D5</b> Construct a plan of action for learning goals, with indicators for successful outcomes.</p>
<p><b>P7</b> Reflect on learning and development needs, as a future action researcher, using each Pillar of Practice as a structure.</p> <p><b>P8</b> Produce a list of actions to identify where to take learning next, using each Pillar of Practice as a structure.</p>	<p><b>M5</b> Synthesise learning and development needs, as a future action researcher, across the Four Pillars of Practice.</p> <p><b>M6</b> Articulate a personal learning plan, with learning goals, based on reflections.</p>	

## Recommended Resources

### Textbooks

Creswell, J. and Plano Clark, V. (2017) *Designing and Conducting Mixed Methods Research*. 3rd Ed. Los Angeles: SAGE Publishing.

Kemmis, S., McTaggart, R. and Nixon, R. (2014) *The Action Research Planner: Doing Critical Participatory Action Research*. Singapore: Springer.

Parkin, P. (2009) *Managing Change in Healthcare: Using Action Research*. London: Sage Publications.

Williamson, G.R. and Whittaker, A. (2020) *Succeeding in Literature Reviews and Research Project Plans for Nursing Students*. 4th Ed. London: Sage Publications.

### Journals and articles

Ivankova, N. (2017) 'Applying mixed methods in community-based participatory action research: A framework for engaging stakeholders with research as a means for promoting patient-centredness', *Journal of Research in Nursing*, 22(40), 282–294. Available at: <https://doi.org/10.1177/17449871176996>.

Koch, T., Mann, S., Kralik, D. and van Loon, A. (2005) 'Look, think and act cycles in participatory action research', *Journal of Research in Nursing*, 10(3), 261–278. Available at: <https://doi.org/10.1177/174498710501000304>.

### Websites

[www.advance-he.ac.uk](http://www.advance-he.ac.uk)

Advance HE

"Action research: practice guide"

(Training)

<https://casp-uk.net/>

Critical Appraisal Skills Programme

"CASP Checklists"

(General reference)

[www.learningforinvolvement.org.uk](http://www.learningforinvolvement.org.uk)

Learning for Involvement: National Institute for Health and Care Research

"Co-producing a research project"

(General Reference)

[www.hra.nhs.uk](http://www.hra.nhs.uk)

NHS Health Research Authority

"UK Policy Framework for Health and Social Care Research"

(General reference)

[www.rcot.co.uk](http://www.rcot.co.uk)

Royal College of Occupational Therapists

“Career Development Framework:  
Guiding principles for occupational  
therapy”

(Training)

[www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)

Think Local Act Personal

“Projects: Co-production”

(General reference)

## Links

This unit links to the other core units within this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>	LO1, LO3 LO4	P1, P2, P5, P6, P7, P8, M1, M4, M5, M6, D1, D3, D4, D5
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>	LO1, LO2, LO3, LO4	P1, P2, P3, P4, P5, P6, P7, P8, M1, M2, M3, M4, M5, M6, D1, D2, D3, D4, D5
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>		
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	LO1, LO2, LO3, LO4	P1, P2, P3, P4, P5, P6, P7, P8, M1, M2, M3, M4, M5, M6, D1, D2, D3, D4, D5
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	LO4	P7, P8, M5, M6, D4, D5
<b>THEME 6: NUMERACY IN PRACTICE</b>		

## **Essential requirements**

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## **Delivery**

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 9: Reflective Approaches in Implementing Person-centred Practice

**Unit code** A/618/8532

**Unit type** Core

**Unit level** 5

**Credit value** 15

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## Introduction

Reflective practice is used throughout the health and social care professions as a means of improving skills, reviewing how situations were managed and identifying areas in need of further development. This promotes the use of best practice and a more professional approach to the users of services. 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. It requires students to bring together classroom and previous real-world knowledge from across their programme, demonstrating their professional development using reflective approaches.

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 and the legal and ethical framework under which practitioners operate, and to further develop the skills required to develop as reflective healthcare practitioners throughout their learning and their career in the health and social care sector.

## **Learning Outcomes**

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

- LO1 Describe a reflective approach to person-centred practice
- LO2 Understand the impact of policy and guidance on reflective, person-centred care
- LO3 Demonstrate how own reflection informs team and service development
- LO4 Demonstrate how reflective practice can assist in the development of professional skills and behaviours in health and social care.

## Essential Content

### LO1 Describe a reflective approach to person-centred practice

*Person-centred approach:*

Meaning and value of holistic person-centred practice

Law, regulation and ethical practice

Professional values, attitudes and behaviours

Health, safety and safeguarding throughout the lifespan

Valuing and promoting diversity, difference and inclusion

Supporting individuals to make independent, informed choices about the services and care they receive

Models of reflection, including some of the following commonly used models: Gibbs' reflective cycle (1988); Kolb's reflective cycle (1984); Schön's model (1991); Driscoll's model (1994); Rolfe's framework for reflexive learning (2001); Johns' model for structured reflection (2006)

The impact of reflective practice on person-centred care.

### LO2 Understand the impact of policy and guidance on reflective, person-centred care

*Review current policy and guidance that impact on the person-centred care given to individuals receiving care from health, care and support services:*

Safeguarding and how this interacts with person-centred care

Equality, diversity and non-discriminatory practice in care

Data protection and confidentiality and how this impacts on person-centred care.

*Using reflective practice to enhance person-centred care:*

Using patient-centred feedback in reflective practice

Ensuring practice reflections include the service user.

### LO3 **Demonstrate how own reflection informs team and service development**

*Own contribution to the collective effectiveness of teams:*

Supporting other team members to maintain reflective person-centred practice

Meeting objectives

Formal and informal roles within organisational structures and systems

Mentoring and coaching others

Using reflective learning to gain a deeper, objective insight into levels of performance in comparison with the levels expected

Integrate the Practice Themes into a framework for reflective learning.

*Supporting others' practice through reflection:*

Identifying how good practice can be shared through reflective approaches.

*Feedback for learning:*

Using reflective models to frame constructive feedback

Using feedback from others in own reflective practice.

### LO4 **Demonstrate how reflective practice can assist in the development of professional skills and behaviours in health and social care**

*Using a model of reflection, review 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 acting in regard to, own health and wellbeing.

*Own contribution:*

Practice requirements in the workplace: skills; knowledge; understanding specific to role; communicating information effectively and sensitively

Reflect on impact of own behaviours, knowledge and skills on others in practice, including service users

Discuss how reflective practice interacts with the process of service improvement, e.g. systematic barriers to good practice identified through reflective reviews.

*Planning for own development:*

Constructing short-, medium- and long-term plans for development based on reflective practice

The role of continuing professional development (CPD) in maintaining standards of care

Through reflection, identifying the impact of personal issues on service provision.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>L01</b> Describe a reflective approach to person-centred practice		<b>D1</b> Evaluate how challenges experienced in a health or social care setting can affect the approach to effective person-centred practice.
<p><b>P1</b> Describe how reflection can inform person-centred practice in a health or social care service.</p> <p><b>P2</b> Discuss how to adopt a reflective person-centred approach when working with individuals requiring support (service users).</p>	<p><b>M1</b> Review the barriers to applying reflective person-centred care in a health or social care setting.</p>	
<b>L02</b> Understand the impact of policy and guidance on reflective, person-centred care		<b>D2</b> Critically evaluate the effectiveness of specific policy, legislation or regulation in a health or care setting in relation to the provision of effective reflective person-centred care.
<p><b>P3</b> Discuss how legislation and policy impact on the provision of reflective person-centred care in a health or care setting.</p> <p><b>P4</b> Suggest appropriate solutions to different problems that may occur when implementing specific regulations and policies in a health or care setting.</p>	<p><b>M2</b> Assess the challenges in interpreting different legislation in relation to the planning and provision of reflective person-centred care in a health or care setting.</p>	

Pass	Merit	Distinction
<b>LO3</b> Demonstrate how own reflection informs team and service development		
<b>P5</b> Reflect (using a model) on team and service performance in the delivery of person-centred care.	<p><b>M3</b> Through reflection, assess team and service effectiveness in delivering person-centred care as part of a team.</p> <p><b>M4</b> Develop a practically focused action plan, based on reflection, to improve professional behaviours within a team.</p>	
<b>LO4</b> Demonstrate how reflective practice can assist in the development of professional skills and behaviours in health and social care		
<p><b>P6</b> Reflect on own person-centred care practice using a reflective model.</p> <p><b>P7</b> Construct a plan with short-, medium- and long-term actions to improve own practice and skills in providing person-centred care.</p>	<b>M5</b> Monitor own implementation of action plan, making suggestions for further improvement.	

## Recommended Resources

### Textbooks

Bolton, G. and Delderfield, R. (2018) *Reflective Practice: Writing and Professional Development*. 5th Ed. London: Sage Publications.

Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs – Parenting Capacity: Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence*. 2nd Ed. London: The Stationery Office.

Howatson-Jones, L. (2016) *Reflective Practice in Nursing*. 3rd Ed. London: Sage Publications.

Redmond, B. (2006) *Reflection in Action: Developing Reflective Practice in Health and Social Services*. London: Routledge.

Rezek, C. (2015) *Mindfulness for Carers: How to Manage the Demands of Caregiving While Finding a Place for Yourself*. London: Jessica Kingsley Publishers.

Ghaye, T. and Lillyman, S. (2010) *Reflection: Principles and Practices for Healthcare Professionals*. 2nd Ed. London: MA Healthcare.

Traynor, M. (2017) *Critical Resilience for Nurses: An Evidence-Based Guide to Survival and Change in the Modern NHS*. Oxford: Routledge.

### Websites

[www.hcpc-uk.org](http://www.hcpc-uk.org)

Health and Care Professions Council

“Benefits of becoming a reflective practitioner: A joint statement of support from chief executives of statutory regulators of health and care professionals”

(General reference)

<https://nshcs.hee.nhs.uk/>

National School of Healthcare Science

“Reflective practice for the IACC”

(Training)

[www.sor.org](http://www.sor.org)

Society of Radiographers

“Principles for continuing professional development and lifelong learning in health and social care”

(General reference)

## Journals and articles

Koshy, K., Limb, C., Gundogan, B., Whitehurst, K. and Jafree, D.J. (2017) 'Reflective practice in health care and how to reflect effectively', *International Journal of Surgery: Oncology*, 2(6), e20. Available at: <https://doi.org/10.1097/IJ9.000000000000020>.

## Policy and guidance

Department of Health and Social Care (2021, updated 2023) *Care and support statutory guidance*. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

HM Government (2018) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

NHS England and NHS Improvement (2019) *Safeguarding policy*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/09/safeguarding-policy.pdf>.

NHS England (2022) *Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework*. Available at: <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>.

Royal College of Nursing (2018, updated 2022) *Adult safeguarding: Roles and competencies for health care staff. Intercollegiate document*. Available at: <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>.

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, P4, M3, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1–LO4	All assessment criteria
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO1–LO4	All assessment criteria
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1–LO4	All assessment criteria
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1–LO4	All assessment criteria
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## Delivery

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 10: Planning Care in Practice

**Unit code** F/618/8533

**Unit type** Core

**Unit level** 5

**Credit value** 15

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## Introduction

Quality healthcare depends on clear and structured planning for all episodes of care that will ensure effective interactions, interventions and treatment. The healthcare professional will promote a person-centred approach by working in partnership with individuals and other professionals to assess positive outcomes from an episode of care. This unit will enable students to become familiar with care planning processes in their practice, however short or long the interaction and whatever type of care may be required. For example, many allied health professionals (AHPs) will not be involved in the long-term care of patients but they will need to plan for episodes of care during, for example, diagnostic tests, follow-up monitoring of progress and delivery of treatment.

Students will examine current models and methods of assessment, and approaches designed to develop effective care strategies and to promote review of practice based on theoretical perspectives. Through this unit students will explore person-centred care and the necessary planning they will need to undertake as part of their role in practice, underpinned by contemporary policy relating to the quality of provision in health and care services. They will develop the skills to implement appropriate approaches that are aimed at empowering people who use health and care services to make informed decisions and access relevant services when needed. This unit will provide the student with skills in managing and delivering care in their workplace and applying appropriate responses when needed. They will be able to develop skills in using assessment tools (if and when appropriate) and measuring outcomes. This will enable the student to apply skills either in practice or to future healthcare courses.

## **Learning Outcomes**

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

- LO1 Examine the influence of theoretical models and practical methods of assessing planned care/episodes of care in the workplace
- LO2 Demonstrate involvement in care plans/plans for an episode of care in the workplace to meet desired outcomes for individuals
- LO3 Review the benefits of planning person-centred care/episodes of care in the workplace
- LO4 Reflect upon the impact of the planning of care/episodes of care on practitioners, individuals, family and carers in relation to own practice.

## Essential Content

### LO1 Examine the influence of theoretical models and practical methods of assessing planned care/episodes of care in the workplace

*Theoretical perspectives:*

Social care theory

Behavioural theory

Psychodynamic approaches

Solutions-focused and task-focused perspectives

Theories of change

Systems approach.

*An awareness of the relevant applicable principles of legislative and regulatory frameworks and guidance 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 2022 (revised)

Referral, care and protection of individuals with additional mental health considerations, e.g. Mental Health Act 2007 (reviewed 2017) and Mental Capacity Act 2005 (amended 2019)

Promoting equality and diversity and the cultural implications for care and effective communication, e.g. Equality Act 2010

Data protection, e.g. Data Protection Act 2018 and related UK General Data Protection Regulation

*NHS England response to the specific duties of the Equality Act: Equality information relating to public facing functions (2016)*

*Department of Health and Social Care equality objectives: 2019 to 2023 (2019)*

*Health Education England's Diversity and Inclusion: Our Strategic Framework 2018–2022 (2018).*

*Models and methods of assessment relevant to workplace, including:*

The nursing process – assessment, planning, implementation, evaluation (APIE)

ASPIRE – assessment, systematic nursing diagnosis, planning, implementation, recheck, evaluation (Barrett et al., 2012)

Medical and social models of assessment

*Have you 'paused and checked'? Radiotherapy treatment* (Society and College of Radiographers, 2020)

*Have you 'paused and checked'? IR(ME)R* (Society and College of Radiographers, 2020)

*Integrated care models: An overview* (World Health Organization, 2016)

*Shared decision making*. National Institute for Health and Care Excellence guideline NG197 (2021).

*Planning of care/episodes of care and the core care principles:*

Fundamentals of planning care, e.g. evidence-based approaches, respect, training, care and compassion, environment, information-sharing, involvement of service users, sensitivity to diverse needs, accessibility, agreed actions.

*Types of assessment in health and care settings relevant to workplace:*

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
- other forms of assessment required when planning specific episodes of care.

## LO2 **Demonstrate involvement in care plans/plans for an episode of care in the workplace to meet desired outcomes for individuals**

*Preparing for episodes of care:*

Using clinical information to plan care, taking into consideration the service user's specific needs

Consider any adaptations that may be needed to undertake high-quality care

Identify any contingencies, support or resources that can be used in the case of challenges

Understanding and applying the relevant legislation, policies and guidance to the episode of care.

*Roles and responsibilities relevant to workplace:*

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

Multidisciplinary working.

*Person-centred care:*

Person-centred approaches that are seamless and proactive

Supporting independence

Promoting quality of life, e.g. the ability to contribute fully to communities, tailored to the religious, cultural and ethnic needs of individuals

Promoting value-driven practice based on inclusiveness, respect and dignity

Personal care

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

Values-based care.

*Outcomes-based assessment in planning of care/episodes of care:*

Consideration of who the desired outcome is for, e.g. patient, healthcare professional, relative/carer, surgeon

The impact of values, beliefs and attitudes on care planning

Involving the service user as a patient expert

Multidisciplinary team, e.g. oncologist, radiologist, haematologist, endocrinologist, advanced and consultant practitioners, advanced clinical practitioners, registered nurses, midwives, allied health professionals, physician's associates

Personalised care

Strengths-based approach

Record-keeping

Data collection

Assessment tools.

*Types of intervention reflected in plans for care/episodes of care relevant to workplace:*

Medical interventions

Social care interventions

Therapeutic interventions

Multidisciplinary approaches

Providing personal care.

*Communicating with the service user throughout the care process:*

Pre-care considerations, e.g. introductions, building a rapport, gaining consent, offering instructions and assistance if needed, discussing whether the service user has any specific support needs to be taken into consideration, adapting the environment as necessary, involving friends and family as appropriate

Communicating during the care episode, e.g. maintaining open lines of communication and ongoing service user cooperation, checking if adaptations have been clearly communicated or options given, checking of environmental factors

Post-care episode, e.g. ensuring that the service user knows what happens next, explaining any side effects, giving aftercare advice as necessary, providing opportunity for questions, relevance of signposting for further support, giving final guidance, directions and reassurance.

*Use of risk assessment tools as appropriate:*

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 benefits of planning person-centred care/episodes of care in the workplace**

*Person-centred holistic approaches:*

Benefits, e.g.

- 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 and overcoming challenges

SMART (specific, measurable, achievable, realistic, timely) targets

Risk assessment and risk-taking

Reflecting on practice

Ways of evaluating quality outcomes

Dealing with conflict

Using appropriate support and resources

Overcoming barriers to inclusion

Understanding the importance of inclusive care.

**LO4 Reflect upon the impact of the planning of care/episodes of care on practitioners, individuals, family and carers in relation to own practice**

*Family and friends as partners in planning care and care episodes:*

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 that 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; they 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.

*Teamwork – processes and impact:*

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

Regulation and monitoring: benchmarks and standard-setting

Critical incident analysis.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Examine the influence of theoretical models and practical methods of assessing planned care/episodes of care in the workplace		
<p><b>P1</b> Compare the different methods of assessment and their implementation in healthcare.</p> <p><b>P2</b> Discuss the application of theoretical perspectives to planning care or episodes of care in the workplace.</p>	<p><b>M1</b> Review how legislative and regulatory frameworks support equality and diversity when planning care or episodes of care in the workplace.</p>	<p><b>D1</b> Evaluate how different theoretical models or methods of assessment are used when planning care or episodes of care in the workplace.</p>
<b>LO2</b> Demonstrate involvement in care plans/plans for an episode of care in the workplace to meet desired outcomes for individuals		
<p><b>P3</b> Discuss responsibilities and duties of own role in promoting person-centred care planning or planning episodes of care in the workplace.</p> <p><b>P4</b> Demonstrate own contribution to the care planning process or planning episodes of care in the workplace.</p>	<p><b>M2</b> Assess how an individual's wellbeing has been maintained through effective communication when implementing a plan of care or planning an episode of care in own workplace.</p> <p><b>M3</b> Review the application of risk assessment process in promoting person-centred planning in own workplace.</p>	<p><b>D2</b> Analyse the benefits of developing care plans or planning an episode of care that meet the needs of the individual and their required outcomes.</p> <p><b>D3</b> Critically reflect on role in promoting person-centred planning in own workplace.</p>

Pass	Merit	Distinction
<b>L03</b> Review the benefits of planning person-centred care/episodes of care in the workplace		<b>D4</b> Evaluate the benefits of developing care plans or planning an episode of care to meet the needs of the individual and the required outcomes.
<b>P5</b> Discuss the benefits of implementing care planning or planning episodes of care in the workplace.	<b>M4</b> Discuss the use of a range of strategies to implement care plans or in planning episodes of care.	
<b>L04</b> Reflect upon the impact of the planning of care/ episodes of care on practitioners, individuals, family and carers in relation to own practice		<b>D5</b> Critically reflect on the planning process in relation to own practice in the healthcare setting.
<b>P6</b> Discuss the ways in which the individual and family contribute to evaluation of the care received.	<b>M5</b> Review aspects of the care planning process and their impact on the individual, family and carers.	

## Recommended Resources

### Textbooks

Carrier, J. (2022) *Managing Long-term Conditions and Chronic Illness in Primary Care. A Guide to Good Practice*. 3rd Ed. Oxford: Routledge.

Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs – Parenting Capacity. Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence*. 2nd Ed. London: The Stationery Office.

Ellis, P., Standing, M. and Roberts, S. (2023) *Patient Assessment and Care Planning in Nursing (Transforming Nursing Practice Series)*. 4th Ed. London: Learning Matters (Sage Publications).

Hayes, S., Newton, M. and Llewellyn, A. (2019) *The Care Process: Assessment, Planning, Implementation and Evaluation in Healthcare*. Banbury: Lantern Publishing.

Margereson, C. and Trenoweth, S. (2009) *Developing Holistic Care for Long-term Conditions*. Oxford: Routledge.

McCormack, B. and McCance T. (2016) *Person-Centred Practice in Nursing and Health Care: Theory and Practice*. 2nd Ed. Oxford: Wiley-Blackwell.

Nicol, J. and Hollowood, L. (2019) *Nursing Adults with Long Term Conditions (Transforming Nursing Practice Series)*. 3rd Ed. London: Learning Matters (Sage Publications).

Wilson, B., Woollands, A. and Barrett, D. (2018) *Care Planning: A Guide for Nurses*. 3rd Ed. Oxford: Routledge.

### Journals and articles

Bramley, L. and Milika, M. (2014) 'How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses', *Journal of Clinical Nursing*, 23(19–20), 2790–2799. Available at: <https://doi.org/10.1111/jocn.12537>.

Harvey-Lloyd, J. and Strudwick, R. (2018) 'Embracing diversity in radiography: The role of service users', *Radiography*, 24(S1), s16–s19. Available at: <https://doi.org/10.1016/j.radi.2018.06.008>.

[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)

Derbyshire Healthcare NHS Foundation Trust

“Our core care standards”

(Resources)

[www.kingsfund.org](http://www.kingsfund.org)

King’s Fund

“Equality and diversity”

(General reference)

[www.nationalvoices.org.uk](http://www.nationalvoices.org.uk)

National Voices

(General reference)

[www.ncpc.org.uk](http://www.ncpc.org.uk)

National Council for Palliative Care

(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England

“House of Care – a framework for long term condition care”

(Resources)

[www.patientvoices.org.uk](http://www.patientvoices.org.uk)

“Long term action for allied health professions”

(Blog)

Patient Voices

(General reference)

[www.rcn.org.uk](http://www.rcn.org.uk)

Royal College of Nursing

“Diversity and inclusion”

(General reference)

[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for Excellence

“Mental Capacity Act and care planning”

(Report)

[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for Excellence

“Integrated care”

(General reference)

## Policy and guidance

Department of Health (2010) *Essence of Care 2010: Benchmarks for the fundamental aspects of care*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216691/dh\\_119978.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216691/dh_119978.pdf).

Department of Health and Social Care (2021, updated 2023) *Care and support statutory guidance*. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

HM Government (2018) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

National Institute for Health and Care Excellence (2021) *Shared decision making. NICE guideline NG197*. Available at: <https://www.nice.org.uk/guidance/ng197>.

NHS England and NHS Improvement (2019) *Safeguarding policy*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/09/safeguarding-policy.pdf>.

NHS England (2022) *Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework*. Available at: <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>.

Royal College of Nursing (2018, updated 2022) *Adult safeguarding: Roles and competencies for health care staff. Intercollegiate document*. Available at: <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>.

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO1	M1
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2	P3, P4, M2, D2
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO3	P5, M3
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1, LO2, LO3	P1, P2, P3, P4, M2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	P7, M4, P8
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## Delivery

Not all students will be in roles that require care planning in the context of nursing, but all students will be involved in 'care planning' in its wider form, however short or long the interaction and whatever type of care may be required. For example, many students supporting allied health professionals will not be involved in the long-term care of patients but they will need to plan for episodes of care during, for example, diagnostic tests, follow-up monitoring of progress and delivery of treatment.

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 11: Meeting the Needs of Individuals with Long-term Health Conditions

**Unit code** J/618/8534

**Unit type** Core

**Unit level** 5

**Credit value** 15

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## Introduction

Long-term health conditions are often complex in nature. They will affect individuals in every aspect of their daily living activities and may require long-term and consistent specialised healthcare practice. This may include meeting specific physical care needs, for example, the care of a tracheostomy, percutaneous endoscopic gastrostomy (PEG) feeding or stoma, or supporting the emotional needs of individuals, including people with dementia, mental health conditions, cancer or multiple sclerosis (MS). In addition, long-term conditions may require the skills of the assistant practitioner in managing care packages in the home, in care settings and in acute health settings. Students taking this unit will develop their understanding of the management of long-term health conditions and develop their skills in providing effective patient care, within the remit of their role and however long or short their interaction with the patient may be.

This unit is designed to enable students to consider the needs of individuals with long-term health conditions and to 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 to ensure their needs are met.

Students will further explore their role in becoming effective healthcare workers 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 prerequisite to entering nursing or allied health professions.

## **Learning Outcomes**

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

- LO1 Discuss how different long-term health conditions affect the wellbeing of the individual
- LO2 Support the needs of individuals with long-term health conditions in a healthcare setting
- LO3 Analyse own role as a part of a multidisciplinary healthcare team in providing appropriate care for individuals with long-term health conditions
- LO4 Review the effectiveness of strategies to meet the needs of individuals with long-term health conditions in the healthcare setting.

## 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, e.g. diabetes, MS, motor neurone disease (MND), cardiovascular disease, lung disease

Mental health conditions

Learning disability

Cancers

Chronic and degenerative conditions, e.g. arthritis, dementia

Sensory impairment, e.g. 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 and 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, bowel obstruction, stroke

24-hour care from birth

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, assessment of needs prior to investigations and treatments

Physical care routines required

Management of care pathways and processes

Recording information

Managing risk

Promoting independence

Effects of different individual characteristics on care management, e.g. ethnicity, religion

Advocacy services and support groups

Funding, including personal budgets.

***Tutors should deliver with reference to processes of assessment and examples that reference student's own workplace.***

*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 personalised care, personal hygiene

Supporting mobility

Care of amputees

Feeding, including PEG feeds

Moving and handling, including safe use of hoists

Implementing infection control measures

Tracheostomy care

Colostomy care

Managing continence issues

Management of side effects due to treatment

Supporting use of medication (where applicable to scope of practice)

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 in 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 non-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 when appropriate

Reflecting on own performance

Addressing areas for performance review through supervision and mentorship

Contributing to and supporting quality improvements

Working according to the organisation's 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 individuals 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 (MDT) and partnership working:*

Role of the MDT and the importance of multidisciplinary working

Informing and working with other important stakeholders involved in the care of the patient

Health, social care, speech and language therapy, radiographers, mental health services

Psychologists, psychiatrists, social workers, physiotherapists, occupational therapists, non-registered healthcare workers, e.g. assistant practitioners, family support, education, other public sector services

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. UK General Data Protection Regulation (2018), Data Protection Act 2018

Related to the structure and function of care and safeguarding of service users, e.g. in England, the Care Act 2014, 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 individuals 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 coordination

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, enhanced 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
<b>L01</b> Discuss how different long-term health conditions affect the wellbeing of the individual		<b>D1</b> Justify person-centred approaches applied in the care of individuals with long-term health conditions.
<p><b>P1</b> Discuss the effects of long-term health conditions (relevant to own area of practice) on the wellbeing of the individual.</p> <p><b>P2</b> Investigate the types of care provision, either long- or short-term, required to meet the needs of different individuals with long-term health conditions.</p>	<p><b>M1</b> Discuss how person-centred care for the individual requiring long-term care has benefitted them.</p>	
<b>L02</b> Support the needs of individuals with long-term health conditions in a healthcare setting		<b>D2</b> Evaluate own practice in providing consistently high-quality care in partnership with others.
<p><b>P3</b> Outline the role of others in assessing the needs of the individual.</p> <p><b>P4</b> Describe a period or episode of care for an individual with long-term health conditions that have been involved in while working with others.</p>	<p><b>M2</b> Review own values and beliefs and ways in which the needs of the individual have been met using person-centred values.</p>	

Pass	Merit	Distinction
<p><b>LO3</b> Analyse own role as a part of a multidisciplinary healthcare team in providing appropriate care for individuals with long-term health conditions</p>		<p><b>D3</b> Critically review own role as a part of a wider team in providing long-term care to individuals in a healthcare setting.</p>
<p><b>P5</b> Compare how the roles of different individuals enable efficient provision of care for an individual with long-term conditions in a healthcare setting.</p> <p><b>P6</b> Explore how own role in a healthcare setting enables efficient teamworking practices in providing appropriate care for individuals.</p>	<p><b>M3</b> Discuss the use of a range of strategies used to overcome any barriers to implementing care plans or planning episodes of care.</p>	
<p><b>LO4</b> Review the effectiveness of strategies to meet the needs of individuals with long-term health conditions in the healthcare setting</p>		<p><b>D4</b> Critically review own role in providing care for service users with long-term conditions, making recommendations for improvements.</p>
<p><b>P7</b> Review the care strategies used in own setting to support individuals with long-term health conditions.</p> <p><b>P8</b> Identify a range of other support services that provide individualised care and a service user may be recommended or signposted to.</p>	<p><b>M4</b> Assess the effectiveness of the implementation of one aspect of care used to support an individual in own care.</p>	

## Recommended Resources

### Textbooks

Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs – Parenting Capacity: Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence*. 2nd Ed. London: The Stationery Office.

Bobosian, A. (2020) *Living Well with a Long-Term Condition: An Evidence-Based Guide to Managing your Symptoms*. Oxford: Routledge.

Carrier, J. (2022) *Managing Long-term Conditions and Chronic Illness in Primary Care: A Guide to Good Practice*. 3rd Ed. Oxford: Routledge.

Hewitt-Taylor, J. (2007) *Children with Complex and Continuing Health Needs: The Experiences of Children, Families and Care Staff*. London: Jessica Kingsley Publishers.

Hutchinson, D. (2016) *Long-term Conditions: A Manual for General Practice Nurses*. Seattle, WA: CreateSpace Independent Publishing Platform.

Lorig, K. et al. (2014) *Self-Management of Long-term Health Conditions: A Handbook for People with Chronic Disease*. 3rd Ed. Boulder, CO: Bull Publishing Company.

Nicol, J. and Hollowood, L. (2019) *Nursing Adults with Long Term Conditions (Transforming Nursing Practice Series)*. 3rd Ed. London: Learning Matters (Sage Publications).

### Policy and guidance

Department of Health (2010) *Essence of Care 2010: Benchmarks for the fundamental aspects of care*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216691/dh\\_119978.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216691/dh_119978.pdf).

Department of Health and Social Care (2021, updated 2023) *Care and support statutory guidance*. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

HM Government (2018) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

National Collaborating Centre for Mental Health (2018) *The Dementia Care Pathway. Full implementation guidance*. Available at: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/dementia/nccmh-dementia-care-pathway-full-implementation-guidance.pdf?sfvrsn=cdef189d\\_6](https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/dementia/nccmh-dementia-care-pathway-full-implementation-guidance.pdf?sfvrsn=cdef189d_6).

National Institute for Health and Care Excellence (2018) *Dementia: Assessment, management and support for people living with dementia and their carers. NICE guideline NG97*. Available at: <https://www.nice.org.uk/guidance/ng97>

.NHS England (2019) *The NHS Long Term Plan*. Available at:

<https://www.longtermplan.nhs.uk/>

.NHS England and NHS Improvement (2019) *Safeguarding policy*. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2019/09/safeguarding-policy.pdf>

.NHS England (2022) *Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework*. Available at:

<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>

.Royal College of Nursing (2018, updated 2022) *Adult safeguarding: Roles and competencies for health care staff. Intercollegiate document*. Available at:

<https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>

.The King's Fund (2014) *Providing integrated care for older people with complex needs: Lessons from seven international case studies*. Available at:

<https://www.kingsfund.org.uk/publications/providing-integrated-care-older-people-complex-needs>.

## Websites

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Alzheimer's Society

(General reference)

[www.dementiauk.org](http://www.dementiauk.org)

Dementia UK

"About dementia"

(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England

"Long term action for allied health professions"

(Blog)

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

King's Fund

"Managing people with long-term conditions"

(Research)

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

King's Fund

"Long-term conditions and multi-morbidity"

(Research)

[www.macmillan.org.uk](http://www.macmillan.org.uk)

Macmillan Cancer Support  
“Cancer information and support”  
(Resources)

[www.ncpc.org.uk](http://www.ncpc.org.uk)

National Council for Palliative Care  
(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England  
“House of Care – a framework for long term condition care”  
(Resources)

[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for Excellence  
“Mental Capacity Act and care planning”  
(Report)

There are also a range of websites that offer information and support for patients and their families with the following conditions: MS, MND, stroke, COPD, diabetes, mental health issues, musculoskeletal conditions, etc.

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO3, LO4	P8, M4, D3
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO3	P4, P5, P6, P7, M2, M3, M4, D2, D3
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO1, LO2	P4, P6, M2, M3, M4, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1, LO2	P2, M1, M2, M3, D1, D2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3, LO4	All assessment criteria
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## **Essential requirements**

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## **Delivery**

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# **Unit 12: Team and Individual Leadership: Mentoring and Coaching Others**

**Unit code** L/618/8535

**Unit type** Core

**Unit level** 5

**Credit value** 15

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## **Introduction**

This unit focuses on understanding the principles and theories of leadership, coaching and mentorship and their application in the context of healthcare. Emphasis is placed on their role and contribution in supporting personal development, health and wellbeing and lifelong learning of others.

Materials and activities within the unit support students to understand the value of leadership, coaching and mentoring in the wide context of practice, exploring benefits at a personal, individual and organisational level. Throughout the unit students will examine critical issues and opportunities in supporting the emotional and physical needs of a diverse workforce.

The unit will enable students to develop their confidence and practice in applying principles, strategies and techniques to effectively lead, mentor and coach others in healthcare-related environments. Throughout the unit students will explore the value of communication in building open and effective relationships and appraise the impact of their personal characteristics, attributes, values, attitudes and approaches in supporting and developing individuals.

Students will plan, implement and review a period of leadership, mentoring or coaching in their own workplace setting. Through self-reflection students will develop awareness of the effectiveness of their own leadership, coaching and mentoring practice in terms of enhancing their own personal development and empowering other individuals.

## Learning Outcomes

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

- LO1 Critically appraise theories and principles of team and individual leadership, mentoring and coaching in the context of healthcare
- LO2 Critically explore how mentorship and coaching practices empower individuals and benefit self, service users and organisations.
- LO3 Critically discuss strategies and techniques which can be used to effectively manage and create an environment which supports open and trusting relationships between self, service users and those being coached or mentored
- LO4 Critically appraise personal skills and capacity to lead, mentor and coach individuals within the workplace and establish future personal development needs.

## Essential Content

### LO1 Critically appraise theories and principles of team and individual leadership, mentoring and coaching in the context of healthcare

#### *Leadership within healthcare:*

Examination of leadership theories in healthcare, e.g. emotional intelligence leadership theory, leader–member exchange (LMX) theory, transactional and transformational change theory

Exploration of principles of leadership and distributed leadership in ensuring direction, alignment and commitment within teams and organisations

Exploration of the relevance of diversity to leadership, discussing critical issues, opportunities and challenges and potential for stereotyping

Exploration of key leadership roles and the significance of effective communication, coaching and mentoring

Analyse the similarities and differences between leadership and management

Exploration of intelligence-based models and approaches to leadership, e.g. cognitive, emotional, moral, spiritual

Assessing the qualities of leadership and the intelligences, attitudes, values and behaviours others appreciate

Comparison between leadership within organisations and leadership of organisations

Assessing the influence of leadership on organisational culture.

#### *Principles of team leadership:*

Exploration of purpose and function of a team

Evaluation of team-building theories

Examination of team role theory, role and qualities of the team leader and the importance of complementary skill sets within the team

Understanding the different team roles, their benefits and the challenges they pose to effective team working

Assessing ways to create a strong team, build commitment and sustain motivation, and ensure respect and inclusivity

Effective ways to encourage cooperative and collaborative working

Exploration of the characteristics of unsuccessful teams and the impact leadership has on team success

Discuss the team leader's role in the facilitation of tasks and supporting team members emotionally and physically.

*Mentoring and coaching:*

Defining the purpose and function of mentoring, peer mentoring and coaching in relation to developing others

Appreciating the similarities and differences between mentoring and coaching and value of each within the healthcare setting

Appraising the roles and responsibilities of a mentor or coach and their professional boundaries

Examination of the qualities required to mentor and coach and the nature of the relationship with those who are being coached or mentored

Exploration of models and principles of mentorship and coaching and their application in a range of contexts within the healthcare setting

Understanding the mentoring and coaching cycles and developing effective ways to manage and build open and trusting relationships at each stage.

**LO2 Critically explore how mentorship and coaching practices empower individuals and benefit self, service users and organisations**

*Impact of coaching and mentorship on developing and supporting individuals:*

Examination of the role coaching and mentorship play in personal, professional and career development, as well as supporting the maintenance of good mental health and wellbeing

Critical discussion of the ways in which mentoring and coaching can effectively be used in a variety of contexts to support diversity and inclusion of minority groups

Exploration of the concept of empowerment and ways in which mentoring and coaching can effectively be used to empower individuals.

*Purpose and impact of mentorship and coaching on self and organisation:*

Critical exploration of the personal benefits and challenges in mentoring and coaching others

Examination of benefits and challenges in building and sustaining mechanisms for promoting learning and development within an organisation.

**LO3 Critically discuss strategies and techniques which can be used to effectively manage and create an environment which supports open and trusting relationships between self and those being coached or mentored**

*Legal and professional boundaries:*

Critically discuss the concepts of power and authority and the relationship between self and those being coached or mentored

Appreciating professional boundaries within own role, exploration of issues associated with establishing mutual ground rules, safeguarding, data protection, record-keeping, consent and escalation

Exploration of concepts of advocacy and significance of cultural awareness and sensitivity and the impact on relationships.

*Personal and physical resources:*

Exploration of significance of interpersonal skills in demonstrating empathetic understanding and strengthening clear and honest communication

Examination of the significance of an appropriate emotional and physical environment in building rapport

Critical examination of a range of coaching and mentoring resources, tools and techniques that can be used in practice to develop an individual's personal insight, improve their performance or unlock their potential

Exploration of the ways in which coaching or mentoring contributes to developing an environment of continuous learning.

**LO4 Critically appraise personal skills and capacity to lead, mentor and coach individuals within the workplace and establish future personal development needs**

*Recognising personal abilities, beliefs, attitudes and values:*

Appreciation of impact on others of own personal beliefs and values, conscious and unconscious biases, attitudes, behaviours and stereotyping

Adopting a critical and objective approach to personal development

Exploration of a range of reflective and evaluative tools and techniques that can be used to assess effectiveness and strengths as a leader, coach or mentor.

*Recognising own learning needs and professional competence:*

Ascertaining levels of competence and areas for personal growth and development

Recognising limitations of practice and experience and knowing when to escalate and seek support from more experienced coaches and mentors

Exploration of the significance of forward planning for improvement and sustainable performance

Understanding the process of personal development planning and its significance in prioritising and achieving goals

Using an evidence-based approach to overcome barriers and challenges to ensure beneficial outcomes for self and those being coached and mentored.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<p><b>LO1</b> Critically appraise theories and principles of team and individual leadership, mentoring and coaching in the context of healthcare</p>		<p><b>D1</b> Critically appraise how principles and theories of individual and team leadership have influenced personal perspectives on approaches to leading, coaching and mentoring others within practice.</p>
<p><b>P1</b> Critically explore principles and theories of team and individual leadership, coaching and mentoring in relation to the healthcare setting.</p> <p><b>P2</b> Critically discuss models of leadership, coaching and mentoring in relation to supporting development of individuals and their practice within the healthcare setting.</p>	<p><b>M1</b> Critically explore how theories and principles of leadership, mentoring and coaching can be applied to enhance effectiveness in fulfilling associated roles and responsibilities.</p>	

Pass	Merit	Distinction
<p><b>LO2</b> Critically explore how mentorship and coaching practices empower individuals and benefit self, service users and organisations</p>		<p><b>LO2 and LO3</b></p> <p><b>D2</b> Critically appraise the effectiveness of coaching and mentoring in supporting the development of individuals within the healthcare setting.</p>
<p><b>P3</b> Critically discuss the significance of coaching and mentorship strategies in practice within healthcare organisations.</p> <p><b>P4</b> Critically explore the impact of coaching and mentorship strategies on those individuals receiving support.</p>	<p><b>M2</b> Critically appraise the benefits of coaching and mentoring in relation to self, those being coached or mentored and healthcare organisations.</p>	
<p><b>LO3</b> Critically discuss strategies and techniques which can be used to effectively manage and create an environment which supports open and trusting relationships between self, service users and those being coached or mentored</p>		
<p><b>P5</b> Critically discuss factors that influence the creation of an environment that supports open and trusting relationships.</p> <p><b>P6</b> Critically discuss how the principles and theories associated with communication and relationship building can be used to deliver empathetic care.</p>	<p><b>M3</b> Critically explore how principles and theories associated with effective communication can be applied to create an environment that supports open and trusting relationships.</p>	
<p><b>LO4</b> Critically appraise personal skills and capacity to lead, mentor and coach individuals within the workplace and establish future personal development needs</p>		
<p><b>P7</b> Critically discuss the impact of personal skills on the capacity to lead, mentor and coach individuals.</p> <p><b>P8</b> Critically explore the impact of learning on own personal and professional development as a leader, mentor or coach.</p>	<p><b>M4</b> Critically appraise personal skills to lead, coach and mentor, establishing future learning and development needs.</p>	<p><b>D3</b> Critically reflect on personal skills and ability to lead, coach or mentor others in terms of enhancing personal development and quality of provision within the workplace setting and establishing future development needs along chosen career pathway.</p>

## Recommended Resources

### Textbooks

Cleaver, H., Unell, I. and Aldgate, J (2011) *Children's Needs – Parenting Capacity: Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence*. 2nd Ed. London: The Stationery Office.

Garvey, B. and Stokes, P. (2021) *Coaching and Mentoring: Theory and Practice*. 4th Ed. London: Sage Publications.

Gopee, N. (2023) *Supervision of Learning and Assessment*. 5th Ed. London: Sage Publications.

Gopee, N. and Galloway, J. (2017) *Leadership and Management in Healthcare*. 3rd Ed. London: Sage Publications.

Lake, D., Baerg, K. and Paslawski, T. (2017) *Teamwork, Leadership and Communication: Collaboration Basics for Health Professionals*. Edmonton, Canada: Brush Education.

Woolnough, H. and Fielden, S.L. (2017) *Mentoring in Nursing and Healthcare: Supporting Career and Personal Development*. Oxford: Wiley-Blackwell.

### Websites

[www.cec.hscni.net](http://www.cec.hscni.net)

Clinical Education Centre  
(General reference)

[www.hsj.co.uk](http://www.hsj.co.uk)

Healthcare Service Journal (HSJ)  
(General reference)

[www.healthcareers.nhs.uk](http://www.healthcareers.nhs.uk)

NHS Health Careers  
(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England  
"Our NHS People Promise"  
(General reference)

[www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

NHS Leadership Academy  
(Training)

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

The King's Fund  
(General reference)

## Policy and guidance

Department of Health and Social Care (2021, updated 2023) *Care and support statutory guidance*. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

HM Government (2018) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

NHS England and NHS Improvement (2019) *Safeguarding policy*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/09/safeguarding-policy.pdf>.

NHS England (2022) *Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework*. Available at: <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>.

Royal College of Nursing (2018, updated 2022) *Adult safeguarding: Roles and competencies for health care staff. Intercollegiate document*. Available at: <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>.

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE		
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1, LO2, LO3	P3, P4, M1, M2, M3, M4, D2
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO3	P5, P6, M3, M4, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3, LO4	D2, D3
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	D2, D3
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## **Essential requirements**

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## **Delivery**

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 13: End of Life Care Planning and Support

<b>Unit code</b>	<b>R/618/8536</b>
<b>Unit type</b>	<b>Core</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## 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 on 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.

On 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:

- LO1 Discuss current national standards and guidelines in planning end-of-life care
- LO2 Examine how cultural, religious and social factors influence end-of-life care planning and support
- LO3 Explore own role in planning end-of-life care and providing support to individuals and their families
- LO4 Review services available to support individuals and their families in planning end-of-life care.

## 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 2021–2026* (National Palliative and End of Life Care Partnership, 2021)

The Gold Standards Framework (National Gold Standards Framework (GSF) Centre in End of Life Care)

*Getting it right every time: Fundamentals of nursing care at the end of life* (Royal College of Nursing, 2015)

*Every moment counts: A narrative for person centred coordinated care for people near the end of life* (National Council for Palliative Care, 2015)

*Care of dying adults in the last days of life. NICE guideline [NG31]* (National Institute for Health and Care Excellence, 2015)

*End of Life Care Strategy: Promoting high quality care for all adults at the end of life* (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) (Amendment) Regulations 2015, Human Rights Act 1998, Mental Capacity Act 2005 – best interests

Other related legislation as applicable to work area

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 power of attorney (LPA)

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 afterlife, 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, sex, gender identity, sexual orientation, 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 assistant practitioner 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 non-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 of and respecting the 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' (DNR) 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 (Kübler-Ross, 1965)

Bereavement, emotional and psychological impact

Complicated grieving, unable to move on

Support, counselling and cognitive behavioural therapy

Supporting individuals and families through process.

*Issues for the assistant practitioner 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 need own 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 perceptions 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
<b>LO1</b> Discuss current national standards and guidelines in planning end-of-life care		<b>D1</b> 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.
<p><b>P1</b> Review national standards and guidelines for planning and supporting end-of-life care.</p> <p><b>P2</b> Discuss the challenges of effectively implementing guidelines in end-of-life care across different stages of the lifespan.</p>	<p><b>M1</b> 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.</p>	
<b>LO2</b> Examine how cultural, religious and social factors influence end-of-life care planning and support		<b>D2</b> Critically evaluate the importance of taking into account the contribution of different factors when planning and providing end-of-life care for different individuals.
<p><b>P3</b> Discuss the cultural and religious influences on planning end-of-life care.</p> <p><b>P4</b> Analyse social factors that can affect the way the individual and family respond to planning and support in end-of-life care.</p>	<p><b>M2</b> Critically discuss how to address potential barriers to effective end-of-life care and support, taking into account different influential factors.</p>	

Pass	Merit	Distinction
<p><b>LO3</b> Explore own role in planning end-of-life care and providing support to individuals and their families</p>		<p><b>D3</b> Critically reflect on own provision of care and impact on care processes involved in supporting individuals, friends and families coping with end of life.</p>
<p><b>P5</b> Communicate sensitively to different individuals, their friends and family in a setting where end-of-life care is provided.</p> <p><b>P6</b> 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.</p>	<p><b>M3</b> Reflect on own professional skills and behaviour as part of a team in planning and providing person-centred care for individuals towards end of life.</p>	
<p><b>LO4</b> Review services available to support individuals and their families in planning end-of-life care</p>		<p><b>D4</b> Critically evaluate the impact of multidisciplinary planning and support in end-of-life care for the individual and family and friends.</p>
<p><b>P7</b> Research local and national support groups available to support end-of-life care.</p> <p><b>P8</b> Discuss the role of different health and care professionals involved in supporting end-of-life care.</p>	<p><b>M4</b> Critically review own contribution to teamwork as a part of the multidisciplinary approach to planning end-of-life care.</p>	

## Recommended Resources

### Textbooks

Corr, C.A., Corr, D.M. and Doka, K.J. (2018) *Death and Dying, Life and Living*. 8th Ed. Boston, MA: Cengage Learning.

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: Simon & Schuster.

Kübler-Ross, E. (1969) *On Death and Dying*. New York: Macmillan Publishing.

Morris, C. and Collier, F. (2012) *End of Life Care: A Care Worker Handbook*. London: 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*. New York: Bloomsbury Publishing.

### Websites

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England

“Ambitions for Palliative and End of Life Care: A national framework for local action 2021–2026”

(Report)

[www.rcgp.org.uk](http://www.rcgp.org.uk)

Royal College of General Practitioners

“Palliative and end of life care”

(General reference)

[www.scie.org.uk](http://www.scie.org.uk)

Social Centre Institute of Excellence

“End of life care”

(General reference)

[www.thewhpc.org](http://www.thewhpc.org)

Worldwide Hospice Palliative Care Alliance

“Global Atlas of Palliative Care”

(Report)

## Links

This unit links to the other core units in this qualification. The qualification has been designed holistically to include reinforcement of content between units. Core units contributing to the HNC and HND qualifications should not be considered in isolation.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO1	P1, P2, M1, D1
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO3	P3, P4, M2, P5, P6
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2	P4, M1, M3, M4, D3
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3	P2, P3, P4, P6
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3, LO4	D2, D3, D4
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## Delivery

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 14: Supporting Individuals through Significant Life Events

<b>Unit code</b>	<b>Y/618/8537</b>
<b>Unit type</b>	<b>Optional</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## 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, significant changes that will affect their future. Professional healthcare workers will be involved in the care of 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 on 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:

- LO1 Assess the impact of significant life events on individuals and their social networks
- LO2 Review the roles of external agencies that provide support for individuals and their social networks going through significant life events
- LO3 Explain how organisational policies and procedures support individuals and their social networks affected by significant life events
- LO4 Reflect on how individuals who have experienced significant life events are supported in care service provision.

## 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:*

Prenatal 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 the 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.

*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:*

Includes family and friends and can include work colleagues and 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 and 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 coordination 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

Person-centred approaches to support not offered.

*Role of assistant practitioners:*

Effectively communicating between individual, family and other services

Accurate and timely record-keeping and supporting appropriate care and support plans

Supporting specialist care

Awareness of and compassion for implications of change, loss, life event

Supporting family and individual in making changes and accepting changed requirements

Supporting challenge 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' (DNR) 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 and 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 non-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

Pass	Merit	Distinction
<b>L01</b> Assess the impact of significant life events on individuals and their social networks		<b>D1</b> Critically evaluate the impact of significant life events on individuals, their families, friends and wider social networks.
<p><b>P1</b> Discuss the impact of expected and unexpected significant life events on individuals at different ages and stages.</p> <p><b>P2</b> Discuss the impact of different significant life events on the individual's family, friends and wider social networks.</p>	<p><b>M1</b> 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.</p>	
<b>L02</b> Review the roles of external agencies that provide support for individuals and their social networks going through significant life events		<b>L02 and L03</b> <b>D2</b> Critically reflect on organisational approaches to promoting effective and coordinated support for individuals and their social networks affected by significant life events.
<p><b>P3</b> Compare how different external voluntary and statutory agencies support individuals through significant life events.</p> <p><b>P4</b> Discuss the role of the healthcare or care assistant in providing support to individuals as part of a wider team of support services.</p>	<p><b>M2</b> Critically analyse barriers to partnership approaches for individual and family affected by significant life events.</p>	
<b>L03</b> Explain how organisational policies and procedures support individuals and their social networks affected by significant life events		
<p><b>P5</b> Analyse the relationship between organisational policies and the practical support available in health and care settings to different individuals experiencing significant life events.</p>	<p><b>M3</b> Critically review the effectiveness of policies and procedures in own setting in providing a framework for supporting individuals experiencing significant life events.</p>	

Pass	Merit	Distinction
<p><b>LO4</b> Reflect on how individuals who have experienced significant life events are supported in care service provision</p>		
<p><b>P6</b> Provide a period of appropriate support to an individual and their social networks who have been affected by a significant life event.</p> <p><b>P7</b> Investigate referral processes available to support an individual and their social networks affected by significant life events.</p>	<p><b>M4</b> Reflect on the effectiveness of own role in supporting individuals and their social networks affected by significant life events.</p>	

## Recommended Resources

### Textbooks

Ingleton, C. and Larkin, P.J. (2016) *Palliative Care Nursing at a Glance (At a Glance Nursing and Healthcare)*. Oxford: Wiley-Blackwell.

Kirmayer, L.J., Lemelson, R. and Barad, M. (2007) *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*. Cambridge: Cambridge University Press.

### Websites

[www.hft.org.uk](http://www.hft.org.uk)

Hft

(General reference)

[www.england.nhs.uk](http://www.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, including those with a mental health condition”

(Report)

[www.nhs.uk](http://www.nhs.uk)

NHS

“Social care and support guide “

(General reference)

[www.rnao.ca](http://www.rnao.ca)

Registered Nurses’ Association of Ontario

“Supporting and strengthening families through expected and unexpected life events”

(Resources)

[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for Excellence

“Working together to support disabled parents”

(Resources)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO3	P5, M3, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO4	P4, D2, P6, P7, M4
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2, LO3, LO4	P3, P4, M2, P5, P6
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3, LO4	P4, M2, D2, P5, M3, P6, M4
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	P6, M4
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Managing Quality in Care Environments

**Unit code** D/618/8538

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

Every organisation should strive for excellence in service and, in health and social care, the process of continuous improvement of 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 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 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 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 is 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:

- LO1 Assess the impact legislation and policy have on measuring and monitoring quality of practice in health and social care
- LO2 Discuss the impact that improving quality has on different individuals in a care setting
- LO3 Explore quality improvement requirements in a care setting
- LO4 Plan and monitor improvements to quality.

## Essential Content

### LO1 **Assess the impact legislation and policy have 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 Executive (HSE)

Standards set by national agencies, e.g. National Institute for Health and Care 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 standard-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 and 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 in 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 carers

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, 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 frontline 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 (specific, measurable, achievable, realistic, timely) 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. interagency 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 homecare 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 challenges of the future

To staff, e.g. improved performance and satisfaction, increased potential, enhanced position.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Assess the impact legislation and policy have on measuring and monitoring quality of practice in health and social care		<b>D1</b> 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.
<b>P1</b> 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.	<b>M1</b> Critically discuss how processes for measuring, monitoring and improving quality of practice have an impact on ways of working in a care setting.	
<b>LO2</b> Discuss the impact that improving quality has on different individuals in a care setting		<b>D2</b> Evaluate the involvement of service users, their families, staff and the community in quality improvement measures in care settings.
<b>P3</b> Discuss the importance of promoting diversity, difference and inclusive practices in a care setting. <b>P4</b> Discuss the importance of safeguarding different service users when improving quality in a care setting.	<b>M2</b> 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.	

Pass	Merit	Distinction
<b>LO3</b> Explore quality improvement requirements in a care setting		
<p><b>P5</b> 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.</p> <p><b>P6</b> Discuss why the aspect selected requires improvement using a range of different sources of information.</p>	<p><b>M3</b> Justify the improvement to the aspect of working practices selected in terms of the impact on service users' experience of the service.</p>	
<b>LO4</b> Plan and monitor improvements to quality		
<p><b>P7</b> Produce a detailed plan for a relevant quality improvement initiative in own work setting.</p> <p><b>P8</b> Discuss potential or actual barriers to completing the quality improvement initiative.</p>	<p><b>M4</b> Implement an appropriately planned quality improvement initiative.</p> <p><b>M5</b> Critically review the plan, justifying necessary adaptations based on feedback or observations.</p>	

## Recommended Resources

### Textbooks

Fallon, L.F., Jr, Begun, J.W. and Riley, W.J. (2012) *Managing Health Organizations for Quality and Performance*. Burlington, MA: Jones & Bartlett Publishers.

Gopee, N. and Galloway, J. (2017) *Leadership and Management in Healthcare*. 3rd Ed. London: Sage Publications.

Gottwald, M. and Lansdown, G. (2021) *Clinical Governance: Improving the Quality of Healthcare for Patients and Service Users*. 2nd Ed. London: Open University Press.

McSherry, R. and Warr, J. (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., Ransom, S.B. and Nash, D.B. (2022) *The Healthcare Quality Book: Vision, Strategy, and Tools*. 5th Ed. Chicago, IL: Health Administration Press.

Ziaee, R. and Bologna, J.S. (2015) *Preparing for Continuous Quality Improvement for Healthcare: Sustainability through Functional Tree Structures*. Boca Raton, FL: Productivity Press.

### Websites

[www.cqc.org.uk](http://www.cqc.org.uk)

Care Quality Commission

“State of Care”

(Report)

[www.health.org.uk](http://www.health.org.uk)

Health Foundation

“Quality Improvement training for healthcare professionals”

(Research)

[www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)

National Centre for Biotechnology Information

“Patient Safety and Quality: An Evidence-Based Handbook for Nurses”

(Resources)

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Care Excellence

“Standards and indicators”

(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England

“Commissioning”

(General reference)

[www.qualityhealthservices.who.int](http://www.qualityhealthservices.who.int)

World Health Organization

“WHO Quality Toolkit”

(Resources)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO1	P1, P2, M1, D1
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO3	P3, P4, M2, D2, P5, P6, M3, D3
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2	P4, M2, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2	P3, M2, D2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2	P3, P4, M2, D2
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## **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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Health Psychology

<b>Unit code</b>	<b>H/618/8539</b>
<b>Unit type</b>	<b>Optional</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## Introduction

Health psychology investigates the relationship between the biological, psychosocial, cultural and socio-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 to 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, and 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 the different types and levels of psychological care required to support individuals with a life-changing illness.

## **Learning Outcomes**

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

- LO1 Discuss how biological and social factors impact the health and behaviour of individuals at different life stages
- LO2 Examine how current theoretical perspectives in health psychology explain human behaviour
- LO3 Explore the various forms of assessment used to diagnose and plan treatment for different health issues
- LO4 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

Sex and gender identity

Genetics and neurodegenerative disorders.

#### *External biological contributors to health and wellbeing:*

Environmental biological arbiters, e.g. microorganisms (bacteria, viruses and parasites).

#### *Sociological factors influencing health, illness and health behaviour:*

Cultural influences, different attitudes among groups in society, religious/ethnic/generational/professional subcultures, influence of the media, e.g. social media platforms

Socio-economic factors, e.g. education, social status, 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, 1958)

*Theory of planned behaviour:*

Ajzen (1985).

*Diathesis-stress model:*

Meehl (1962)

*General adaptation syndrome:*

Selye (1946).

*The transtheoretical model:*

Prochaska and Di Clemente (1983).

*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 service – 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 regarding 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 for 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 Psychological Society (BPS), BPS Division of Health Psychology (DHP), European Health Psychology Society (EHPS), Institute of Health Promotion and Education (IHPE), Health and Care Professions Council (HCPC).

##### ***Tutors should deliver with reference to current examples relevant to own home nation***

##### *Professional alliances:*

Hospitals, 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. UK General Data Protection Regulation (2018), Data Protection 2018, 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 2007

Health and safety, e.g. Health and Safety at Work Act 1974.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Discuss how biological and social factors impact the health and behaviour of individuals at different life stages		<b>LO1 and LO2</b> <b>D1</b> Critically analyse the relationship between different theories of health behaviour and healthcare practitioners' understanding of the development of health disorders at different life stages.
<b>P1</b> Discuss the relationship between biological and social factors and behaviour in different life stages and ages.	<b>M1</b> Analyse the influence of biological and social factors on health, illness and health behaviours.	
<b>LO2</b> Examine how current theoretical perspectives in health psychology explain human behaviour		
<b>P2</b> Discuss the role of different health beliefs in the development of health behaviours.	<b>M2</b> Analyse the effectiveness of theories of health behaviour in informing understanding of different behavioural disorders.	
<b>LO3</b> Explore the various forms of assessment used to diagnose and plan treatment for different health issues		<b>LO3 and LO4</b> <b>D2</b> Critically evaluate the utilisation of practitioners experienced in health psychology in increasing the effectiveness of service provision in health and care settings.
<b>P3</b> Review how different forms of assessment are used to identify and support individuals with specific health conditions.	<b>M3</b> Analyse the effectiveness of different assessments and interventions used to improve an individual's long-term health outcomes.	
<b>LO4</b> Analyse the role of health psychology practice in improving outcomes for individuals using healthcare services		
<b>P4</b> Review the role of the current professional regulatory and advisory health psychology framework in supporting the work of healthcare practitioners.  <b>P5</b> Discuss the strengths and weaknesses of current legal and ethical obligations in terms of their impact on the work of healthcare practitioners.	<b>M4</b> Justify the integration of health psychology in improving health and wellbeing outcomes for individuals with different health and behavioural issues.	

## Recommended Resources

### Textbooks

Abraham, C., Conner, M., Jones, F. and O'Connor, D. (2016) *Health Psychology*. 2nd Ed. London: Routledge.

American Psychiatric Association (2022) *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*. 5th Ed. Washington DC: American Psychiatric Association.

Anisman, H. (2022) *Health Psychology: A Biopsychosocial Approach*. 2nd Ed. London: Sage Publications.

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

Marks, D.F., Murray, M. and Estacio, E.V. (2020) *Health Psychology: Theory, Research and Practice*. 6th Ed. London: Sage Publications.

Morrison, V. and Bennett, P. (2022) *Introduction to Health Psychology*. 5th Ed. London: Pearson Education.

### Websites

[www.psychiatry.org](http://www.psychiatry.org)

American Psychiatric Association  
(General reference)

[www.bsphn.org.uk](http://www.bsphn.org.uk)

Behavioural Science and Public Health  
Network  
(General reference)

[www.bps.org.uk](http://www.bps.org.uk)

British Psychological Society  
(General reference)

<https://ehps.net/>

European Health Psychology Society  
(General reference)

[www.hcpc-uk.org](http://www.hcpc-uk.org)

Health and Care Professions Council  
(General reference)

<https://ihpe.org.uk/>

The Institute of Health Promotion and  
Education  
(General reference)

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Care  
Excellence  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO4	P4, P5, M4, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	P5, M3, D2
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO3, LO4	P3, P4, P5, M3, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	All Learning Outcomes	All assessment criteria
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	All Learning Outcomes	All assessment criteria
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Facilitating Change in Healthcare Environments

**Unit code** Y/618/8540

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

Change management is so much more than making something different. It covers 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 in 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 that define the shape of training, education, skill and competence of the healthcare workforce through to 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 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 in this unit include 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 created in partnership with organisational policy and the impact on key stakeholders, for example, 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 their own practice.

## **Learning Outcomes**

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

- LO1 Discuss factors that have driven recent changes in the healthcare sector
- LO2 Discuss the components of change management within a change management initiative in healthcare provision
- LO3 Implement own small-scale change management plan
- LO4 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 quality assurance, 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
<b>L01</b> Discuss factors that have driven recent changes in the healthcare sector		<b>D1</b> Evaluate how factors that drive change and impact on patient care have influenced the development of a recent policy.
<p><b>P1</b> Discuss recent changes that impact on practice in the health sector.</p> <p><b>P2</b> Present a report on the factors that have driven these recent changes.</p>	<b>M1</b> Assess the impact of these factors on care for individuals accessing healthcare services.	
<b>L02</b> Discuss the components of change management within a change management initiative in healthcare provision		<b>D2</b> Assess the factors that affect readiness to change in healthcare practice settings given the current national strategic climate.
<p><b>P3</b> Illustrate in detail the components of change management within a health or care service context.</p> <p><b>P4</b> Discuss the impact of a national strategic direction on a local initiative to effect change in health or care provision.</p>	<b>M2</b> Justify the initiative in relation to wider healthcare issues.	

Pass	Merit	Distinction
<b>LO3</b> Implement own small-scale change management plan		<b>D3</b> Evaluate the impact of own change management initiative on key stakeholders, making comparisons with other healthcare change initiatives.
<p><b>P5</b> Prepare a small-scale change management plan.</p> <p><b>P6</b> Present strategies to address anticipated challenges to the implementation of the change management plan.</p> <p><b>P7</b> Use testing and analysis to implement the change management plan.</p>	<p><b>M3</b> Assess emerging themes, areas for development and communication strategies used in the change management plan.</p>	
<b>LO4</b> Assess the effectiveness of a change management plan		<b>D4</b> Critically assess the need for future work on the basis of the evaluation of the change management initiative.
<p><b>P8</b> Evaluate the impact of a change management initiative on staff.</p> <p><b>P9</b> Present an analytical report on the findings of a change management initiative to relevant stakeholders.</p>	<p><b>M4</b> Justify outcomes of the change management initiative to staff in a healthcare setting.</p>	

## Recommended Resources

### Textbooks

- Handy, C. (1993) *Understanding Organizations*. 4th Ed. London: Penguin Books.
- Hayes, J. (2022) *The Theory and Practice of Change Management*. 6th Ed. London: Macmillan Education.
- Hewitt-Taylor, J. (2013) *Understanding and Managing Change in Healthcare: A Step-by-Step Guide*. London: Palgrave Macmillan.
- Huczynski, A. and Buchanan, D. (2019) *Organizational Behaviour*. 10th Ed. London: Pearson.
- Hussey, J. (1994) *Understanding Business and Finance: An Active Learning Approach*. 2nd Ed. London: Letts Educational.
- McCormack, B., Manley, K. and Titchen, A. (2013) *Practice Development in Nursing and Healthcare*. 2nd Ed. Oxford: Wiley-Blackwell.
- Waldorff, S.B., Pedersen, A.R., Fitzgerald, L. and Ferlie, E. (2015). *Managing Change. From Health Policy to Practice*. Basingstoke: Palgrave Macmillan.

### Websites

[www.cipd.co.uk](http://www.cipd.co.uk)

Chartered Institute of Personnel and Development  
“Landing transformational change”  
(Podcast)

<https://behaviourchange.hee.nhs.uk/>

Health Education England  
“Behaviour Change Development Framework and Toolkit”  
(Training)

[www.hsj.co.uk](http://www.hsj.co.uk)

Health Service Journal  
“Challenging CQC ratings: a system stacked against the provider”  
(Article)  
“A review of the CQC and performance management”  
(Article)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO3	P1, D1, D3
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO3, LO4	D2, M3, P8
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO1, LO2, LO3	D1, P4, M3
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3, LO4	P7, M3, D3, P8, M4, D4
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	P8
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Supporting Team and Partnership Working across Health and Social Care Services**

<b>Unit code</b>	<b>D/618/8541</b>
<b>Unit type</b>	<b>Optional</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## **Introduction**

It is important for organisations to work together to enable access to services to be provided for the continuation of care and the wellbeing of service users. This will help to ensure that high-quality provision is offered that 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 and social services and police are aware of children and adults who may need to be supported and whether they are at risk.

The aims of this unit are 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 support of the development of effective well-integrated teams.

Students will consider the leadership and management characteristics, behaviours and traits that 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 describe 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 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:

- LO1 Differentiate between the role of a leader and the function of a manager
- LO2 Discuss the role of partnership working across health, care and support services
- LO3 Explore the outcomes of positive partnership working across health, care and support services
- LO4 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 and 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

The role of the legislature (parliaments and assemblies), executive (cabinet, government, local authorities and health trusts) and the judiciary (courts and tribunals).

### 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 co-production 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 families or representatives:*

Theories of co-production 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:*

Coordinated 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 coordinated approach

Shared principles

Integrated service provision

Efficient use of resources

Community cohesion

Sharing of good working practices  
Improved outcomes.

*Negative outcomes for organisations:*

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 team  
Barriers that affect team working.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Differentiate between the role of a leader and the function of a manager		<b>D1</b> Critically review different theories and approaches to leadership and their impact on effective management in care practice.
<b>P1</b> Compare the different roles and characteristics of a leader and a manager. <b>P2</b> Discuss the characteristics of leadership and management in terms of their role in effective partnership working.	<b>M1</b> Critically compare the role of a leader and function of a manager using a range of theories and concepts and in different care contexts.	
<b>LO2</b> Discuss the role of partnership working across health, care and support services		<b>D2</b> Critically evaluate the factors that impact on partnership working in the health and social care environment.
<b>P3</b> Discuss the key approaches to partnership working and the role that leaders and managers play. <b>P4</b> Analyse the value of partnership working in achieving a high-quality service within legislative boundaries.	<b>M2</b> Evaluate how leaders and managers can improve efficiencies while successfully meeting partnership objectives and service users' needs.	
<b>LO3</b> Explore the outcomes of positive partnership working across health, care and support services		<b>LO3 and LO4</b> <b>D3</b> Critically evaluate own role as an effective member of a team working in partnership across different health, care and support services.
<b>P5</b> Discuss the impact of positive partnership working across different services on outcomes for service users.	<b>M3</b> Assess partnership working outcomes for all stakeholders across different services.	
<b>LO4</b> Examine own contributions to working as part of a team		
<b>P6</b> Discuss how own contributions impact on the work of a team. <b>P7</b> Analyse own effectiveness in minimising barriers to effective team working.	<b>M4</b> Critically reflect on how to improve own personal contribution and minimise barriers to ensure the effectiveness of a team.	

## Recommended Resources

### Textbooks

Glasby, J. and Dickinson, H. (2014) *Partnership Working in Health and Social Care: What Is Integrated Care and How Can We Deliver It?* 2nd Ed. London: Policy Press.

Dickinson, H. and O'Flynn, J. (2016) *Evaluating Outcomes in Health and Social Care*. 2nd Ed. London: Policy Press.

Schedlitzki, D. and Edwards, G. (2021) *Studying Leadership: Traditional and Critical Approaches*. 3rd Ed. London: Sage Publications.

### Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, M2, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2, LO3, LO4	P2, P3, P4, M3, P5, M4, D3
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2, LO3	M2, D2, P4
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3	P4, M3
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3	P4, M3
<b>THEME 6:</b> 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Social Policy in Public Health

**Unit code** H/618/8542

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

Social policy is integral to the function of health and care services. It involves the legislation, guidelines and expectations regarding conduct of the 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 to be 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 that relate 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 in 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 in own practice area.

On successful completion of this unit students will have an insight into the origins of social policy documents in their own practice area. This will enhance their ability to reflect on social and public health factors that are fundamental in a career in healthcare and for future study.

## **Learning Outcomes**

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

LO1 Discuss the historical context of social policy governing public health practice

LO2 Examine social policy initiatives in public health

LO3 Carry out a review of social policy in relation to own area of practice

LO4 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-First World War developments), including housing, sanitation and 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 etc. (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. UK Health Security Agency, Office for Health Improvement and Disparities, World Health Organization.

## 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. how 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. British Red Cross, National AIDS Trust, Cancer Research UK.

### *How legislation has been interpreted to meet specific user needs that inform 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 assessment, e.g. health impact assessment (HIA), environmental health impact assessment (EHIA)

Global and national impact assessments, e.g. World Health Organization health impact assessment, Centers for Disease Control and Prevention (CDC) in USA, UK Health Security Agency, Office for Health Improvement and Disparities, Wales Health Impact Assessment Support Unit (WHIASU)

Local impact assessments, e.g. in England, 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 in 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 relation to public health policy, e.g. *Code of Conduct for Healthcare Support Workers and Adult Social Care Workers* (Skills for Health and Skills for Care, 2013), *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* (Nursing and Midwifery Council, 2018), 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 status, sex, gender identity, age, climate change, disaster, employment, disability, education, community services, 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 the following:*

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 the area of policy development

Support networks, pressure groups and 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 with 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, non-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

Pass	Merit	Distinction
<b>LO1</b> Discuss the historical context of social policy governing public health practice		<b>LO1 and LO2</b> <b>D1</b> Critically analyse key developments, legislation and strategic interventions that have promoted social policy.
<b>P1</b> Discuss key historical developments that have influenced social policy. <b>P2</b> Illustrate in detail the processes used in home country in devising social policy.	<b>M1</b> Evaluate how key historical developments have driven legislation governing social policy in home country.	
<b>LO2</b> Examine social policy initiatives in public health		
<b>P3</b> Discuss how legislation has informed national and local social policy in own country. <b>P4</b> Discuss the importance of strategy interventions in promoting social policy development.	<b>M2</b> Investigate how legislation and policy intervention promote social policy development.	

Pass	Merit	Distinction
<p><b>LO3</b> Carry out a review of social policy in relation to own area of practice</p>		<p><b>LO3 and LO4</b></p> <p><b>D2</b> 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.</p>
<p><b>P5</b> Illustrate in detail different areas of focus for social policy in public health relevant to own work setting.</p> <p><b>P6</b> Discuss how local and national policy directs identified areas of public health strategy.</p>	<p><b>M3</b> Assess the impact of social policy-driven interventions on the promotion of public health and wellbeing measures in own area of practice.</p>	
<p><b>LO4</b> Reflect on the impact of social policy as a driver to improve outcomes in public health</p>		
<p><b>P7</b> Discuss the impact of social policy interventions on own area of service provision.</p> <p><b>P8</b> Analyse how developing own role can support policy-driven strategies in public health to improve health outcomes for different groups.</p>	<p><b>M4</b> Evaluate effectiveness of own role in influencing policy development and future practice in public health to improve health outcomes for different groups.</p>	

## Recommended Resources

### Textbooks

Kawacki, I., Lang, I. and Ricciardi, W. (2020) *Oxford Handbook of Public Health Practice*. 4th 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 with People's Lives*. London: Palgrave Macmillan.

### Websites

[www.jrf.org.uk](http://www.jrf.org.uk)

Joseph Rowntree Foundation  
(General reference)

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

King's Fund  
(General reference)

[www.gov.uk](http://www.gov.uk)

Public Health England  
(General reference – archive material)

[www.nuffieldbioethics.org](http://www.nuffieldbioethics.org)

Nuffield Council on Bioethics  
"Public health"  
(General reference)

[www.nmc.org.uk](http://www.nmc.org.uk)

Nursing and Midwifery Council  
"The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates"  
(General reference)

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

Skills for Care  
"Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England"  
(General reference)

[www.who.int](http://www.who.int)

World Health Organization  
"Health impact assessment"  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>	All Learning Outcomes	All assessment criteria
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>		
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>	LO3, LO4	M3, D2, P8, M4
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	LO3, LO4	M3, D2, P8, M4
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	LO3, LO4	P5, M3, D2, P8, M4
<b>THEME 6: NUMERACY IN PRACTICE</b>		

## 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Holistic Approaches to Health Promotion

**Unit code** K/618/8543

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## 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 with a view to formulating a linked small-scale health promotion strategy as well as developing the skills to lead on, implement and review this 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 to evaluate its potential to improve 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 to progress in further learning in relation to health promotion and public health.

## **Learning Outcomes**

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

- LO1 Explore factors that influence the health and wellbeing of individuals, families and communities
- LO2 Examine approaches to health promotion and their impact on the health and wellbeing of individuals, families and communities
- LO3 Investigate holistic approaches to promoting health and wellbeing in own work setting
- LO4 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 and wellbeing*

World Health Organization'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 Organization (WHO)

National Health Service (NHS)

UK Health Security Agency

Office for Health Improvement and Disparities.

#### *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, teams

Social status, e.g. country of residence, nationality, 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 of health promotion action in the *Ottawa Charter for Health Promotion* (WHO, 1987), 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. UK Health Security Agency, Office for Health Improvement and Disparities, NHS

*Recent 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: Our strategy for public health in England* (Department of Health and Social Care), Live Well (NHS), One You (NHS), Be Clear on Cancer (Public Health England), Start for Life (NHS), Change4Life (NHS)

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, sex, gender identity, socio-economic status, 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

Pass	Merit	Distinction
<b>LO1</b> Explore factors that influence the health and wellbeing of individuals, families and communities		<b>LO1 and LO2</b> <b>D1</b> Critically evaluate the local and global relevance of different strategic approaches to health promotion.
<b>P1</b> Discuss the benefits of holistic approaches to promoting the health and wellbeing of different individuals accessing healthcare services. <b>P2</b> Assess the different factors that influence the health and wellbeing of individuals, families and communities.	<b>M1</b> Critically analyse the range of factors that impact on global and local health and wellbeing priorities.	
<b>LO2</b> Examine approaches to health promotion and their impact on the health and wellbeing of individuals, families and communities		
<b>P3</b> Analyse the relationship between the homeodynamic approach to health and wellbeing and a current national health promotion strategy.	<b>M2</b> 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.	
<b>LO3</b> Investigate holistic approaches to promoting health and wellbeing in own work setting		
<b>P4</b> 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.	<b>M3</b> Review a range of factors that affect the communication between service users and healthcare practitioners during health promotion interventions.	<b>LO3 and LO4</b> <b>D2</b> Critically reflect on the effectiveness of own campaign using self-selected measures of success and making recommendations for future health promotion strategy.
<b>LO4</b> Develop and lead on a strategy for health promotion in a health, care or community support setting		
<b>P5</b> Plan and implement a health promotion campaign in a healthcare setting as part of a current national health promotion strategy.	<b>M4</b> Justify the choice of campaign and show how individuals, families and communities have contributed to the campaign.	

## Recommended Resources

### Textbooks

- Barley, E. (2016) *Health Psychology in Nursing Practice*. London: Sage Publications.
- Cottrell, S. (2019) *The Study Skills Handbook*. 5th Ed. London: Macmillan Education.
- Healey, J. and Spencer, M. (2022) *Surviving your Placement in Health and Social Care: A Student Handbook*. 2nd Ed. London: Open University Press.
- Jasper, M. (2003) *Beginning Reflective Practice*. Cheltenham: Nelson Thornes.
- Ogden, J. (2023) *Health Psychology: A Textbook*. 6th Ed. London: Open University Press.
- Sharples, K. (2011) *Successful Practice Learning for Nursing Students*. London: Learning Matters (Sage Publications).
- Wills, J. (2022) *Foundations for Health Promotion*. London: Elsevier.

### Websites

[www.hee.nhs.uk](http://www.hee.nhs.uk)

Health Education England  
“Making Every Contact Count”  
(Resources)

[www.nursingtimes.net](http://www.nursingtimes.net)

Nursing Times  
(General reference)

<https://fingertips.phe.org.uk/>

Office for Health Improvement and  
Disparities  
“Public Health Outcomes Framework”  
(General reference)

[www.gov.uk](http://www.gov.uk)

Office for Health Improvement and  
Disparities  
“All Our Health: personalised care and  
population health”  
(Resources)

[www.rcn.org.uk](http://www.rcn.org.uk)

Royal College of Nursing  
“Nurses 4 Public Health. Promote,  
Prevent and Protect: The Value and  
Contribution of Nursing to Public  
Health in the UK: Final report”  
(Report)

[www.un.org](http://www.un.org)

United Nations  
“Millennium Development Goals”  
(General reference)

[www.who.int](http://www.who.int)

World Health Organization  
“Sustainable Development Goals”  
(General reference)

## Policy and guidance

NHS England (2014) *NHS Five Year Forward View*. Available at:  
<https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>.

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>	LO1–LO4	All assessment criteria
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>	LO4	P4, P5, M3, M4, D2
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>	LO3	P5, M4, D2
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	All Learning Outcomes	All assessment criteria
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	LO1, LO2, LO3	P1, M1, P3, M2, P4, M3, D2
<b>THEME 6: NUMERACY IN PRACTICE</b>		

## **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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Human Resource Management in Healthcare

**Unit code** M/618/8544

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

Recruitment and retention of staff is an extremely important element of the healthcare sector. Those responsible need to have the knowledge and understanding of the processes involved in the recruitment and management of staff in the healthcare workplace. They also need to recognise their responsibilities in relation to their own developmental needs as well as those of the staff for whom they are responsible.

This unit will allow students to practise valuable staff interviewing skills as well as giving them 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 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 own role in supporting, coaching or mentoring staff and the purpose and process of providing feedback. Students will explore the use of development plans to allow for identification of staff training requirements and also 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:

- LO1 Discuss the processes involved in the recruitment of staff relevant to own setting
- LO2 Review how staff are monitored and supported on a regular basis
- LO3 Recognise the legal and ethical responsibilities of human resource management
- LO4 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 staff, 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 Skills Matrix, Acas (Advisory, Conciliation and Arbitration Service), professional bodies.

#### *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. Herzberg, 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 outcomes

Setting targets, benchmarks, feedback from others

Effectiveness of systems, e.g. accountability, benefits and limitations for individuals, team and service users

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 Theory X and Theory Y.

*Inadequate support from HR:*

Impact of poor HR management, e.g. inadequate training opportunities, undermotivated 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, data protection (UK General Data Protection Regulation, Data Protection Act 2018, Data Protection Act 1998), Safeguarding Vulnerable Groups Act 2006, Disclosure and Barring Service regulations, Immigration, Asylum and Nationality Act 2006, Rehabilitation of Offenders Act 1974

Right to work, international recruitment regulations, e.g. Skilled Worker visa 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. Care Quality Commission (CQC), care standards, Nursing and Midwifery Council (NMC), professional registration or other requirements, as relevant to own home country.

*Implementing a staff development training plan:*

In-house and 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
<b>LO1</b> Discuss the processes involved in the recruitment of staff relevant to own setting		<b>D1</b> Critically reflect on the recruitment and staff retention processes in own setting and identify potential improvements.
<p><b>P1</b> Discuss the factors to be considered when planning and undertaking the recruitment of staff in own healthcare setting.</p> <p><b>P2</b> Analyse how HR management teams could ensure staff are retained in own healthcare setting.</p>	<p><b>M1</b> Evaluate the impact on healthcare settings of poor management of recruitment processes.</p>	
<b>LO2</b> Review how staff are monitored and supported on a regular basis		<b>D2</b> Evaluate the potential impact on a healthcare setting of a lack of HR monitoring and support.
<p><b>P3</b> Analyse the performance monitoring systems available to management.</p> <p><b>P4</b> Discuss how the HR department supports staff through complex or difficult processes.</p>	<p><b>M2</b> Critically assess the challenges faced in implementing systems of support and monitoring of staff.</p>	

Pass	Merit	Distinction
<b>L03</b> Recognise the legal and ethical responsibilities of human resource management		<b>D3</b> Justify the need for healthcare organisations to comply with current HR guidance and legislation using current examples of breaches in employment law.
<p><b>P5</b> Compare different legal responsibilities of the HR department when recruiting or retaining staff.</p> <p><b>P6</b> Discuss ethical responsibilities that HR departments have with regard to their staff.</p>	<p><b>M3</b> Critically analyse the relationship between legal and ethical responsibilities of HR departments and the impact on staff being managed.</p>	
<b>L04</b> Plan for own learning requirements relevant to managing staff		<b>D4</b> Complete a critically reflective CPD plan to improve own and staff training and development.
<p><b>P7</b> Illustrate in detail the current mandatory training requirements of own setting for workers in different roles.</p> <p><b>P8</b> Discuss the benefits of CPD planning to individuals, teams and settings.</p>	<p><b>M4</b> Evaluate own role in the training of staff in own setting.</p>	

## Recommended Resources

### Textbooks

Armstrong, M. and Taylor, S. (2023) *Armstrong's Handbook of Human Resource Management Practice: A Guide to the Theory and Practice of People Management*. 16th Ed. London: Kogan Page.

Aylott, E. (2022) *Employee Relations: A Practical Introduction*. 3rd Ed. London: Kogan Page.

Ellis, P. and Bach, S. (2015) *Leadership, Management and Team Working in Nursing (Transforming Nursing Practice Series)*. 2nd Ed. London: Learning Matters (Sage Publications).

McConnell, C.R. (2012) *The Health Care Manager's Human Resources Handbook*. 2nd Ed. Burlington, MA: Jones and Bartlett Learning.

Woolnough, H.M. and Fielden, S.L. (2017) *Mentoring in Nursing and Healthcare: Supporting Career and Personal Development*. Oxford: Wiley-Blackwell.

### Websites

[www.businessballs.com](http://www.businessballs.com)

Businessballs

"Team building games, training, ideas and tips"

(Resources)

[www.cqc.org.uk](http://www.cqc.org.uk)

Care Quality Commission

(General reference)

[www.cipd.co.uk](http://www.cipd.co.uk)

Chartered Institute of Personnel and Development

(General reference)

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Care Excellence

"Workplaces"

(General reference)

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

Skills for Care

"Recruitment support"

(Resources)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

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

## 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Pharmacology and Medicine Management

**Unit code** T/618/8545

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## 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:

- LO1 Analyse the actions of, and physiological responses to, different types of medicine
- LO2 Investigate the legislation, policies and standards that govern the management of medicines in a healthcare setting
- LO3 Explain why the interactions of drugs must be taken into account when developing policy, procedure and practice for managing medicines
- LO4 Safely implement own setting's policies and procedures when administering and managing medicines.

## Essential Content

### LO1 Analyse the actions of, and physiological responses 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 pharmacodynamic actions

Common pharmacotherapeutic actions

Adverse drug reactions (ADRs), common side effects and contraindications 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.

*Regulation:*

e.g. in the UK:

- Medicines and Healthcare products Regulatory Agency (MHRA), National Institute for Health and Care Excellence (NICE)
- Human Medicines Regulations 2012
- Patient-specific directions
- Patient-group directions

**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.

*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, intravenous (IV) fluids and bloods

The safe handling of medicines, e.g. their receipt, storage and disposal both in and out of hospital settings, managing out-of-date stock and stock discrepancies

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 pharmacokinetics 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 ADEs and ADRs

Distinctions and relationship between the two

Potential impact of errors in prescribing and administration on individuals, their family or carers

Potential impact of errors in prescribing and administration on teams, departments and organisations

Managing ADEs and ADRs.

*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
<b>L01</b> Analyse the actions of, and physiological responses to, different types of medicine		<b>D1</b> Evaluate the efficacy of different medicines for specific therapeutic uses.
<p><b>P1</b> Discuss the therapeutic use of different types of drug.</p> <p><b>P2</b> Discuss the physiological actions of different types of drug.</p> <p><b>P3</b> Analyse the reasons for the different methods of administration of drugs.</p>	<p><b>M1</b> Assess the efficacy of different medicines for therapeutic use.</p>	
<b>L02</b> Investigate the legislation, policies and standards that govern the management of medicines in a healthcare setting		<b>D2</b> Evaluate how effective local policy is at reflecting legislative requirements around the use of medicines in protecting the service user.
<p><b>P4</b> Discuss how legislation and standards that govern the use of medicines protect the service user.</p> <p><b>P5</b> Explain how local policies reflect the legislation governing the use of medicines.</p>	<p><b>M2</b> Assess how effectively the legislation and standards that govern the use of medicines protect the service user.</p>	

Pass	Merit	Distinction
<b>L03</b> Explain why the interactions of drugs must be taken into account when developing policy, procedure and practice for managing medicines		<b>D3</b> Critically review how effective implementation of the policies and procedures used to manage different medicines protects both the service user and staff.
<b>P6</b> Explain how drug interactions may affect the efficacy and side effects of different medicines for physical and mental health conditions.	<b>M3</b> Discuss how the interactions of drugs are taken into account when developing policy, procedure and practice for managing medicines.	
<b>L04</b> Safely implement own setting's policies and procedures when administering and managing medicines		<b>D4</b> 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.
<b>P7</b> Rationalise own work setting's policies and procedures used for managing and prescribing medicines, including consideration of adverse drug events and reactions.  <b>P8</b> Safely implement own healthcare setting's policies on administering and managing medicines under the supervision of an appropriate professional.	<b>M4</b> Evaluate the effectiveness of own safe implementation of the policies and procedures on administering, prescribing and managing different medicines.	

## Recommended Resources

### Textbooks

Ashelford, S., Raynsford, J. and Taylor, V. (2019) *Pathophysiology and Pharmacology in Nursing (Transforming Nursing Practice Series)*. 2nd Ed. London: Learning Matters (Sage Publications).

Boyd, C. (2021) *Medicine Management Skills for Nurses: Student Survival Skills*. 2nd Ed. Oxford: Wiley-Blackwell.

Cox, T.M., Conlon, C. and Firth, J.D. (2020) *Oxford Textbook of Medicine*. 6th Ed. Oxford: Oxford University Press.

Reid-Searl, K., Dwyer, T., Moxham, L., Reid-Speirs, J. and Richards, A. (2012) *Maths and Medications (Nursing and Health Survival Guides)*. 2nd Ed. Oxford: Routledge.

Richards, A. (2015) *Drugs in Use (Nursing and Health Survival Guides)*. 2nd Ed. Oxford: Routledge.

### Websites

[www.bnf.org](http://www.bnf.org)

British National Formulary Publications  
(General reference)

[www.mhra.gov.uk](http://www.mhra.gov.uk)

Medicines and Healthcare products  
Regulatory Agency  
(General reference)

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Care  
Excellence  
(General reference)

<https://bnf.nice.org.uk/>

British National Formulary  
(General reference)

[www.nmc.org.uk](http://www.nmc.org.uk)

Nursing and Midwifery Council  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO1-LO4	P4, P5, M2, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1-LO4	P6, P7, M3, D3
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2-LO4	P4, P5, M2, D2, P6, P7, M3, D3, D4
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION		
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	P8
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO1, LO2, LO3, LO4	P2, P3, P6, P7, P8, M1, M3, M4, 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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.



## **Learning Outcomes**

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

- LO1 Relate the principles of effective nursing practice to own personal and professional development
- LO2 Explore the impact of environmental factors on the service user experience
- LO3 Analyse Health and Safety policy underpinning safe nursing procedures and practice
- LO4 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:*

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates

Codes and standards of conduct and 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 (*Standards of proficiency for registered nursing associates*, Nursing and Midwifery Council, 2018)

Care, compassion, honesty, conscientiousness, commitment.

#### *Behaviours underpinning nursing practice:*

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

Sector skills 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, access to 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 that 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 etc. 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 Regulations 2004 amendment, 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. 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 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 diagnosis of disorder

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

Timekeeping 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

Co-production 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

Pass	Merit	Distinction
<b>LO1</b> Relate the principles of effective nursing practice to own personal and professional development		<b>D1</b> Produce a detailed, reflective and realistic development plan for own progression in a career in nursing.
<p><b>P1</b> Analyse own skills in relation to the skills required for nursing practice.</p> <p><b>P2</b> Analyse the importance of reflecting core principles, values and behaviours in developing own nursing practice.</p>	<p><b>M1</b> Critically compare own skills, behaviours and experience with the skills, behaviours and experience required to effectively support professionally qualified nursing staff.</p>	
<b>LO2</b> Explore the impact of environmental factors on the service user experience		<b>LO2 and LO3</b> <b>D2</b> Justify own strategies to improve service user experience, taking into consideration the impact of safe, efficient nursing procedures and practice.
<p><b>P3</b> Assess the structural environmental factors that impact on service user experience of own workplace setting.</p> <p><b>P4</b> Assess the situational environmental factors that impact on service user experience of own workplace setting.</p>	<p><b>M2</b> Recommend strategies to improve the service user experience of own workplace setting through addressing environmental challenges.</p>	
<b>LO3</b> Analyse Health and Safety policy underpinning safe nursing procedures and practice		
<p><b>P5</b> Analyse the relationship between the Health and Safety policy and the safeguarding of service users using health and care services.</p>	<p><b>M3</b> Critically examine the role of staff supporting professionally qualified nurses in safeguarding and maintaining the Health and Safety of service users.</p>	

Pass	Merit	Distinction
<p><b>LO4</b> Provide appropriate care for service users in different life stages</p>		
<p><b>P6</b> 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.</p> <p><b>P7</b> 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.</p> <p><b>P8</b> Accurately record results of observations and monitoring, demonstrating regard for data handling policies and procedures in own setting.</p>	<p><b>M4</b> Justify decisions taken when providing care for service users of different ages, referring throughout to the relationship to relevant professional codes of conduct and the needs of the individual.</p>	

## Recommended Resources

### Textbooks

Ellis, P., Standing, M. and Roberts, S. (2023) *Patient Assessment and Care Planning in Nursing (Transforming Nursing Practice Series)*. 4th Ed. London: Learning Matters (Sage Publications).

Evans, D., Coutsaftiki, D. and Fathers, C. (2017) *Health Promotion and Public Health for Nursing Students*. 3rd Ed. London: Learning Matters (Sage Publications).

Peate, I. (2019) *Alexander's Nursing Practice: Hospital and Home*. 5th Ed. London: Elsevier.

Sharples, K. (2011) *Successful Practice Learning for Nursing Students*. London: Learning Matters (Sage Publications).

Wilkinson, J.M. (2011) *Nursing Process and Critical Thinking*. 5th Ed. Upper Saddle River, NJ: Pearson Education.

### Websites

[www.legislation.gov.uk](http://www.legislation.gov.uk)

Legislation  
(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England  
"National safety standards for invasive procedures (NatSSIPs)"  
(General reference)

[www.nmc.org.uk](http://www.nmc.org.uk)

Nursing and Midwifery Council  
"The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates"  
(General reference)

[www.nursingtimes.net](http://www.nursingtimes.net)

Nursing Times  
(General reference)

[www.rcn.org.uk](http://www.rcn.org.uk)

Royal College of Nursing  
(General reference)

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Skills for Health  
"Code of Conduct for Healthcare Support Workers and Adult Social Care Workers"  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO3, LO4	P1, M1, D1, P5, M3, D2, P8
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1, LO2, LO4	P1, P2, M1, D1, P3, P4, M2, D2, P6, P7, P8, M4, D3
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO3, LO4	P5, M3, D2, P6, P7, P8, M4
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO4	P3, P4, M2, D2, P6, M4, D3
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO4	P4, M2, D2, P6, P7, P8, M4
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO4	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 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 24: Providing Outpatient and Community Care

<b>Unit code</b>	<b>F/618/8547</b>
<b>Unit type</b>	<b>Optional</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## Introduction

Outpatient and community care have long provided care and support in the form of numerous specialist services, for example, 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, because it is often less involved and does not require the continued presence of the patient, thereby 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 and avoid 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 are delivered, what influences service delivery, the positive outcomes for individuals accessing services and the impact of their own role on achieving high-quality service provision.

## **Learning Outcomes**

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

- LO1 Analyse key drivers underpinning outpatient and community care
- LO2 Review the services provided by outpatient and community care
- LO3 Assess the benefits of outpatient and community care for individuals
- LO4 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 applicable 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. UK General Data Protection Regulation (2018),  
Data Protection Act 2018

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

Local, regional and national health and social care outcomes frameworks

Public Health Outcomes Framework

The Gold Standards Framework (GSF)

**or** other related frameworks as currently applicable in own home country.

*National guidelines:*

*NHS Long Term Plan* (NHS England, 2019)

*Everyone Counts: Planning for Patients 2014/15 to 2018/19* (NHS England, 2013)

*End of life care for adults: Quality standard 13* (National Institute for Health and Care Excellence, 2011)

*Common core principles and competences for social care and health workers working with adults at the end of life* (Skills for Health and Skills for Care, 2014)

*Transition between inpatient hospital settings and community or care home settings for adults with social care needs: NICE guideline 27* (National Institute for Health and Care Excellence, 2015)

Joint strategic needs assessment (JSNA) data

*Fair Society, Healthy Lives: 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 advisers, care navigation services, domiciliary care, dementia services (e.g. Admiral Nurses), expert patient self-management guidance, housing support, community mental health services, nurse advisers, occupational therapy, palliative care/end-of-life care (e.g. Macmillan 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.

#### *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 cooperation  
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
<b>L01</b> Analyse key drivers underpinning outpatient and community care		<b>D1</b> Critically evaluate the role of key drivers on service delivery in outpatient and community care.
<p><b>P1</b> Analyse different drivers impacting on service delivery for outpatient and community care.</p> <p><b>P2</b> Review the effect of key drivers on the provision of outpatient and community care.</p>	<b>M1</b> Critically review key drivers and their influence on the provision of outpatient and community care.	
<b>L02</b> Review the services provided by outpatient and community care		<b>D2</b> Critically evaluate the role of outpatient and community care services in enabling an effective national health service.
<p><b>P3</b> Discuss the role of outpatient and community care in healthcare service provision.</p> <p><b>P4</b> Compare different types of service provided by outpatient and community care.</p>	<b>M2</b> Reflect on the role of outpatient and community care services in supporting individuals to live independently.	
<b>L03</b> Assess the benefits of outpatient and community care for individuals		<b>D3</b> Critically evaluate how the provision of outpatient and community care services benefits different individuals.
<b>P5</b> Discuss the benefits to different individuals of having access to different outpatient and community care services.	<b>M3</b> Evaluate the impact on different individuals' health and wellbeing of accessing and using outpatient and community care services.	
<b>L04</b> Explore own role in providing outpatient and community care to individuals		<b>D4</b> Critically review own role and responsibilities in relation to effective and efficient service delivery in outpatient and community care.
<p><b>P6</b> Discuss own role in the delivery of outpatient and community care services.</p> <p><b>P7</b> Analyse the impact of own role on the individual receiving outpatient and community care services.</p>	<b>M4</b> 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.	

## Recommended Resources

### Textbooks

Brook, E., McGraw, C. and Thurtle, V. (2021) *Oxford Handbook of Primary Care and Community Nursing (Oxford Handbooks in Nursing)*. 3rd Ed. Oxford: Oxford University Press.

Chilton, S. and Bain, H. (2017) *A Textbook of Community Nursing*. 2nd Ed. London: Routledge.

Clements, L. (2019) *Community Care and the Law*. 7th Ed. London: Legal Action Group.

Evans, D., Coutsaftiki, D. and Fathers, C. (2017) *Health Promotion and Public Health for Nursing Students*. 3rd Ed. London: Learning Matters (Sage Publications).

Ireton-Jones, C. (2016) *Outpatient Nutrition Care and Home Nutrition Support: Practical Guidelines for Assessment and Management*. Boca Raton, FL: CRC Press.

### Policy and guidance

Public Health England and Think Local Act Personal (2014) *Developing the power of strong, inclusive communities*. Available at:

<https://www.thinklocalactpersonal.org.uk/Latest/Developing-the-Power-of-Strong-Inclusive-Communities/>.

### Websites

[www.cqc.org.uk](http://www.cqc.org.uk)

Care Quality Commission  
(General reference)

<https://gsdrc.org/>

Governance and Social Development  
Resource Centre  
“Inequalities and exclusion”  
(General reference)

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Care  
Excellence  
(General reference)

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

Skills for Care  
(General reference)

[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for Excellence  
(General reference)

[www.who.int](http://www.who.int)

World Health Organization  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE		
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2	P5, P6, D2
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2, LO3	P1, P3, M2, D1, P4, M3, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3	P3, P4, M2, D1, P5, D2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3, LO4	M2, M4, D2
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## 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, Assessment and Development (PLAD) portfolio.

## **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: Psychophysiological Disorders

**Unit code** J/618/8548

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

Healthcare workers must develop an understanding of psychophysiological disorders and how these disorders impact on the individual. Psychophysiological disorders refer to physical disorders that are strongly influenced, induced or affected by psychological factors.

This unit places particular emphasis 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, gastrointestinal, 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:

- LO1 Discuss the differences between psychophysiological, psychological and physiological disorders
- LO2 Examine current theoretical perspectives on psychophysiological disorders
- LO3 Analyse the forms of assessment for psychophysiological disorders
- LO4 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

The physical symptoms have a physical cause but are exacerbated by psychological issues.

*Diagnostic and Statistical Manual (DSM) of Mental Disorders:*

DSM-5-TR (American Psychiatric Association, 2022) or most current version of the manual

Challenges in differentiating between physiological disorders with a psychological basis and psychological disorders with physiological symptoms.

*Characterised types of psychophysiological disorders:*

Psychophysiological skin disorders: neurodermatosis, eczema, acne and hives

Psychophysiological musculoskeletal disorders: backache, muscle cramps, tension headaches, migraines and arthritis

Psychophysiological respiratory disorders: bronchial asthma, hyperventilation syndrome and recurring bronchitis

Psychophysiological cardiovascular disorders: hypertension, vascular spasms, angina syndrome, thrombosis and heart attack

Psychophysiological gastrointestinal disorders: peptic ulcers, chronic gastritis and mucous colitis

Psychophysiological endocrine disorders: hyperthyroidism and obesity

Psychophysiological disorders of nervous system in which emotional factors may play a role: multiple sclerosis.

## LO2 Examine current theoretical perspectives on psychophysiological disorders

*Theory and models:*

Medical

Humanistic–existential

Cognitive

Sociocultural

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 Psychological Society (BPS)

Psychophysiological Disorders Association (PPDA)

International Organization of Psychophysiology (IOP)

British Association for Cognitive Neuroscience (BACN)

Society for Psychophysiological Research (SPR)

British Association for Counselling and Psychotherapy (BACP)

Royal College of Psychiatrists (RCPsych).

***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. pseudoneurological.

#### **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 Psychological 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 related 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. UK 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 2007 (amended)

**or** equivalent legislation and frameworks relevant to home country.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Discuss the differences between psychophysiological, psychological and physiological disorders		<b>LO1 and LO2</b>  <b>D1</b> Critically evaluate theoretical approaches to understanding and diagnosing different types of psychophysiological disorders.
<b>P1</b> Analyse the main features of different categories of disorder and their diagnosis.  <b>P2</b> Critically compare the characterised types of psychophysiological disorders.	<b>M1</b> Critically analyse the challenges with diagnosis of general psychophysiological disorders with reference to specific examples of characterised types.	
<b>LO2</b> Examine current theoretical perspectives on psychophysiological disorders		
<b>P3</b> Review different theoretical perspectives on the origin and nature of psychophysiological disorders.	<b>M2</b> Critically analyse theoretical approaches to the origin and nature of different psychophysiological disorders.	
<b>LO3</b> Analyse the forms of assessment for psychophysiological disorders		<b>LO3 and LO4</b>  <b>D2</b> 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.
<b>P4</b> Discuss different forms of assessment and how they are used to diagnose and plan interventions for different psychophysiological disorders.	<b>M3</b> Analyse assessments used to identify psychophysiological disorders in terms of their efficacy in diagnosis and treatment planning.	
<b>LO4</b> Explore current professional practice in supporting individuals with psychophysiological disorders		
<b>P5</b> Review current professional practices involved in diagnosing and supporting individuals with psychophysiological disorders.  <b>P6</b> Discuss ways in which support from professional practice can aid the individual with a psychophysiological disorder.	<b>M4</b> Analyse the influence of different types of assessment and professional intervention on the health and wellbeing of the individual with a psychophysiological disorder.	

## Recommended Resources

### Textbooks

American Psychiatric Association (2022) *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*. 5th Ed. Washington DC: American Psychiatric Association.

Andreassi, J.L. (2006) *Psychophysiology: Human Behavior and Physiological Response*. 5th Ed. Hove: Psychology Press.

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

Cacioppo, J.T., Tassinary, L.G. and Bernston, G.G. (2016) *Handbook of Psychophysiology*. 4th Ed. Cambridge: Cambridge University Press.

### Websites

[www.psychiatry.org](http://www.psychiatry.org)

American Psychiatric Association  
“Diagnostic and Statistical Manual of  
Mental Disorders (DSM-5-TR)”  
(eBook)

[www.apa.org](http://www.apa.org)

American Psychological Association  
(General reference)

[www.bacn.co.uk](http://www.bacn.co.uk)

British Association for Cognitive  
Neuroscience  
(General reference)

<https://ihpe.org.uk/>

Institute of Health Promotion and  
Education  
(General reference)

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Care  
Excellence  
(General reference)

[www.nimh.nih.gov](http://www.nimh.nih.gov)

National Institute of Mental Health  
(General reference)

<https://ppdassociation.org/>

Psychophysiological Disorders  
Association  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO3, LO4	P5, P6, M3, M4, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO4	P5, P6, M4, D2
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO4	P5, P6, M4, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO4	P3, P5, P6, M2, M4, D1, D2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	P4, P5, P6, M3, M4, D2
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO3, LO4	P4, P5, 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Global Health and Wellbeing

**Unit code** L/618/8549

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## 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 might have meant a global health crisis of escalating, epidemic scale. In addition, there are a number of non-communicable diseases (for example, coronary heart disease, cancer, chronic respiratory diseases and diabetes) that are recognised by the World Health Organization 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:

- LO1 Discuss global priorities for health and wellbeing in relation to healthcare priorities of own country
- LO2 Analyse epidemiological data in relation to health and wellbeing
- LO3 Examine the epidemiology of communicable and non-communicable diseases related to own health practice
- LO4 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 four priority areas of the World Health Organization (WHO) *Health 2020: A European policy framework and strategy for the 21st century* (WHO, 2013):

- investing in a life-course approach and empowering citizens
- tackling Europe's major disease burdens of non-communicable 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) as developed from the United Nations Millennium Development Goals (2000), 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 wellbeing for all at all ages, ensure availability and sustainable management of water and sanitation for all, reduce inequality within and among countries.

*Personal factors:*

Competing personal priorities

Individual perceptions of health and illness

Differences in reporting and accessing services, e.g. sex, 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 Organization (UNESCO), the Equality and Human Rights Commission, United Nations Children's 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. UK Health Security Agency, Office for Health Improvement and Disparities, Public Health Wales, NHS Scotland, Institute of Public Health in Ireland

Relevant research studies related to specific health and wellbeing issues.

*Epidemiological principles:*

Principles of disease management, e.g. incidence and prevalence

Frequency of 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, coronavirus

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) Regulations, 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, NHS Change4Life, 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 that 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

Pass	Merit	Distinction
<b>LO1</b> Discuss global priorities for health and wellbeing in relation to healthcare priorities of own country		<b>LO1 and LO2</b> <b>D1</b> Assess the challenges and issues in determining priorities for health and wellbeing using epidemiological research within own country in comparison with global concerns.
<b>P1</b> Summarise the key priorities for health and wellbeing within own country.  <b>P2</b> Discuss the challenges and issues associated with addressing global health priorities in different countries.	<b>M1</b> Analyse the links between global and local priorities for health and wellbeing.	
<b>LO2</b> Analyse epidemiological data in relation to health and wellbeing		
<b>P3</b> Discuss epidemiological principles and sources of evidence applicable to health and wellbeing in own country.  <b>P4</b> Analyse epidemiological data that has defined global health priorities.	<b>M2</b> Critique the effectiveness of methods used to obtain epidemiological data to determine global and local health priorities.	

Pass	Merit	Distinction
<p><b>L03</b> Examine the epidemiology of communicable and non-communicable diseases related to own health practice</p>		<p><b>L03 and L04</b></p> <p><b>D2</b> Critically reflect on the impact of local and global public health improvement programmes on the epidemiology of different communicable and non-communicable diseases.</p>
<p><b>P5</b> Describe the epidemiology of one communicable and one non-communicable disease of relevance to own area of healthcare practice.</p> <p><b>P6</b> Demonstrate how own practice contributes to the control of communicable and non-communicable diseases.</p>	<p><b>M3</b> Assess the impact of epidemiological evidence regarding one communicable and one non-communicable disease in controlling these diseases in own work setting.</p>	
<p><b>L04</b> Assess public health intervention programmes addressing global health priorities in relation to own practice</p>		
<p><b>P7</b> Produce a plan for health intervention relevant to own practice using a current public health intervention programme.</p> <p><b>P8</b> Implement a planned intervention relevant to own healthcare practice.</p>	<p><b>M4</b> Assess own effectiveness in planning and implementing a public health intervention in relation to professional practice.</p>	

## Recommended Resources

### Textbooks

Evans, D., Coutsaftiki, D. and Fathers, C. (2017) *Health Promotion and Public Health for Nursing Students*. 3rd Ed. London: Learning Matters (Sage Publications).

Green, J., Tones, K., Cross, R. and Woodall, J. (2019) *Health Promotion: Planning and Strategies*. 4th Ed. London: Sage Publications.

Nicholson, B., McKimm, J. and Allen, A. (2015) *Global Health*. London: Sage Publications.

Saracci, R. (2010) *Epidemiology: A Very Short Introduction*. Oxford: Oxford University Press.

Somerville, M., Kumaran, K. and Anderson, R. (2016) *Public Health and Epidemiology at a Glance*. 2nd Ed. Oxford: Wiley-Blackwell.

### Websites

<https://fingertips.phe.org.uk/>

Office for Health Improvement and Disparities

“Public Health Outcomes Framework”

(General reference)

<https://publichealth.ie/>

Institute of Public Health Ireland

(General reference)

[www.gov.uk](http://www.gov.uk)

Public Health England

(General reference)

[www.healthscotland.scot](http://www.healthscotland.scot)

Public Health Scotland

(General reference)

<https://phw.nhs.wales/>

Public Health Wales

(General reference)

[www.euro.who.int](http://www.euro.who.int)

World Health Organization

“Health 2020: A European policy framework and strategy for the 21st century”

(Report)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>	LO1, LO2, LO3	P1, P2, M1, D1, P3, P4, M2, P5, P6, M3, D3
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>	LO1, LO4	P1, P2, M1, D1
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>	All Learning Outcomes	All assessment criteria
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	All Learning Outcomes	All assessment criteria
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	All Learning Outcomes	All assessment criteria
<b>THEME 6: NUMERACY IN PRACTICE</b>	LO1, LO2, LO3, LO4	P1, P2, P3, P4, P5, P6, P7, M1, M2, M3, M4, D1, 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Project Management for Healthcare

**Unit code** F/618/8550

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## 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 and managing and implementing a project. They will develop confidence and abilities in decision-making, problem-solving, consequential thinking, critical analysis and research activities in their chosen field. Further, they will be able to critically assess key concepts, systems, processes and practices in 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:

- LO1 Apply theories of project management to management systems and practices in own work setting
- LO2 Implement a planned small-scale project relevant to own workplace experience
- LO3 Produce an end-of-project evaluation report, taking into account audience and stakeholders
- LO4 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 success, 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.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Apply theories of project management to management systems and practices in own work setting		<b>D1</b> Critically evaluate and review project management processes in own setting using different theories and models of project management.
<p><b>P1</b> Discuss different project management theories and models used in managing healthcare service provision.</p> <p><b>P2</b> Illustrate the different processes used in own setting to manage projects.</p>	<p><b>M1</b> Analyse different project management theories and models in terms of their application to project management processes used in own setting.</p>	
<b>LO2</b> Implement a planned small-scale project relevant to own workplace experience		<b>D2</b> Evaluate and review own project management documentation for a small-scale healthcare project in own work setting.
<p><b>P3</b> Create a project management plan using different methods of communication for a self-selected project.</p> <p><b>P4</b> Implement and manage a small-scale healthcare project in own work setting.</p>	<p><b>M2</b> Apply detailed project management planning processes to the implementation and management of a small-scale healthcare project in own work setting.</p>	
<b>LO3</b> Produce an end-of-project evaluation report, taking into account audience and stakeholders		<b>D3</b> Produce a critically reflective end-of-project evaluation report.
<p><b>P5</b> Produce a well-constructed end-of-project evaluation report.</p>	<p><b>M3</b> Produce an analytical end-of-project evaluation report.</p>	
<b>LO4</b> Critically reflect on own performance and learning within the project management process		<b>D4</b> Action plan for own future learning and development through own experience of the project management and quality research processes.
<p><b>P6</b> Report on the value of undertaking the project to meet stated objectives.</p> <p><b>P7</b> Discuss how consequential thinking and analysis was used in developing the report.</p>	<p><b>M4</b> Reflect on the value of the project management process and use of quality research in developing own career prospects.</p>	

## Recommended Resources

### Textbooks

Costley, C., Elliot, G. and Gibbs, P. (2010) *Doing Work Based Research: Approaches to Enquiry for Insider-Researchers*. London: Sage Publications.

Flick, U. (2011) *Introducing Research Methodology: A Beginner's Guide to Doing a Research Project*. London: Sage Publications.

Lewis, J.P. (2023) *Project Planning, Scheduling, and Control: The Ultimate Hands-On Guide to Bringing Projects in On Time and On Budget*. 6th Ed. London: McGraw-Hill Education.

Pendleton, D. and Furnham, A. (2012) *Leadership: All You Need to Know*. London: Palgrave Macmillan.

Reiss, G. (2007) *Project Management Demystified*. 3rd Ed. Oxford: Routledge.

Schwalbe, K. and Furlong, D. (2013) *Healthcare Project Management*. Minneapolis, MN: Schwalbe Publishing.

Shore, D. (2014) *Launching and Leading Change Initiatives in Healthcare Organizations: Managing Successful Projects*. San Francisco, CA: Jossey-Bass.

### Websites

[www.bbc.co.uk](http://www.bbc.co.uk)

BBC

"The Bottom Line"

(Podcast)

[www.managers.org.uk](http://www.managers.org.uk)

Chartered Management Institute

(General reference)

<https://management.org/>

Management Library

"Project management"

(General reference)

[www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

NHS Leadership Academy

"Organisational development"

(Resources)

[www.project-management-podcast.com](http://www.project-management-podcast.com)

PM Podcast

"Episode 386: Interpersonal skills for project success"

(Podcast)

## Journals and articles

Edmonstone, J. (2010) 'A new approach to project managing change', *British Journal of Healthcare Management*, 16(5), 225–230. Available at: <https://doi.org/10.12968/bjhc.2010.16.5.47936>.

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO2, LO3, LO4	O3, LO4
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1, LO2, LO3, LO4	LO1, LO2, LO3, LO4
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN		
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1, LO2, LO3, LO4	LO1, LO2, LO3, LO4
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	LO4
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO2, LO3	P4, P5, M2, M3, 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Complementary Therapies in Healthcare Practice

<b>Unit code</b>	<b>J/618/8551</b>
<b>Unit type</b>	<b>Optional</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## 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:

- LO1 Discuss the principles of providing complementary therapies in a healthcare setting
- LO2 Assess the regulations affecting complementary therapies in healthcare settings
- LO3 Investigate the use of complementary therapies in a healthcare setting
- LO4 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. NLP, cognitive-behavioural 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 about 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.

## 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 Soft Tissue Therapies (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 (GMC) regulations and guidance, Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), General Osteopathic Council (GOsC), General Chiropractic Council (GCC), National Institute for Health and Care Excellence (NICE) guidance

Additional standards, e.g. National Occupational Standards (NOS)

Other regulatory bodies, e.g. General Regulatory Council for Complementary Therapies (GRCCT)

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 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 sociocultural 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 and treating 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 about illness or treatment

Preventative uses

Therapeutic for different disorders.

*Impact on physiological function:*

Musculoskeletal, e.g. bones, joints, muscles, mobility, pain

Metabolic, e.g. digestive and eliminatory processes, dermatological, endocrine functions, immune function, reproductive function

Cardiorespiratory, 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

Pass	Merit	Distinction
<b>LO1</b> Discuss the principles of providing complementary therapies in a healthcare setting		<b>LO1 and LO2</b> <b>D1</b> Critically evaluate the effectiveness of current policy and practice requirements on regulating the use of complementary therapies in healthcare provision across different settings.
<b>P1</b> Discuss the purpose and historical context of different complementary therapies currently used by healthcare practitioners.	<b>M1</b> Analyse the relevance of the healthcare practitioners' personal skills in providing different complementary therapies in healthcare practice.	
<b>LO2</b> Assess the regulations affecting complementary therapies in healthcare settings		
<b>P2</b> Investigate different professional practice requirements for complementary therapists. <b>P3</b> Assess how the use of complementary therapies is regulated in health and care settings.	<b>M2</b> Critically analyse impact of current legislative and policy environment on the use of complementary therapies in healthcare practice.	
<b>LO3</b> Investigate the use of complementary therapies in a healthcare setting		<b>LO3 and LO4</b> <b>D2</b> 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.
<b>P4</b> Compare and contrast different complementary therapies and orthodox treatments used in healthcare settings.	<b>M3</b> Critically discuss the effectiveness of, and risks associated with, complementary therapies in use in a specific healthcare setting.	
<b>LO4</b> Analyse the role of complementary therapies in maintaining health and wellbeing		
<b>P5</b> Assess the impact of complementary therapies on different physiological functions. <b>P6</b> Assess psychological effects of complementary therapies on individuals presenting with different behaviours in a healthcare setting.	<b>M4</b> Examine the role of different complementary therapies in maintaining physiological and psychological health and wellbeing.	

## Recommended Resources

### Textbooks

Adams, J., Magin, P. and Broom, A. (2013) *Primary Health Care and Complementary and Integrative Medicine: Practice and Research*. London: Imperial College Press.

Dawson, V. and Chitty, A. (2011) *Complementary Therapies: The Essential Guide*. Peterborough: Need2Know Books.

Hawk, C. (2017) *The Praeger Handbook of Chiropractic Health Care: Evidence-Based Practices*. Westport, CT: 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.cnhc.org.uk](http://www.cnhc.org.uk)

Complementary and Natural Healthcare Council

(General reference)

[www.gcc-uk.org](http://www.gcc-uk.org)

General Chiropractic Council

(General reference)

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Care Excellence (NICE)

(General reference)

[www.nhs.uk](http://www.nhs.uk)

NHS A-Z

“Complementary and alternative medicine”

(General reference)

[www.rccm.org.uk](http://www.rccm.org.uk)

Research Council for Complementary Medicine

(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, P4, M2, D1
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO1	P1, M1, D1
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2, LO3	P3, P4, M2, D1, M3
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO1	P1, M1, D1
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO4	P6, P7, M4, D2
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO1, LO2, LO3, LO4	P5, P6, M3, D1, 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Supporting Operating Department Practice

<b>Unit code</b>	<b>L/618/8552</b>
<b>Unit type</b>	<b>Optional</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## Introduction

This unit is only for students currently in a trainee assistant practitioner (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, for example, accident and emergency, intensive care, day surgery clinics, maternity units or resuscitation teams.

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 high-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:

- LO1 Analyse principles of perioperative practice
- LO2 Review the roles played by professionals involved in operating department practice
- LO3 Examine the phases of perioperative care
- LO4 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

Electrocardiograms (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/specialists

Operating department practitioners

Anaesthetists

Theatre manager

Practitioner support:

- theatre nurses
- senior/scrub practitioners
- senior/theatre support workers/practitioners
- porters
- administrative staff.

*Responsibilities:*

Consent

Safe systems of work, care plans, checklists, communication

Collaboration

Team working, ongoing and 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

Reporting 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 catheter, nasogastric (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 rousable 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 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  
Using 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
<b>LO1</b> Analyse principles of perioperative practice		<b>D1</b> Critically analyse the principles involved in the delivery of all stages of perioperative care.
<b>P1</b> Discuss the principles underpinning perioperative care. <b>P2</b> Analyse the principles involved in the anaesthetics stage of perioperative care.	<b>M1</b> Evaluate the principles practitioners adhere to when delivering effective perioperative care.	
<b>LO2</b> Review the roles played by professionals involved in operating department practice		<b>D2</b> Critically evaluate the role of professionals involved in operating department care in enabling an effective health service.
<b>P3</b> Analyse the different roles and responsibilities of professionals working in operating department service practice.	<b>M2</b> Evaluate how staff work together in operating department service provision to enable effective patient-centred care.	
<b>LO3</b> Examine the phases of perioperative care		<b>LO3 and LO4</b> <b>D3</b> Critically reflect on the effectiveness of own practice throughout perioperative care towards providing an effective and efficient operating department service.
<b>P4</b> Discuss the role of assessment and monitoring throughout perioperative care.	<b>M3</b> Critically analyse the assessments and monitoring carried out during each phase of perioperative care.	
<b>LO4</b> Explore own role in providing perioperative care to individuals		
<b>P5</b> Provide appropriate support to operating department service delivery, demonstrating teamwork and ensuring individuals' needs and safety are paramount.	<b>M4</b> 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*. 5th Ed. Oxford: Oxford University Press.

Hughes, S. (2023) *Oxford Handbook of Perioperative Practice (Oxford Handbooks in Nursing)*. 2nd Ed. 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. (2022) *Alexander's Care of the Patient in Surgery*. 17th Ed. London: Elsevier.

Wicker, P. (2010) *Caring for the Perioperative Patient (Essential Clinical Skills)*. 2nd Ed. Oxford: Wiley-Blackwell.

### Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>		
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>	LO2	P5, P6, D2, D4
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>	LO2, LO3	P1, P3, M2, D1, P4, M3, D2
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	LO2, LO3	P3, P4, M2, D1, P5, D2
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	LO2, LO3, LO4	M2, M4, D2
<b>THEME 6: NUMERACY IN PRACTICE</b>	LO1, LO3	P1, P2, P4, M1, M3, D1, 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 30: Working with People Affected by Drug and Alcohol Addiction

**Unit code** R/618/8553

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

This unit is for students currently in a trainee assistant practitioner (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.

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 such an 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 make students aware of the challenges faced when delivering services in ensuring that the rights and choices of people with an addiction are upheld. On completion of this unit students will have developed their knowledge and skills of involvement in the delivery of services that 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:

- LO1 Discuss the indicators of drug addiction and alcohol addiction
- LO2 Review the treatments and support systems utilised to meet the needs of people affected by addiction
- LO3 Contribute to the support of people affected by addiction
- LO4 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/carer 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:*

Sex, gender identity

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 of 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. With You, Community for Recovery, Narcotics Anonymous, Cocaine Anonymous, Alcoholics Anonymous, local and regional community recovery groups

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 those of 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

Using 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-judgemental 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 does not 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

Pass	Merit	Distinction
<b>LO1</b> Discuss the indicators of drug addiction and alcohol addiction		<b>D1</b> Evaluate the relationship between risk factors, indicators and impact of drug and alcohol addiction on the individual and wider society.
<p><b>P1</b> Discuss the indicators of drug and alcohol addiction and their use in supporting clinical diagnoses of the different types.</p> <p><b>P2</b> Discuss the risk factors associated with drug and alcohol addiction.</p>	<p><b>M1</b> Analyse the differences between drug and alcohol dependency and the physical, social and psychological impact of each.</p>	
<b>LO2</b> Review the treatments and support systems utilised to meet the needs of people affected by addiction		<b>D2</b> Critically examine the complexities of diagnosing, treating and supporting individuals experiencing alcohol and drug addiction.
<p><b>P3</b> Compare treatments and support systems available to meet the needs of individuals affected by addiction.</p> <p><b>P4</b> Discuss the impact of different barriers to treatment on the ability of services to meet the needs of individuals affected by addiction.</p>	<p><b>M2</b> Analyse the relationship between different approaches to treatment and support in meeting the range of needs of individuals with drug or alcohol addiction.</p>	

Pass	Merit	Distinction
<p><b>L03</b> Contribute to the support of people affected by addiction</p>		<p><b>L03 and L04</b></p> <p><b>D3</b> Critically reflect on own role as part of a service in using different strategies to address challenges to the provision of effective support for individuals affected by addiction.</p>
<p><b>P5</b> Provide a period of person-centred support in a service that provides treatment or support to individuals affected by drug or alcohol addiction.</p>	<p><b>M3</b> Analyse the drug and non-drug approaches used to treat addiction and their impact on individuals in own setting.</p>	
<p><b>L04</b> Reflect on the challenges involved in providing services which support people affected by addiction</p>		
<p><b>P6</b> Discuss the challenges to be addressed when delivering services that promote the rights and choices of people affected by drug or alcohol addiction.</p> <p><b>P7</b> Compare the roles of different services in enabling the active and informed participation of individuals accessing treatment and support for alcohol or drug addiction.</p>	<p><b>M4</b> Evaluate the effectiveness of different strategies to uphold the rights and choices of people affected by addiction during service delivery.</p>	

## 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*. Keswick: M&K Publishing.

White, T. (2012) *Working with Drug and Alcohol Users: A Guide to Providing Understanding, Assessment and Support*. London: Jessica Kingsley Publishers.

### Policy and guidance

Black, C. (2016) *An independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity*. Available at: <https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes>.

Department of Health (2003) *Fair access to care services: Guidance on eligibility criteria for adult social care*. Available at: [https://webarchive.nationalarchives.gov.uk/ukgwa/20080818004700/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009653](https://webarchive.nationalarchives.gov.uk/ukgwa/20080818004700/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009653).

National Institute for Health and Care Excellence (2011) *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (Clinical guideline 115)*. Available at: <https://www.nice.org.uk/guidance/cg115>.

### Websites

[www.addictionprofessionals.org.uk](http://www.addictionprofessionals.org.uk)

Addiction Professionals  
(General reference)

[www.drugwise.org.uk](http://www.drugwise.org.uk)

Drugwise  
(General reference)

[www.eata.org.uk](http://www.eata.org.uk)

EATA Recovery Services  
(General reference)

[www.who.int](http://www.who.int)

World Health Organization  
“Alcohol, Drugs and Addictive Behaviours Unit”  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO1, LO2, LO3, LO4	P4, P5, P6, P7, M2, M3, M4, D1, D2, D3
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO2	P5, P6, D2
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2, LO3	P1, P3, M2, D1, P4, M3, D2
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO2, LO3	P3, P4, M2, D1, P5, D2
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO2, LO3, LO4	M2, M4, D2
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO1	P1, M1, 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Healthcare Practice with Children and Young People

**Unit code** Y/618/8554

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

This unit is for students currently in a trainee assistant practitioner (or related) role and working in settings that support children and young people receiving healthcare. This could include minor injuries, exploratory tests or more severe conditions and illnesses, for example, 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.

On 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:

- LO1 Discuss the healthcare services available to children and young people
- LO2 Explore current legislative frameworks and national standards underpinning healthcare practice for children and young people
- LO3 Explore own role in providing healthcare to children and young people
- LO4 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's 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, availability of appointments or appropriate staff.

*Overcoming barriers to accessing healthcare:*

Adapting the environment and resources

Knowledge of child's 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 National Service Framework for Children, Young People and Maternity Services* (Department of Health, 2004)

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-centred planning

Involvement in planning with children and young people, family and carers

Contributing to the holistic assessment of a child's or young person's needs, preferences and priorities

Accompanying children and young people 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's or young person's life

Dignity and respect

Actively fostering an inclusive environment, equality and non-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

Using 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 and 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 or 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  
Coordinating 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's 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's 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's 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
<b>LO1</b> Discuss the healthcare services available to children and young people		<b>D1</b> Evaluate the effectiveness of healthcare provision in own locale in supporting integrated healthcare services in maintaining a child's or young person's wellbeing.
<p><b>P1</b> Compare ways in which healthcare provision in own locale supports integrated care working to meet the healthcare needs of children and young people.</p> <p><b>P2</b> Discuss barriers related to the provision of healthcare for children in own locale.</p>	<p><b>M1</b> 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.</p>	
<b>LO2</b> Explore current legislative frameworks and national standards underpinning healthcare practice for children and young people		<b>D2</b> 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.
<p><b>P3</b> Discuss the impact of legislation on service delivery of healthcare for children and young people.</p> <p><b>P4</b> Review the effect of national standards on the provision of healthcare practice for children and young people.</p>	<p><b>M2</b> Evaluate the role of legislation and standards in enabling the provision of high-quality healthcare services to children and young people.</p>	

Pass	Merit	Distinction
<p><b>LO3</b> Explore own role in providing healthcare to children and young people</p>		<p><b>LO3 and LO4</b></p> <p><b>D3</b> Critically reflect on the effectiveness of own practice in enabling a person-centred approach to healthcare service provision for children and young people.</p>
<p><b>P5</b> 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.</p> <p><b>P6</b> Compare different forms of support in terms of their meeting the needs of an identified child or young person accessing healthcare services.</p>	<p><b>M3</b> Analyse the relationship between different aspects of own work and the principles and values required of healthcare practitioners working with children and young people.</p>	
<p><b>LO4</b> Demonstrate person-centred practice when delivering healthcare to children and young people</p>		
<p><b>P7</b> Participate in different activities in the delivery of services for children and young people accessing healthcare that take into account their needs, choices and preferences.</p> <p><b>P8</b> Demonstrate effective communication with children and young people to ensure services are responsive to their needs and preferences.</p>	<p><b>M4</b> Analyse own role in developing trusting and supportive relationships when providing healthcare services to children and young people.</p>	

## Recommended Resources

### Textbooks

Blyth, M. and Solomon, E. (2012) *Effective Safeguarding for Children and Young People: What Next After Munro?* London: Policy Press.

Corkin, D., Liggett, L. and Clarke, S. (2011) *Care Planning in Children and Young People's Nursing*. London: Wiley-Blackwell.

Glasper, A., Coad, J. and Richardson, J. (2014) *Children and Young People's Nursing at a Glance*. London: Wiley-Blackwell.

Lindon, J. and Brodie, K. (2016) *Understanding Child Development 0–8 Years*. 4th Ed. London: Hodder Education.

Trodd, L. (2012) *Transitions in the Early Years: Working with Children and Families*. London: Sage Publications.

### Policy and guidance

Department of Health (2011) *Quality criteria for young people friendly health services*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216350/dh\\_127632.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf).

Kennedy, I. (2010) *Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216282/dh\\_119446.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216282/dh_119446.pdf).

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*. Available at: <https://www.rcpch.ac.uk/resources/not-just-phase-guide-participation-children-young-people-health-services>.

### Websites

[www.rcpch.ac.uk](http://www.rcpch.ac.uk)

Royal College of Paediatrics and Child Health

(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

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

## 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Supporting Practitioners in Maternity Care

**Unit code** D/618/8555

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

This unit is for students currently in a trainee assistant practitioner (or related) role and working in settings supporting practitioners in maternity care. Maternity care assistant practitioners 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 whether to call the midwife or maternity unit. The role of an assistant practitioner 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 postnatal wards in hospitals and in the community.

Birth centres and maternity units must be responsive and 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 environment rather than a clinical one. Maternity units vary, according to whether they are in hospitals or midwifery units, and have medical facilities and doctors on hand if needed. These are sometimes called delivery suites or obstetric units.

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 mothers and babies. 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:

- LO1 Examine maternity care services
- LO2 Assess the impact of legislation, regulation, codes of practice and standards on maternity care
- LO3 Explore own role in supporting maternity care services
- LO4 Contribute to the provision of maternity care services which are underpinned by a holistic approach to person-centred practice.

## 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 or 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

Preterm 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, BMI, gestational diabetes, respiration, infection control, fluid balance

Blood pressure and pregnancy

Monitoring, guidance and advice from midwife, consultant, advocate, interpreter, translator.

*Grief counselling:*

Postnatal depression support

Stillbirth and neonatal death support

Coping strategies.

*Birth options:*

Labour ward in the maternity unit of a hospital, with medical facilities and doctors and specialist help available

Home birth – when midwives support mothers in their 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 about 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
<b>LO1</b> Examine maternity care services		<b>D1</b> 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.
<p><b>P1</b> Discuss the types of maternity service currently available to mothers throughout maternity care in own nation.</p> <p><b>P2</b> 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.</p>	<p><b>M1</b> Comparatively analyse the options – antenatal, during labour and postnatal – available to mothers accessing maternity care in own locale and nationally.</p>	
<b>LO2</b> Assess the impact of legislation, regulation, codes of practice and standards on maternity care		<b>D2</b> Evaluate challenges faced in the implementation of legislation, regulation, codes of practice and standards in maternity care service provision.
<p><b>P3</b> Discuss how legislation, regulation, codes of practice and professional standards underpin service delivery in maternity care.</p>	<p><b>M2</b> Analyse the relationship between legislative and regulatory requirements, codes of practice and professional standards for different professionals working in maternity care.</p>	

Pass	Merit	Distinction
<b>L03</b> Explore own role in supporting maternity care services		<p><b>L03 and L04</b></p> <p><b>D3</b> Critically analyse the effectiveness of own contribution to service delivery that fosters principles and values underpinning best practice in maternity care services.</p>
<p><b>P4</b> Discuss how own role contributes to team working to ensure mothers and babies are at the centre of maternity care service delivery.</p> <p><b>P5</b> Interrogate how own role in maternity care facilitates inclusive and person-centred working, ensuring efficient team-working practice.</p>	<p><b>M3</b> Analyse the approaches used to ensure practice in maternity care is inclusive and person-centred.</p>	
<b>L04</b> Contribute to the provision of maternity care services which are underpinned by a holistic approach to person-centred practice		
<p><b>P6</b> 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.</p> <p><b>P7</b> Discuss different aspects of own practice that are underpinned by principles and values required of workers in maternity care.</p>	<p><b>M4</b> Evaluate how own practice is informed by the principles and values required of workers in maternity care.</p>	

## Recommended Resources

### Textbooks

Baston, H. and Hall, J. (2017) *Midwifery Essentials: Basics: Volume 1*. 2nd Ed. London: Elsevier.

Marshall, J. and Raynor, M. (2020) *Myles Textbook for Midwives*. 17th Ed. London: Elsevier.

Roberts, G.W. and Machon, A. (2015) *Appreciative Healthcare Practice: A Guide to Compassionate, Person-centred Care*. Keswick: M&K Publishing.

Tiran, D. and Redford, A. (2022) *Bailliere's Midwives' Dictionary*. 14th Ed. London: Elsevier.

Thompson, N. (2017) *Promoting Equality: Working with Diversity and Difference*. 4th Ed. Basingstoke: Palgrave Macmillan.

### Websites

[www.nhs.uk](http://www.nhs.uk)

NHS Start4Life

“Pregnancy”

(General reference)

[www.nmc.org.uk](http://www.nmc.org.uk)

Nursing and Midwifery Council

“The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates”

(General reference)

[www.rcm.org.uk](http://www.rcm.org.uk)

Royal College of Midwives

“Professional practice”

(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, M2, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO3, LO4	P4, M2, D2, P5, P6, M3, D3, P7, M4
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2, LO3, LO4	P3, M2, D2, P5, P6, M3, D3, P7, M4
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3, LO4	P4, P5, P6, M3, D3, P7, M4
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO3, LO4	P4, P5, P6, M3, D3, P7, M4
<b>THEME 6:</b> NUMERACY IN PRACTICE		

## 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Supporting Practitioners in Urgent Care Environments

**Unit code** H/618/8556

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

This unit is for students currently in a trainee assistant practitioner (or related) role and 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 it 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 in an accident and emergency department 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 in healthcare to address these. Students will also consider how patients' expectations can be managed and their understanding 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:

- LO1 Examine the services provided in urgent care environments
- LO2 Assess the impact of legislation, regulation, codes of practice and standards on urgent care provision
- LO3 Analyse factors that can impact on services provided by urgent care settings
- LO4 Contribute to the provision of urgent care services which are underpinned by person-centred practice.

## Essential Content

### LO1 Examine the services provided in urgent care environments

#### *Remit:*

Using an algorithm (flow chart) of specific symptoms to assess and 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 (GP)

NHS advice lines

Local community services

Urgent care walk-in centre (WiC) services

Minor injuries units and urgent care centres – initial assessment, clinical assessment, triage.

#### *Practitioners:*

Paramedic

GP

Nurse

Practice nurse

Healthcare assistant

Assistant practitioner

Diagnostic radiographer

Call handler.

## 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:*

Patients' 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  
Patients' 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 of 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
<b>LO1</b> Examine the services provided in urgent care environments		<b>D1</b> Critically evaluate the options available to patients requiring urgent care, using case study examples to illustrate key points.
<b>P1</b> Discuss the current scope of provision of services for patients requiring urgent care. <b>P2</b> Analyse the services available locally for a patient with a given injury or illness requiring urgent care.	<b>M1</b> Evaluate the services available to patients accessing urgent care provision.	
<b>LO2</b> Assess the impact of legislation, regulation, codes of practice and standards on urgent care provision		<b>D2</b> Evaluate the impact of legislation, regulation, codes of practice and standards on urgent care service provision in own locality.
<b>P3</b> Assess how effectively legislation protects patients accessing urgent care provision.	<b>M2</b> Critically discuss how regulation, codes of practice and standards underpin effective service delivery in urgent care environments.	
<b>LO3</b> Analyse factors that can impact on services provided by urgent care settings		<b>D3</b> Review different methods and measures used to address barriers to urgent care service delivery in own setting.
<b>P4</b> Discuss barriers to implementing urgent care. <b>P5</b> Interrogate the challenges faced by staff delivering urgent care.	<b>M3</b> Analyse the effects that barriers to urgent care service delivery have on patients.	
<b>LO4</b> Contribute to the provision of urgent care services which are underpinned by person-centred practice		<b>D4</b> Evaluate the effectiveness of own contribution to service delivery that fosters principles and values underpinning best practice in urgent care settings.
<b>P6</b> Participate in different activities in urgent care service delivery that take into account an individual's needs, choices and preferences. <b>P7</b> Discuss different aspects of own practice that are underpinned by principles and values required of workers in urgent care.	<b>M4</b> Actively promote the principles and values required of workers in urgent care when supporting individuals accessing urgent care services.	

## Recommended Resources

### Textbooks

- Crouch, R., Charters, A., Dawood, M. and Bennett, P. (2016) *Oxford Handbook of Emergency Nursing*. 2nd Ed. Oxford: Oxford University Press.
- Dolan, B. and Holt, L. (2013) *Accident and Emergency: Theory into Practice*. 3rd Ed. London: Bailliere Tindall.
- Holbery, N. and Newcombe, P. (2016) *Emergency Nursing at a Glance*. London: Wiley-Blackwell.
- Morris, F., Wardrope, J. and Ramlakhan, S. (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*. 4th Ed. Basingstoke: Palgrave Macmillan.

### Policy and guidance

NHS England (2014) *NHS Five Year Forward View*. Available at:  
<https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>.

### Websites

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

King's Fund  
"Emergency care"  
(General reference)

<https://rcem.ac.uk/>

Royal College of Emergency Medicine  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1:</b> LAW, REGULATION AND ETHICAL PRACTICE	LO2	P3, M2, D2
<b>THEME 2:</b> PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS	LO4	P7, M4, D4
<b>THEME 3:</b> HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN	LO2, LO3, LO4	P3, M2, D2, P4, M3, D3, P6, M4, D4
<b>THEME 4:</b> VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION	LO3, LO4	P4, M3, D3, P6, M4, D4
<b>THEME 5:</b> PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING	LO1, LO2, LO3, LO4	P1, M1, D1, M2, D2, P4, P5, M3, D3, P6, D4
<b>THEME 6:</b> NUMERACY IN PRACTICE	LO1, LO2, LO3	P1, P2, P3, P4, P5, M1, M2, M3, D1, 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Fundamentals of Rehabilitation and Reablement

<b>Unit code</b>	<b>K/618/8557</b>
<b>Unit type</b>	<b>Optional</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## Introduction

This unit is for students currently in a role in health and social care settings either working in or referring to rehabilitation or reablement services. Healthcare is more than a service to treat illnesses, injuries and diseases. Social care is more than providing services to take on the care role for others. The health and care system needs to provide services to support people to do the things they want, need or are expected to do as part of living a fulfilled life. As the needs of the population evolve – for example, in response to a global pandemic – so must the delivery of rehabilitation and reablement services.

People who access rehabilitation and/or reablement services must share the decision-making and be active and equal participants in their personalised rehabilitation or reablement plans. Staff working in rehabilitation and reablement services also need support for their own learning and development, including through an active supervision process and from effective delegation.

The aim of this unit is to develop students' knowledge and critical understanding: of the processes and structures in rehabilitation and reablement services; to apply legislation and policy to the concept of delegation; to evaluate ways to support their own learning and the learning of others, and to explore solutions to develop sustainable, efficient and effective services.

On completion of this unit students will possess knowledge of the concepts that underpin rehabilitation and reablement alongside knowledge of the interprofessional team, both of which will enhance working in or referring on to specific services in their locality.

## **Learning Outcomes**

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

- LO1 Summarise the similarities and the differences in the core components and team members in rehabilitation and reablement
- LO2 Examine the relationship between delegation and legislation, policy and codes of conduct for the provision of safe and effective rehabilitation and reablement services
- LO3 Evaluate ways to support the learning of self and others within rehabilitation and reablement services
- LO4 Reflect on solutions to develop sustainable, efficient and effective rehabilitation and reablement services which meet the needs of the local and national population.

## Essential Content

### LO1 Summarise the similarities and the differences in the core components and team members in rehabilitation and reablement

#### *Definitions of rehabilitation and reablement processes and settings:*

Rehabilitation: process based within healthcare that focuses on assessment, goal-setting, intervention and evaluation

Rehabilitation settings include, but are not limited to: inpatient hospital rehabilitation (including intensive care) within physical and mental health settings; community rehabilitation (e.g. in an outpatient clinic or home environment); prisons; leisure centres

Overall aims of rehabilitation: restore function, compensate for lost function, maintain/maximise function, including within palliative care

Reablement: process based within social care and some healthcare settings that focuses on individual assessment, goal-setting, supporting and enabling risk management and risk-taking, and outcome

Reablement settings: predominantly person's own home and local environment

Overall aims of reablement: maximise independent living, reduce size of ongoing care package, promote faster recovery from illness, prevent unnecessary hospital admissions, support timely discharge.

#### *Concepts and functions within rehabilitation and reablement:*

Rehabilitation Competency Framework (World Health Organization, 2020); International Classification of Functioning, Disability and Health (ICF) (World Health Organization, 2001) – rehabilitation at body level, activity/participation level, environmental factors

Health inequalities: social, cultural, political, economic, commercial and environmental factors

Wider determinants of health that impact on health and the difference in the status of people's health, e.g. education and skills, food, good work, housing, money and resources, friends, family and communities, transport.

#### *The interprofessional team:*

Support workforce – often aligned to one or more of the regulated professions with a range of job titles including, but not limited to: assistant practitioner, rehabilitation support worker and reablement support worker

Regulated professions (mandatory) including, but not limited to: allied health professionals (15 different professions, including occupational therapists,

dietitians, radiographers, paramedics, speech and language therapists, physiotherapists), pharmacists, doctors, nurses and social workers

Providers of talking therapies, including counselling and cognitive behavioural therapy.

**LO2 Examine the relationship between delegation and legislation, policy and codes of conduct for the provision of safe and effective rehabilitation and reablement services**

*Legislation and policies informing delegation and accountability:*

Professional regulators' requirements

Profession-specific codes of conduct

Scope of practice

Regulatory requirements for nursing associates compared with assistant practitioners.

*Accepting delegated duties and delegating/referring on to others:*

Clear handover from and to others, including regulated professionals, unregulated staff members, person accessing services, family members or carers

Effective and culturally competent communication

Seeking advice and support if unsure, as a safety measure.

**LO3 Evaluate ways to support the learning of self and others within rehabilitation and reablement services**

*Supervision for self and others:*

Active participation in supervision

Proctor's model of supervision: normative, formative and restorative (management, learning and support)

Supporting the supervision of learners in practice-based learning.

*Approaches with people who access services:*

Personalised care

Strengths-based approaches

Self-management

Solution-focused rehabilitation

'What matters to me?'

**LO4 Reflect on solutions to develop sustainable, efficient and effective rehabilitation and reablement services which meet the needs of the local and national population**

*Concepts:*

Values-based healthcare

Health promotion

Prehabilitation

Needs of local and national populations.

*Evidence-based practice:*

Role of audit

Quality improvement and research to develop services in line with the needs of people who access local and national services.

## Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
<b>LO1</b> Summarise the similarities and the differences in the core components and team members in rehabilitation and reablement		<b>D1</b> Critically debate the similarities and differences between rehabilitation and reablement approaches.
<b>P1</b> Compare the processes, concepts and functions of rehabilitation and reablement.  <b>P2</b> Discuss the different roles within the interprofessional rehabilitation team.	<b>M1</b> Identify the unique contributions and shared knowledge and skills of different professions within the rehabilitation and reablement teams.	
<b>LO2</b> Examine the relationship between delegation and legislation, policy and codes of conduct for the provision of safe and effective rehabilitation and reablement services		<b>D2</b> Critically reflect on own leadership styles in delegating to others and accepting delegated duties, drawing on relevant legislation, policies and codes.
<b>P3</b> Appraise ways to delegate safely and effectively, supported by relevant legislation, policies and codes.  <b>P4</b> Identify opportunities and challenges to accepting delegated duties from others and delegating to others.	<b>M2</b> Debate the impact of regulatory requirements to support safe and effective delegation.	

Pass	Merit	Distinction
<p><b>L03</b> Evaluate ways to support the learning of self and others within rehabilitation and reablement services</p>		<p><b>D3</b> Provide a critical evaluation of own knowledge and experiences in supporting the learning of self and others.</p>
<p><b>P5</b> Examine the components of effective supervision.</p> <p><b>P6</b> Appraise the effect of adopting person-centred approaches to support the learning of people who access services.</p>	<p><b>M3</b> Debate the challenges of and solutions to enhancing effective supervision.</p>	
<p><b>L04</b> Reflect on solutions to develop sustainable, efficient and effective rehabilitation and reablement services which meet the needs of the local and national population</p>		<p><b>D4</b> Critically reflect on solutions to improve services in local and national contexts.</p>
<p><b>P7</b> Examine the concepts of values-based healthcare, health promotion and prehabilitation.</p> <p><b>P8</b> Evaluate how the concepts of values-based healthcare, health promotion and prehabilitation could be used within rehabilitation and reablement.</p>	<p><b>M4</b> Explore the challenges of and solutions to developing sustainable, efficient and effective rehabilitation and reablement services at a local and national level, drawing on evidence-based practice approaches.</p>	

## Recommended Resources

### Textbooks

Dean, S.G., Siegert, R.J. and Taylor, W.J. (2012) *Interprofessional Rehabilitation: A Person-Centred Approach*. Chichester: Wiley-Blackwell.

Ebrahimi, V. and Chapman, H. (2018) *Reablement Services in Health and Social Care: A Guide to Practice for Students and Support Workers*. London: Palgrave Macmillan.

### Policy and guidance

Nursing and Midwifery Council (undated) *Delegation and accountability: Supplementary information to the NMC Code*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf>.

### Websites

[www.csp.org.uk](http://www.csp.org.uk)

Chartered Society of  
Physiotherapy

“Community rehabilitation  
and recovery”

(General reference)

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

King’s Fund

“Health inequalities”

(General reference)

[www.england.nhs.uk](http://www.england.nhs.uk)

NHS England

“Personalised care”

(General reference)

[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for  
Excellence

“Role and principles of  
reablement”

(General reference)

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

Skills for Care

“Support for leaders and  
managers: Supervision”

(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

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

## Essential requirements

Case study material is essential and can be provided by the tutor or based on students' work situations. Those delivering content should be encouraged to discuss their own experiences in the clinical learning environment with students.

## **Delivery**

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

## **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 healthcare. Evidence against practice-based criteria can be collated in the Practice Learning, Assessment and Development (PLAD) portfolio.

## **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 provided on HN Global in the student resources section for this qualification.

# Unit 35: Supporting Orthopaedic Care

<b>Unit code</b>	<b>T/618/8559</b>
<b>Unit type</b>	<b>Optional</b>
<b>Unit level</b>	<b>5</b>
<b>Credit value</b>	<b>15</b>

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## Introduction

This unit is for students currently in a trainee assistant practitioner (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 non-surgical 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 in 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:

- LO1 Examine legislation, frameworks and guidelines underpinning orthopaedic care services
- LO2 Discuss the function and purpose of orthopaedic services
- LO3 Explore the benefits and challenges of orthopaedic service provision for individuals
- LO4 Contribute to the provision of orthopaedic services to maximise the rights and choices of individuals.

## 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 non-surgical interventions.

### *Conditions treated:*

Musculoskeletal trauma  
Spine diseases  
Sports injuries  
Degenerative diseases  
Infections  
Tumours  
Congenital disorders.

### *Practitioners' roles in diagnosis:*

Orthopaedic specialists/consultants  
Senior practitioners/expert nurses  
Consultant nurses  
Senior/healthcare support workers.

### *Roles of other practitioners involved in 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 they occur:*

Patient demand and expectations

Issues with rural supply and demand

Staff recruitment and retention

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 and 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 and 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 '6Cs' (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' food, fluid and nutritional needs are being met  
Guidance in relation to follow-up exercises/activity/treatment  
Monitoring patients pre- and post-operation  
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
<b>LO1</b> Examine legislation, frameworks and guidelines underpinning orthopaedic care services		<b>D1</b> Critically analyse the effectiveness of legislation, frameworks and guidelines in providing practical solutions for the safe and efficient provision of orthopaedic care.
<p><b>P1</b> Review the legislation supporting orthopaedic care.</p> <p><b>P2</b> Discuss the ways in which legislation affects the development of guidelines to support the delivery of orthopaedic care.</p>	<b>M1</b> Assess how service delivery in orthopaedic care is driven by frameworks and guidelines.	
<b>LO2</b> Discuss the function and purpose of orthopaedic services		<b>D2</b> Critically evaluate local provision in terms of meeting the needs of an identified individual requiring orthopaedic services.
<p><b>P3</b> Discuss the current range of service provision for patients accessing orthopaedic services.</p> <p><b>P4</b> Analyse current local unmet need related to orthopaedic provision in own locale.</p>	<b>M2</b> Evaluate the options available to patients requiring orthopaedic care in own locale.	

Pass	Merit	Distinction
<p><b>L03</b> Explore the benefits and challenges of orthopaedic service provision for individuals</p>		<p><b>D3</b> Critically evaluate the benefits gained by individuals accessing orthopaedic services in relation to the challenges faced.</p>
<p><b>P5</b> Discuss the benefits of orthopaedic service provision to an individual's wellbeing.</p> <p><b>P6</b> Analyse the relationship between benefits and challenges of accessing orthopaedic care from a patient's perspective.</p>	<p><b>M3</b> Propose a series of measures to address the impact of challenges on individuals accessing orthopaedic services.</p>	
<p><b>L04</b> Contribute to the provision of orthopaedic services to maximise the rights and choices of individuals</p>		<p><b>D4</b> Critically reflect on own role and practice in facilitating and empowering different individuals accessing orthopaedic services.</p>
<p><b>P7</b> Participate in different activities in the delivery of services for individuals accessing orthopaedic services to ensure their needs, choices and preferences are met.</p> <p><b>P8</b> Apply appropriate communication strategies in providing support to individuals in identifying and responding to their needs in orthopaedic services.</p>	<p><b>M4</b> Evaluate how effectively own practice is informed by the principles and values required of workers in orthopaedic services.</p>	

## Recommended Resources

### Textbooks

Clarke, S. and Santy-Tomlinson, J. (2023) *Orthopaedic and Trauma Nursing: An Evidence-based Approach to Musculoskeletal Care*. Oxford: Wiley-Blackwell.

Jester, R., Santy, J. and Rpgers, J. (2011) *Oxford Handbook of Orthopaedic and Trauma Nursing (Oxford Handbooks in Nursing)*. Oxford: Oxford University Press.

Porter, S. (2013). *Tidy's Physiotherapy, (Physiotherapy Essentials)*. 15th Ed. London: Churchill Livingstone.

Sanderson, H. and Lewis, J. (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.

### Policy and guidance

Department of Health and Social Care (2021, updated 2023) *Care and support statutory guidance*. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

### Websites

[www.boa.ac.uk](http://www.boa.ac.uk)

British Orthopaedic Association  
(General reference)

[www.orthopaedic-institute.org](http://www.orthopaedic-institute.org)

Orthopaedic Institute  
(General reference)

[www.stepsworldwide.org](http://www.stepsworldwide.org)

Steps: Childhood lower limb condition  
charity  
(General reference)

[www.versusarthritis.org](http://www.versusarthritis.org)

Versus Arthritis  
(General reference)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

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

## 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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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: Supporting Mental Health Services

**Unit code** M/618/8561

**Unit type** Optional

**Unit level** 5

**Credit value** 15

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## Introduction

This unit is for students currently in a trainee assistant practitioner (or related) role and working in settings that help individuals experiencing acute mental ill health conditions (for example, acute anxiety and stress-related illness) to more severe, chronic conditions and illnesses, including 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 static 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 these 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 surrounding 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, although some will allow people to self-refer, including services for drug and alcohol use or misuse, as well as some psychological therapies.

In 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 assistant practitioners.

## **Learning Outcomes**

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

- LO1 Examine approaches to mental ill health in healthcare service provision
- LO2 Assess the impact of legislation, regulation, codes of practice and standards on people accessing mental health services
- LO3 Examine roles of professionals in the mental health workforce
- LO4 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, psychosocial 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, e.g. 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:*

*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 Organization (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.

*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 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 and 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 on 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 (GPs)  
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: psychiatrists, 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 does not 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, sex, gender identity, sexual orientation, language, religion, nationality, ethnicity 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, within own level of competence, routine physiological observations: temperature, pulse, blood pressure, breathing,

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

Pass	Merit	Distinction
<b>LO1</b> Examine approaches to mental ill health in healthcare service provision		<b>D1</b> Critically evaluate the effectiveness of health and care services available to individuals requiring mental healthcare in own locale.
<p><b>P1</b> Analyse the interrelationship between different factors that can influence the development of a mental ill health condition.</p> <p><b>P2</b> Discuss how different types of health and care services available in own nation support individuals experiencing mental ill health.</p>	<p><b>M1</b> Evaluate the impact of effective and ineffective care services and social support on individuals experiencing mental ill health.</p>	
<b>LO2</b> Assess the impact of legislation, regulation, codes of practice and standards on people accessing mental health services		<b>D2</b> Evaluate the challenges faced by the implementation of legislation, regulation, codes and standards of practice in mental healthcare service provision.
<p><b>P3</b> Discuss different pieces of legislation that underpin service delivery in mental healthcare.</p> <p><b>P4</b> Compare different regulations, codes and standards of practice in terms of their relationship to high-quality and safe service delivery in mental healthcare.</p>	<p><b>M2</b> Review the impact of legislation, regulation, codes and standards of practice on service delivery for individuals accessing mental health services.</p>	

Pass	Merit	Distinction
<b>LO3</b> Examine roles of professionals in the mental health workforce		
<p><b>P5</b> Analyse own role in facilitating inclusive and person-centred working as part of a wider mental health workforce.</p> <p><b>P6</b> Analyse the value of the essential shared capabilities of mental health practice in supporting individuals with mental ill health.</p>	<p><b>M3</b> Evaluate the challenges faced by different professionals in the mental health workforce in meeting all the essential shared capabilities.</p>	
<b>LO4</b> Contribute to the provision of mental healthcare services which are underpinned by person-centred practice		
<p><b>P7</b> 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.</p> <p><b>P8</b> Analyse the relationship between different aspects of own work and the essential shared capabilities of mental health practice.</p>	<p><b>M4</b> Evaluate how effectively different aspects of own practice reflect essential shared capabilities for mental health practice.</p>	

## Recommended Resources

### Textbooks

Franklin, C. (2015) *Mental Health: Personalities: Personality Disorders, Mental Disorders and Psychotic Disorders*. 3rd Ed. Seattle, WA: CreateSpace Independent Publishing Platform.

Kinsella, C. and Kinsella, C. (2015) *Introducing Mental Health: A Practical Guide*. 2nd Ed. London: Jessica Kingsley Publishers.

Pilgrim, D. (2022) *Key Concepts in Mental Health*. 6th Ed. London: Sage Publications.

Roberts, G.W. and Machon, A. (2015) *Appreciative Healthcare Practice: A Guide to Compassionate, Person-centred Care*. Keswick: M&K Publishing.

Thompson, N. (2017) *Promoting Equality: Working with Diversity and Difference*. 4th Ed. Basingstoke: Palgrave Macmillan.

### Policy and guidance

Department of Health and NHS England (2015) *Future in mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*. Available at: <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>.

Government Office for Science (2008) *Mental capital and wellbeing: making the most of ourselves in the 21st century*. Available at: <https://www.gov.uk/government/publications/mental-capital-and-wellbeing-making-the-most-of-ourselves-in-the-21st-century>.

Marmot, M. (2010) *Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England post-2010*. Available at: <https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf>.

### Websites

[www.instituteofhealthequity.org](http://www.instituteofhealthequity.org)

Institute of Health Equity  
(General reference)

[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Mental Health Foundation  
(General reference)

[www.mind.org.uk](http://www.mind.org.uk)

Mind (mental health charity)  
(General reference)

[www.nhs.uk](http://www.nhs.uk)

NHS

“Mental health”

(General reference)

[www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

NHS Education for Scotland

“Mental health, learning disabilities and dementia”

(Resources)

## Links

This optional unit links to the core units and other optional units in this qualification. The qualification has been designed holistically to include reinforcement of content between units.

This unit maps to the qualification Practice Themes as below:

	LEARNING REQUIREMENTS (UNIT CONTENT)	ASSESSMENT REQUIREMENTS (ASSESSMENT CRITERIA)
<b>THEME 1: LAW, REGULATION AND ETHICAL PRACTICE</b>	LO2	P3, P4, M2, D2
<b>THEME 2: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOURS</b>	LO3, LO4	P5, P6, M3, D3, P7, P8, M4, D4
<b>THEME 3: HEALTH, SAFETY AND SAFEGUARDING THROUGHOUT THE LIFESPAN</b>	LO2, LO3, LO4	P3, P4, M2, D3, P5, P6, M3, D3, P7, P8, M4, D4
<b>THEME 4: VALUING AND PROMOTING DIVERSITY, DIFFERENCE AND INCLUSION</b>	LO1, LO2, LO3, LO4	All criteria
<b>THEME 5: PROMOTING PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELLBEING</b>	LO1, LO2, LO3, LO4	All criteria
<b>THEME 6: NUMERACY IN PRACTICE</b>	LO2	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 Practice Learning, Assessment and Development (PLAD) portfolio.

## **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.

# 12 Appendices

# Appendix 1: Transferable skills mapping

## Level 4 Higher National Certificate in Healthcare Professions' Support for England: mapping of transferable employability and academic study skills

Mapping for mandatory core and specialist units.

Transferable skills based on the three domains of competence, and clusters of 21<sup>st</sup>-century competencies published by the Committee on Defining Deeper Learning and 21st Century Skills,<sup>10</sup> and adapted by Pearson Edexcel.<sup>11</sup>

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
3	X	X	X	X	X	X	X	X	X	X	X		X	X

<sup>10</sup> Committee on Defining Deeper Learning and 21st Century Skills (2012) *Education for Life and Work: Developing Transferable Knowledge and Skills in the 21st Century*. Washington DC: National Research Council of the National Academies.

<sup>11</sup> Pearson Edexcel (2018) *Transferable skills: A guide for schools* [report]. London: Pearson Edexcel. Available at: <https://qualifications.pearson.com/en/qualifications/edexcel-international-gcses/the-9-1-grading-scale-explained/transferable-skills.html> (Accessed: 13th December 2022).

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
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			X
7	X	X		X				X				X	X	X

## Level 5 Higher National Diploma in Healthcare Professions' Support 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
8	X	X	X	X	X	X					X	X		X
9	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
11	X	X	X	X	X	X					X	X		X
12	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	X	X	X	X
15	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
18	X	X		X		X			X	X	X	X		
19	X	X	X	X		X	X		X	X	X		X	X
20	X			X								X	X	X
21		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	Team work	Leadership	Cultural Awareness
22		X		X		X		X	X	X	X	X	X	X
23	X	X	X	X	X	X	X		X	X	X		X	X
24	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	X
28	X	X		X	X				X	X	X	X		
29	X			X		X						X	X	X
30		X		X		X		X			X			X
31		X		X		X		X	X	X	X	X	X	X
32	X	X		X		X		X	X	X		X	X	X
33	X	X	X	X		X		X	X	X	X	X		X
34	X	X	X	X		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

## **Appendix 2: Occupational standard mapping**

### **Level 5 Higher National Diploma in in Healthcare Professions' Support for England: mapping of Healthcare Assistant Practitioner Occupational Standard**

Core units mapped on following pages.

KSB	Unit																	
	1 LO1	1 LO2	1 LO3	1 LO4	2 LO1	2 LO2	2 LO3	2 LO4	3 LO1	3 LO2	3 LO3	3 LO4	4 LO1	4 LO2	4 LO3	4 LO4	5 LO1	5 LO2
K1	x	x	x	x														
K2	x		x					x										
K3			x			x				x					x	x	x	x
K4																		
K5																		
K6									x									
K7																		
K8																		
K9																		
K10																		
K11																		
K12														x				
K13	x			x										x	x			
K14	x																	
K15											x							
K16											x	x					x	x
K17											x	x						
K18	x		x							x								
K19								x	x									
K20					x			x										

KSB	Unit																		
	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	
	LO1	LO2	LO3	LO4	LO1	LO2													
K21					X		X	X											
K22																			
K23																			
K24																			
K25	X			X					X									X	
K26																		X	X
K27		X																	
K28											X		X						
K29																			
K30																			
K31													X	X		X			
K32													X	X	X	X			
K33													X	X	X	X			
K34																			
K35																		X	X
K36																			
S1	X	X		X										X	X		X		
S2												X							
S3			X			X			X	X		X			X	X	X	X	
S4																			

KSB	Unit																	
	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5
	LO1	LO2	LO3	LO4	LO1	LO2												
S5																		
S6																		
S7																		
S8																		
S9																		
S10																		
S11																		
S12														X	X			
S13														X	X			
S14	X																	
S15																		
S16																	X	X
S17																		
S18																		
S19					X		X	X										
S20					X		X											
S21					X		X	X										
S22																		
S23																		
S24																		

KSB	Unit																		
	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	
	LO1	LO2	LO3	LO4	LO1	LO2													
S25																		X	X
S26																		X	X
S27		X																	
S28											X		X						
S29																			
S30																			
S31														X	X	X	X	X	X
S32																X	X	X	X
S33					X											X	X	X	X
B1						X				X		X			X	X	X	X	X
B2						X				X					X	X	X	X	X
B3									X							X	X		

KSB	Unit 5 LO3	Unit 5 LO4	Unit 6 LO1	Unit 6 LO2	Unit 6 LO3	Unit 6 LO4	Unit 7 LO1	Unit 7 LO2	Unit 7 LO3	Unit 7 LO4	Unit 8 LO1	Unit 8 LO2	Unit 8 LO3	Unit 8 LO4	Unit 9 LO1	Unit 9 LO2
K1							X									X
K2							X									
K3	X										X		X		X	X
K4																
K5			X	X	X	X	X	X	X	X						
K6			X	X	X	X	X	X	X	X						
K7							X	X	X	X						
K8							X	X	X	X						
K9							X	X	X	X						
K10							X	X	X	X						
K11							X	X	X	X						
K12			X	X			X	X	X	X			X			
K13													X			
K14																
K15																
K16	X															
K17																
K18																
K19														X	X	X
K20		X													X	X

KSB	Unit 5 LO3	Unit 5 LO4	Unit 6 LO1	Unit 6 LO2	Unit 6 LO3	Unit 6 LO4	Unit 7 LO1	Unit 7 LO2	Unit 7 LO3	Unit 7 LO4	Unit 8 LO1	Unit 8 LO2	Unit 8 LO3	Unit 8 LO4	Unit 9 LO1	Unit 9 LO2
K21														X	X	X
K22																
K23															X	
K24																
K25	X	X														
K26	X	X														
K27																
K28																
K29										X						
K30										X						
K31												X	X	X		
K32											X	X	X	X		
K33											X	X	X	X		
K34							X	X	X	X						
K35	X	X														
K36							X	X	X							
S1	X						X				X	X	X	X		X
S2																
S3	X	X					X			X	X	X	X	X	X	X
S4										X						

KSB	Unit 5 LO3	Unit 5 LO4	Unit 6 LO1	Unit 6 LO2	Unit 6 LO3	Unit 6 LO4	Unit 7 LO1	Unit 7 LO2	Unit 7 LO3	Unit 7 LO4	Unit 8 LO1	Unit 8 LO2	Unit 8 LO3	Unit 8 LO4	Unit 9 LO1	Unit 9 LO2
S5			X	X	X	X	X	X	X	X						
S6			X		X		X	X	X	X						
S7							X	X	X	X						
S8			X	X	X	X	X	X	X	X						
S9							X	X	X	X						
S10							X	X	X	X						
S11			X	X	X		X	X	X	X						
S12			X	X			X	X	X	X	X	X	X	X		
S13			X	X			X	X	X	X	X	X	X	X		
S14																
S15																
S16	X	X					X	X	X	X	X		X			
S17			X	X												
S18							X	X	X	X						
S19															X	X
S20		X														X
S21														X	X	X
S22																
S23																
S24																

KSB	Unit 5 LO3	Unit 5 LO4	Unit 6 LO1	Unit 6 LO2	Unit 6 LO3	Unit 6 LO4	Unit 7 LO1	Unit 7 LO2	Unit 7 LO3	Unit 7 LO4	Unit 8 LO1	Unit 8 LO2	Unit 8 LO3	Unit 8 LO4	Unit 9 LO1	Unit 9 LO2
S25	X	X					X	X	X	X						
S26	X	X					X	X	X	X						
S27							X			X						
S28																
S29										X						
S30										X						
S31	X	X														
S32	X	X									X	X	X	X		
S33	X	X									X	X	X	X		
B1	X	X					X	X	X	X					X	X
B2	X	X					X	X	X	X	X	X	X	X	X	X
B3							X	X	X	X					X	

KSB	Unit 9 LO3	Unit 9 LO4	Unit 10 LO1	Unit 10 LO2	Unit 10 LO3	Unit 10 LO4	Unit 11 LO1	Unit 11 LO2	Unit 11 LO3	Unit 11 LO4	Unit 12 LO1	Unit 12 LO2	Unit 12 LO3	Unit 12 LO4	Unit 13 LO1	Unit 13 LO2	Unit 13 LO3	Unit 13 LO4
K1			X												X			X
K2			X	X		X											X	
K3			X	X	X	X	X	X	X	X	X	X				X		
K4				X			X	X	X									
K5																		
K6			X	X	X	X	X	X	X	X								
K7			X	X	X	X	X	X	X	X								
K8			X	X	X	X	X	X	X	X								
K9																	X	
K10			X	X	X	X												
K11			X	X	X	X												
K12				X				X										
K13			X	X	X	X	X	X									X	
K14	X		X	X	X	X		X			X						X	X
K15							X		X									
K16			X	X	X	X		X	X	X	X		X			X	X	X
K17																		
K18			X				X								X			
K19	X	X				X												

KSB	Unit 9 LO3	Unit 9 LO4	Unit 10 LO1	Unit 10 LO2	Unit 10 LO3	Unit 10 LO4	Unit 11 LO1	Unit 11 LO2	Unit 11 LO3	Unit 11 LO4	Unit 12 LO1	Unit 12 LO2	Unit 12 LO3	Unit 12 LO4	Unit 13 LO1	Unit 13 LO2	Unit 13 LO3	Unit 13 LO4
K20	x	x																
K21	x	x				x												
K22											x	x	x	x				
K23	x	x												x				
K24											x	x	x	x				
K25			x				x	x										
K26			x	x	x	x									x	x		x
K27			x	x	x			x	x									
K28								x										
K29								x										
K30								x										
K31																		
K32																		
K33																		
K34																		
K35					x										x	x	x	x
K36							x	x								x		
S1			x				x			x					x			
S2			x	x	x	x	x		x								x	
S3			x	x	x	x	x	x	x			x				x	x	x

KSB	Unit 9 LO3	Unit 9 LO4	Unit 10 LO1	Unit 10 LO2	Unit 10 LO3	Unit 10 LO4	Unit 11 LO1	Unit 11 LO2	Unit 11 LO3	Unit 11 LO4	Unit 12 LO1	Unit 12 LO2	Unit 12 LO3	Unit 12 LO4	Unit 13 LO1	Unit 13 LO2	Unit 13 LO3	Unit 13 LO4
S4			X	X	X	X		X	X									
S5																		
S6			X	X	X													
S7			X	X	X		X	X		X								
S8			X	X	X													
S9																	X	
S10																		
S11			X	X	X	X												
S12																	X	
S13			X					X									X	
S14								X										
S15			X	X	X	X	X	X	X	X							X	X
S16			X	X	X	X	X	X	X	X								
S17																		
S18			X	X	X	X	X	X	X						X			
S19	X	X																
S20				X														
S21	X	X				X								X				
S22											X	X	X	X				
S23	X	X												X				

KSB	Unit 9 LO3	Unit 9 LO4	Unit 10 LO1	Unit 10 LO2	Unit 10 LO3	Unit 10 LO4	Unit 11 LO1	Unit 11 LO2	Unit 11 LO3	Unit 11 LO4	Unit 12 LO1	Unit 12 LO2	Unit 12 LO3	Unit 12 LO4	Unit 13 LO1	Unit 13 LO2	Unit 13 LO3	Unit 13 LO4
S24	X										X	X	X	X				
S25				X	X		X	X	X	X								
S26					X		X	X	X	X								
S27			X	X				X	X									
S28								X										
S29			X	X				X	X	X								
S30								X										
S31	X	X																
S32																		
S33	X	X																
B1			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B3	X	X	X	X	X	X	X	X	X	X			X	X				

## Appendix 3: HND in Healthcare Professions' Support for England example placements

In hospital	Close to home	At home
<p>NHS and independent sector – adults, children and young people</p> <p>Departments/areas working alongside allied health professionals, e.g. occupational therapists, speech and language therapists, operating department practitioners</p> <p>Emergency assessment units (community hospital settings)</p> <p>Mental health inpatient services</p> <p>Learning disability inpatient services</p>	<p>Hospice (adult and child) alongside nurses or allied health professionals</p> <p>Primary care – general practice</p> <p>Respite care</p> <p>Mental health crisis house with nursing or allied health professional services</p> <p>Mental health community outreach teams</p> <p>Reablement services</p> <p>Schools alongside nurses or allied health professionals</p> <p>Substance misuse services</p> <p>Community learning disability services integrated teams</p> <p>Child and adolescent mental health services</p> <p>Nursing or allied health professional services</p>	<p>Nursing homes</p> <p>District and community nursing services</p> <p>Assisted living for people with learning disabilities</p> <p>Supported living services</p> <p>Children's domiciliary care services</p> <p>Older person services</p> <p>Paediatric nursing or allied health professional services</p> <p>Health visiting services</p> <p>Community palliative care teams (child and adult)</p> <p>Charitable end-of-life services, e.g. Macmillan</p> <p>Community mental health teams (older people, adult, child)</p> <p>Perinatal mental health teams</p> <p>Early intervention for psychosis teams</p> <p>Offender healthcare units</p>

NOTE: This is not a definitive list. Students should discuss suitable placements/workplaces with their tutors. Students who are employed may need to attend placements in other areas to ensure that all Learning Outcomes are met.

Centres should ensure that students will be supervised according to their placement supervision policy.

# Appendix 4: Mapping of HND in Healthcare Professions' Support for England against FHEQ Level 5 qualification descriptors

## Key

Key for outcome classifications	
<b>KU</b>	Knowledge and understanding
<b>CS</b>	Cognitive skills
<b>AS</b>	Applied skills (referred to as practical skills by QAA)
<b>TS</b>	Transferable skills

## Programme outcomes

Programme outcomes for the HND in Healthcare Professions' Support for England are based on the threshold-level Benchmark Standard in the QAA Subject Benchmark Statement for Health Studies.<sup>12</sup> The Standard is written for FHEQ Level 6. The HND programme outcomes have been formulated at Level 5 and have been adapted for this level.

### Knowledge and understanding (KU)

- KU1 Demonstrate a comprehensive knowledge base in selected subject areas that inform health and physical wellbeing
- KU2 Show a critical understanding of the diversity and changing nature of healthcare locally and nationally
- KU3 Demonstrate an informed understanding of the role played by health promotion in the development of autonomous life choices
- KU4 Demonstrate an understanding of ethical perspectives and the diversity of values associated with healthcare.

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<sup>12</sup> Quality Assurance Agency (2019) *Subject Benchmark Statement: Health Studies* [benchmark statement]. Gloucester: Quality Assurance Agency. Available at: <https://www.qaa.ac.uk/the-quality-code/subject-benchmark-statements>.

## **Cognitive skills (CS)**

- CS1 Critically analyse the nature of health using a wide range of perspectives
- CS2 Critically analyse contemporary issues at the forefront of health and physical wellbeing
- CS3 Critically analyse a range of theories relating to health and ill health
- CS4 Critically appraise a number of theoretical and professional rationales concerning health and care interventions
- CS5 Critically evaluate the role of the individual and of institutions in affecting health status
- CS6 Critically analyse the diversity of experience and values associated with healthcare
- CS7 Analyse different healthcare systems and underpinning health policy development
- CS8 Critically reflect on a range of theories within healthcare
- CS9 Analyse contemporary issues and discourses in healthcare research.

## **Applied skills/practical skills (AS)**

- AS1 Demonstrate a comprehensive grasp of the scope and breadth of the subject
- AS2 Use knowledge of the multidisciplinary nature of healthcare to analyse health and health issues at personal, local and national level
- AS3 Use research findings in a critical and evaluative way to demonstrate the development of healthcare and personal practice.

## **Transferable skills (TS)**

- TS1 Cross traditional professional boundaries drawing on appropriate knowledge from other professions and professionals to reflect on own practice
- TS2 Demonstrate an appreciation of using an interprofessional approach to health, health issues and healthcare practice
- TS3 Demonstrate an ability to use accurately established techniques of analysis and enquiry within the subject
- TS4 Demonstrate understanding that enables argument or debate, and/or to solve problems, using different ideas and techniques, some of which are at the forefront of current healthcare practice
- TS5 Describe and comment upon particular aspects of current research in healthcare

- TS6 Demonstrate an appreciation of the uncertainty, ambiguity and limits of knowledge
- TS7 Demonstrate the ability to manage own learning and to make use of scholarly reviews and primary sources (for example, refereed research articles and/or original materials appropriate to the subject)
- TS8 Decision-making in practice/workplace contexts.

## Mapping

Based on outcome classification descriptors for higher education qualifications at Level 5 on FHEQ.<sup>13</sup>

The HND qualification will be awarded to students who have demonstrated:

FHEQ Level 5 descriptor <sup>14</sup>	HND in Healthcare Professions' Support programme outcomes <sup>15</sup>
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 Demonstrate a comprehensive knowledge base in selected subject areas that inform health and physical wellbeing
	KU2 Show a critical understanding of the diversity and changing nature of healthcare locally and nationally
	KU3 Demonstrate an informed understanding of the role played by health promotion in the development of autonomous life choices
	KU4 Demonstrate an understanding of ethical perspectives and the diversity of values associated with healthcare
	CS5 Critically evaluate the role of the individual and of institutions in affecting health status
	CS6 Critically analyse the diversity of experience and values associated with healthcare

<sup>13</sup> Quality Assurance Agency (2019) *Annex D: Outcome classification descriptions for FHEQ Level 6 and FQHEIS Level 10 degrees* [framework]. Gloucester: Quality Assurance Agency. Available at: <https://www.qaa.ac.uk/the-quality-code/qualifications-frameworks>.

<sup>14</sup> Quality Assurance Agency (2014) *UK Quality Code for Higher Education – Part A: Setting and Maintaining Academic Standards* [framework]. Gloucester: Quality Assurance Agency. Available at: <https://www.qaa.ac.uk/the-quality-code/qualifications-frameworks>.

<sup>15</sup> Based on QAA Subject Benchmark Statement for Health Studies Quality Assurance Agency (2022) *Subject Benchmark Statement: Health Studies* [benchmark statement]. Gloucester: Quality Assurance Agency. Available at: <https://www.qaa.ac.uk/the-quality-code/subject-benchmark-statements>.

FHEQ Level 5 descriptor <sup>14</sup>	HND in Healthcare Professions' Support programme outcomes <sup>15</sup>
	AS1 Demonstrate a comprehensive grasp of the scope and breadth of the subject
	AS2 Use knowledge of the multidisciplinary nature of healthcare to analyse health and health issues at personal, local and national level
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.	TS1 Cross traditional professional boundaries drawing on appropriate knowledge from other professions and professionals to reflect on own practice
	TS2 Demonstrate an appreciation of using an interprofessional approach to health, health issues and healthcare practice
	CS1 Critically analyse the nature of health using a wide range of perspectives
	CS2 Critically analyse contemporary issues at the forefront of health and physical wellbeing
	CS3 Critically analyse a range of theories relating to health and ill health
	CS4 Critically appraise a number of theoretical and professional rationales concerning health and care interventions
	CS7 Analyse different healthcare systems and underpinning health policy development
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.	CS8 Critically reflect on a range of theories within healthcare
	CS9 Analyse contemporary issues and discourses in healthcare research
	TS3 Demonstrate an ability to use accurately established techniques of analysis and enquiry within the subject
	TS5 Describe and comment upon particular aspects of current research in healthcare
An understanding of the limits of their knowledge, and how this influences analysis and interpretations based on that knowledge.	TS6 Demonstrate an appreciation of the uncertainty, ambiguity and limits of knowledge

Typically, holders of the qualification will be able to:

FHEQ Level 5 descriptor	Programme outcome
Use a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis.	AS3 Use research findings in a critical and evaluative way to demonstrate the development of healthcare and personal practice
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.	TS4 Demonstrate understanding that enables argument or debate, and/or to solve problems, using different ideas and techniques, some of which are at the forefront of current healthcare practice
Undertake further training, develop existing skills and acquire new competences that will enable them to assume significant responsibility within organisations.	TS7 Demonstrate the ability to manage own learning and to make use of scholarly reviews and primary sources (for example, refereed research articles and/or original materials appropriate to the subject)

Holders will also have:

FHEQ Level 5 descriptor	Programme outcome
The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and decision-making.	TS8 Decision-making in practice/workplace contexts

## Appendix 5: Mapping of HND Healthcare Professions' Support for England programme outcomes to FHEQ Level 5 descriptor headings

Mapping for mandatory core units. Titles based on outcome classification descriptions for FHEQ main degree classifications.<sup>16</sup> Numbers reference programme outcomes.

### Level 4

Unit	Knowledge and understanding (KU from Appendix 4)				Cognitive skills (CS from Appendix 4)									Applied skills (AS from Appendix 4, also known as Practical skills)			Transferable skills (TS from Appendix 4)								
	1	2	3	4	1	2	3	4	5	6	7	8	9	1	2	3	1	2	3	4	5	6	7	8	
1	x				x	x	x	x	x		x		x	x	x			x							
2				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							
4					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	x		x					x
6	x																		x	x			x	x	
7	x	x			x	x	x	x						x					x	x		x	x	x	

<sup>16</sup> Quality Assurance Agency (2019) *Annex D: Outcome classification descriptions for FHEQ Level 6 and FQHEIS Level 10 degrees* [framework]. Gloucester: Quality Assurance Agency. Available at: <https://www.qaa.ac.uk/the-quality-code/qualifications-frameworks>.

## Level 5

Unit	Knowledge and understanding (KU from Appendix 4)				Cognitive skills (CS from Appendix 4)									Applied skills (AS from Appendix 4, also known as Practical skills)			Transferable skills (TS from Appendix 4)							
	1	2	3	4	1	2	3	4	5	6	7	8	9	1	2	3	1	2	3	4	5	6	7	8
<b>8</b>	x	x		x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>9</b>	x	x		x	x	x			x	x	x		x	x	x		x	x	x	x			x	x
<b>10</b>	x	x		x	x	x	x	x	x	x	x	x	x	x			x			x		x	x	x
<b>11</b>	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x				x	x	x
<b>12</b>	x	x		x	x	x	x	x				x	x	x	x	x	x	x	x	x	x	x	x	x
<b>13</b>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x



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