

Specification

BTEC Specialist qualifications

Edexcel Level 2 Certificate in Understanding the Safe Use of
Medicines

For first teaching August 2011

Edexcel, a Pearson company, is the UK's largest awarding body, offering academic and vocational qualifications and testing to more than 25,000 schools, colleges, employers and other places of learning in the UK and in over 100 countries worldwide. Qualifications include GCSE, AS and A Level, NVQ and our BTEC suite of vocational qualifications from entry level to BTEC Higher National Diplomas, recognised by employers and higher education institutions worldwide.

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BTEC Specialist qualification titles covered by this specification

Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF)

This qualification has been accredited to the Qualifications and Credit Framework (QCF) and is eligible for public funding as determined by the Department for Education (DfE) under Section 96 of the Learning and Skills Act 2000.

The qualification title listed above features in the funding lists published annually by the DfE and the regularly updated website www.education.gov.uk/. The QCF Qualification Number (QN) should be used by centres when they wish to seek public funding for their learners. Each unit within a qualification will also have a QCF unit code.

The QCF qualification and unit codes will appear on learners' final certification documentation.

The Qualification Number for the qualification in this publication is:

Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF) 600/2632/7

This qualification title will appear on learners' certificates. Learners need to be made aware of this when they are recruited by the centre and registered with Edexcel.

This qualification is accredited by Ofqual as being Stand Alone.

Welcome to the Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF)

We are delighted to introduce our new qualification, available for teaching from August 2011. This qualification conforms with the requirements of the new QCF (Qualifications and Credit Framework).

Focusing on the Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF)

The qualification aims to help learners to develop a general understanding of different types of medication and their uses, knowledge of the procedures for obtaining, storing, administering and disposing of medicines, and an understanding of the legislation and audit process related to medication and issues of responsibility and accountability.

Straightforward to implement, teach and assess

Implementing BTECs couldn't be easier. They are designed to fit easily into your curriculum and can be studied independently or alongside existing qualifications, to suit the interests and aspirations of learners. The clarity of assessment makes grading learner attainment simpler.

Engaging for everyone

Learners of all abilities flourish when they can apply their own knowledge, skills and enthusiasm to a subject. BTEC qualifications make explicit the link between theoretical learning and the world of work by giving learners the opportunity to apply their research, skills and knowledge to work-related contexts and case studies. These applied and practical BTEC approaches give all learners the impetus they need to achieve and the skills they require for workplace or education progression.

Recognition

BTECs are understood and recognised by a large number of organisations in a wide range of sectors. BTEC qualifications are developed with key industry representatives and Sector Skills Councils (SSCs) to ensure that they meet employer and learner needs — in this case Skills for Health SSC.

All you need to get started

To help you off to a flying start, we've developed an enhanced specification that gives you all the information you need to start teaching BTEC. This includes:

- a framework of equivalencies, so you can see how this qualification compares with other Edexcel vocational qualifications
- information on rules of combination, structures and quality assurance, so you can deliver the qualification with confidence
- explanations of the content's relationship with the learning outcomes
- guidance on assessment, and what the learner must produce to achieve the unit.

Don't forget that we're always here to offer curriculum and qualification updates, local training and network opportunities, advice, guidance and support.

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What are BTEC Level 2 Specialist qualifications?

BTEC Specialist qualifications are qualifications at Entry Level to Level 3 in the Qualifications and Credit Framework (QCF) and are designed to provide specialist work-related qualifications in a range of sectors. They give learners the knowledge, understanding and skills that they need to prepare for employment. The qualifications also provide career development opportunities for those already in work. Consequently, they provide a course of study for full-time or part-time learners in colleges and training centres.

BTEC Specialist qualifications provide much of the underpinning knowledge and understanding for the National Occupational Standards for the sector, where these are appropriate. They are supported by the relevant Standards Setting Body (SSB) or Sector Skills Council (SSC). A number of BTEC Specialist qualifications are recognised as the knowledge components of Apprenticeships Frameworks. They attract achievement and attainment table points that equate to similar-sized general qualifications.

On successful completion of a BTEC Specialist qualification, learners can progress to or within employment and/or continue their study in the same or related vocational area.

Care needs to be exercised when registering learners as the titling conventions and titles for the revised QCF versions of the BTEC Level 2 Firsts and BTEC Level 3 Nationals have changed.

The QCF is a framework which awards credit for qualifications and units and aims to present qualifications in a way that is easy to understand and measure. It enables learners to gain qualifications at their own pace along flexible routes.

There are three sizes of qualification in the QCF:

- Award (1 to 12 credits)
- Certificate (13 to 36 credits)
- Diploma (37 credits and above).

Every unit and qualification in the framework will have a credit value.

The credit value of a unit specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit.

The credit value of a unit is based on:

- one credit for those learning outcomes achievable in 10 hours of learning
- learning time – defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes of the unit to the standard determined by the assessment criteria.

The credit value of the unit will remain constant in all contexts, regardless of the assessment method used for the qualification(s) to which it contributes.

Learning time should address all learning (including assessment) relevant to the learning outcomes, regardless of where, when and how the learning has taken place.

Edexcel BTEC Level 2 Award

The Edexcel BTEC Level 2 Award provides an introduction to the skills, qualities and knowledge that may be required for employment in a particular vocational sector.

Edexcel BTEC Level 2 Certificate

The Edexcel BTEC Level 2 Certificate offers an engaging programme for those who are clear about the vocational area they want to learn more about. These learners may wish to extend their programme through the study of a related GCSE, a complementary NVQ or other related vocational or personal and social development qualification. These learning programmes can be developed to allow learners to study complementary qualifications without duplication of content.

For adult learners the Edexcel BTEC Level 2 Certificate can extend their knowledge and understanding of work in a particular sector. It is a suitable qualification for those wishing to change career or move into a particular area of employment following a career break.

Edexcel BTEC Level 2 Diploma

The Edexcel BTEC Level 2 Diploma extends the work-related focus from the Edexcel BTEC Level 2 Certificate. There is potential for the qualification to prepare learners for employment in a particular vocational sector and it is suitable for those who have decided that they wish to enter a specific area of work.

Key features of the Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF)

The Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF) has been developed to give learners the opportunity to:

- progress in employment in a particular vocational sector
- progress to related vocational qualifications.

National Occupational Standards

Where relevant, Edexcel BTEC Level 2 qualifications are designed to provide some of the underpinning knowledge and understanding for the National Occupational Standards (NOS), as well as developing practical skills in preparation for work and possible achievement of NVQs in due course. NOS form the basis of National Vocational Qualifications (NVQs). Edexcel BTEC Level 2 (QCF) qualifications do not purport to deliver occupational competence in the sector, which should be demonstrated in a work context.

Each unit in the specification links to elements of the NOS, identified in *Annexe C*.

The Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF) relates to the following NOS:

- Clinical Health Skills CHS1, CHS2, CHS3
- Health and Social Care HSC21, HSC24, HSC221, HSC224, HSC236

Rules of combination

The rules of combination specify the credits that need to be achieved, through the completion of particular units, for the qualification to be awarded. All accredited qualifications within the QCF have rules of combination.

Rules of combination for Edexcel BTEC Level 2 qualifications

When combining units for the Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF), it is the centre's responsibility to ensure that the following rules of combination are adhered to.

Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF)

- 1 Qualification credit value: 13 credits.
- 2 Minimum credit to be achieved at, or above, the level of the qualification: 13 credits.
- 3 All credits must be achieved from the units listed in this specification.

Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines

The Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines (QCF) is a 13-credit and 110-guided learning hour (GLH) qualification consisting of four mandatory units.

Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines				
Unit	Mandatory units	Credit	GLH	Level
1	Understand Medication and Prescriptions	3	23	2
2	Supply, Storage and Disposal of Medication	3	24	2
3	Understand the Requirements for the Safe Administration of Medication	4	39	2
4	Record-keeping and Audit Processes for Medication Administration and Storage	3	24	2

Assessment

All units within this qualification are internally assessed. The qualification is criterion referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' a learner must have successfully passed **all** the assessment criteria.

Guidance

The purpose of assessment is to ensure that effective learning has taken place to give learners the opportunity to:

- meet the standard determined by the assessment criteria and
- achieve the learning outcomes.

All the assignments created by centres should be reliable and fit for purpose, and should be built on the unit assessment criteria. Assessment tasks and activities should enable learners to produce valid, sufficient and reliable evidence that relates directly to the specified criteria. Centres should enable learners to produce evidence in a variety of different forms, including performance observation, presentations and posters, along with projects, or time-constrained assessments.

Centres are encouraged to emphasise the practical application of the assessment criteria, providing a realistic scenario for learners to adopt, and making maximum use of practical activities. The creation of assignments that are fit for purpose is vital to achievement and their importance cannot be over-emphasised.

The assessment criteria must be clearly indicated in the assignments briefs. This gives learners focus and helps with internal verification and standardisation processes. It will also help to ensure that learner feedback is specific to the assessment criteria.

When designing assignments briefs, centres are encouraged to identify common topics and themes. A central feature of vocational assessment is that it allows for assessment to be:

- current, ie to reflect the most recent developments and issues
- local, ie to reflect the employment context of the delivering centre
- flexible to reflect learner needs, ie at a time and in a way that matches the learner's requirements so that they can demonstrate achievement.

Qualification grade

Learners who achieve the minimum eligible credit value specified by the rules of combination will achieve the qualification at pass grade.

In Edexcel BTEC Level 2 Specialist qualifications each unit has a credit value which specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit. This has been based on:

- one credit for those learning outcomes achievable in 10 hours of learning time
- learning time being defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes of the unit to the standard determined by the assessment criteria

- the credit value of the unit remaining constant regardless of the method of assessment used or the qualification to which it contributes.

Quality assurance of centres

Edexcel BTEC Level 2 qualifications provide a flexible structure for learners enabling programmes of varying credits and combining different levels. For the purposes of quality assurance, all individual qualifications and units are considered as a whole.

Centres delivering Edexcel BTEC Level 2 qualifications must be committed to ensuring the quality of the units and qualifications they deliver, through effective standardisation of assessors and verification of assessor decisions. Centre quality assurance and assessment is monitored and guaranteed by Edexcel.

Edexcel quality assurance processes will involve:

- centre approval for those centres not already recognised as a centre for BTEC qualifications
- approval for Edexcel BTEC Level 2 qualifications and units
- **compulsory** Edexcel-provided training and standardisation for internal verifiers and assessors leading to the accreditation of lead internal verifiers via the OSCA system
- quality review of the centre verification practice
- centre risk assessment by Edexcel of overarching processes and quality standards
- remedial training and/or assessment sampling for centres identified through standardisation or risk assessment activities as having inadequate quality, assessment or internal verification processes.

Approval

Centres are required to declare their commitment to ensuring the quality of the programme of learning and providing appropriate assessment opportunities for learners that lead to valid and accurate assessment outcomes. In addition, centres will commit to undertaking defined training and online standardisation activities.

Centres already holding BTEC approval are able to gain qualification approval online. New centres must complete a centre approval application.

Quality Assurance Guidance

Details of quality assurance for the Edexcel BTEC Level 2 qualifications are set out in centre guidance which is published on our website (www.edexcel.com).

Programme design and delivery

Mode of delivery

Edexcel does not normally define the mode of delivery for Edexcel BTEC Entry to Level 3 qualifications. Centres are free to offer the qualifications using any mode of delivery (such as full-time, part-time, evening only, distance learning) that meets their learners' needs. Whichever mode of delivery is used, centres must ensure that learners have appropriate access to the resources identified in the specification and to the subject specialists delivering the units. This is particularly important for learners studying for the qualification through open or distance learning.

Learners studying for the qualification on a part-time basis bring with them a wealth of experience that should be utilised to maximum effect by tutors and assessors. The use of assessment evidence drawn from learners' work environments should be encouraged. Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to ensure a course relevant to learners' specific needs
- accessing and using non-confidential data and documents from learners' workplaces
- including sponsoring employers in the delivery of the programme and, where appropriate, in the assessment
- linking with company-based/workplace training programmes
- making full use of the variety of experience of work and life that learners bring to the programme.

Resources

Edexcel BTEC Level 2 qualifications are designed to give learners an understanding of the skills needed for specific vocational sectors. Physical resources need to support the delivery of the programme and the assessment of the learning outcomes, and should therefore normally be of industry standard. Staff delivering programmes and conducting the assessments should be familiar with current practice and standards in the sector concerned. Centres will need to meet any specific resource requirements to gain approval from Edexcel.

Where specific resources are required these have been indicated in individual units in the *Essential resources* sections.

Delivery approach

It is important that centres develop an approach to teaching and learning that supports the vocational nature of Edexcel BTEC Level 2 qualifications and the mode of delivery. Specifications give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature. Tutors and assessors need to ensure that appropriate links are made between theory and practical application and that the knowledge base is applied to the sector. This requires the development of relevant and up-to-date teaching materials that allow learners to apply their learning to actual events and activity within the sector. Maximum use should be made of learners' experience.

Access and recruitment

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

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

Centres are required to recruit learners to BTEC qualifications with integrity. This will include ensuring that applicants have appropriate information and advice about the qualification and that the qualification will meet their needs. Centres should take appropriate steps to assess each applicant's potential and make a professional judgement about their ability to successfully complete the programme of study and achieve the qualification. This assessment will need to take account of the support available to the learner within the centre during their programme of study and any specific support that might be necessary to allow the learner to access the assessment for the qualification. Centres should consult Edexcel's policy on learners with particular requirements.

Centres will need to review the entry profile of qualifications and/or experience held by applicants, considering whether this profile shows an ability to progress to a higher level qualification.

Restrictions on learner entry

The Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines is accredited on the QCF for learners aged 18 and above.

In particular sectors restrictions on learner entry might also relate to any physical or legal barriers, for example people working in health, care or education are likely to be subject to Criminal Records Bureau (CRB) checks.

Access arrangements and special considerations

Edexcel's policy on access arrangements and special considerations for BTEC and Edexcel NVQ qualifications aims to enhance access to the qualifications for learners with disabilities and other difficulties (as defined by the 1995 Disability Discrimination Act and the amendments to the Act) without compromising the assessment of skills, knowledge, understanding or competence.

Further details are given in the policy document *Access Arrangements and Special Considerations for BTEC and Edexcel NVQ Qualifications*, which can be found on the Edexcel website (www.edexcel.com). This policy replaces the previous Edexcel policy (*Assessment of Vocationally Related Qualifications: Regulations and Guidance Relating to Learners with Special Requirements, 2002*) concerning learners with particular requirements.

Recognition of Prior Learning

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

Edexcel encourages centres to recognise learners' previous achievements and experiences whether at work, home or at leisure, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

Unit format

All units in Edexcel BTEC Level 2 Specialist qualifications have a standard format. The unit format is designed to give guidance on the requirements of the qualification for learners, tutors, assessors and those responsible for monitoring national standards.

Each unit has the following sections.

Unit title

The unit title is accredited on the QCF and this form of words will appear on the learner's Notification of Performance (NOP).

Unit code

Each unit is assigned a QCF unit code that appears with the unit title on the Register of Regulated Qualifications.

QCF level

All units and qualifications within the QCF will have a level assigned to them, which represents the level of achievement. There are nine levels of achievement, from Entry Level to Level 8. The level of the unit has been informed by the QCF level descriptors and, where appropriate, the NOS and/or other sector/professional benchmarks.

Credit value

All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can only be awarded in whole numbers. Learners will be awarded credits for the successful completion of whole units.

Guided learning hours

Guided learning hours are defined as all the times when a tutor, trainer or facilitator is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops. It also includes time spent by staff assessing learners' achievements. It does not include time spent by staff in day-to-day marking of assignments or homework where the learner is not present.

Unit aim

The aim provides a clear summary of the purpose of the unit and is a succinct statement that summarises the learning outcomes of the unit.

Unit introduction

The unit introduction gives the reader an appreciation of the unit in the vocational setting of the qualification, as well as highlighting the focus of the unit. It gives the reader a snapshot of the unit and the key knowledge, skills and understanding gained while studying the unit. The unit introduction also highlights any links to the appropriate vocational sector by describing how the unit relates to that sector.

Learning outcomes

The learning outcomes of a unit set out what a learner is expected to know, understand or be able to do as the result of a process of learning.

Assessment criteria

The assessment criteria of a unit specify the standard a learner is expected to meet to demonstrate that a learning outcome, or set of learning outcomes, has been achieved. The learning outcomes and assessment criteria clearly articulate the learning achievement for which the credit will be awarded at the level assigned to the unit.

Unit content

The unit content identifies the breadth of knowledge, skills and understanding needed to design and deliver a programme of learning to achieve each of the learning outcomes. This is informed by the underpinning knowledge and understanding requirements of the related National Occupational Standards (NOS), where relevant. The content provides the range of subject material for the programme of learning and specifies the skills, knowledge and understanding required for achievement of the unit.

Each learning outcome is stated in full and then the key phrases or concepts related to that learning outcome are listed in italics followed by the subsequent range of related topics.

Relationship between content and assessment criteria

The learner should have the opportunity to cover all of the unit content.

It is not a requirement of the unit specification that all of the content is assessed. However, the indicative content will need to be covered in a programme of learning in order for learners to be able to meet the standard determined in the assessment criteria.

Content structure and terminology

The information below shows how the unit content is structured and gives the terminology used to explain the different components within the content.

- Learning outcome: this is shown in bold at the beginning of each section of content.
- Italicised sub-heading: it contains a key phrase or concept. This is content which must be covered in the delivery of the unit. Colons mark the end of an italicised sub-heading.

- Elements of content: the elements are in plain text and amplify the sub-heading. The elements must be covered in the delivery of the unit. Semi-colons mark the end of an element.
- Brackets contain amplification of content which must be covered in the delivery of the unit.
- 'eg' is a list of examples, used for indicative amplification of an element (that is, the content specified in this amplification could be covered or could be replaced by other, similar material).

Essential guidance for tutors

This section gives tutors additional guidance and amplification to aid understanding and a consistent level of delivery and assessment. It is divided into the following sections.

- *Delivery* – explains the content's relationship to the learning outcomes and offers guidance about possible approaches to delivery. This section is based on the more usual delivery modes but is not intended to rule out alternative approaches.
- *Assessment* – gives amplification about the nature and type of evidence that learners need to produce in order to achieve the unit. This section should be read in conjunction with the assessment criteria.
- *Essential resources* – identifies any specialist resources needed to allow learners to generate the evidence required for each unit. The centre will be asked to ensure that any requirements are in place when it seeks approval from Edexcel to offer the qualification.
- *Indicative resource materials* – gives a list of learner resource material that benchmarks the level of study.

Units

Unit 1: Understand Medication and Prescriptions	17
Unit 2: Supply, Storage and Disposal of Medication	25
Unit 3: Understand the Requirements for the Safe Administration of Medication	33
Unit 4: Record-keeping and Audit Processes for Medication Administration and Storage	47

Unit 1: Understand Medication and Prescriptions

Unit code: Y/601/9571

QCF Level 2: BTEC Specialist

Credit value: 3

Guided learning hours: 23

Unit aim

This unit provides an introduction to the many types of medication learners are likely to encounter in a work environment. It introduces some of the legislation about medication and sources of information and guidance.

Unit introduction

This unit gives learners the essential information about medicines they need before they examine the procedures for administering medicines. Knowing about different types of medicines and their use is fundamental. It is vital that learners understand the legislation relating to medication and the roles of others in prescribing and administering medication in particular, the scope and limitations of individual roles.

In this unit learners will examine the classification of medication and investigate sources of support and information.

They will also develop the key knowledge and understanding which underpins the practices and procedures for administering medicines safely.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the use of different types of medication	1.1 Identify the different types of medicine available and why they are used 1.2 Describe the different routes by which medicines can be administered
2 Understand how medicines are classified	2.1 Describe the following classifications of medication <ul style="list-style-type: none"> • General Sales List (GSL) • Pharmacy (P) • Prescription Only Medicines (POM) • controlled drugs
3 Understand legislation and guidelines related to medication	3.1 Outline the key points of current legislation and guidance relating to medication 3.2 Outline the consequences of not following relevant legislation and guidance
4 Understand the roles of self and others in the medication process	4.1 Outline the roles of self and others in the process of: <ul style="list-style-type: none"> • prescribing medication • dispensing medication • obtaining and receiving medication • administering medication 4.2 Identify the limitations of own role in relation to the medication process 4.3 Identify ways to get support and information in the workplace related to medication
5 Know how to access information about medication	5.1 Identify the key approved national sources of information about medication 5.2 Describe the information which should be supplied with medication 5.3 Describe why it is important to seek information from the individual about their medication and condition

Unit content

1 Understand the use of different types of medication

Different types of medicines and their uses: antibiotics to treat bacterial infections; analgesics for pain relief; anti-inflammatory (steroids and non-steroids) to reduce inflammation; antihistamines to relieve allergy symptoms; hormones to replace or stabilise hormone balance; cardiovascular (to increase cardiac output, to increase fluid excretion (diuretics), to control blood pressure, to reduce blood clotting (anticoagulants)); psychotropic medication (anti-depressants, mood stabilisers, anti-anxiety); cytotoxic for cancer treatment; laxatives to treat constipation; antacids to reduce gastric acidity

Different administration routes: by mouth (tablets, capsules, liquids); inhalation (nasal, oral); injected (intravenous, subcutaneous, intramuscular, epidural); topical (creams, ointments, lotions); drops to ear, nose, eyes; per rectum (suppositories, enemas); per vagina (pessaries, creams)

2 Understand how medicines are classified

Classification of medicine: General Sales List (GSL) available on general sale; Pharmacy (P) available in a pharmacy without prescription, under the supervision of a pharmacist; prescription only medicine (POM) require a prescription issued by doctors, dentists, nurse independent prescribers, pharmacist independent prescribers; controlled drugs (strict legal controls over storage, production, supply, prescription, misuse of drugs legislation)

3 Understand legislation and guidelines related to medication

Current legislation and guidance relating to medication: relevant sections from current legislation eg Medicines Act 1968 and amendments, Misuse of Drugs Act 1971 and amendments, Health and Safety at Work Act 1974, COSHH Regulations 1999, Care Standards Act 2000 (receipt, storage and administration of medicines), Domiciliary Care Agencies Regulations 2002, Access to Health Records Act 1990, Data Protection Act 1998, Hazardous Waste Regulations 2005; guidance eg Administration and Control of Medicines in Care Homes and Children's Services June 2003, The Handling of Medicines in Social Care (Royal Pharmaceutical Society 2007), Standards for Medicines Management (Nursing and Midwifery Council 2004), organisational code of conduct, procedures and guidelines

Consequences of not following legislation and guidance: risk to life/health/wellbeing of individuals; risk to health/wellbeing of carer; disciplinary proceedings; legal proceedings

4 Understand the roles of self and others in the medication process

Those involved in the process: prescribers (medical and non-medical); managers; social care staff; ancillary staff; clerical staff/administrators; family members; individuals

Care contexts: care homes; day services; individual's own home; sheltered accommodation; supported housing; other networks and services for individuals eg education, religious establishments, voluntary agencies, activities and entertainment

Roles of self and others: prescribing medication eg POM by doctors, dentists, nurse independent prescribers, pharmacist independent prescribers; obtaining and receiving medication eg check that the medicine received matches the individual's name, record receipt on appropriate documentation, follow storage instructions; need for confidentiality; administering medication eg individuals to manage their own medications as far as they are able, consent of individual, follow instructions in care/support plan and Medication Administration Record (MAR), record administration; concerns about medication reported to the manager/supervisor who will seek advice from GP, pharmacist or nurse

Limitations of own role: training required to assess knowledge and competence required to give oral medicines (tablets, capsules, liquids), ear, nose and eye drops, inhalers, topical medicines; person-specific specialised training eg for suppositories, enemas, and injections; follow agreed organisational ways of working; assistance with medication/administration only of medicines written in the care/support plan; decisions about providing 'take as required' medication beyond scope of role; administer or assist with medication only when it is stored in the original container sold or supplied by the pharmacist or manufacturer, or in a multi-compartment compliance aid filled by pharmacist; specific training eg for an administration technique

Support and information in the workplace: care-plan; MAR; patient information leaflet; manager/supervisor; pharmacist; policies, procedures and agreed ways of working documentation

5 Know how to access information about medication

Key approved national sources of information: prescriber; pharmacist; publications eg British National Formulary, MIMS; online eg National Electronic Library for Medicines, NHS Choices

Information which should be supplied with medication: name of individual; date; storage; dose; number of doses a day; method of administration; timing eg before meals, with food

Importance of seeking information from an individual about their medication and condition: individual may have self administered (POM, P medicines, GSL medicines); change in condition of individual; possible adverse side effects of medication

Essential guidance for tutors

Delivery

This unit can be delivered using a combination of tutor input and individual/small-group research followed by presentations. Case studies and guest speakers will give learners an opportunity to link theory to practice. Question and answer sessions and quizzes are helpful in helping learners to consolidate their knowledge.

Learners could work in small groups and research different types of medicines, the conditions they treat and the different routes by which medicines can be administered. Groups could feed back their findings to the whole group for a tutor-led discussion. Learners could develop a glossary of vocabulary which they could develop throughout the unit and work in pairs to write questions for a class quiz.

A nurse prescriber or pharmacist could be invited to speak about the classification of medicines and the current legislation and guidance relating to medication. Learners could prepare questions for the speaker on the implications of not following legislation and guidance.

Learners could work in groups to analyse guidance relating to medication from different care settings and consider the roles of self and others in prescribing, dispensing, obtaining, receiving and administering medication. Tutor-led discussion could focus on the reasons for these defined roles. Case studies could be used to enable learners to apply their knowledge of their own role to different situations in a range of care settings. The tutor could pose questions such as 'what would you do if?' in relation to different case studies to help learners understand the limitations of their role and where to seek support and information in the workplace.

Learners could work in small groups using publications and online information sources to access answers to medication questions for example from the British National Formulary, National Electronic Library for Medicines and NHS Choices.

Learners could be given examples of information supplied with different medication which has omissions and then fill in the gaps to confirm their knowledge of the essential information that is required.

Case studies could be used to help learners understand the importance of seeking information from the individual about their medication and condition.

Assessment

This unit must be assessed in accordance with the 'Skills for Health QCF Assessment Principles'. See *Annexe D* of this specification for details.

For 1.1, the learner needs to identify different types of medication (analgesics, antibiotics, antihistamines, antacids, anticoagulants, hormones, psychotropic medicine, diuretics, laxatives, cytotoxic medicine) and give one reason why each is used. The evidence could be provided through a short-answer paper or responses to oral questioning by the tutor.

To meet 1.2, the learner will need to describe clearly the different routes by which medication can be administered. They can give examples to support their description, and evidence may be presented in the form of a short report.

Assessment criteria 2.1, 3.1 and 3.2 can be combined into one assessment task. Evidence could be notes or PowerPoint slides for a short presentation.

To meet 2.1 learners need to describe clearly how medicines are classified including General Sales List (GSL), Pharmacy (P), Prescription Only Medicines (POM) and controlled drugs. They can give examples to support their description.

For 3.1, the learner needs to outline the key points in current legislation and guidance relating to prescribing and administering medication.

To meet 3.2, the learner will need to outline the results of not following relevant legislation or guidance.

Assessment criteria 4.1, 4.2, 4.3, 5.1, 5.2 and 5.3 could be combined into one assessment task. Learners could provide an information file to use for reference in the workplace.

For 4.1, the learner needs to provide clear information identifying who is responsible for prescribing, dispensing, obtaining, receiving and administering medication, including their own role in the setting.

4.2 requires the learner to identify the limitations relating to their role in the medication process to include training requirements and following written instructions in care/support plan and MAR.

For 4.3, the learner must identify the different ways to get support and information relating to medication in the workplace. Responses can relate to a particular setting.

For 5.1, the learner will need to give the key approved national sources of official information about medication.

To meet 5.2, the learner must describe all the information that should be supplied with medication.

For 5.3, the learner will need to describe why it is important to seek information from the individual about their medication. They can give examples to support their description.

Essential resources

This unit needs to be delivered by an appropriately qualified tutor.

Indicative resource materials

Textbooks

Dorling Kindersley — *BMA New Guide to Medicine and Drugs, 8th Edition* (Dorling Kindersley, 2011) ISBN 9781405361798

Lavers S and Lancaster H — *BTEC Level 2 First Health and Social Care Student Book* (Edexcel, 2010) ISBN 9781846906817

Rasheed E, Hetherington A and Irvine J — *BTEC First Health and Social Care: Level 2* (Hodder Education, 2010) ISBN 9781444111903

Journals

Community Care

Nursing Times

Websites

www.bnf.org	British National Formulary
www.cqc.org.uk	Care Quality Commission
www.medicines.co.uk	Electronic Medicines Compendium
www.mims.co.uk	MIMS — database of prescription and generic drugs, clinical guidelines and patient advice
www.nmc-uk.org	Nursing and Midwifery Council
www.rpsgb.org.uk	Royal Pharmaceutical Society of Great Britain
www.skillsforcare.org.uk	Sector Skills Council for Care
www.skillsforhealth.org.uk	Sector Skills Council for the UK Health sector

Unit 2: Supply, Storage and Disposal of Medication

Unit code: K/601/9574

QCF Level 2: BTEC Specialist

Credit value: 3

Guided learning hours: 24

Unit aim

This unit provides learners with an opportunity to develop an understanding of the requirements for safe handling, storage and disposal of medication and the roles and responsibilities of staff in relation to these procedures.

Unit introduction

It is essential that prescribed medicines are available when an individual needs them for their ongoing treatment, as delayed or interrupted treatment could make a person ill or delay their recovery. Ensuring that the supply of medicine is continuous is integral to this. Medicines may also be needed for emergencies. Robust systems need to be in place to ensure supplies are obtained within a reasonable timeframe and checked and recorded on receipt.

Medicines must be stored in the correct environmental conditions to ensure their effectiveness and securely to prevent harm to others. Individuals need to be able to make choices about their medication and look after and take their own medicine with help and support. It is important, therefore, that learners know how different settings manage secure medication storage to enable this.

Learners need to know about particular requirements for the supply, storage and disposal of controlled drugs in place in different settings to meet legal requirements and ensure safety. Unwanted medicines need to be disposed of safely and procedures for disposal vary between different settings.

In this unit learners will develop knowledge and understanding in the above key areas.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand how medicines are supplied and stored	1.1 Identify the purpose of a prescription 1.2 List the information that has to be checked and recorded once medication has been received 1.3 Describe the procedure for: <ul style="list-style-type: none"> • transferring medication from one setting to another • obtaining medication in an emergency situation • obtaining medication 'as and when required' (PRN) • renewal of prescription
2 Know the requirements for storing medication	2.1 Describe the requirements of medication storage within the following settings: <ul style="list-style-type: none"> • clinical settings • residential care • day services • domiciliary care • non-care settings 2.2 Explain how controlled drugs should be stored within the settings listed in 2.1 2.3 Outline how to support individuals to store medication securely for self-administration 2.4 Give examples of the types of medication that have specific storage requirements

Learning outcomes	Assessment criteria
<p>3 Understand the requirements for the safe disposal of medication</p>	<p>3.1 Give examples of why drugs need to be disposed of</p> <p>3.2 Outline the procedures for the safe and secure disposal of medication and equipment for:</p> <ul style="list-style-type: none"> • nursing care settings • care settings • domiciliary care settings • controlled drugs <p>3.3 Explain why it is important to dispose of medication and equipment in line with agreed procedures</p>

Unit content

1 Understand how medicines are supplied and stored

The purpose of a prescription: instructions for the care plan of an individual eg medicines, spectacles, surgical appliances; for the supply of Prescription Only Medicine (POM) by doctors, dentists, nurse independent prescribers or pharmacist independent prescribers; for the supply of controlled drugs; to give information about dosage, frequency, route of administration; repeat prescriptions for ongoing conditions

Information that has to be checked and recorded once medication has been received: checks and recording required in line with agreed ways of working; the medicine received matches the medication and dosage prescribed by the prescriber; information includes individual's name, date of prescription, expiry date, dosage, frequency, route of administration, storage details eg temperature

Procedure for transferring medication from one setting to another: in line with agreed ways of working/transfer policy; transfer to eg day care, respite care, residential care; medication to accompany transfer of individual; medication in original container; copy of the record of administration; audit trail eg recording

Procedure for obtaining medication in an emergency situation: in line with agreed ways of working for receiving and recording; medication for a new health problem eg antibiotics for a chest infection; separate process to deal with prescriptions for acute medication; usually for a specified time such as five or seven days; audit trail eg recording

Procedure for obtaining medication 'as and when required' (PRN): in line with agreed ways of working; renewal of prescription procedures; audit trail eg recording; stock control eg check frequency of usage, expiry date, reduce over ordering

Procedure for renewal of a prescription: in line with agreed ways of working; repeat prescription from the GP surgery; repeat prescription through pharmacy collection service; time required to process renewal; check any changes to prescription; audit trail eg recording

2 Know the requirements for storing medication

Storage requirements: in line with agreed ways of working; medicines in the original containers supplied and labelled by the pharmacist or dispensing GP practice; at temperature stated on patient information leaflet eg refrigerated, cool, dry conditions; within clinical settings eg central storage of medicines in locked cupboard, accessible only to staff who administer medicines, key security system; within residential care eg risk assessment, personal lockable cupboard for individuals in their own rooms to administer own medication and/or central storage of medicines in locked cupboard accessible only to staff who administer medicines, key security system; within day services eg individuals keep their own medicines with them, day care may accept responsibility for giving medicines, provide storage facilities, may arrange for a specially dispensed supply just for use while in the service or brought into the service each time the

individual visits; within domiciliary care individual's decision about how they will store medication; within non-care settings eg education, religious establishments, voluntary agencies, agreed ways of working

Storage of controlled drugs: clinical and residential care (in a locked cupboard, which conforms to standards specified in The Misuse of Drugs (Safe Custody) Regulations 1973, which can only be opened by a person who can lawfully be in possession, such as a pharmacist, registrant in charge, or a person working under their authority, an individual who is self-administering can hold their own individually-dispensed supply of controlled drugs (CDs) in their personal lockable cupboard); day services, if accepting responsibility for giving medicines (in locked cupboard which conforms to standards); domiciliary care (no special cupboards are required); non-care settings (local operational procedures)

How to support individuals to store medication securely for self-medication: advise on safe storage eg to ensure children who visit cannot access, ensure they are not accidentally mixed up with medicines belonging to other people, to prevent them being stolen, ensure others cannot help themselves

Types of medication that have specific storage requirements: types eg some antibiotics, vaccines, insulin, eye drops, compromised medication awaiting disposal

3 Understand the requirements for the safe disposal of medication

Why drugs need to be disposed of: medication changed or discontinued; medication out of date; compromised; death of individual

Procedures for the safe and secure disposal of medication and equipment: organisational procedures (local, national); recording of disposal; equipment eg syringes, needles; in nursing care settings return to pharmacy; care settings must arrange for the collection of waste medication and clinical waste products with a licensed waste disposal company; domiciliary care settings return to supplier; CDs in care homes registered to provide nursing care eg

if supplied for a named person make unsuitable for use using a kit designed for this purpose (denatured) and then use licensed waste disposal company, if supplied as a 'stock' for the care home an authorised person must witness the disposal; in all other settings CDs must be returned to the supplier

Importance of disposing of medication and equipment in line with agreed procedures: to meet legal requirements; to protect individuals eg to ensure medication is not taken accidentally by others, to prevent infection from needles; to prevent theft; to prevent misuse; protect the environment

Essential guidance for tutors

Delivery

Tutors delivering this unit have the opportunity to use a wide range of delivery techniques including discussions, seminars, external trips and guest speakers. Additional learning resources can include case studies, learner presentations and group work. Active learning techniques should be used as much as possible to help learners consolidate their knowledge and relate to practice in different settings.

Throughout this unit it is important to emphasise the importance of having appropriate levels of responsibility, accountability and lines of reporting in relation to procedures for supplying, storing and disposing of medication.

Tutors could introduce the unit through initial class discussions about prescriptions and their purpose. This will encourage learners to consider and share any previous experiences.

The information that needs to be checked and recorded on receipt of medication could be explored through a practical activity. Learners could work in small groups using copies of recording documentation from different settings and facsimile medicine containers with confusing/missing information. Tutor-led discussion could focus on the implications of omissions and mistakes when receiving and recording receipt of medication.

Guest speakers could be invited to speak about the procedures in their setting for transferring medication from one setting to another, for obtaining medication in an emergency situation and 'as and when required' (PRN), and for renewing prescriptions. Learners could prepare questions to ask speakers about what could happen if procedures were not in place or not complied with.

Learners could work in small groups analysing procedures/agreed ways of working for medication storage (including storage of controlled drugs) from different settings (clinical, residential care, day services, domiciliary care, non-care settings). Learners could feed back their findings to the whole group. Findings could be collated on a flipchart noting the similarities and specific requirements of some settings. The tutor could lead a discussion about the balance needed between safety and the right of the individual to look after and take their own medicines with help and support.

The particular need for safety precautions and requirements for controlled drugs could be debated. The specific requirements for the storage of controlled drugs in different settings and the reasons for these could be explored through whole-group discussion.

Learners could examine case studies to consider ways to help individuals store medication securely for self-medication. They could conduct individual research on specific storage requirements for different types of medication.

Learners could work in small groups to write procedures for disposing of unwanted medication (including controlled drugs) in different settings and then compare their procedures with examples of the written procedures/agreed ways of working from settings. The tutor could follow this up by posing questions such as 'What would happen if?' to clarify reasons for disposing of medication in line with agreed ways of working.

Visits to settings to observe medication supply, storage and disposal would give learners the opportunity to link theory to practice.

Assessment

This unit must be assessed in accordance with the 'Skills for Health QCF Assessment Principles'. See *Annexe D* of this specification for details.

Assessment criteria 1.1, 1.2 and 1.3 could be combined into one assessment task. The learner could produce guidance for a new member of staff about how medicines are supplied and obtained in the setting.

For 1.1 the learner will need to identify the purpose of a prescription including why prescriptions are produced and what is included.

To meet 1.2 the learner needs to list all essential information that has to be checked and recorded on receipt of medication (individual's name, date of prescription, expiry date, dosage, frequency, route of administration, any storage details for example temperature). An example using the recording documentation of a specific setting may be used to provide the evidence.

For 1.3, all the relevant aspects of the setting's procedures in relation to transferring medication from one setting to another, obtaining medication in an emergency situation and 'as and when required' (PRN) and renewing prescriptions need to be described clearly.

Assessment criteria 2.1, 2.2, 2.3, 2.4, 3.1, 3.2 and 3.3 could be combined into one assessment task. The learner could prepare written notes or a database of information about storing and disposing of medication to use as reference when working in different settings.

For 2.1, all the necessary, current requirements for storing medication in a clinical setting, residential care, day services, domiciliary care and non-care settings need to be described. Reference to working in line with agreed ways of working need to be included.

To meet 2.2, the learner needs to explain how controlled drugs must be stored in each of the settings (clinical, residential care, day services, domiciliary care, non-care settings). They need to include the reasons for these additional safety precautions and requirements.

For 2.3, the learner needs to outline the different ways to support individuals to store medication. Examples may be given to support the response.

To meet 2.4 examples of medication with specific storage requirements need to be given.

For 3.1, the learner needs to give different examples of why drugs need to be disposed of.

To meet 3.2, the learner needs to outline of the current procedures for the safe disposal of medication and equipment in nursing care, care and domiciliary care settings. The particular procedures for disposing of controlled drugs in care homes registered to provide nursing care, and other settings, will need to be included. Reference needs to be made to local, national and organisational procedures and recording.

For 3.3, the learner needs to explain why it is important to follow agreed procedures when disposing of medication and equipment.

Essential resources

This unit needs to be delivered by an appropriately qualified tutor.

Indicative resource materials

Textbooks

Dorling Kindersley — *BMA New Guide to Medicine and Drugs, 8th Edition* (Dorling Kindersley, 2011) ISBN 9781405361798

Lavers S and Lancaster H — *BTEC Level 2 First Health and Social Care Student Book* (Edexcel, 2010) ISBN 9781846906817

Rasheed E, Hetherington A and Irvine J — *BTEC First Health and Social Care: Level 2* (Hodder Education, 2010) ISBN 9781444111903

Journals

Community Care

Nursing Times

Websites

www.bnf.org	British National Formulary
www.cqc.org.uk	Care Quality Commission
www.medicines.co.uk	Electronic Medicines Compendium
www.mims.co.uk	MIMS — database of prescription and generic drugs, clinical guidelines and patient advice
www.nmc-uk.org	Nursing and Midwifery Council
www.rpsgb.org.uk	Royal Pharmaceutical Society of Great Britain
www.skillsforcare.org.uk	Sector Skills Council for Care
www.skillsforhealth.org.uk	Sector Skills Council for the UK Health sector

Unit 3: Understand the Requirements for the Safe Administration of Medication

Unit code: T/601/9576

QCF Level 2: BTEC Specialist

Credit value: 4

Guided learning hours: 39

Unit aim

This unit provides learners with an opportunity to develop an understanding of the safe administration of medication. It covers the processes, routes and methods of administration and some of the more common side effects and adverse reactions to medication.

Unit introduction

It is essential that anyone responsible for looking after and giving medicine to other people, knows how to administer medicines safely. In this unit, learners will develop knowledge and understanding of how to administer medicine safely and support individuals to administer their own medication. This requires an understanding of key legislation, roles and responsibilities and agreed ways of working. The importance of the individual as an active partner in their own care and support is a key theme in this unit.

Several aspects of the administration of medicines will be covered, including learners examining the preparations required before administering medication, (including the importance of consent, checks and hygiene precautions); how to administer medication safely and in a way that meets individual needs; when and how to seek additional support and guidance when administering medication; how to support individuals to administer their own medication, including assessing risk; the procedures to be followed when problems occur with the administration of medication; the effects of medication on individuals, including side effects and adverse reactions.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
<p>1 Understand the preparations to be taken prior to administering medication</p>	<p>1.1 Describe the roles and responsibilities of staff involved in:</p> <ul style="list-style-type: none"> • supporting individuals to take medication • administering medication • using specialised techniques to administer medication <p>1.2 Explain why it is important to follow instructions on the preparation and use of medication and the method of administration from the:</p> <ul style="list-style-type: none"> • individual • manufacturer • pharmacist • organisation <p>1.3 Explain why it is important to gain the individual's consent prior to administering medication</p> <p>1.4 Identify the information that should be given to individuals to enable them to give valid consent</p> <p>1.5 Explain why it is important to agree with the individual:</p> <ul style="list-style-type: none"> • the medication to be taken • the support to be provided in relation to their own needs and preferences

Learning outcomes	Assessment criteria
	<p>1.6 Describe how and why the following should be checked prior to administering medication:</p> <ul style="list-style-type: none"> • identity of individual • Medication Administration Record (MAR) • medication • equipment • environment <p>1.7 Describe the hygiene precautions that should be taken when preparing to administer medication in relation to:</p> <ul style="list-style-type: none"> • the individual receiving medication • self and others who may be affected <p>1.8 Explain why it is important to ensure that the correct dose, of the correct medication, is given to the correct person at the correct time, by the correct route or method</p>
<p>2 Understand how medication is administered safely and in a way that meets individual needs</p>	<p>2.1 Describe a range of aids and equipment available for administering medicine</p> <p>2.2 Give positive and negative points of using drug administration systems</p> <p>2.3 Give examples of special instructions that might need to be followed when giving medication</p> <p>2.4 Describe how to support individuals to take medication whilst promoting privacy, dignity, hygiene, safety and active participation</p> <p>2.5 Explain how to record the outcomes following administration of medication</p>

Learning outcomes	Assessment criteria
	<p>2.6 Give examples of when it may be necessary to seek additional support and guidance and who should provide it</p> <p>2.7 Identify the key requirements of legislation and guidance in relation to the administration of medicine</p>
<p>3 Understand how to support individuals to administer their own medication</p>	<p>3.1 Explain why it is important to support an individual to administer their own medication</p> <p>3.2 Identify key aspects of legislation and guidelines related to self-administration of medication</p> <p>3.3 Explain how to carry out a risk assessment for an individual who prefers to administer their own medication</p> <p>3.4 Outline the conditions that must be in place when a client self-medicates</p> <p>3.5 Describe the records that must be kept in relation to self-medication</p>
<p>4 Understand the procedures to follow when there are problems with the administration of medication</p>	<p>4.1 Describe the actions to be taken in line with agreed ways of working in relation to the following situations:</p> <ul style="list-style-type: none"> • errors administering medication • individual declines prescribed medication • medication is compromised • discrepancies in records • administering controlled drugs <p>4.2 Outline how to support an individual who has difficulty taking medication in the form it has been prescribed</p> <p>4.3 Explain how to support the best interests of individuals who are unable to consent to prescribed medication</p>

Learning outcomes	Assessment criteria
<p>5 Understand how the effects of medication are monitored</p>	<p>5.1 Describe how to monitor the effects of medication on the individual and the condition it has been prescribed for</p> <p>5.2 Identify side effects of widely-used medicines</p> <p>5.3 Explain what is meant by an adverse reaction</p> <p>5.4 Describe the actions to be taken if side effects or an adverse reaction to medication are suspected</p> <p>5.5 Outline how medication reviews should be carried out in line with national guidelines</p> <p>5.6 Explain how the outcomes of monitoring should be recorded and reported</p>

Unit content

1 Understand the preparation to be taken prior to administering medication

Roles and responsibilities of staff: in line with agreed ways of working; supporting individuals to take medication eg recognise freedom of choice, encouraging independence; administering medication and using specialised techniques to administer medication eg informed consent, only if specified in the care plan/support plan, appropriate training/competent to administer, safety, hygiene, dignity, personal and cultural preferences

Importance of following instructions on the preparation and use of medication: to prevent harm to the individual; to maximise benefits of medication; information from individuals eg reporting side effects, previous adverse reactions, personal preferences; information from the manufacturer and pharmacist eg storage, contraindications, specific timings, side effects, adverse reactions, information about precautions needed by care worker; from organisation eg agreed ways of working

Important gaining the individual's consent before administering medication: in line with agreed ways of working; promote the rights of the individual; informed consent; acting in the best interests of the individual where informed consent is not possible

Information that should be given to individuals to enable them to give valid consent: reason for medication; method of administration; possible side effects; risk of adverse reactions; implications of not taking medication; length of course of medication

Importance of agreeing with the individual the medication to be taken and the support to be provided in relation to their own needs and preferences: regarding the individual as an active partner in their own care and support; individual may have self-administered; reactions since last dose; changes to condition; changes to support needs

Checks before administering medication: in line with agreed ways of working; reasons eg to ensure correct individual, correct medication, correct dose, correct time, correct route/method; medicine pack has label attached by the pharmacist or dispensing GP; identity of individual eg verbal confirmation from individual, signing/Makaton, recent photographs, cross reference of name and room number on the Medication Administration Record (MAR); MAR eg information about medication, dosage, last dose, special precautions; equipment eg to support administration, recording documentation; environment eg privacy

Hygiene precautions that should be taken when preparing to administer medication: in line with agreed ways of working; standard precautions to minimise or prevent infection and cross infection eg hand hygiene, use of personal protective equipment; disposal arrangement eg bags, sharps disposal

Importance of ensuring that the correct dose, of the correct medication, is given to the correct person at the correct time, by the correct route or method: protect individuals from harm eg serious or life-threatening consequences; maximise benefits of medication

2 Understand how medication is administered safely and in a way that meets individual needs

Range of aids and equipment available for administering medicine: medicine pots; measuring spoons; oral syringe; nebuliser; Monitored Dosage Systems (MDS)

Positive and negative points of using drug administration systems: positive points eg works well for regular medication, helpful in organising repeat prescriptions, provides a visual check of whether medicines have been prepared and given, supports self-medication; negative points eg can only be used for tablets and capsules, not suitable for medicines sensitive to light or moisture, for medication 'as and when required' (PRN), medication which changes frequently, additional system will be needed for liquid medicines, creams, eye drops, inhalers

Special instructions which might need to be followed when giving medication: PRN; before food; with food; after food; swallowed whole; dependent on test results/condition of individual eg blood test, pulse rate

Supporting individuals to take medication whilst promoting privacy, dignity, hygiene, safety and active participation: maintaining confidentiality according to agreed ways of working; reference to care/support plan; tactful and sensitive to personal/cultural preferences; use prompts as reminders; providing (MDS) or compliance aids

Recording the outcomes following administration of medication: in line with agreed ways of working eg using MAR; outcomes eg individual has taken medication, individual's decision not to take medication, individuals having difficulty taking medication, vomiting after taking medication, adverse reactions

When it may be necessary to seek additional support and guidance and who should provide it: individual will not or cannot take the medication; adverse reactions; confusing or incomplete instructions; lost/spilt medication; who to contact eg manager, nurse, senior staff, prescriber, pharmacist

Key requirements of legislation and guidance in relation to the administration of medication: relevant sections from current legislation eg Medicines Act 1968 and amendments, Misuse of Drugs Act 1971 (Controlled Drugs) and amendment, Care Standards Act 2000 (receipt, storage and administration of medicines); guidance eg Administration and Control of Medicines in Care Homes and Children's Services June 2003, The Handling of Medicines in Social Care (Royal Pharmaceutical Society 2007), Standards for Medicines Management (Nursing and Midwifery Council 2004), organisational code of conduct, procedures and guidelines

3 Understand how to support individuals to administer their own medication

Importance of supporting an individual to administer their own medication: regards the individual as an active partner in their own care and support; maintaining dignity; encourages independence; supports freedom of choice

Key aspects of legislation and guidelines related to self-administration of medication: relevant sections from current legislation eg Medicines Act 1968 and amendments, Care Standards Act 2000 (receipt, storage and administration of medicines); guidance eg Administration and Control of Medicines in Care Homes and Children's Services June 2003, The Handling of Medicines in Social Care (Royal Pharmaceutical Society 2007), Standards for Medicines Management (Nursing and Midwifery Council 2004), Safer Management of Controlled Drugs Regulations 2006, organisational code of conduct, procedures and guidelines

How to carry out a risk assessment for an individual who prefers to administer their own medication: identify hazards; who may be harmed; existing precautions to control risk; evaluate risk; levels of required support recorded in care plan

Conditions that must be in place when a client self-medicates: risk assessment; client consents to self-administration; client understands responsibilities for storage of medication; client has information about medication eg name of the medicine, why they are taking it, dose and frequency, common side effects and what to do if they occur, any special instructions, duration of the course/how to obtain further supplies; client will need to be able to open the medicine containers; compliance aids eg reminder chart, large labels, eye drop dispenser, alarm clock; safe storage; regular reassessment of risk

Records that must be kept in relation to self-medication: in line with agreed ways of working; records of date and quantity of medication given to an individual; any prompting required; changes to individual's condition; regular monitoring, review and reassessment

4 Understand the procedures to follow when there are problems with the administration of medication

Actions to be taken in line with agreed ways of working in relation to errors in administering medication: errors eg wrong dose, not given, given to the wrong individual; immediately report to line manager; record incident eg MAR, incident report form

Actions to be taken in line with agreed ways of working in relation to individual declining prescribed medication: follow written procedure; go back to individual and offer again; record on MAR; seek advice (manager, nurse, senior staff)

Actions to be taken in line with agreed ways of working in relation to compromised medication: compromised eg out-of-date, damaged, stored incorrectly; seek advice (manager, nurse, senior staff); do not administer medication/assist with the medication until problem resolved; record actions

Actions to be taken in line with agreed ways of working in relation to discrepancies in records: discrepancies eg does not have label attached by the pharmacist or dispensing GP, unclear instructions on MAR; seek advice (manager, nurse, senior staff); do not administer medication/assist with the medication until problem resolved; record actions

Actions to be taken in line with agreed ways of working in relation to administering controlled drugs: follow procedures for administration of all medication eg to ensure correct individual, correct medication, correct dose, correct time, correct route/method; administration recorded both on the MAR and Controlled Drug (CD) record book (bound book with numbered pages, separate page for each CD for each person); record balance remaining for each product; in residential settings a second, appropriately trained member of staff should witness process

How to support an individual who has difficulty taking medication in the form it has been prescribed: refer to care/support plan; ensure good position eg upright (sitting or standing); offer/provide water; crushing/splitting tablets (only with written instructions from prescriber or pharmacist); seek advice (manager, nurse, senior staff)

How to support the best interests of individuals who are unable to consent to prescribed medication: in line with agreed ways of working; in relation to Mental Capacity Act 2005; all practical and appropriate steps are taken to enable a person to make the decision themselves; healthcare professional should assess the capacity of the individual to make the decision; consider individual's past and present wishes and feelings, beliefs and religious, cultural or moral values; decisions of assessment of capacity recorded

5 Understand how the effects of medication are monitored

How to monitor the effects of medication on the individual and the condition it has been prescribed for: observations eg pulse, respiratory rate; verbal reporting by individual; follow agreed ways of working regarding recording

Common side effects of widely used medicines: widely used medicines eg aspirin, non-steroidal anti-inflammatory drugs, antibiotics, antihistamines, diuretics, antidepressants (tricyclics, Selective Serotonin Reuptake Inhibitors), anti-epileptic drugs, anticoagulants

What is meant by an adverse reaction: unpredictable: only occur in certain people; unexpected side effect; medication intolerance; allergic reaction

Actions to be taken if side effects or an adverse reaction to medication are suspected: in line with agreed ways of working; seek advice (manager, nurse, senior staff, prescriber); record actions

How medication reviews should be carried out in line with national guidelines: National Service Framework/National Minimum Standards eg regular review, annual review for over 75s, anyone regularly taking prescription medicines or medicines for a long-term illness; with doctor or nurse; confidential; opportunity for individual to discuss worries or concerns; outcomes of review recorded in medical records

How the outcomes of monitoring should be recorded and reported: changes to medication recorded in line with agreed ways of working eg on MAR, care/support plan

Essential guidance for tutors

Delivery

A range of delivery methods such as discussions, seminars, debates, learner presentations and group work could be used in this unit. Guest speakers, case studies and role play will give learners the opportunity to apply their research and knowledge to work-related contexts. Access to copies of organisational procedures for administering medication from different care setting settings will support learners in linking theory to practice.

Throughout this unit it is important to emphasise the importance of having appropriate levels of responsibility and accountability and following lines of reporting in relation to procedures for administering medication.

The tutor could introduce learning outcome 1 by outlining the roles and responsibilities of staff in administering medication. The implications of not following instructions could be explored through a tutor-led discussion posing 'What would happen if ...?' questions. Learners also need to understand the issues surrounding consent which may best be addressed using case study material.

A guest speaker from a care setting could be invited to show equipment and aids for administering medication which learners could examine. Learners could prepare questions to ask the speaker about the advantages and disadvantages of drug administration systems. Role play could be used to explore ways to take medication whilst promoting privacy, dignity, hygiene, safety and active participation. Examples of MARs could be used for learners to record drug administration, including when medication is refused or when individuals have difficulty taking medication.

Learners could work in groups to research the key aspects of legislation and guidance relating to the administration of medication and self-administration.

Reasons why self-medication is important could be introduced through tutor –led discussions to help learners understand the reasons why individuals need to be active partners in their own care. This could be supported by posing questions such as 'How would you feel if...?', in different scenarios.

Case studies could be used to explore the risk assessment required for individuals to self-administer medication. Learners could examine copies of completed risk assessments to understand the precautions needed to control risk for individuals in different settings. Learners could work in groups to devise conditions required for self-medication, results could then be fed back to the whole group and compared. Tutor-led discussion could explore ways to monitor and record self-medication in different care settings.

Learners could work in small groups to examine copies of organisational procedures to research the procedures to follow when there are problems with the administration of medication and present their findings to the whole group.

Learners could examine case studies to help them understand how to support the best interests of individuals who are unable to consent to prescribed medication, and the role of healthcare professionals in this process in relation to the Mental Capacity Act 2005.

How to monitor the effects of medication and the condition it has been prescribed for could be introduced by the tutor, supported with examples from the sector. Learners could investigate the common side effects of widely used medications. The results of their research could be shared with the whole group and compiled into a factsheet and a quiz used to consolidate knowledge. Organisational procedures from different settings could be examined to clarify the actions to take if side effects or an adverse reaction to medication are suspected. Tutors need to emphasise the importance of seeking advice in line with agreed ways of working.

Assessment

This unit must be assessed in accordance with the 'Skills for Health QCF Assessment Principles'. See *Annexe D* of this specification for details.

Assessment criteria for learning outcome 1 could be combined into different assessment tasks.

For 1.1 and 1.2, learners could prepare a report which explain the roles and responsibilities of staff and the importance of following the correct procedures for administering medication.

A leaflet about consent for medication to inform clients and their families could be prepared to meet 1.3, 1.4 and 1.5.

Evidence for 1.6 and 1.7 could be presented as guidance for workers in a care setting preparing to administer medication in care setting.

For 1.1, the learner will need to describe the roles and responsibilities of staff supporting individuals to take medication, administering medication and using specialised techniques. Reference needs to be made to the importance of relevant training.

1.2 requires the learner to explain why it is important to follow instructions on the preparation and use of medication and method of administration from the individual, manufacturer, pharmacist and the organisation standpoints. They can give examples to support the explanations.

To meet 1.3, the explanation needs to include reference to the rights of the individual to give consent to medication.

1.4 requires the learner to list all the essential information required by individuals to enable them to give valid consent.

For 1.5, the learner must give reasons why it is important to agree the medication and support needs with the individual. This needs to include reference to the individual as an active partner in their own care and support.

For 1.6, the learner needs to describe clearly and accurately the method of making checks before administering medications and the reasons for these checks with regard to the identity of the individual, the MAR, medication, equipment and the environment.

To meet 1.7, the learner needs to describe the hygiene procedures to follow before administering medication to protect the individual receiving medication and self and others. Reference needs to be made to agreed ways of working and standard precautions to minimise or prevent infection and cross infection.

For 1.8, the reasons for ensuring the correct dose, correct medication, correct individual, correct time and correct route may be evidenced by responses to case studies.

Evidence for learning outcomes 2 and 3 may be combined into one assessment task and be presented as PowerPoint slides with notes in preparation for a presentation to new care workers.

For 2.1, the learner will need to give a brief description of different aids and equipment available for administering medication.

To meet 2.2, some advantages and disadvantages of drug administration systems need to be given.

For 2.3, the learner needs to give examples of different instructions which may need to be followed before administering medication.

For 2.4, learners can give a brief description of different ways to support individuals may be given in response to case studies, referring to agreed ways of working and the individual's care/support plan.

For 2.5, the learner needs to explain how to record different outcomes. Examples of recordings on MARs may be given to support their response.

To meet 2.6, the learner will need to give different examples of when additional support will be needed and who to refer to.

For 2.7, the main points of relevant current legislation and guidance in relation to administration of medicine need to be identified.

To meet 3.1, the learner needs to explain why it is important that individuals are supported in administering their own medication. This need to include a reference to the individual as an active partner in their own care and support.

For 3.2, the learner will need to include brief information about the key aspects of current, relevant legislation and guidance in relation to self-administration of medication.

To meet 3.3, the learner will need to explain how to carry out a risk assessment for an individual to self-medicate. They can support their evidence with examples.

For 3.4, the learner needs to outline what needs to be in place for a client to self-medicate.

For 3.5, the learner needs to describe how to keep records of self-medication, including reference to agreed ways of working.

Evidence for learning outcomes 4 and 5 can be combined into one assessment task. The learner could prepare written notes or a database of information about procedures to follow when there are problems with the administration of medication, and how the effects of medication are monitored, to use as reference when working in different settings.

For 4.1, the learner will need to describe accurately the actions to be taken in all the following situations; if there are errors in administering medication, the individual declines prescribed medication, medication is compromised, there are discrepancies in records and administering controlled drugs. The importance of working to agreed ways of working, working within limits of own responsibilities, recording actions and seeking advice need to be included.

To meet 4.2, brief information about how to support an individual who has difficulty taking medication needs to be given. Evidence may be in response to a case study.

For 4.3, the learner needs to explain how individuals who are unable to give consent are supported. This will need to include how healthcare professionals assess the capacity of the individual to make the decision in relation to the Mental Capacity Act 2005.

For 5.1, the learner needs to describe the different ways to check the effects of medication. Examples may be given to support their description.

To meet 5.2, a list of widely used medications and accurate information about their side effects will need to be given.

For 5.3, the learner needs to explain what is meant by an adverse reaction and they can give examples may be given to support their explanation.

For 5.4, the learner will need to describe the actions to take if side effects or adverse reactions are suspected. This needs to include a reference to agreed ways of working, recording actions and seeking advice.

To meet 5.5, the learner will need to outline how medication reviews should be carried out with reference to the National Service Framework/National Minimum Standards.

For 5.6, the learner needs to explain how outcomes of monitoring and review are recorded on the care/support plan and MAR with reference to agreed ways of working.

Essential resources

This unit needs to be delivered by an appropriately qualified tutor.

Indicative resource materials

Textbooks

Dorling Kindersley — *BMA New Guide to Medicine and Drugs, 8th Edition* (Dorling Kindersley, 2011) ISBN 9781405361798

Lavers S and Lancaster H — *BTEC Level 2 First Health and Social Care Student Book* (Edexcel, 2010) ISBN 9781846906817

Rasheed E, Hetherington A and Irvine J — *BTEC First Health and Social Care: Level 2* (Hodder Education, 2010) ISBN 9781444111903

Journals

Community Care

Nursing Times

Websites

www.bnf.org	British National Formulary
www.cqc.org.uk	Care Quality Commission
www.medicines.co.uk	Electronic Medicines Compendium
www.mims.co.uk	MIMS — database of prescription and generic drugs, clinical guidelines and patient advice
www.nmc-uk.org	Nursing and Midwifery Council
www.rpsgb.org.uk	Royal Pharmaceutical Society of Great Britain
www.skillsforcare.org.uk	Sector Skills Council for Care
www.skillsforhealth.org.uk	Sector Skills Council for the UK Health sector

Unit 4: Record-keeping and Audit Processes for Medication Administration and Storage

Unit code: F/601/9578

QCF Level 2: BTEC Specialist

Credit value: 3

Guided learning hours: 24

Unit aim

This unit provides an opportunity for learners to develop an understanding of the audit process, the records that must be maintained regarding the administration of medicines and issues of accountability, responsibility and confidentiality.

Unit introduction

Poor records are a potential cause of preventable medication errors. Robust systems for recordkeeping and auditing to support the receipt, administration and disposal of medication are essential and mitigate against mistakes, and protect the safety, health and wellbeing of individuals who use the services. All those involved in medication transactions need to be aware of the need for accountability and, most importantly, the parameters of their own responsibilities and those of others. In this unit learners will develop knowledge and understanding in these key areas.

Learners will explore the audit process, including organisational, inspection and legal requirements for recording the receipt, administration and disposal of medication. How information is recorded in organisations to meet legal requirements and how confidentiality of medication information is maintained, are also examined. Learners will investigate reasons for accountability in relation to medication and explore individual responsibilities in the medication process are explored.

This unit builds on learners' knowledge and understanding of medication and prescriptions, and of the safe administration, supply, storage and disposal of medication.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
<p>1 Understand the audit process in relation to medication transactions and stock levels</p>	<p>1.1 Describe the requirements for medication transactions and stock levels in relation to:</p> <ul style="list-style-type: none"> • the role of the pharmacist • manufacturer’s instructions • organisational policies • inspection and internal audit • legal requirements <p>1.2 Explain how medication is recorded on:</p> <ul style="list-style-type: none"> • receipt • administration • disposal
<p>2 Understand how information is recorded and confidentiality maintained</p>	<p>2.1 Describe the key aspects of record keeping in an environment where medication is used in relation to:</p> <ul style="list-style-type: none"> • documentation • correct recording • signatures <p>2.2 Outline the requirements of the regulatory authorities in relation to medication record keeping</p> <p>2.3 Identify what information needs to be recorded when compiling a medicine profile for a client</p> <p>2.4 Explain why all records relating to medicines must be kept up-to-date</p> <p>2.5 Outline the key points of legislation relating to confidentiality in relation to:</p> <ul style="list-style-type: none"> • who records what, where and when • who has access to records • individual rights • maintaining confidentiality

Learning outcomes	Assessment criteria
	2.6 Identify own role in maintaining confidentiality and keeping information secure
3 Understand own role in relation to accountability and responsibility	3.1 Define the terms 'accountability' and 'responsibility' 3.2 Explain the importance of accountability in relation to medication 3.3 Describe the responsibilities of different people involved with storage or administration of medication 3.4 Outline the potential consequences of not following agreed ways of working as set out by an employer

Unit content

1 Understand the audit process in relation to medication transactions and stock levels

Requirements for medication transactions and stock levels: role of pharmacist eg dispensing following receipt of prescription, arrangements for repeat prescription, synchronised supply, pharmacy collection service; manufacturer's instructions eg storage, expiry date, patient information leaflet, side effects, contraindications; organisational policies eg national and local guidelines, agreed ways of working for recording transactions and stock levels; inspection and internal audit eg Care Quality Commission Standards, recording in line with agreed ways of working, Medication Administration Records (MAR); legal requirements eg Care Standards Act 2000, Medicines Act 1968

How medication is recorded: on MAR/records required by organisation; on receipt (date, name of individual matches name on medication, medication received is as prescribed, storage, dose, when medication should be given, route of administration, expiry date, date further supplies will be required); administration (date, time, refusals, reminders, assistance provided, signature); disposal (name of medication, date of disposal, disposal route)

2 Understand how information is recorded and confidentiality maintained

Key aspects of record keeping in an environment where medication is used: in line with agreed ways of working; keeping account of all medication requested, received, administered, disposed of; documentation eg MAR, clear, legible, current, unambiguous; correct recording eg accurate, no omissions, written in ink; signatures eg dated, on receipt, on administration, on disposal, second signatures for Controlled Drugs (CD)

Requirements of the regulatory authorities in relation to medication record keeping: Care Quality Commission Regulations 2009; Misuse of Drugs Act Regulations 2001 for CD (administration recorded both on the MAR and in the CD record book with numbered pages, separate page for each CD for each person, the balance remaining for each product checked against the amount in the pack or bottle at each administration and also on a regular basis eg monthly)

Information to be recorded when compiling a medicine profile for a client: full name; age; weight; allergies; adverse reactions; GP; all medication prescribed; dose; any special instructions; method of administration; frequency; duration of the course; 'when required' (PRN) medication; any assistance required in administration

Why all records relating to medicines must be kept up to date: regulatory requirement; ensure that the correct dose, of the correct medication is given to the correct person at the correct time, by the correct route or method; take account of changes to medication; records of adverse reactions and allergies to medication; prevent misunderstandings; ensure continuity of medication; to keep account of stocks

Key points of legislation relating to confidentiality in relation to who records what, where and when, who has access to records, individual rights, maintaining confidentiality: relevant sections from current legislation eg Data Protection Act 1998 (set of standards for obtaining, holding, using or disposing of personal data), Human Rights Act 1998 (enshrines a right to respect for individual private lives), Access to Health Records Act 1990

Own role in maintaining confidentiality and keeping information secure: in line with agreed ways of working; demonstrate respect for rights of individual; storage of records eg MAR

3 Understand own role in relation to accountability and responsibility

Accountability and responsibility: accountability (liability to be called on to provide an explanation, account for one's conduct) responsibility (ability to act independently, make decisions)

Importance of accountability in relation to medication: supports safe practice; medication transactions are audited to ensure correct dose, of the correct medication, is given to the correct person at the correct time, by the correct route or method; requirement to account for discrepancies in records of receiving, administering and disposing of medication; changes can be made to working practices to reduce errors; training needs identified

Responsibilities of different people involved with the storage or administration of medication; different people eg pharmacists, nurses, care workers, clients; working in line with agreed ways of working; working within limits of responsibility/competence; specific training eg in administration techniques; accurate records; storage eg keep account/audit stocks, store according to manufacturer's instructions, dispose of unwanted/expired medications, store CDs appropriately; administration eg follow instructions on MAR, refer to care plan, administering PRN medications

Potential consequences of not following agreed ways of working as set out by an employer: serious or life-threatening consequences for clients; maximum benefits of medication not achieved; disciplinary action; legal action; organisation fails to meet Care Quality Commission Standards

Essential guidance for tutors

Delivery

This unit builds on learners' knowledge and understanding of medication and prescriptions and of the safe administration, supply, storage and disposal of medication, and reference to these topics will need to be made throughout the delivery of this unit. Learners need to apply their learning to actual events and activity within organisations providing care and access to copies of the documentation used by different organisations to record and audit medication processes would support this. The unit could be delivered using a combination of tutor input, individual or small-group research followed by presentations and guest speakers. Active learning techniques should be used as much as possible.

A guest speaker from a care setting could be invited to speak about the auditing processes for medication in their organisation, and how external audit and legal requirements are met. Learners could work in groups to analyse processes from different care settings to consider how medication receipt, administration and disposal is recorded to meet inspection and legal requirements.

Learners could research the legal requirements for medication record keeping and examine facsimiles of recording documentation with omissions, unclear recording etc. They could work in groups to formulate a policy for recording medication documentation for an organisation; the groups could focus on different care settings. Learners could present their policies to the whole group, to compare their results and identify any key aspects not considered, supported with tutor input.

Case studies of different individuals could be used for learners to identify the information needed to compile medicine profiles. Tutor-led discussion could focus on the need for all the information and the implications of any omissions, by posing 'What would happen if....?' questions.

Learners could explore the need for confidentiality of information in relation to medication by examining different scenarios where confidentiality has been breached. Tutor-led discussion could explore the consequences of breaking confidentiality for the client, the care setting and the organisation in each case. Learners could research the key points of different legislation relating to confidentiality.

The importance of working within defined responsibilities to ensure safety in administering medication could be introduced by the tutor. Learners could answer questions about how to respond to a range of different situations to clarify who is responsible.

The potential consequences of not following agreed ways of working could be explored through analysis of case studies and inspection reports.

Assessment

This unit must be assessed in accordance with the 'Skills for Health QCF Assessment Principles'. See *Annexe D* of this specification for details.

For 1.1, the learner will need to describe clearly what is required for medication transactions and stock levels relating to the role of the pharmacist, manufacturer, instructions, organisational policies, inspection and internal audit and legal requirements.

For 1.2, learners could use an example of a completed MAR or organisational record showing medication receipt, administration and disposal with annotations which explain the reasons for these recordings.

For 2.1, the key aspects required for recording medication need to be described. The learner needs to refer to the need for clarity, legibility accuracy, dates, signatures in ink, in relation to receiving, administering and disposing of medication.

For 2.2, the learner needs to outline only the requirements of the regulatory authorities for medication record keeping.

To meet 2.3, the learner needs to list the information needed to complete a medicine profile for an individual. This must include essential information about the individual, including name, allergies, all medication, dose/s, route of administration and frequency.

For 2.4, reasons why records relating to medicines need to be up to date could be presented in response to case studies. The learner will need to refer to regulatory requirements and the need to prevent errors in the administration of medication.

2.5 requires the learner to outline the key features only of the legislation relating to confidentiality. This will need to include reference to data protection and human rights.

For 2.6, the learner needs to provide information about what they must do to maintain confidentiality and keep information secure. Reference is needed to working in line with agreed ways of working and how they will respect individual rights.

To meet 3.1, the learner needs to define both accountability and responsibility.

For 3.2, the learner needs to explain why accountability is important in relation to medication including supporting safe practice and the requirement to account for discrepancies in records of receiving, administering and disposing of medication

Evidence for 3.3 needs to include the responsibilities of different people involved with the storage or administration of medication and must include reference to all working in line with agreed ways of working and within agreed responsibilities/level of competence. Supporting examples may be given.

The potential consequences of not following agreed ways of working for 3.4 may be evidenced in response to case studies.

Essential resources

This unit needs to be delivered by an appropriately qualified tutor.

Indicative resource materials

Textbooks

Dorling Kindersley — *BMA New Guide to Medicine and Drugs, 8th Edition* (Dorling Kindersley, 2011) ISBN 9781405361798

Lavers S and Lancaster H — *BTEC Level 2 First Health and Social Care Student Book* (Edexcel, 2010) ISBN 9781846906817

Rasheed E, Hetherington A and Irvine J — *BTEC First Health and Social Care: Level 2* (Hodder Education, 2010) ISBN 9781444111903

Journals

Community Care

Nursing Times

Websites

www.bnf.org	British National Formulary
www.cqc.org.uk	Care Quality Commission
www.medicines.co.uk	Electronic Medicines Compendium
www.mims.co.uk	MIMS — database of prescription and generic drugs, clinical guidelines and patient advice
www.nmc-uk.org	Nursing and Midwifery Council
www.rpsgb.org.uk	Royal Pharmaceutical Society of Great Britain
www.skillsforcare.org.uk	Sector Skills Council for Care
www.skillsforhealth.org.uk	Sector Skills Council for the UK Health sector

Further information

For further information please call Customer Services on 0844 576 0026 (calls may be recorded for training purposes) or visit our website (www.edexcel.com).

Useful publications

Related information and publications include:

- *Guidance for Centres Offering Edexcel/BTEC QCF Accredited Programmes* (Edexcel, distributed to centres annually)
- functional skills publications – specifications, tutor support materials and question papers
- *Regulatory arrangements for the Qualification and Credit Framework* (published by Ofqual) August 2008
- the current Edexcel publications catalogue and update catalogue.

Edexcel publications concerning the Quality Assurance System and the internal and external verification of vocationally-related programmes can be found on the Edexcel website and in the Edexcel publications catalogue.

NB: Some of our publications are priced. There is also a charge for postage and packing. Please check the cost when you order.

How to obtain National Occupational Standards

Please contact:

Skills for Care and Development
2nd Floor
City Exchange
11 Albion Street
Leeds
LS1 5ES

Telephone: 0113 390 7666
Fax: 0113 246 8066
Web: www.skillsforcareanddevelopment.org.uk

Professional development and training

Edexcel supports UK and international customers with training related to BTEC qualifications. This support is available through a choice of training options offered in our published training directory or through customised training at your centre.

The support we offer focuses on a range of issues including:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing student-centred learning and teaching approaches
- building functional skills into your programme
- building in effective and efficient quality assurance systems.

The national programme of training we offer can be viewed on our website (www.edexcel.com/training). You can request customised training through the website or by contacting one of our advisers in the Training from Edexcel team via Customer Services to discuss your training needs.

Our customer service numbers are:

BTEC and NVQ	0844 576 0026
GCSE	0844 576 0027
GCE	0844 576 0025
The Diploma	0844 576 0028
DiDA and other qualifications	0844 576 0031

Calls may be recorded for training purposes.

The training we provide:

- is active – ideas are developed and applied
- is designed to be supportive and thought provoking
- builds on best practice.

Our training is underpinned by the LLUK standards for those preparing to teach and for those seeking evidence for their continuing professional development.

Annexe A

The Edexcel/BTEC qualification framework for the health and social care sector

Progression opportunities within the framework.

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC specialist courses	NVQ/occupational
5		BTEC Higher Nationals in Health and Social Care		<p>Level 5 Diplomas in Leadership for Health and Social Care and Children and Young People's Services (England)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Management) (Wales)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Residential Management) (Wales)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Advanced Practice) (Wales and Northern Ireland)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Management) (Wales and Northern Ireland)</p>

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC specialist courses	NVQ/occupational
5 <i>continued</i>				<p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Residential Management) (Wales and Northern Ireland)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Advanced Practice) (Wales and Northern Ireland)</p>
3	GCE Health and Social Care (Single Award, Double Award and Additional) Higher Diploma in Society, Health and Development	Edexcel BTEC Level 3 Certificate, Subsidiary Diploma, Diploma and Extended Diploma in Health and Social Care		<p>Edexcel Level 3 Diploma in Health and Social Care (Adults) (England)</p> <p>Edexcel Level 3 Diploma in Health and Social Care (Adults) (Wales and Northern Ireland)</p> <p>Edexcel Level 3 Diploma in Health and Social Care (Children and Young People) (Wales and Northern Ireland)</p>
2	GCSE in Health and Social Care (Single and Double Award) Foundation Diploma in Society, Health and Development	Edexcel BTEC Level 2 Certificate, Extended Certificate and Diploma in Health and Social Care Advanced Diploma in Society, Health and Development		<p>Edexcel Level 2 Diploma in Health and Social Care (Adults) (England)</p> <p>Edexcel Level 2 Diploma in Health and Social Care (Adults) (Wales and Northern Ireland)</p>

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC specialist courses	NVQ/occupational
1		BTEC Level 1 Award, Certificate, Diploma in Health and Social Care	Edexcel BTEC Level 2 Award in Awareness of Dementia Edexcel BTEC Level 2 Certificate in Dementia Care	
Entry		BTEC Entry Level Award in Health and Social Care (Entry 3)		

Annexe B

Wider curriculum mapping

Edexcel BTEC Level 2 qualifications give learners opportunities to develop an understanding of spiritual, moral, ethical, social and cultural issues as well as an awareness of citizenship, environmental issues, European developments, health and safety considerations and equal opportunities issues.

Spiritual, moral, ethical, social and cultural issues

Throughout the delivery of this qualification learners will have the opportunity to actively participate in different kinds of decision making. They will have to consider fair and unfair situations and explore how to resolve conflict. Working in small groups they will learn how to respect and value others' beliefs, backgrounds and traditions.

Citizenship

Learners undertaking this qualification will have the opportunity to develop their understanding of citizenship issues.

Environmental issues

Developing a responsible attitude towards the care of the environment is an integral part of this qualification. Learners are encouraged to minimise waste and discuss controversial issues.

European developments

Much of the content of the qualification applies throughout Europe, even though the delivery is in a UK context.

Health and safety considerations

Health and safety is embedded within all of the units in this qualification. Learners will consider their own health and safety at work, how to identify risks and hazards and how to minimise those risks.

Equal opportunities issues

There will be opportunities throughout this qualification to explore different kinds of rights and how these affect both individuals and communities, for example learners will consider their rights at work and the rights of employers and how these rights affect the work community.

Annexe C

National Occupational Standards

The grid below maps the knowledge covered in the Edexcel Level 2 Certificate in Understanding the Safe Use of Medicines against the underpinning knowledge of the National Occupational Standards in Health and Social Care.

KEY

indicates partial coverage of the NVQ unit

a blank space indicates no coverage of the underpinning knowledge

Units	1	2	3	4
CHS1 Receive and store medication and products	#	#		#
CHS2 Assist in the administration of medication	#	#	#	#
CHS3 Administer medication to individuals	#	#	#	#
HSC21 Communicate with, and complete records for individuals			#	#
HSC24 Ensure your own actions support the care, protection and wellbeing of individuals	#	#	#	#
HSC221 Assist in the administration of medication	#	#	#	
HSC224 Observe, monitor and record the condition of individuals			#	#
HSC236 Receive and store medication and products	#	#		#

Annexe D

Skills for Health Assessment Principles for Qualifications that Assess Competence Version 2.3 January 2011

1 Introduction

- 1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.
- 1.2 This document sets out those principles and approaches to Qualifications and Credit Framework (QCF) unit/qualification assessment not already described in the Regulatory Arrangements for the QCF. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.
- 1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

2 Assessment Principles

- 2.1 Assessment decisions for competence based units must be made by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.
- 2.2 Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. Where the Awarding Organisation requires that the assessor holds, or is working toward, a formal QCF qualification, that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working toward a formal qualification we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the National Occupational Standard LLUK L9 Assess Learner Achievement.
- 2.3 Competence based units must include direct observation as the primary source of evidence,
- 2.4 Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit.
- 2.5 Expert witnesses can be used for direct observation where they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.
- 2.6 Assessment decisions for knowledge only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy.

3 Internal Quality Assurance

- 3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.
- 3.2 Skills for Health would expect that where the Awarding Organisation requires those responsible for internal quality assurance to hold formal QCF qualifications that these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect those responsible for internal quality assurance to hold or be working toward a formal QCF qualification we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meet the standard of practice set out in the National Occupational Standard LUK L11 Internally Monitor and Maintain the Quality of Assessment.

4 Definitions

- 4.1 Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competence unit/s they are assessing. Occupational competence must be at unit level which might mean different assessors across a whole qualification. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.
- 4.2 Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained through clearly demonstrable continuing learning and professional development.
- 4.3 Qualified to make assessment decisions:

This means that each assessor must hold a relevant qualification or be assessing to the standard specified in the unit/qualification assessment strategy. Skills for Health will agree with Awarding Organisations the relevant assessor qualifications or standard for qualifications covered by these principles.
- 4.4 Qualified to make quality assurance decisions:

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5 Expert witness:

An expert witness must:

- have a working knowledge of the QCF units on which their expertise is based;
- be occupationally competent in their area of expertise;
- have EITHER any qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

Annexe E

Glossary of accreditation terminology

The following information about this qualification can also be found on the Edexcel website – see: www.edexcel.com/quals/Specialist/

Accreditation start/end date	The first/last dates that Edexcel can register learners for a qualification.
Certification end date	The last date on which a certificate may be issued by Edexcel.
Credit value	All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can only be awarded in whole numbers. Learners will be awarded credits for the successful completion of whole units.
Guided Learning Hours (GLH)	Guided learning hours are defined as all the times when a tutor, trainer or facilitator is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops. It also includes time spent by staff assessing learners' achievements. It does not include time spent by staff in day-to-day marking of assignments or homework where the learner is not present.
Learning Aims Database	Link to the Learning Aims Database, which features detailed funding information by specific learning aim reference.
Learning Aim Reference	Unique reference number given to the qualification by the funding authorities on accreditation.
Level	The level at which the qualification is positioned in the Qualifications and Credit Framework (QCF).
Performance tables	This qualification is listed on the Department for Education (DfE) website School and College Achievement and Attainment Tables (SCAAT) as performance indicators for schools and colleges.
Qualification Number (QN)	Unique reference number given to the qualification by the regulatory authorities on accreditation.
Register of Regulated Qualifications	Link to the entry on the Register of Regulated Qualifications for a particular qualification. This database features detailed accreditation information for the particular qualification.
Section 96	Section 96 is a section of the Learning and Skills Act 2000. This shows for which age ranges the qualification is publicly funded for under-19 learners.
Title	The accredited title of the qualification.
UCAS points	This qualification is listed on the Universities and Colleges Admissions Service (UCAS) tariff for those wishing to progress to higher education.

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For more information on Edexcel and BTEC qualifications please
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