Pearson BTEC

# Pearson BTEC Level 3 for Health Screeners Diploma

## Specification

Competence-based qualification

First registration April 2026

**About Pearson**

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*All information in this specification is correct at time of publication.*

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# 1 Introducing the qualification

## What are Pearson competence-based qualifications?

Pearson competence-based qualifications are work-based qualifications that give learners the opportunity to develop and demonstrate their competence in the area of work or job role to which the qualification relates.

Learners will develop the knowledge, skills and behaviours to become competent in the area of work or job role. The requirements to be competent are set by occupational standards for the appropriate sector. Pearson has worked closely with the appropriate professional bodies in the development of this qualification. The qualifications are written in broad terms to enable employers and providers to apply them to a wide range of related occupational areas.

## Qualification purpose

The Pearson BTEC Level 3 for Health Screeners Diploma is for learners who are working, or want to work in, the healthcare sector.

The Pearson BTEC Level 3 for Health Screeners Diploma is suitable for learners to:

- develop the fundamental technical skills and underpinning knowledge and understanding required to become competent in the job roles of abdominal aortic aneurysm screener, diabetic eye screener, diabetic eye grader, diabetic eye screener grader and newborn hearing screener. For details of the units included in this qualification, please see *Section 3 Qualification structure*
- gain recognition for existing skills and knowledge
- develop appropriate professional attitudes and behaviours that will support personal success in their job role and the long-term success of their organisation
- develop a range of interpersonal and intrapersonal skills to support progression to, and success in, further study and career advancement
- achieve a nationally recognised Level 3 qualification.

## Industry support and recognition

The Pearson BTEC Level 3 for Health Screeners Diploma was developed through close collaboration with NHS England, Gloucestershire Research & Education Group.

## Funding

Qualifications eligible and funded for post-16-year-olds can be found on the funding Hub.

## Relationship with previous qualifications

This qualification is a direct replacement for Pearson Edexcel Level 3 Diploma for Health Screeners 601/8682/3, which has expired.

# 2 Qualification summary and key information

| Qualification title | Pearson BTEC Level 3 for Health Screeners Diploma |
|---|---|
| Qualification Number (QN) | 610/6791/X |
| Regulation start date | 01/04/2026 |
| Operational start date | 01/04/2026 |
| Approved age ranges | 16–18<br>19+ |
| Total Qualification Time (TQT) | 870 hours |
| Guided learning hours (GLH) | 539 hours |
| Assessment | Internal assessment (portfolio of evidence). |
| Grading information | The qualification and units are graded Pass/Fail. |
| Entry requirements | Learners must be working in a service where they can carry out screening relevant to their role.<br>No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification.<br>Centres must follow the information in our document, *A guide to recruiting learners onto Pearson qualifications*, and *Section 6 Access to qualifications*. |

| Qualification title | Pearson BTEC Level 3 for Health Screeners Diploma |
|---|---|
| Progression | Learners who achieve the Pearson BTEC Level 3 for Health Screeners Diploma can progress to job roles such as screeners for abdominal aortic aneurysm, diabetic eye and newborn hearing, or to other qualifications in the healthcare suite. |

# 3 Qualification structure

## Pearson BTEC Level 3 for Health Screeners Diploma

The requirements outlined in the table below must be met for Pearson to award the qualification.

| | |
|---|---|
| Minimum number of units that must be achieved | 10 |

| Unit number | Mandatory units | Level | Credits | Guided learning hours |
|---|---|---|---|---|
| 1 | Your role and responsibilities working in health screening | 3 | 2 | 14 |
| 2 | Communication, equality, inclusion and conflict resolution | 3 | 3 | 10 |
| 3 | Principles of consent | 3 | 3 | 28 |
| 4 | Promote and implement health and safety | 3 | 6 | 43 |
| 5 | Promote infection prevention and control | 3 | 3 | 30 |
| 6 | Principles of safeguarding | 3 | 3 | 26 |
| 7 | Data protection and confidentiality | 3 | 3 | 26 |

| Unit number | Abdominal Aortic Aneurysm Screener (AAA) units | Level | Credits | Guided learning hours |
|---|---|---|---|---|
| 8 | Principles of Abdominal Aortic Aneurysm screening and treatment | 3 | 3 | 23 |
| 9 | Principles of ultrasound for Abdominal Aortic Aneurysm screening | 3 | 4 | 29 |
| 10 | Undertake Abdominal Aortic Aneurysm screening | 3 | 6 | 25 |
| 11 | The ear and hearing | 3 | 2 | 7 |
| 12 | Prepare to undertake a newborn hearing screen | 3 | 5 | 44 |

| Unit number | Abdominal Aortic Aneurysm Screener (AAA) units | Level | Credits | Guided learning hours |
|---|---|---|---|---|
| 13 | Undertake an Automated Oto-Acoustic Emissions (AOAE) newborn hearing screen | 3 | 5 | 28 |
| 14 | Undertake an Automated Auditory Brainstem Response (AABR) newborn hearing screen | 3 | 4 | 23 |

| Unit number | Diabetic Eye Screener (DES) units | Level | Credits | Guided learning hours |
|---|---|---|---|---|
| 15 | Anatomy, physiology and pathology of the eye | 3 | 6 | 29 |
| 16 | Understanding Diabetes and Diabetic Retinopathy | 3 | 4 | 13 |
| 17 | Prepare for Diabetic Retinopathy screening | 3 | 4 | 26 |
| 18 | Undertake Diabetic Retinopathy imaging | 3 | 5 | 35 |

| Unit number | Diabetic Eye Screener/Grader units | Level | Credits | Guided learning hours |
|---|---|---|---|---|
| 15 | Anatomy, physiology and pathology of the eye | 3 | 6 | 29 |
| 16 | Understanding Diabetes and Diabetic Retinopathy | 3 | 4 | 13 |
| 17 | Prepare for Diabetic Retinopathy screening | 3 | 4 | 26 |
| 18 | Undertake Diabetic Retinopathy imaging | 3 | 5 | 35 |
| 19 | Detect Retinal Disease and classify Diabetic Retinopathy | 3 | 8 | 40 |

| Unit number | Diabetic Eye Screener/Grader with OCT units | Level | Credits | Guided learning hours |
|---|---|---|---|---|
| 15 | Anatomy, physiology and pathology of the eye | 3 | 6 | 29 |
| 16 | Understanding Diabetes and Diabetic Retinopathy | 3 | 4 | 13 |
| 17 | Prepare for Diabetic Retinopathy screening | 3 | 4 | 26 |
| 18 | Undertake Diabetic Retinopathy imaging | 3 | 5 | 35 |
| 19 | Detect Retinal Disease and classify Diabetic Retinopathy | 3 | 8 | 40 |
| 20 | Understanding Optical Coherence Tomography (OCT) in digital surveillance | 3 | 8 | 40 |

| Unit number | Diabetic Eye Grader (DEG) units | Level | Credits | Guided learning hours |
|---|---|---|---|---|
| 15 | Anatomy, physiology and pathology of the eye | 3 | 6 | 29 |
| 16 | Understand Diabetes and Diabetic Retinopathy | 3 | 4 | 13 |
| 19 | Detect Retinal Disease and Classify Diabetic Retinopathy | 3 | 8 | 40 |

# 4 Assessment requirements

The units in this qualification are all internally assessed.

## Assessment strategy

The assessment strategy for this qualification is included in *Annexe A*. It sets out the overarching assessment requirements and the framework for assessing the units to ensure that the qualification remains valid and reliable. It has been developed in collaboration with NHS England, Gloucestershire Research & Education Group and Skills for Health.

## Language of assessment

Learners must use English only during the assessment of this qualification.

A learner taking the qualification(s) may be assessed in British Sign Language where it is permitted for the purposes of reasonable adjustment.

Further information on the use of language in qualifications is available in our *Use of languages in qualifications policy*, available on our website.

## Internal assessment

The units in this qualification are assessed through an internally and externally quality-assured Portfolio of Evidence made up of evidence gathered during the course of the learner's work.

Each unit has specified learning outcomes and assessment criteria. To pass each unit, learners must:

- achieve **all** the specified learning outcomes
- satisfy **all** the assessment criteria by providing sufficient and valid evidence for each criterion
- prove that the evidence is their own.

Learners must have an assessment record that identifies the assessment criteria that have been met. The assessment record should be cross-referenced to the evidence provided. The assessment record should include details of the type of evidence and the date of assessment. Suitable centre documentation should be used to form an assessment record.

## Presenting evidence

In line with the assessment strategy, evidence for internally assessed units can take a variety of forms as indicated below:

- direct observation of the learner's performance by their assessor (O)
- outcomes from oral or written questioning (Q&A)
- products of the learner's work (P)
- personal statements and/or reflective accounts (RA)
- outcomes from simulation (S)
- professional discussion (PD)
- authentic statements/witness testimony (WT)
- expert witness testimony (EWT)
- evidence of Recognition of Prior Learning (RPL).

Learners can use the abbreviations in their portfolios for cross-referencing purposes.

Learners can also use one piece of evidence to prove their knowledge, skills and understanding across different assessment criteria and/or across different units. It is not necessary for learners to have each assessment criterion assessed separately. They should be encouraged to reference evidence to the relevant assessment criteria. However, the evidence provided for each unit must clearly reference the unit being assessed. Evidence must be available to the assessor, the internal verifier and the Pearson Standards Verifier.

Any specific evidence requirements for a unit are given in the *Unit assessment requirements* section of the unit.

## Assessment of knowledge and understanding

Knowledge and understanding are key components of competent performance, but it is unlikely that performance evidence alone will provide sufficient evidence for knowledge-based learning outcomes and assessment criteria. Where the learners' knowledge and understanding is not apparent from performance evidence, it must be assessed through other valid methods and be supported by suitable evidence. The evidence provided to meet these learning outcomes and assessment criteria must be in line with the assessment strategy**.** Any specific assessment requirements are stated in the *Unit assessment requirements* section of each unit in *Section 9 Units*.

## Assessment of skills units

To pass each skills unit, learners must:

- gather evidence from their course in a portfolio showing that they have met the required standard specified in the learning outcomes, assessment criteria and Pearson's quality assurance arrangements
- have an assessment record that shows how each individual assessment criterion has been met. The assessment record should be cross-referenced to the evidence provided. The assessment record should include details of the type of evidence and the date of assessment. Suitable centre documentation should be used to form an assessment record.

Learners can use one piece of evidence to prove their knowledge, skills and understanding across different assessment criteria and/or across different units. The evidence provided for each unit must reference clearly the unit that is being assessed, and learners should be encouraged to signpost evidence. Evidence must be available to the assessor, the internal verifier and the Pearson Standards Verifier.

Examples of forms of evidence include observation records, reflective accounts, witness testimony and products of learners' work. Learners must provide evidence of their achievement of the knowledge-based learning outcomes and the associated assessment criteria in skills units – achievement cannot be inferred from performance.

Any specific evidence requirements for a unit are given in the unit's *Assessment requirements* section.

## Assessor requirements

Centres must ensure:

- assessment is carried out by assessors with relevant expertise in both the occupational area and assessment. The requirements for assessor qualifications and experience are stated in the assessment principles in *Annexe A*.
- internal verification systems are in place to ensure the quality and authenticity of learners' work, as well as the accuracy and consistency of assessment. The requirements of internal verifiers (IVs) are stated in the assessment principles in *Annexe A*.

# 5 Centre recognition and approval

Centres must have approval prior to delivering or assessing any of the units in this qualification.

Centres that have not previously offered Pearson competence-based qualifications need to apply for, and be granted, centre recognition and approval to offer individual qualifications.

Existing Pearson centres seeking approval to offer Pearson competence-based qualifications will be required to submit supplementary evidence for approval, aligned with the associated Standards and/or assessment requirements.

Existing centres will be given 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by a new qualification and the conditions for automatic approval are met.

Guidance on seeking approval to deliver Pearson vocational qualifications is available on our website.

## Approvals agreement

All centres are required to enter into an approval agreement with Pearson, in which the head of centre or principal agrees to meet all the requirements of the qualification specification and to comply with the policies, procedures, codes of practice and regulations of Pearson and relevant regulatory bodies. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of centre or qualification approval.

## Centre resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification:

- appropriate physical resources as outlined in the assessment strategy in *Annexe A* (for example a workplace in line with industry standards or a Realistic Working Environment (RWE), where permitted)
- centres must meet any specific human resource requirements to support effective delivery
- staff assessing learners and internally verifying programmes must meet the occupational competence requirements in the assessment strategy
- systems to ensure continuing professional development (CPD) for staff delivering, assessing and internally verifying the qualification
- health and safety policies that relate to the use of equipment by learners
- internal verification systems and procedures (see *Section 4 Assessment requirements*)
- any unit-specific resources stated in individual units.

# 6 Access to qualifications

## Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Our *Equity, diversity and inclusion in Pearson qualifications and related services policy* requires all learners to have equal opportunity to access our qualifications and assessments, and that our qualifications are awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are taking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from their qualification and that this achievement can be compared fairly to the achievement of their peers.

For learners with disabilities and specific needs, the assessment of their potential to achieve the qualification must identify, where appropriate, the support that will be made available to them during delivery and assessment of the qualification.

Centres must deliver the qualification in accordance with current equality legislation. For full details of the Equality Act 2010, please visit www.legislation.gov.uk.

## Reasonable adjustments and special consideration

Centres are permitted to make adjustments to assessment to take account of the needs of individual learners. Any reasonable adjustment must reflect the normal learning or working practice of a learner in a centre or a learner working in the occupational area.

Centres cannot apply their own special consideration – applications for special consideration must be made to Pearson and can be made on a case-by-case basis only.

Centres must follow the guidance in the Pearson document *Guidance for reasonable adjustments and special consideration in vocational internally assessed units.*

# 7 Recognising prior learning and achievement

Recognition of Prior Learning (RPL) 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.

Pearson encourages centres to recognise learners' previous achievements and experiences in and outside the workplace, 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. If 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.

Further guidance is available in our policy document *Recognition of prior learning policy and process*, available on our website.

# 8 Quality assurance of centres

For the qualification in this specification, the Pearson quality assurance model will consist of the following processes.

Centres will receive at least one visit from our Standards Verifier, followed by ongoing support and development. This may result in more visits or remote support, as required to complete standards verification. The exact frequency and duration of Standards Verifier visits/remote sampling will reflect the level of risk associated with a programme, taking account of the:

- number of assessment sites
- number and throughput of learners
- number and turnover of assessors
- number and turnover of internal verifiers
- amount of previous experience of delivery.

If a centre is offering a Pearson competence-based qualification alongside other qualifications related to a similar Apprenticeship Standard, wherever possible we will allocate the same Standards Verifier for both qualifications.

Following registration, centres will be given further quality assurance and sampling guidance.

For further details, please see the work-based learning quality assurance handbooks, available in the support section of our website:

- *Pearson centre guide to quality assurance – NVQs/SVQs and competence-based qualifications*
- *Pearson delivery guidance & quality assurance requirements – NVQs/SVQs; competence-based qualifications and BTEC Specialist qualifications.*

# 9 Units

This section of the specification contains the unit(s) that form the assessment for the qualification.

For explanation of the terms within the units, please refer to *Section 13 Glossary*.

It is compulsory for learners to meet the learning outcomes and the assessment criteria to achieve a Pass. The unit assessment requirements must also be met by the evidence that is provided by the learner.

Where legislation is included in delivery and assessment, centres must ensure that it is current and up to date.

# Unit 1: Your Role and Responsibilities Working in Health Screening

**Level:** 3

**Credit value:** 2

**Guided learning hours:** 14

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles, policies and procedures that underpin safe and effective screening practice. Learners will explore the structure of NHS screening programmes, the distinction between screening and diagnosis, and the responsibilities of staff in supporting individuals throughout the screening pathway. The unit also covers the importance of clinical governance, quality assurance and key performance indicators in maintaining high standards.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*).

## Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the policies, procedures and principles of health screening | 1.1 | Explain the following terms related to health screening: prevalence, sensitivity, specificity, false positives, false negatives | | | |
| | | 1.2 | Describe what is meant by a screening pathway | | | |
| | | 1.3 | Outline the current NHS screening programmes and identify where information on UK screening is available | | | |
| | | 1.4 | Outline where relevant health screening policies and procedures are kept within own area of work | | | |
| | | 1.5 | Explain the difference between screening and diagnosis | | | |
| | | 1.6 | Explain the benefits and limitations of NHS screening programmes | | | |
| 2 | Understand the impact screening may have on individuals | 2.1 | Describe the responsibilities of healthcare staff in ensuring individuals are managed along the whole screening pathway | | | |
| | | 2.2 | Explain the impact of health screening outcomes on individuals, providing examples of emotional, social and practical effects | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 3 | Understand working relationships in the health screening setting | 3.1 | Describe different working relationships in health screening settings | | | |
| | | 3.2 | Explain how working relationships and communication in health screening settings impact service delivery and patient outcomes, providing examples from your own experience or workplace | | | |
| 4 | Be able to work in ways that are agreed in the health screening setting | 4.1 | Describe why it is important to adhere to the agreed scope of the job role and practice limitations within your own role | | | |
| | | 4.2 | Access full and up-to-date details of agreed ways of working | | | |
| | | 4.3 | Implement agreed ways of working | | | |
| 5 | Understand the importance of clinical governance, quality assurance, standards and key performance indicators in health screening | 5.1 | Describe the internal and external quality assurance policies and procedures for own screening programme | | | |
| | | 5.2 | Explain the importance of clinical governance, quality assurance and standards in health screening | | | |
| | | 5.3 | Explain the role of key performance indicators and equipment quality assurance checks in maintaining high standards in health screening | | | |
| | | 5.4 | Outline the importance of failsafe systems within health screening | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the policies, procedures and principles of health screening** |
| • Health Screening Definitions: Prevalence, sensitivity, specificity, false positives, false negatives (see *GOV.UK Population Screening* for definitions).<br>• Screening Pathway: Steps from invitation to recall/discharge/referral; quality assurance across all pathway stages.<br>• Current NHS Screening Programmes: AAA, bowel cancer, breast, cervical, diabetic eye, foetal anomaly, infectious diseases in pregnancy, newborn and infant physical examination, newborn blood spot, newborn hearing, sickle cell and thalassaemia.<br>• Policies and Procedures: Where to find local policies (e.g. trust intranet, shared drives).<br>• Screening versus Diagnosis: Screening identifies risk/asymptomatic conditions; diagnosis confirms disease.<br>• Benefits and Limitations: Early detection, improved outcomes, but not 100 per cent accurate; risk of false positives/negatives, anxiety, need for informed choice. |
| **Learning outcome 2: Understand the impact screening may have on individuals** |
| • Responsibilities of Healthcare Staff:<br>  o Supporting individuals throughout the pathway.<br>  o Facilitating decision-making.<br>  o Providing information.<br>  o Referring appropriately.<br>  o Understanding multidisciplinary teams.<br>• Impact of health screening outcomes on individuals:<br>  o Experiencing anxiety, stress or relief depending on screening results.<br>• Adjusting to changes in daily routines or lifestyle following screening outcomes.<br>• Seeking support from family, friends or healthcare professionals.<br>• Managing practical challenges such as attending follow-up appointments or making financial arrangements.<br>• Navigating emotional responses, including uncertainty, reassurance or concern about future health. |

| What needs to be learned |
| --- |
| • Facing potential changes in social relationships or participation in work and community activities. |
| **Learning outcome 3: Understand working relationships in the health screening setting** |
| • Working Relationships: Colleagues, managers, supervisors, clinical leads, reception teams, carers, GPs, family members, individuals.<br>• Impact of Working Relationships and Communication: Quality and safety of health screening services, effectiveness of teamwork between colleagues, managers, clinical leads and stakeholders.<br>• Multidisciplinary Teams: Screening staff, clinical leads, GPs, nurses, allied health professionals, support staff. |
| **Learning outcome 4: Be able to work in ways that are agreed in the health screening setting** |
| • Scope of Job Role: Importance of adhering to job description, professional boundaries, legal responsibilities, risks of working outside scope.<br>• Agreed Ways of Working: Accessing up-to-date policies (health and safety, safeguarding, infection control, data handling).<br>• Implementing Agreed Ways: Following training, national standards and internal protocols. |
| **Learning outcome 5: Understand the importance of clinical governance, quality assurance, standards and key performance indicators in health screening** |
| • Quality Assurance: Internal QA (monitoring, competencies, accessibility), external QA (programme visits, national standards).<br>• Clinical Governance: Risk management, safety culture, staff participation, learning from mistakes.<br>• Key Performance Indicators (KPIs): Programme-specific, collected locally and nationally.<br>• Equipment Quality Assurance Checks: Device calibration, maintenance schedules, image and signal quality audits, documentation of remedial actions.<br>• Failsafe Systems: Processes to minimise risk, prevent individuals from being lost to follow-up, ensure safety. |

# Unit 2: Communication, Conflict Resolution, Equality and Inclusion

**Level:** 3

**Credit value:** 3

**Guided learning hours:** 10

## Unit summary

This unit is aimed at those working in health screening environments. It covers the principles and practice of effective communication, conflict resolution and inclusive working. Learners will develop the skills to communicate clearly, work in partnership and respond to complaints, while promoting equality, diversity and inclusion in all aspects of their role.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand why effective communication is important | 1.1 | Explain how communication affects relationships in the work setting | | | |
| | | 1.2 | Explain why effective communication is important in health screening, providing examples of positive and negative outcomes for staff and service users | | | |
| 2 | Be able to meet the communication and language needs, wishes and preferences of individuals | 2.1 | Demonstrate how to establish the communication, language, needs and preferences of individuals using a range of communication methods and styles | | | |
| | | 2.2 | Demonstrate how to meet the communication and language needs, wishes and preferences of individuals using appropriate methods and strategies | | | |
| 3 | Be able to work in partnership with others and overcome barriers to communication | 3.1 | Describe effective communication | | | |
| | | 3.2 | Identify and explain how to overcome barriers to communication and identify how someone's background could impact the way they communicate or interpret | | | |
| | | 3.3 | Explain how to access extra support or services to enable individuals to communicate effectively | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| | | 3.4 | Demonstrate effective partnership working with colleagues, external professionals and service users in a health screening context | | | |
| 4 | Understand the importance of diversity, equality and inclusion | 4.1 | Explain what is meant by, and the potential effects of: diversity, equality and inclusion | | | |
| | | 4.2 | Describe the potential effects of discrimination and how to challenge discrimination in a way that promotes change | | | |
| | | 4.3 | Discuss why diversity, equality and inclusion are important in health screening and how they relate to discrimination and fair access | | | |
| 5 | Be able to work in an inclusive way | 5.1 | Explain how legislation and codes of practice relating to equality, diversity and discrimination apply to own work roles | | | |
| | | 5.2 | Demonstrate how to interact with individuals in a way that respects their belief, culture, values and preferences | | | |
| | | 5.3 | Explain how working practices are adapted to comply with equality, diversity and discrimination codes in own role | | | |
| | | 5.4 | Demonstrate how you adapt a working practice to meet EDI requirements | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 6 | Be able to promote diversity, equality and inclusion | 6.1 | Demonstrate actions that model inclusive practice | | | |
| | | 6.2 | Demonstrate actions that promote diversity | | | |
| | | 6.3 | Demonstrate actions that promote equality | | | |
| 7 | Know how to respond to complaints | 7.1 | Explain the skills and approaches used when responding to complaints | | | |
| | | 7.2 | Explain when and how to access support and advice during the complaints process, including escalation routes and documentation | | | |
| | | 7.3 | Describe how to respond to complaints | | | |
| | | 7.4 | Explain the main points of agreed procedures for handling complaints | | | |
| | | 7.5 | Explain how conflict resolution techniques are applied within the complaints process | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
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| **Learning outcome 1: Understand why effective communication is important** |
| • Effective Communication: Building trust, supporting negotiation and shared decision-making, preventing and resolving conflict, aiding understanding of individual needs.<br>• Impact of Communication: Team effectiveness, service user experience, safeguarding, confidentiality, equality, inclusion, management of difficult situations.<br>• Communication Outcomes: Positive outcomes (improved teamwork, patient satisfaction, successful conflict resolution), negative outcomes (misunderstandings, errors, complaints, breakdown in relationships).<br>• Communication Theory: Tuckman's stages of group interaction (forming, storming, norming, performing), application to health screening teams. |
| **Learning outcome 2: Be able to meet the communication and language needs, wishes and preferences of individuals** |
| • Methods for identifying individual communication needs, wishes and preferences (spoken language, sign language, written materials, technological aids).<br>• Strategies for adapting communication style to suit individuals.<br>• Importance of person-centred approaches in communication.<br>• Techniques for supporting individuals with additional communication needs.<br>• Meeting Communication Needs: Use of spoken language, sign language, written materials, technological aids, person-centred approaches, adapting communication style, supporting individuals with additional needs. |
| **Learning outcome 3: Be able to work in partnership with others and overcome barriers to communication** |
| • Partnership Working: Roles and responsibilities, information-sharing, escalation routes, agreed communication channels, boundaries and accountability.<br>• Working With Others: Colleagues, clinical leads, GPs, audiology/ophthalmology teams, administrative/support staff, interpreters, carers.<br>• Overcoming Barriers (Practice): Interpreters, assistive technology, environmental adjustments, reasonable adjustments, check-back/teach-back techniques. |

| What needs to be learned |
| --- |
| **Learning outcome 4: Understand the importance of diversity, equality and inclusion** |
| • Definitions and principles of diversity, equality and inclusion.<br>• Effects of diversity, equality and inclusion on individuals and teams.<br>• Impact of discrimination on individuals and groups.<br>• Strategies for challenging discrimination and promoting positive change.<br>• Importance of EDI: Quality, safety, access and experience; legal/ethical duties; impact on uptake and outcomes.<br>• Discrimination (Context): Direct/indirect, harassment, victimisation; links to service design and reasonable adjustments.<br>• Challenging Discrimination: Speak-up routes, policy use, reflective practice, data/feedback to improve equity. |
| **Learning outcome 5: Be able to work in an inclusive way** |
| • Legislation and codes of practice relating to equality, diversity and discrimination.<br>• Application of legislation and codes to own work role.<br>• Respectful interaction with individuals, considering beliefs, culture, values and preferences.<br>• Adapting working practices to comply with equality, diversity and discrimination codes.<br>• Inclusive Practice (Behaviour): Respectful language, culturally sensitive communication, consent and choice, accessible information.<br>• Adapting Practice (Own Role): Reasonable adjustments, scheduling/venue/access, alternative formats, interpreter booking, documentation.<br>• Codes & Legislation (Application): How requirements translate into daily tasks, supervision, incident/action planning. |
| **Learning outcome 6: Be able to promote diversity, equality and inclusion** |
| • Actions and behaviours that model inclusive practice (encouraging choice, independence, removing barriers).<br>• Use of appropriate language and behaviour to support inclusion.<br>• Creating environments that promote diversity, equality and inclusion.<br>• Promoting Diversity: Representation in resources, languages/formats, culturally appropriate outreach. |

| What needs to be learned |
| --- |
| • Promoting Equality: Fair criteria and thresholds, reasonable adjustments, monitoring and acting on access gaps.<br>• Promoting Inclusion: Removing barriers, shared decision-making, supportive environment and language. |
| **Learning outcome 7: Know how to respond to complaints** |
| • Skills and approaches for resolving conflicts (e.g. active listening, remaining calm, seeking resolution).<br>• When and how to access support and advice about partnership working and conflict resolution.<br>• Procedures for responding to complaints, including acknowledgement, referral and use of support services.<br>• Main points of agreed procedures for handling complaints, referencing local policies and protocols.<br>• Complaints Skills & Approaches: Active listening, empathy, neutrality, clarity, timely response, record-keeping.<br>• Process & Escalation: Local policy stages, timeframes, signposting, independent review/ombudsman routes.<br>• Link to Conflict: When service dissatisfaction becomes a complaint; de-escalation and resolution within procedure. |

# Unit 3: Principles of Consent

**Level:** 3

**Credit value:** 3

**Guided learning hours:** 28

## Unit summary

This unit is aimed at those working in health screening environments. It covers the principles and legal frameworks of consent, including informed choice, capacity, and the responsibilities of health screeners. Learners will develop the skills to identify and address barriers to consent, support individuals in decision-making, and manage situations where consent is declined or withdrawn.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the legal requirements regarding consent, active participation and its impact on consent, and be able to identify information that should be provided to individuals prior to screening | 1.1 | Outline the legal requirements regarding gaining informed consent | | | |
| | | 1.2 | Explain how active participation influences the consenting process | | | |
| | | 1.3 | Identify information made available to the individual prior to screening | | | |
| | | 1.4 | Explain how screening information must be provided to support personal informed choice, including accessibility, balance of benefits/harms/limitations, and discussion of reasonable alternatives and material risks | | | |
| 2 | Be able to recognise barriers to consent and the factors that influence a patient's capacity to meaningfully consent | 2.1 | Explain factors that influence an individual's capacity to provide consent, including the two-stage test (impairment; ability to understand/retain/use-weigh /communicate) and time/decision specificity | | | |
| | | 2.2 | Identify common barriers to consent in health screening | | | |
| | | 2.3 | Describe support available to overcome barriers in consent | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| | | 2.4 | Explain how the screener supports personal informed choice and checks for voluntariness and understanding | | | |
| 3 | Understand and manage declined consent | 3.1 | Describe the reasons why individuals may not give consent or withdraw their consent | | | |
| | | 3.2 | Explain what steps to take if consent is declined | | | |
| | | 3.3 | Explain documentation and communication requirements when consent is declined/withdrawn | | | |
| | | 3.4 | Explain how to respect autonomy and avoid coercion when consent is declined | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the legal requirements regarding consent, active participation and its impact on consent, and be able to identify information that should be provided to individuals prior to screening** |

- Consent:
  - Consent to treatment means a person must give permission before receiving any medical treatment, test or examination.
  - Consent can be given verbally or in writing.
  - For consent to be valid, it must be voluntary, informed, and the person must have capacity.
    - Voluntary: Decision made by the person, free from pressure.
    - Informed: Person receives all relevant information about the screen, including benefits, risks, alternatives, and consequences of not proceeding.
    - Capacity: Ability to understand information and communicate a decision.
  - Legal frameworks: Mental Capacity Act 2005, Health and Social Care Act 2012, Equality Act 2010, Human Rights Act 1998, NICE guidelines, Department of Health guidance.
- Active Participation:
  - Individuals should be involved in decisions about their care.
  - Screeners facilitate two-way discussions, answer questions, and adapt approaches to meet individual needs (e.g. learning difficulties, disabilities, language barriers).
  - Use of carers and interpreters as needed.
- Information Prior to Screening:
  - Information provided in letters, leaflets, online resources and during the screening episode.
  - Information should be accessible, up to date and in formats suitable for the individual (e.g. multiple languages, QR codes, animations).
- Legal Requirements (Consent): Valid consent (voluntary, informed, capacity), documentation, best-interest pathway if lacking capacity.
- Active Participation/Shared Decision-Making: Two-way discussion, questions, preferences/values, reasonable alternatives, material risks.

| What needs to be learned |
| --- |
| • Information Prior to Screening: Purpose, process, benefits, harms, limitations, uncertainties; false positives/negatives; follow-up and options.<br>• Accessible Information: Formats/languages, reasonable adjustments, assistive support. |
| **Learning outcome 2: Be able to recognise barriers to consent and the factors that influence a patient's capacity to meaningfully consent** |
| • Barriers to Consent:<br>  o Language, literacy, cognitive ability, physical disability, emotional state, cultural factors.<br>  o Information should be available in multiple formats and languages.<br>  o Support available: interpreting services, technological aids, involvement of family or carers.<br>• Role of the Screener:<br>  o Facilitate informed choice, ensure understanding and confirm consent.<br>  o If unsure about capacity or understanding, do not proceed with screening.<br>• Capacity (MCA): Five principles; two-stage test; unwise decisions; least restrictive option.<br>• Barriers to Consent: Language/literacy, cognitive/sensory, culture/beliefs, anxiety, environment.<br>• Reasonable Adjustments: Alternative formats, interpreters/BSL, longer appointments, quiet spaces, assistive technologies.<br>• Screener Role: Promote personal informed choice; verify voluntariness; escalate capacity concerns. |
| **Learning outcome 3: Understand and manage declined consent** |
| • Declining/Withdrawing Consent:<br>  o Individuals may decline or withdraw consent for various reasons (previous experiences, privacy, lack of concern, etc.).<br>  o Respect and document the individual's decision.<br>  o Provide opt-out letters, notify GP, offer opportunities to return at a later date.<br>• Steps to Take if Consent is Declined:<br>  o Record reasons for decline.<br>  o Ensure the individual is fully informed of the pros and cons.<br>  o Follow local protocols for notification and re-invitation. |

| What needs to be learned |
| --- |
| • Reasons for Decline/Withdrawal: Personal values/beliefs, prior experiences, risk/benefit perceptions, access concerns.<br>• Management Steps: Pause/stop, re-check understanding, offer alternatives, signpost, follow protocol.<br>• Documentation & Communication: Accurate record, information given, decision and rationale, required notifications (e.g. GP/service), re-invitation rules.<br>• Autonomy/No-Coercion: Respect for choice, person-centred discussion, safety-netting information. |

# Unit 4: Promote and Implement Health and Safety

**Level:** 3

**Credit value:** 6

**Guided learning hours:** 43

## Unit summary

This unit is aimed at those working in health screening environments. It covers the principles and responsibilities of safeguarding, including recognising signs of abuse, responding to concerns, and working in partnership with others. Learners will develop the skills to follow safeguarding policies and procedures, promote safety, and support individuals at risk.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand own responsibilities, and the responsibilities of others, relating to health and safety | 1.1 | Identify legislation relating to health and safety in a healthcare work setting and articulate the legal responsibilities of:<br>– self<br>– the employer or manager<br>– others in the work setting | | | |
| | | 1.2 | Explain how to access additional support or information relating to health and safety, including when and why this may be necessary | | | |
| 2 | Demonstrate the ability to apply risk assessment principles in health and safety within a healthcare setting | 2.1 | Describe the process of carrying out a risk assessment | | | |
| | | 2.2 | Explain the importance of carrying out a risk assessment | | | |
| | | 2.3 | Demonstrate the use of risk assessment in relation to health and safety in a healthcare setting | | | |
| 3 | Understand procedures for responding to accidents and sudden illness | 3.1 | Describe different types of accidents and sudden illnesses that may occur in a healthcare work setting | | | |
| | | 3.2 | Explain procedures that should be followed if accidents or sudden illnesses occur, referencing local protocols | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 4 | Be able to move and handle people safely in a healthcare setting | 4.1 | Explain the main points of legislation that relate to moving and handling of people, equipment and materials in healthcare | | | |
| | | 4.2 | Demonstrate safe moving and handling techniques for people, equipment and materials in a healthcare setting | | | |
| 5 | Be able to promote fire safety in the work setting | 5.1 | Describe practices that prevent fires from starting and spreading in a healthcare setting | | | |
| | | 5.2 | Explain emergency procedures to be followed in the event of a fire, referencing local protocols | | | |
| | | 5.3 | Explain how clear evacuation routes are maintained at all times | | | |
| 6 | Be able to implement security measures in the work setting | 6.1 | Explain agreed procedures for checking the identity of anyone requesting access to the premises or information | | | |
| | | 6.2 | Demonstrate use of measures to protect own security and the security of others in the work setting | | | |
| | | 6.3 | Explain the importance of communicating own whereabouts to others in the work setting as part of security protocols | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand own responsibilities, and the responsibilities of others, relating to health and safety** |
| • Relevant legislation:<br>  o Health and Safety at Work Act 2015.<br>  o Management of Health and Safety at Work Regulations 1999.<br>  o Manual Handling Operations Regulations 1992.<br>  o Health and Safety (First Aid) Regulations 1981.<br>  o RIDDOR 2013.<br>  o COSHH 2002.<br>  o Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.<br>• Legal responsibilities:<br>  o Self.<br>  o Employer/manager.<br>  o Others in the work setting.<br>• Accessing additional support/information:<br>  o Organisations such as HSC/E.<br>  o Workplace contacts.<br>  o Information resources.<br>• Health and Safety Legislation:<br>  o Health and Safety at Work Act.<br>  o Manual Handling Operations Regulations.<br>  o COSHH.<br>  o RIDDOR.<br>  o First Aid Regulations.<br>• Legal Responsibilities:<br>  o Self.<br>  o Employer/manager.<br>  o Others. |

| What needs to be learned |
| --- |
| • Accessing Support:<br>  o HSE.<br>  o Workplace contacts.<br>  o Online resources.<br>  o Reporting procedures. |
| **Learning outcome 2: Demonstrate the ability to apply risk assessment principles in health and safety within a healthcare setting** |
| • Risk Assessment Process: Hazard identification, risk evaluation, precautions, recording, review.<br>• Importance: Legal compliance, accident prevention, protection of staff/service users.<br>• Application: Local policies, practical examples. |
| **Learning outcome 3: Understand procedures for responding to accidents and sudden illness** |
| • Types of accidents and sudden illness:<br>  o Slips.<br>  o Trips.<br>  o Falls.<br>  o Needlestick injuries.<br>  o Equipment injuries.<br>  o Electrocution.<br>  o Heart attack.<br>  o Diabetic coma.<br>  o Epileptic convulsion.<br>  o Fainting.<br>  o Haemorrhaging.<br>  o Infant seizures.<br>• Procedures:<br>  o Clearing the area.<br>  o Moving equipment safely.<br>  o Remaining calm.<br>  o Sending for help. |

| What needs to be learned |
| --- |
| ○ Administering first aid if trained.<br>○ Staying with the individual.<br>○ Observing and noting changes.<br>○ Reporting and documenting incidents. |
| **Learning outcome 4: Be able to move and handle people safely in a healthcare setting** |
| • Legislation relating to moving and handling:<br>○ Health and Safety at Work Act 1974.<br>○ Manual Handling Operations Regulations 1992.<br>○ HSE guidance.<br>• Demonstration: Safe moving and handling techniques in practice.<br>• Techniques:<br>○ Safe lifting.<br>○ Use of equipment.<br>○ Team handling.<br>○ Risk assessment. |
| **Learning outcome 5: Be able to promote fire safety in the work setting** |
| • Fire Prevention:<br>○ Hazard identification.<br>○ Equipment checks.<br>○ Storage.<br>○ Training.<br>• Emergency Procedures:<br>○ Alarm.<br>○ Evacuation.<br>○ Firefighting.<br>○ Special needs.<br>• Evacuation Routes:<br>○ Maintenance.<br>○ Signage.<br>○ Accessibility. |

| What needs to be learned |
| --- |
| **Learning outcome 6: Be able to implement security measures in the work setting** |
| • Identity Checks:<br>  o ID.<br>  o Signing in.<br>  o Passwords.<br>  o Confidentiality.<br>• Security Measures:<br>  o Access control.<br>  o Lone working.<br>  o Training.<br>• Communication:<br>  o Signing in/out.<br>  o Informing colleagues.<br>  o Lone worker protocols. |

# Unit 5: Promote Infection Prevention and Control

**Level:** 3

**Credit value:** 3

**Guided learning hours:** 30

## Unit summary

This unit is designed for individuals working in health screening environments and focuses on the principles, policies and procedures essential for effective infection prevention and control. Learners will examine the legal and regulatory frameworks that underpin safe practice, including national and local policies, and the responsibilities of staff in maintaining a safe environment. The unit explores the mechanisms of infection transmission, the importance of teamwork and adherence to procedures, and the role of risk assessment in minimising outbreaks. Learners will also cover the correct use of Personal Protective Equipment (PPE), best practices for personal hygiene, and the significance of maintaining a clean environment to uphold high standards of safety and care.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand legislation and policies relating to prevention and control of infections | 1.1 | Outline current legislation and regulatory body standards relevant to infection prevention and control (IPC) | | | |
| | | 1.2 | Describe how to access and apply local/organisational IPC policies and procedures | | | |
| 2 | Understand and demonstrate roles and responsibilities in the prevention and control of infections | 2.1 | Explain employees' roles and responsibilities in relation to the prevention and control of infection | | | |
| | | 2.2 | Explain employers' responsibilities in relation to the prevention and control of infection | | | |
| | | 2.3 | Demonstrate adherence to organisational IPC procedures relevant to own role | | | |
| | | 2.4 | Explain how fulfilling roles and responsibilities reduces the impact of an outbreak on individuals and the organisation | | | |

 

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 3 | Understand the transmission of infection | 3.1 | Explain modes of transmission relevant to health screening | | | |
| | | 3.2 | Explain the chain of infection and where standard precautions 'break the chain' | | | |
| | | 3.3 | Identify typical transmission risks in own setting and how to mitigate them | | | |
| 4 | Understand how to maintain a clean environment to prevent the spread of infection | 4.1 | Describe environmental cleaning schedules and responsibilities in the work setting | | | |
| | | 4.2 | Explain safe management of equipment and clinical areas | | | |
| | | 4.3 | Describe how correct environmental management minimises spread of infection | | | |
| 5 | Understand the principles and steps of the decontamination process | 5.1 | Explain the decontamination hierarchy (cleaning → disinfection → sterilisation) and when each is indicated | | | |
| | | 5.2 | Describe safe cleaning and disinfection of equipment | | | |
| | | 5.3 | Identify waste categories and correct segregation, storage and disposal relevant to decontamination | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 6 | Understand the importance of, and demonstrate the use of, Personal Protective Equipment (PPE) in the prevention and control of infections | 6.1 | Describe types of PPE and their appropriate use in the setting | | | |
| | | 6.2 | Demonstrate correct donning, doffing and disposal of PPE | | | |
| | | 6.3 | Explain relevant regulations/policy and roles/responsibilities for PPE (employer/employee) | | | |
| 7 | Understand and demonstrate the importance of good personal hygiene in the prevention and control of infections | 7.1 | Describe the key principles of personal hygiene for IPC | | | |
| | | 7.2 | Demonstrate correct hand hygiene technique | | | |
| | | 7.3 | Explain when and why hand hygiene should be carried out | | | |
| | | 7.4 | Describe suitable hand hygiene products and skincare measures | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
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| **Learning outcome 1: Understand legislation and policies relating to prevention and control of infections** |
| • Legislation & Standards:<br>  o HSWA 1974.<br>  o Management of Health and Safety at Work Regs 1999.<br>  o COSHH 2002.<br>  o RIDDOR 2013.<br>  o NHS England National IPC Manual.<br>  o NICE QS61.<br>• Organisational Policies:<br>  o Policy locations (intranet/manuals).<br>  o Update cycles.<br>  o Responsible leads.<br>  o Escalation contacts. |
| **Learning outcome 2: Understand and demonstrate roles and responsibilities in the prevention and control of infections** |
| • Employees' Responsibilities:<br>  o Hand hygiene.<br>  o PPE use.<br>  o Waste segregation.<br>  o Incident reporting.<br>• Employers' Responsibilities:<br>  o Policies.<br>  o Training.<br>  o Audit/monitoring.<br>  o Safe environment.<br>• Provision/maintenance of PPE. |

| What needs to be learned |
| --- |
| • Following Procedures:<br>  o Local standard precautions.<br>  o Waste streams.<br>  o Decontamination steps.<br>• Outbreak Impact (Mitigation):<br>  o Service disruption.<br>  o Patient/staff risk.<br>  o Reputational/legal.<br>  o Role adherence as mitigation. |
| **Learning outcome 3: Understand the transmission of infection** |
| • Modes of Transmission:<br>  o Contact.<br>  o Droplet.<br>  o Airborne.<br>  o Indirect via environment/fomites.<br>• Chain of Infection:<br>  o Agent.<br>  o Reservoir.<br>  o Exit.<br>  o Transmission.<br>  o Entry.<br>  o Host susceptibility.<br>  o Break points (hand hygiene, PPE, environment).<br>• Screening-Specific Risks:<br>  o Shared devices.<br>  o Patient flow.<br>  o Small clinical spaces.<br>  o WHO 5 Moments. |

| What needs to be learned |
| --- |
| **Learning outcome 4: Understand how to maintain a clean environment to prevent the spread of infection** |
| • Cleaning Schedules:<br>  o Frequencies.<br>  o Responsibilities.<br>  o High-touch surfaces.<br>  o Documentation.<br>• Equipment/Area Management:<br>  o Between-patient disinfection.<br>  o Storage.<br>  o Decontamination logs.<br>  o Audits. |
| **Learning outcome 5: Understand the principles and steps of the decontamination process** |
| • Decontamination Principles:<br>  o Definitions.<br>  o Selection by risk (Spaulding-type rationale, adapted locally).<br>• Products/Contact Time:<br>  o Manufacturer IFUs.<br>  o Local disinfectants.<br>  o Storage.<br>• Waste:<br>  o Streams (domestic/clinical/sharps/chemical).<br>  o Labelling.<br>  o Movement.<br>  o RIDDOR link when relevant for incidents/needlesticks. |

| What needs to be learned |
| --- |
| **Learning outcome 6: Understand the importance of, and demonstrate the use of, Personal Protective Equipment (PPE) in the prevention and control of infections** |
| • PPE Selection:<br>  o Gloves.<br>  o Aprons/gowns.<br>  o Masks/eye protection:<br>  – Risk-based use.<br>  – Limitations.<br>• Technique:<br>  o Don/doff steps.<br>  o Disposal into correct waste.<br>• Policy/Regulation:<br>  o National hand hygiene & PPE policy.<br>  o Organisational policy.<br>  o Responsibilities. |
| **Learning outcome 7: Understand and demonstrate the importance of good personal hygiene in the prevention and control of infections** |
| • Personal Hygiene Principles:<br>  o Bare-below-elbows.<br>  o Clean uniform.<br>  o Remove jewellery.<br>  o Cover cuts.<br>  o Report illness.<br>• Hand Hygiene Technique:<br>  o Steps.<br>  o Duration.<br>  o ABHR versus soap/water (when indicated). |

| What needs to be learned |
| --- |
| • When & Why:<br>  o WHO 5 Moments.<br>  o Before/after patient contact.<br>  o Before aseptic tasks.<br>  o After body fluid exposure.<br>  o After environment contact.<br>• Products & Skincare:<br>  o Soap.<br>  o ABHR.<br>  o Moisturisers.<br>  o Avoiding dermatitis. |

# Unit 6: Principles of safeguarding

**Level:** 3

**Credit value:** 3

**Guided learning hours:** 26

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles, legislation and procedures that underpin safe and effective safeguarding practice. Learners will explore key UK safeguarding legislation, the identification of different types of abuse, and the responsibilities of staff in recognising and responding to safeguarding concerns. The unit also covers partnership working with other agencies, strategies to reduce the likelihood of abuse, and the importance of duty of care in promoting safety and protection for children, young people and adults.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the main legislation, guidelines, policies and procedures for safeguarding children and young people and adults | 1.1 | Outline current UK legislation/standards relevant to safeguarding | | | |
| | | 1.2 | Explain protection within the wider concept of safeguarding in respect of your screening responsibilities | | | |
| | | 1.3 | Explain how national and local guidelines, policies and procedures for safeguarding affect day-to-day work | | | |
| | | 1.4 | Explain when and why statutory reviews (e.g. child safeguarding practice reviews, Safeguarding Adults Reviews) are required | | | |
| | | 1.5 | Explain how learning from reviews informs practice | | | |
| | | 1.6 | Explain how your setting's processes comply with UK GDPR 2018/DPA 1998 for information handling and sharing in safeguarding | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 2 | Know how to recognise signs of abuse | 2.1 | Identify main types of abuse relevant to your setting | | | |
| | | 2.2 | Explain common signs and indicators of abuse in the screening context | | | |
| | | 2.3 | Describe factors that may contribute to an individual being more vulnerable to abuse | | | |
| 3 | Understand how to respond to evidence or concerns or allegations that a child or young person or adult has been abused or harmed | 3.1 | Describe actions to take in line with policy if an individual alleges harm/abuse | | | |
| | | 3.2 | Explain rights of individuals where harm/abuse is suspected or alleged | | | |
| | | 3.3 | Identify ways to preserve evidence | | | |
| 4 | Understand the importance of working in partnership with other organisations to safeguard children and young people and adults | 4.1 | Explain the importance of a person-centred approach and safeguarding in partnership | | | |
| | | 4.2 | Explain what is meant by partnership working in safeguarding | | | |
| | | 4.3 | Describe the roles and responsibilities of the different organisations that may be involved in safeguarding | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 5 | Understand the importance of ensuring children's, young people's and adults' safety and protection in the work setting | 5.1 | Explain why it is important to ensure individuals are protected from harm in the work setting | | | |
| | | 5.2 | Explain local policies and procedures that are in place to protect individuals who work with them | | | |
| | | 5.3 | Explain ways to report concerns about poor practice, including whistleblowing protections, and protections for those whose practice is questioned | | | |
| | | 5.4 | Explain steps screeners can take to protect themselves in everyday practice/on offsite visits | | | |
| | | 5.5 | Identify sources of information and advice about own role in safeguarding | | | |
| 6 | Know how to recognise and report unsafe practice | 6.1 | Explain the actions to take if unsafe practice is identified | | | |
| | | 6.2 | Describe the action to take if no response occurs after reporting | | | |
| | | 6.3 | Explain the importance of ensuring that others are aware of safeguarding protocols | | | |
| 7 | Understand ways to reduce the likelihood of abuse | 7.1 | Explain how person-centred and rights-based practice (including active participation) reduces the likelihood of abuse | | | |
| | | 7.2 | Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 8 | Understand how duty of care contributes to safe practice | 8.1 | Explain what it means to have a duty of care in your role | | | |
| | | 8.2 | Explain how duty of care contributes to the safeguarding or protection of individuals | | | |
| 9 | Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care | 9.1 | Describe potential conflicts or dilemmas that may arise between the duty of care and an individual's rights | | | |
| | | 9.2 | Describe how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the main legislation, guidelines, policies and procedures for safeguarding children and young people and adults** |
| • Legislation & Standards:<br>  o Children Act 1989/2004.<br>  o Working Together 2023.<br>  o Care Act 2014 s.42.<br>  o Care & Support Statutory Guidance.<br>  o NHS SAAF.<br>  o UK GDPR 2018/DPA 1998<br>• Local Arrangements:<br>  o Safeguarding partners (replaced LSCBs).<br>  o Local policies/protocols.<br>  o Escalation routes.<br>• Reviews & Learning:<br>  o Child safeguarding practice reviews/SARs.<br>  o Dissemination into practice.<br>• Information Sharing:<br>  o Lawful bases.<br>  o Necessity/proportionality.<br>  o Seven 'golden rules'.<br>  o ICO child safeguarding data sharing guidance. |
| **Learning outcome 2: Know how to recognise signs of abuse** |
| • Main Types of Abuse Relevant to Your Setting:<br>  o Physical abuse (e.g. hitting, slapping, misuse of medication).<br>  o Emotional/psychological abuse (e.g. threats, intimidation, isolation).<br>  o Sexual abuse (e.g. inappropriate touching, sexual assault).<br>  o Financial abuse (e.g. theft, fraud, misuse of property or benefits).<br>  o Neglect (e.g., ignoring medical or physical care needs, withholding food or medication). |

| What needs to be learned |
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| ○ Discriminatory abuse (e.g. harassment based on race, gender, disability).<br>○ Organisational/institutional abuse (e.g. poor care practices within a setting).<br>• Common Signs and Indicators of Abuse in the Screening Context:<br>○ Unexplained injuries or frequent hospital visits.<br>○ Changes in behaviour (withdrawal, anxiety, fearfulness).<br>○ Reluctance to be left alone with certain individuals.<br>○ Poor hygiene, malnutrition or dehydration.<br>○ Sudden changes in financial situation.<br>○ Disclosure or hints from the individual about abuse.<br>○ Inconsistent or improbable explanations for injuries.<br>○ Signs of neglect (dirty clothing, untreated medical needs).<br>○ Evidence of controlling or coercive behaviour by others.<br>• Factors That May Contribute to Increased Vulnerability:<br>○ Age (very young or elderly individuals).<br>○ Disability (physical, sensory, learning or mental health).<br>○ Dependency on others for care or support.<br>○ Social isolation or lack of support networks.<br>○ Communication difficulties (language barriers, speech impairment).<br>○ Previous history of abuse or trauma.<br>○ Substance misuse (drugs or alcohol).<br>○ Cognitive impairment (dementia, learning disability).<br>○ Lack of awareness of rights or available support. |
| **Learning outcome 3: Understand how to respond to evidence or concerns or allegations that a child or young person or adult has been abused or harmed** |
| • Immediate Actions:<br>○ Listen.<br>○ Reassure.<br>○ No leading questions. |

| What needs to be learned |
| --- |
| ○ Record.<br>○ Report/escalate.<br>• Rights:<br>○ Safety.<br>○ Dignity.<br>○ Fair process.<br>○ Advocacy.<br>○ Section 42 duty (adults).<br>• Evidence:<br>○ Timely factual notes.<br>○ Secure storage.<br>○ Avoid contamination. |
| **Learning outcome 4: Understand the importance of working in partnership with other organisations to safeguard children and young people and adults** |
| • Multi-agency:<br>○ Local safeguarding partners (LA, police, ICB/health).<br>○ Relevant agencies.<br>○ Information sharing.<br>• Person centred:<br>• Wishes/voice.<br>• Advocacy.<br>• Making Safeguarding Personal (adults). |
| **Learning outcome 5: Understand the importance of ensuring children's, young people's and adults' safety and protection in the work setting** |
| • Importance of protection:<br>○ Duty of care.<br>○ Transparency.<br>○ Accountability.<br>○ Whistleblowing.<br>○ Sharing concerns.<br>○ Recording/reporting incidents. |

| What needs to be learned |
| --- |
| • Local policies and procedures:<br>  o Protection for individuals and staff.<br>  o Working openly.<br>  o Collective accountability.<br>• Reporting concerns about poor practice:<br>  o Whistleblowing policy.<br>  o Public Interest Disclosure Act.<br>  o Confidentiality.<br>  o Complaints and appeals procedures.<br>• Steps to protect self:<br>  o Adherence to guidelines.<br>  o Personal/professional behaviour.<br>  o Appropriate use of physical contact.<br>  o Reporting concerns. |
| **Learning outcome 6: Know how to recognise and report unsafe practice** |
| • Actions to take:<br>  o Reporting unsafe practices to manager/supervisor.<br>  o Verbally and in writing.<br>  o Whistleblowing policies.<br>  o Right to report if no action taken.<br>  o Protection from reprisals.<br>• Procedures for reporting:<br>  o Following correct procedures.<br>  o Raising genuine concerns. |
| **Learning outcome 7: Understand ways to reduce the likelihood of abuse** |
| • Prevention:<br>  o Voice/choice/consent.<br>  o Advocacy.<br>  o Access adjustments.<br>  o Early help pathways (children). |

| What needs to be learned |
| --- |
| • Complaints:<br>  o Visibility.<br>  o Independence.<br>  o Feedback loops. |
| **Learning outcome 8: Understand how duty of care contributes to safe practice** |
| • Duty of care:<br>  o Accountability.<br>  o Managing risk.<br>  o Working safely.<br>  o Maintaining confidentiality.<br>  o Reporting concerns.<br>  o Professional boundaries.<br>  o High standards of conduct.<br>• Contribution to safeguarding:<br>  o Protection from abuse.<br>  o Respect.<br>  o Dignity.<br>  o Trust.<br>  o Safe use of equipment.<br>  o Prevention from intimidation or forced consent.<br>  o Protecting self from allegations. |
| **Learning outcome 9: Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care** |
| • Potential conflicts/dilemmas:<br>  o Attitudes.<br>  o Unsafe behaviour.<br>  o Breaching confidentiality.<br>  o Forced consent.<br>  o Aggression/violence.<br>  o Respecting individual rights. |

| What needs to be learned |
| --- |
| • Managing risks:<br>  ○ Implementing policies and codes of practice.<br>  ○ Acting in best interests.<br>  ○ Openness.<br>  ○ Support.<br>  ○ Professional boundaries.<br>  ○ Systems for raising concerns. |

# Unit 7: Data Protection and Confidentiality

**Level:** 3

**Credit value:** 3

**Guided learning hours:** 26

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles, legislation and procedures that underpin safe and effective data protection and confidentiality practice. Learners will explore the legal frameworks governing the handling of sensitive information, including the Data Protection Act, GDPR and Caldicott Principles, and the responsibilities of staff in recording, storing, sharing and accessing information securely. The unit also covers the importance of maintaining confidentiality in daily communication, understanding when consent or confidentiality may need to be breached, and ensuring accurate record-keeping to support safe and effective screening practice.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Be able to apply principles and practices relating to confidentiality | 1.1 | Explain the meaning of the term confidentiality in a screening setting | | | |
| | | 1.2 | Demonstrate ways to maintain confidentiality in day-to-day communication in a screening setting | | | |
| | | 1.3 | Explain circumstances in which confidentiality may need to be breached in a screening setting, referencing safeguarding and legal requirements | | | |
| | | 1.4 | Describe the potential tension between maintaining an individual's confidentiality and the need to disclose concerns in a screening setting | | | |
| 2 | Understand requirements for handling information in healthcare settings | 2.1 | Identify legislation and codes of practice that relate to handling information in a screening setting | | | |
| | | 2.2 | Outline the main points of legal requirements and codes of practice for handling information in a screening setting, including principles for secure recording, storage, sharing and retention of information | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 3 | Be able to implement and demonstrate good practice in handling information | 3.1 | Describe features of manual and electronic information storage systems that help ensure security in a screening setting | | | |
| | | 3.2 | Demonstrate practices that ensure security when storing and accessing information in a screening setting | | | |
| | | 3.3 | Demonstrate how to maintain records that are up to date, complete, accurate and legible in accordance with workplace policies | | | |
| | | 3.4 | Explain the importance of maintaining accurate records of the screening cohort for tracking and incident management | | | |
| 4 | Understanding when consent/confidentiality has been breached | 4.1 | Identify circumstances in which consent or confidentiality may be breached in a screening setting | | | |
| | | 4.2 | Explain procedures to follow when a breach of consent or confidentiality has occurred in a screening setting, including documentation and reporting | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Be able to apply principles and practices relating to confidentiality** |
| • Meaning of confidentiality in a screening setting: Not passing on personal or sensitive information without consent; respecting privacy in all aspects of screening practice.<br>• Principles of current legislation:<br>  o Data Protection Act 1998.<br>  o General Data Protection Regulation 2018.<br>  o Caldicott Principles.<br>  o Relevance to screening.<br>• Maintaining confidentiality in day-to-day communication:<br>  o Facilitating informed consent.<br>  o Using active participation.<br>  o Following workplace policies.<br>  o Secure verbal and written communication.<br>  o Appropriate use of IT systems.<br>• Circumstances for breaching confidentiality:<br>  o Safeguarding concerns.<br>  o Duty of care.<br>  o Legal requirements.<br>  o 'Need to know' principle.<br>  o Following organisational protocols.<br>• Tension between confidentiality and disclosure:<br>  o Consent to share information.<br>  o Balancing privacy with the need to protect individuals.<br>  o Transparent policies and protocols for information sharing.<br>  o Safeguarding scenarios in screening. |

| What needs to be learned |
| --- |
| **Learning outcome 2: Understand requirements for handling information in healthcare settings** |

- Legislation and codes of practice:
  - Data Protection Act 1998.
  - GDPR 2018, Caldicott Principles.
  - Freedom of Information Act
  - NHS information governance policies – specifically as they apply to screening.
- Secure recording of information:
  - Accuracy.
  - Retention.
  - Availability.
  - Disposal.
  - Matching individuals to results.
  - Tracking cohorts.
- Secure storage of information:
  - Not keeping personal data longer than necessary.
  - Security measures to prevent loss, destruction or damage.
  - Password protection.
  - Encryption.
  - Locked storage for paper records.
- Secure sharing of information:
  - Principles of confidentiality.
  - Agreed ways of inter-agency and multi-agency/integrated working.
  - Sharing only on a 'need to know' basis.
  - Following workplace protocols.

## What needs to be learned

### Learning outcome 3: Be able to implement and demonstrate good practice in handling information

- Features of secure storage systems:
  - Encryption.
  - Secure passwords.
  - Electronic audit trails.
  - Secured IT networks.
  - Security passes.
  - Locked filing cabinets for paper records.
- Security practices:
  - Information governance procedures.
  - Preventing accidental disclosure.
  - Shredding paper-based information.
  - Logging out of electronic systems.
  - Following workplace protocols.
- Record-keeping:
  - Demonstrating how to keep records up to date, complete, accurate and legible.
  - Using approved templates and systems.
- Importance of accurate records:
  - Matching individuals to results.
  - Tracking cohorts.
  - Incident management.
  - Compliance with legal and organisational requirements.

### Learning outcome 4: Understanding when consent/confidentiality has been breached

- Circumstances for breaching consent/confidentiality:
  - Safeguarding concerns.
  - Legal requirements.
  - Duty of care.
  - 'Need to know' principle.
  - Following organisational protocols.

| What needs to be learned |
| --- |
| • Procedures and documentation:<br>  o Following workplace policies.<br>  o Recording breaches.<br>  o Submitting certificates (e.g. e-lfh modules).<br>  o Using national standardised fact sheets.<br>  o Reporting to appropriate authorities.<br>  o Informing affected individuals as required. |

# Unit 8: Principles of Abdominal Aortic Aneurysm Screening and Treatment

| | |
|---|---|
| **Level:** | **3** |
| **Credit value:** | **3** |
| **Guided learning hours:** | **23** |

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles and procedures that underpin safe and effective abdominal aortic aneurysm (AAA) screening and treatment. Learners will explore the anatomy and function of the circulatory system, with a focus on the abdominal aorta, and develop an understanding of medical terminology relevant to AAA screening. The unit covers the pathophysiology, risk factors and progression of arterial disease, as well as the types and prevalence of aneurysms. Learners will also examine the management and treatment options for AAAs, considering factors that influence individual choices and the implications of treatment decisions.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the circulatory system | 1.1 | List the main components of the circulatory system | | | |
| | | 1.2 | Compare the structure and function of arteries and veins | | | |
| | | 1.3 | Describe the anatomical structure and function of the abdominal aorta and its major branches | | | |
| 2 | Understand the medical terms relevant to Abdominal Aortic Aneurysm screening | 2.1 | Identify key medical terms relevant to Abdominal Aortic Aneurysm screening, including prefixes, suffixes, anatomical planes and positions | | | |
| | | 2.2 | Apply medical terminology appropriately when describing anatomical structures and positions in the context of AAA screening | | | |
| 3 | Understand the pathophysiology and formation of arterial disease | 3.1 | Explain the pathophysiology of arterial disease relevant to AAA formation | | | |
| | | 3.2 | Describe the main types of aneurysms encountered in AAA screening | | | |
| | | 3.3 | Describe the key factors involved in the formation and progression of Abdominal Aortic Aneurysms, including prevalence, causes and growth rates | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 4 | Understand the treatment options for Abdominal Aortic Aneurysms | 4.1 | Explain the options available for managing and treating Abdominal Aortic Aneurysms | | | |
| | | 4.2 | Explain the factors which influence an individual's choice of treatment for Abdominal Aortic Aneurysms | | | |
| | | 4.3 | Explain the implications of undergoing or declining treatment for Abdominal Aortic Aneurysms | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the circulatory system** |
| • Components:<br>  o Arteries.<br>  o Arterioles.<br>  o Capillaries.<br>  o Venules.<br>  o Veins.<br>• Structure and function of arteries and veins:<br>  o Layers (adventitia, media, intima).<br>  o Lumen size/shape.<br>  o Vessel wall thickness.<br>  o Venous valves.<br>  o Direction of blood flow.<br>  o Oxygenated/deoxygenated blood.<br>  o Waste removal.<br>• Abdominal aorta:<br>  o Origin.<br>  o Bifurcation.<br>  o Anatomical landmarks.<br>  o Major branches (superior mesenteric artery, coeliac axis, renal arteries, iliac arteries).<br>  o Main function (distribution of oxygenated blood). |
| **Learning outcome 2: Understand the medical terms relevant to Abdominal Aortic Aneurysm screening** |
| • Prefixes and suffixes:<br>  o Common medical prefixes (e.g. haem-, hyper-, hypo-).<br>  o Suffixes (-ectomy, -itis, -scopy, -ostomy, -otomy).<br>• Anatomical planes:<br>  o Sagittal. |

| What needs to be learned |
| --- |
| ○ Coronal.<br>○ Axial (transverse).<br>○ Longitudinal.<br>• Anatomical positions:<br>○ Distal.<br>○ Proximal.<br>○ Lateral.<br>○ Medial.<br>○ Superior.<br>○ Inferior.<br>○ Superficial.<br>○ Cranial.<br>○ Infra.<br>○ Supra.<br>○ Caudal.<br>○ Anterior.<br>○ Posterior.<br>• Application:<br>○ Use of correct terminology when describing anatomical structures and positions in AAA screening scenarios. |
| **Learning outcome 3: Understand the pathophysiology and formation of arterial disease** |
| • Pathophysiology:<br>○ Mechanisms of arterial disease (e.g. atherosclerosis, embolism, thrombosis) relevant to AAA formation.<br>○ Types of aneurysms:<br>– Fusiform.<br>– Saccular.<br>– Mycotic.<br>– Dissecting.<br>– Inflammatory (focus on those most relevant to AAA screening). |

| What needs to be learned |
| --- |
| • Formation and progression of AAA:<br>  o Mechanisms.<br>  o Risk factors.<br>  o Prevalence.<br>  o Causes.<br>  o Growth rates.<br>  o Complications (e.g. rupture, dissection). |
| **Learning outcome 4: Understand the treatment options for Abdominal Aortic Aneurysms** |
| • Management/treatment options:<br>  o Open repair.<br>  o Endovascular aneurysm repair (EVAR).<br>  o NICE guidelines.<br>  o Pathways of care.<br>• Factors influencing choice:<br>  o Age.<br>  o Risk factors.<br>  o Personal factors.<br>  o Surgical risk factors.<br>  o Patient preference.<br>• Implications:<br>  o Risks.<br>  o Pre-operative assessment.<br>  o Peri- and post-operative complications.<br>  o Follow-up.<br>  o Costs.<br>  o Management strategies.<br>• Reasons for declining treatment, risks (death, travel insurance, physiological impact), personal choice. |

# Unit 9: Principles of Ultrasound for Abdominal Aortic Aneurysm Screening

**Level:** 3

**Credit value:** 4

**Guided learning hours:** 29

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles and practical applications of ultrasound imaging for Abdominal Aortic Aneurysm (AAA) screening. Learners will explore the physical concepts underpinning ultrasound, including wave theory and image formation, and develop an understanding of key machine controls that optimise image quality. The unit covers the main functions of ultrasound equipment, the use of medical terminology in describing anatomical structures, and the importance of safety in clinical practice. Learners will also examine the potential biological effects of ultrasound and strategies to minimise risk, preparing them to apply these principles in a vascular screening setting.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the theory of diagnostic B-mode ultrasound | 1.1 | Explain the principles of ultrasound and its use in AAA screening | | | |
| | | 1.2 | Describe key physical concepts and terminology relevant to ultrasound imaging in AAA screening | | | |
| | | 1.3 | Outline the main applications, advantages and limitations of ultrasound in clinical practice | | | |
| 2 | Understand the main functions of ultrasound equipment controls | 2.1 | Identify key medical terms relevant to Abdominal Aortic Aneurysm screening, including prefixes, suffixes, anatomical planes and positions | | | |
| | | 2.2 | Apply medical terminology appropriately when describing anatomical structures and positions in the context of AAA screening | | | |
| 3 | Understand ultrasound safety and the potential biological effects | 3.1 | Explain the potential biological effects of ultrasound in a screening context | | | |
| | | 3.2 | Explain the principles and practices that underpin ultrasound safety, including how the potential biological effects can be minimised | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the theory of diagnostic B-mode ultrasound** |
| • Principles of ultrasound:<br>  o Definition.<br>  o Production (piezoelectric effect).<br>  o Wave types (longitudinal, transverse).<br>  o Propagation through tissue (transmission, reflection, scatter, attenuation).<br>• Physical concepts and terminology.<br>• Measurement (power, frequency, wavelength, speed):<br>  o Artefacts.<br>  o Echogenicity.<br>  o Anechoic.<br>  o Acoustic enhancement/shadowing, transducer function.<br>• Applications, advantages, limitations:<br>  o Clinical uses (obstetrics, abdominal, vascular).<br>  o Non-invasive.<br>  o Real-time.<br>  o Operator dependency.<br>  o Artefacts.<br>  o Body habitus. |
| **Learning outcome 2: Understand the main functions of ultrasound equipment controls** |
| • Prefixes and suffixes: haem-, hyper-, hypo-, -ectomy, -itis, -scopy, -ostomy, -otomy.<br>• Anatomical planes:<br>  o Sagittal.<br>  o Coronal.<br>  o Axial (transverse).<br>  o Longitudinal. |

| What needs to be learned |
| --- |
| • Anatomical positions:<br>  o Distal.<br>  o Proximal.<br>  o Lateral.<br>  o Medial.<br>  o Superior.<br>  o Inferior.<br>  o Superficial.<br>  o Cranial.<br>  o Infra.<br>  o Supra.<br>  o Caudal.<br>  o Anterior.<br>  o Posterior.<br>• Application: Use of correct terminology when describing anatomical structures and positions in AAA screening scenarios. |
| **Learning outcome 3: Understand ultrasound safety and the potential biological effects** |
| • Potential biological effects of ultrasound:<br>  o Thermal effects (tissue heating).<br>  o Mechanical effects (cavitation, pressure changes).<br>  o Potential for tissue damage at high intensities or prolonged exposure.<br>• Principles of ultrasound safety:<br>  o ALARA (As Low As Reasonably Achievable).<br>  o Regulatory standards (e.g. BMUS, NHS guidelines).<br>  o Operator responsibilities.<br>  o Equipment maintenance and calibration.<br>  o Patient monitoring.<br>  o Exposure time and intensity limits. |

| What needs to be learned |
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| • Minimising biological effects:<br>  o Using lowest possible intensity and shortest exposure time.<br>  o Following ALARA.<br>  o Adhering to manufacturer guidelines.<br>  o Regular equipment maintenance.<br>  o Appropriate training for operators.<br>  o Monitoring patient response during procedures. |

# Unit 10: Undertake Abdominal Aortic Aneurysm Screening

**Level:** 3

**Credit value:** 6

**Guided learning hours:** 25

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the practical skills and theoretical knowledge required to undertake abdominal aortic aneurysm (AAA) screening in line with national standards. Learners will develop competence in preparing individuals for screening, assessing the environment and equipment, and minimising risks to both patients and practitioners. The unit covers the use of ultrasound equipment to acquire diagnostic images, accurate measurement and identification of anatomical landmarks, and secure recording and management of screening results. Learners will also follow agreed protocols to determine appropriate post-screening actions, ensuring individuals are informed and supported throughout the screening process.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Be able to minimise risk of injury within the health screening setting | 1.1 | Explain how to minimise risk of injury to individuals, self and others during the screening episode | | | |
| | | 1.2 | Explain the importance of using ergonomically correct scanning positions to minimise the risk of work-related upper limb and musculoskeletal disorders | | | |
| 2 | Be able to assess the environment and equipment for an Abdominal Aortic Aneurysm screening episode | 2.1 | Demonstrate how to prepare and use the ultrasound equipment and worklist for an AAA screening episode, following national guidance | | | |
| | | 2.2 | Describe how to ensure environmental conditions are optimal for an AAA screening episode, including infection control and safety checks | | | |
| | | 2.3 | Demonstrate how to check and confirm that ultrasound equipment is functioning correctly prior to each screening session, following national protocols | | | |
| | | 2.4 | Explain the consequences of using unchecked or faulty equipment in AAA screening | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 3 | Be able to prepare the individual for an Abdominal Aortic Aneurysm screening episode | 3.1 | Demonstrate how to prepare an individual for an AAA screening episode, including confirming identity, explaining the procedure, and gaining informed consent in line with national guidance | | | |
| | | 3.2 | Demonstrate correct positioning of the individual and confirmation of identity using national IT systems and scanning equipment | | | |
| 4 | Be able to use an ultrasound transducer and equipment controls to acquire optimal diagnostic images of the abdominal aorta | 4.1 | Demonstrate how to use an ultrasound transducer and equipment controls to acquire diagnostic images of the abdominal aorta in both transverse and longitudinal planes, following national protocols | | | |
| | | 4.2 | Identify and describe anatomical landmarks and measurement protocols required for accurate imaging of the abdominal aorta | | | |
| | | 4.3 | Explain protocols to follow if imaging is unclear or inadequate, and describe the implications of incorrect calliper placement | | | |
| | | 4.4 | Explain how to interpret ultrasound images to identify an abdominal aortic aneurysm and determine appropriate next steps | | | |
| 5 | Be able to accurately save, record and store results of the screening event | 5.1 | Demonstrate how to accurately save, record and store results of the AAA screening event using the National IT software and local protocols, ensuring data integrity and confidentiality | | | |

 

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 6 | Be able to follow agreed protocols following the screening event to determine the appropriate course of action | 6.1 | Demonstrate how to follow agreed protocols to determine the appropriate pathway for an individual following an AAA screening event | | | |
| | | 6.2 | Demonstrate effective communication of screening results and next steps to the individual, ensuring understanding and support | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Be able to minimise risk of injury within the health screening setting** |
| • Clinic room setup:<br>  o Health and safety requirements (trip/fall hazards).<br>  o Ultrasound machine position.<br>  o Patient positioning.<br>  o Screener posture.<br>  o Adjustable couch.<br>• Importance of ergonomically correct scanning positions to minimise risk of work-related upper limb and musculoskeletal disorders.<br>• Demonstration of correct scanning positions throughout training. |
| **Learning outcome 2: Be able to assess the environment and equipment for an Abdominal Aortic Aneurysm screening episode** |
| • Preparation and use of equipment/worklist:<br>  o Steps for setting up ultrasound machine.<br>  o Uploading worklist.<br>  o Following national AAA screening guidance.<br>• Environmental conditions:<br>  o Space.<br>  o Lighting.<br>  o Ambient temperature.<br>  o Infection control (decontamination between episodes).<br>  o Safety checks.<br>• Equipment checks:<br>  o Electrical safety.<br>  o Control functions.<br>  o Image appearance.<br>  o Machine and transducer integrity/damage.<br>  o Following national protocols. |

| What needs to be learned |
| --- |
| • Consequences of unchecked equipment:<br>  o Risks to staff and individuals.<br>  o Poor image quality.<br>  o Impact on screening pathway.<br>  o Safety and legal implications. |
| **Learning outcome 3: Be able to prepare the individual for an Abdominal Aortic Aneurysm screening episode** |
| • Preparation steps:<br>  o Use of NHS number against SMaRT and ultrasound machine.<br>  o Confirming identity (name, address, DOB).<br>  o Explanation of procedure, risks, limitations, benefits, outcomes, next steps.<br>  o Use of open/closed questions.<br>• Informed consent:<br>  o Facilitation of personal informed choice and consent for screening and data use, following national guidance.<br>• Positioning and IT confirmation:<br>  o Positioning individual on couch.<br>  o Confirming identity matches IT/software records.<br>  o National guidance on confidentiality and data use. |
| **Learning outcome 4: Be able to use an ultrasound transducer and equipment controls to acquire optimal diagnostic images of the abdominal aorta** |
| • Transducer use and equipment controls:<br>  o Applying transducer.<br>  o Adjusting depth, gain, focus, dynamic range, imaging frequency, following national protocols.<br>• Anatomical landmarks:<br>  o Spine.<br>  o Inferior vena cava.<br>  o Anterior branches (superior mesenteric artery, coeliac axis).<br>  o Aortic bifurcation. |

| What needs to be learned |
| --- |
| • Measurement protocols:<br>  o Calliper placement.<br>  o Maximum diameter.<br>  o Image capture.<br>  o Measurement accuracy.<br>• Troubleshooting:<br>  o Non-visualisation policy.<br>  o Protocols for unclear/inadequate imaging.<br>  o Implications of incorrect calliper placement.<br>• Image interpretation: Identifying AAA, determining next steps, clinical decision-making. |
| **Learning outcome 5: Be able to accurately save, record and store results of the screening event** |
| • Saving and recording results:<br>  o Use of National IT software for recording/storing results and uploading images, following local protocols.<br>• Data integrity:<br>  o Ensuring results are accurate, complete and legible.<br>  o Correcting errors in record saving.<br>• Confidentiality: Maintaining patient confidentiality and data security throughout the process. |
| **Learning outcome 6: Be able to follow agreed protocols following the screening event to determine the appropriate course of action** |
| • Protocols:<br>  o Use of national guidance/resources to determine correct pathway (e.g. referral, follow-up, discharge).<br>  o Documentation of decisions.<br>  o Adherence to local and national protocols.<br>• Communication:<br>  o Informing individual of results and next steps.<br>  o Using open questions to check understanding.<br>  o Providing support and information as needed. |

# Unit 11: The Ear and Hearing

**Level:** 3

**Credit value:** 2

**Guided learning hours:** 7

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the anatomy and physiology of the ear, the mechanisms of hearing, and the factors that affect auditory function. Learners will explore the structure and function of the outer, middle and inner ear, and examine how sound is transmitted and perceived. The unit covers the types and causes of hearing loss, risk factors, and the impact on hearing assessments. Learners will also investigate methods for assessing hearing, including approaches for young children, and review strategies for managing hearing loss, such as surgical interventions, amplification devices, assistive technologies and communication approaches.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand how the ear works and how sound travels through it | 1.1 | Identify the structures of the ear | | | |
| | | 1.2 | Explain the functions of each of the structures of the ear | | | |
| | | 1.3 | Describe how sound travels through the hearing pathway | | | |
| | | 1.4 | Explain the terms intensity and frequency | | | |
| 2 | Understand the types and causes of hearing loss | 2.1 | Explain the different types and degrees of hearing loss | | | |
| | | 2.2 | Identify parts of the hearing pathway that are affected by different hearing losses, including impact on the ability to record AOAEs and AABRs | | | |
| | | 2.3 | Explain the causes of hearing loss | | | |
| | | 2.4 | Explain the risk factors that increase the risk of hearing loss | | | |
| | | 2.5 | Explain the terms intensity and frequency | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 3 | Understand different methods for assessing hearing, including approaches for young children | 3.1 | Outline general methods for assessing hearing | | | |
| | | 3.2 | Outline specific methods for assessing hearing in young children | | | |
| 4 | Know different strategies for managing hearing loss | 4.1 | Outline surgical interventions for managing hearing loss | | | |
| | | 4.2 | Outline amplification devices used in hearing loss management | | | |
| | | 4.3 | Outline assistive devices and technologies for hearing loss | | | |
| | | 4.4 | Outline communication approaches and strategies for individuals with hearing loss | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand how the ear works and how sound travels through it** |
| • Sections of the ear:<br>  o Outer (pinna, ear canal).<br>  o Middle (eardrum, ossicles, Eustachian tube).<br>  o Inner (semi-circular canals, cochlea, auditory nerve).<br>• Functions of each structure:<br>  o Sound collection.<br>  o Transmission.<br>  o Amplification.<br>  o Conversion to electrical signals.<br>  o Balance.<br>• Sound pathway:<br>  o Transmission from outer to inner ear.<br>  o Role of Eustachian tube.<br>  o Conversion of mechanical to electrical energy.<br>  o Auditory cortex. |
| **Learning outcome 2: Understand the types and causes of hearing loss** |
| • Types: conductive, sensory, neural, mixed:<br>  o Temporary versus permanent.<br>• Degrees: mild, moderate, severe, profound:<br>  o Impact on hearing ability.<br>• Impact on screening tests: AOAEs, AABRs.<br>• Causes:<br>  o Structural (microtia, atresia, stenosis, perforation, fused/dislocated ossicles, glue ear).<br>  o Genetic.<br>  o Syndromic (Down's).<br>  o Maternal infection (rubella, CMV, toxoplasmosis). |

| What needs to be learned |
| --- |
| ○ Perinatal/neonatal (hypoxia, hyperbilirubinaemia, ototoxic drugs).<br>○ Childhood infection (mumps, measles, meningitis).<br>• Risk factors:<br>○ Syndromes.<br>○ Craniofacial abnormalities.<br>○ Congenital infection.<br>○ Neonatal screening outcomes.<br>○ Programmable shunt.<br>○ Confirmed CMV.<br>○ Microtia.<br>○ Bacterial meningitis.<br>• Sound features: intensity (dB), frequency (Hz/kHz), examples, conversational speech range. |
| **Learning outcome 3: Understand different methods for assessing hearing, including approaches for young children** |
| • General methods for assessing hearing:<br>○ Pure tone audiometry (including bone conduction).<br>○ Tympanometry.<br>○ Diagnostic otoacoustic emissions (OAEs).<br>○ Diagnostic automated auditory brainstem response (AABR).<br>• Specific methods for assessing hearing in young children:<br>○ Visual reinforcement audiometry (VRA).<br>○ Behavioural observation audiometry.<br>○ Objective screening tests (e.g. AOAE, AABR).<br>• Principles behind each method:<br>○ Suitability for different age groups and contexts. |
| **Learning outcome 4: Know different strategies for managing hearing loss** |
| • Surgery:<br>○ Grommets for glue ear.<br>○ Perforated ear drum repair. |

| What needs to be learned |
| --- |
| • Amplification:<br>  ○ Hearing aids (BTE, ITE, BAHA).<br>  ○ Cochlear implants.<br>• Assistive devices:<br>  ○ Hearing loop.<br>  ○ FM system.<br>  ○ Alerting devices (sound, light, vibration).<br>• Communication:<br>  ○ Sign language (BSL, Makaton).<br>  ○ Communication strategies (lighting, environment). |

# Unit 12: Prepare to Undertake a Newborn Hearing Screen

**Level:** 3

**Credit value:** 5

**Guided learning hours:** 44

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles, protocols and communication skills required to prepare for newborn hearing screening. Learners will explore the objectives and eligibility criteria of the screening programme, develop a family-centred approach to engaging with parents, and learn how to identify and record risk factors. The unit covers the technical aspects of equipment preparation and quality assurance, the optimisation of clinical environments, and the importance of clear, empathetic communication to support informed choice. Learners will also examine factors that impact the screening process and procedures for managing consent, ensuring a high-quality, family-friendly service that meets professional standards.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Be able to identify the newborn hearing population | 1.1 | Explain which babies are eligible for a newborn hearing screen and why | | | |
| | | 1.2 | Describe which babies are excluded from a newborn hearing screen and explain the reasons for exclusion | | | |
| | | 1.3 | Explain and justify the actions to take if a baby is not eligible for a hearing screen | | | |
| | | 1.4 | Apply the appropriate screening protocol for newborn hearing screening, justifying the choice of protocol based on the baby's circumstances | | | |
| 2 | Be able to offer the new parent the newborn hearing screen | 2.1 | Demonstrate how to establish parental responsibility and accurately verify parent and baby details prior to offering the newborn hearing screen | | | |
| | | 2.2 | Explain the newborn hearing screening procedure to parents or carers, including the reasons for screening, potential outcomes, and the importance of informed consent | | | |

 

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| | | 2.3 | Apply effective communication skills to facilitate informed choice, gain and record consent, and check understanding using appropriate questioning techniques | | | |
| | | 2.4 | Describe the actions to take if consent is declined or withdrawn, including how to communicate this to relevant professionals and record the outcome | | | |
| 3 | Be able to identify newborn hearing programme risk factors | 3.1 | Describe the different types of newborn hearing programme risk factors | | | |
| | | 3.2 | Demonstrate use of family history in identification of permanent childhood hearing loss risk factors | | | |
| | | 3.3 | Explain how the presence of risk factors, other than family history, are established | | | |
| | | 3.4 | Demonstrate recording of the identified newborn hearing programme risk factors | | | |
| 4 | Identify factors that impact the screen | 4.1 | Identify and explain the environmental, baby, equipment and screener factors that can impact the ability to record AOAEs and AABRs in newborn hearing screening | | | |
| | | 4.2 | Apply knowledge of these factors to analyse a given case study, describing how each factor may affect the screening process and the steps that should be taken to address them | | | |
| | | 4.3 | Justify the actions taken in response to identified factors, referencing best practice and relevant protocols | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 5 | Be able to provide a family-centred service | 5.1 | Demonstrate the ability to establish a rapport with the parent by engaging in effective communication, showing empathy, and respecting their concerns and preferences | | | |
| | | 5.2 | Explain and demonstrate the steps to handle the baby in a safe and confident manner, ensuring the baby's comfort and safety while also respecting the parents' privacy and dignity | | | |
| | | 5.3 | Describe how to provide inclusive and accessible information to families, ensuring that all communication is clear, culturally sensitive, and available in the family's preferred language | | | |
| | | 5.4 | Evaluate the importance of involving family members in the care process and how to collaborate with other professionals to provide a holistic and family-centred service | | | |
| 6 | Be able to prepare equipment and the clinical area to optimise conditions for newborn hearing screening | 6.1 | Carry out equipment quality assurance checks and ensure all necessary consumables are available | | | |
| | | 6.2 | Explain the action to take if equipment does not meet quality assurance checks and the consequences of using unchecked equipment | | | |
| | | 6.3 | Check that the clinical area meets infection control requirements and describe how to optimise screening conditions | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Be able to identify the newborn hearing population** |
| • NHSP objectives: offer screen to all babies whose parents reside in England, most babies within first week of life, complete by age 4 weeks.<br>• Rationale for eligibility and exclusion decisions, including clinical, ethical and procedural reasons.<br>• Babies excluded:<br>  o Microtia/atresia.<br>  o Confirmed CMV.<br>  o Bacterial meningitis.<br>  o Meningococcal septicaemia.<br>  o Programmable shunt.<br>• Justification for actions taken when a baby is not eligible, referencing best practice and safeguarding principles.<br>• Action if not eligible:<br>  o Direct referral to Audiology.<br>  o Provide documentation.<br>  o Recording in NHSP IT system.<br>  o Informing maternity staff.<br>• Screening protocol:<br>  o Well baby versus NICU/SCBU protocol.<br>  o Criteria for screening.<br>  o Timing.<br>  o Transfer guidance. |
| **Learning outcome 2: Be able to offer the new parent the newborn hearing screen** |
| • Parental responsibility: defined by law (Children Act 1989), mother, father, local authority, adoption/surrogacy.<br>• Factors before approaching parents: check details, consider family circumstances.<br>• Identity and accuracy: confirm parent and baby details, NHS number, GP. |

| What needs to be learned |
| --- |
| • Explanation of screen: what test involves, risks, benefits, outcomes, open/closed questions.<br>• Informed choice and consent: provide full information, signpost to resources, consent may be withdrawn.<br>• Consent for data: must be obtained before screening.<br>• Informing midwifery team of changes.<br>• Screening procedure: explain steps, reasons for screening, potential outcomes.<br>• Checking parent understanding: use open questions.<br>• Warning about 'no clear response' possibility.<br>• Declined consent: providing declined letter, advising monitoring, notifying GP/HV, recording in IT system. |
| **Learning outcome 3: Be able to identify newborn hearing programme risk factors** |
| • Types of risk factors: current NHSP risk factors.<br>• Family history: asking effective questions.<br>• Establishing risk factors: using local NHSP service protocols.<br>• Recording risk factors: accurately recording in national IT system. |
| **Learning outcome 4: Identify factors that impact the screen** |
| • Environmental noise:<br>• Acoustic (TV, talking, vehicles).<br>• Electrical (lights, heating blanket, muscle movement).<br>• Baby factors:<br>  o Fluid/debris/vernix.<br>  o Gestational age.<br>  o Unsettled.<br>  o Position.<br>  o Unwell.<br>• Equipment: blocked, damaged, QA checks.<br>• Screener expertise:<br>• Handling skills.<br>• Earpiece fit. |

| What needs to be learned |
| --- |
| • Sensor placement.<br>• Headphone placement. |
| **Learning outcome 5: Be able to provide a family-centred service** |
| • Establishing Rapport with Families:<br>  o Techniques for effective communication with parents and family members.<br>  o Building trust and showing empathy.<br>  o Respecting family concerns and preferences.<br>• Safe Handling of Babies:<br>  o Steps to handle a baby safely and confidently.<br>  o Ensuring the baby's comfort and safety.<br>  o Respecting the parents' privacy and dignity during handling.<br>• Providing Inclusive and Accessible Information:<br>  o Methods to ensure all communication is clear and culturally sensitive.<br>  o Providing information in the family's preferred language.<br>  o Ensuring accessibility for families with different needs.<br>• Involving Family Members in the Care Process:<br>  o Importance of family involvement in care.<br>  o Strategies for collaborating with other professionals to provide holistic care.<br>  o Techniques for involving family members in decision-making and care planning.<br>• Creating a Family-Friendly Environment:<br>  o Setting up a clinic environment that is welcoming and safe for families.<br>  o Providing facilities for feeding and changing babies.<br>  o Ensuring activities are available for siblings.<br>• Maintaining Privacy and Dignity:<br>  o Respecting the privacy and dignity of both the baby and the family.<br>  o Ensuring confidentiality and avoiding idle chat.<br>  o Using private rooms or curtains when necessary. |

| What needs to be learned |
| --- |
| **Learning outcome 6: Be able to prepare equipment and the clinical area to optimise conditions for newborn hearing screening** |
| • Equipment QA checks: follow NHSP protocols.<br>• Action if equipment fails QA: report, isolate, troubleshoot.<br>• Consequences of unchecked equipment:<br>  o Inaccurate results.<br>  o Impact on audiology services.<br>  o Missed/delayed referrals.<br>• Recording QA checks: log in local/national records.<br>• Consumables:<br>  o Ensure availability of equipment.<br>  o Batteries.<br>  o AOAE/AABR consumables.<br>  o Cleaning materials.<br>  o Waste arrangements.<br>• Infection control: follow local policy, handwashing, equipment cleaning.<br>• Screening conditions: monitor and optimise environment for successful screening. |

# Unit 13: Undertake an Automated Oto-Acoustic Emissions (AOAE) Newborn Hearing Screen

**Level:** 3

**Credit value:** 4

**Guided learning hours:** 23

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles and procedures required to undertake Automated Oto-Acoustic Emissions (AOAE) newborn hearing screening in line with national protocols. Learners will explore the scientific basis of AOAE screening, including cochlear function and the detection of oto-acoustic emissions, and develop the skills to communicate effectively with parents throughout the screening process. The unit covers the practical steps of preparing and positioning the baby, selecting and fitting equipment, conducting the screening, and troubleshooting common issues. Learners will also learn to record and manage screening outcomes accurately, apply data protection principles, and use information technology systems to support the integrity and efficiency of the Newborn Hearing Screening Programme.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the Newborn Hearing Screening Programme Automated Oto-Acoustic Emissions (AOAE) screening tests | 1.1 | Explain what is meant by Automated Oto-Acoustic Emissions (AOAEs) | | | |
| | | 1.2 | Describe where along the hearing pathway AOAEs occur | | | |
| | | 1.3 | Describe how AOAEs are picked up | | | |
| | | 1.4 | Explain what the AOAE test involves | | | |
| | | 1.5 | Identify the factors that may affect the ability to record AOAEs | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 2 | Be able to conduct Automated Oto-Acoustic Emissions (AOAE) Newborn Hearing Screening in accordance with national protocols, demonstrating effective communication with parents about the screening process, preparation, procedure and immediate post-screening actions | 2.1 | Demonstrate effective communication with parents throughout the AOAE screening episode, explaining procedures and responding to questions | | | |
| | | 2.2 | Apply national protocols to prepare and position the baby, evaluate ear canals, and select appropriate equipment for AOAE screening | | | |
| | | 2.3 | Carry out the AOAE screening procedure, including equipment placement, monitoring conditions and troubleshooting common issues, in accordance with best practice | | | |
| | | 2.4 | Demonstrate appropriate post-screening actions, including safe storage of equipment and documentation of outcomes | | | |
| 3 | Be able to communicate AOAE screening outcomes to parents with clarity and sensitivity, confirming parental understanding and explaining appropriate next steps, including referrals or further support as required | 3.1 | Demonstrate effective communication of AOAE screening results to parents, ensuring clarity and sensitivity | | | |
| | | 3.2 | Apply appropriate questioning techniques to confirm parental understanding of screening outcomes and next steps | | | |
| | | 3.3 | Explain the next steps and provide relevant information to parents, including when and how to involve other health professionals if concerns arise | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 4 | Be able to record the Automated Oto-Acoustic Emissions (AOAE) screening outcome | 4.1 | Demonstrate accurate recording of AOAE screening outcomes in all relevant records (e.g. PCHR, NHSP IT system, outcome letters), ensuring completeness and compliance with programme protocols | | | |
| | | 4.2 | Apply data protection and confidentiality principles when recording AOAE screening outcomes, following organisational and legal requirements | | | |
| 5 | Be able to interrogate, enter, transfer and manipulate data associated with Newborn Hearing Screening as per programme protocols | 5.1 | Demonstrate accurate entry of Newborn Hearing Screening data into the required IT system, following programme protocols | | | |
| | | 5.2 | Interrogate screening data using the IT system to identify patterns, errors or required actions | | | |
| | | 5.3 | Transfer screening data securely and appropriately between systems or records, ensuring data integrity and compliance with organisational protocols | | | |
| | | 5.4 | Manipulate screening data as required following programme protocols and data protection requirements | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the Newborn Hearing Screening Programme Automated Oto-Acoustic Emissions (AOAE) screening tests** |
| • AOAE principles.<br>• Cochlear function.<br>• Equipment.<br>• Test procedure.<br>• Factors affecting recording (hearing loss, debris, screener expertise, noise, equipment faults). |
| **Learning outcome 2: Be able to conduct Automated Oto-Acoustic Emissions (AOAE) Newborn Hearing Screening in accordance with national protocols, demonstrating effective communication with parents about the screening process, preparation, procedure and immediate post-screening actions** |
| • Application of National Protocols and Best Practice Standards:<br>  o Apply national protocols and recognised best practice throughout the AOAE screening process, including preparation, procedure and post-screening actions.<br>• Effective Communication:<br>  o Communicate sensitively and effectively with parents, explaining procedures, responding to questions, and providing reassurance as appropriate.<br>• Preparation and Equipment Selection:<br>  o Preparing and positioning the baby.<br>  o Evaluating ear canals.<br>  o Identifying contraindications.<br>  o Selecting and fitting appropriate AOAE screening equipment.<br>• Screening Procedure and Troubleshooting<br>  o Carry out the AOAE screening procedure, including correct equipment placement, monitoring screening conditions and troubleshooting common issues (e.g. poor fit, noise, equipment faults).<br>• Post-Screening Actions:<br>  o Safe storage of equipment.<br>  o Accurate documentation of outcomes.<br>  o Appropriate follow-up actions in line with programme requirements. |

| What needs to be learned |
| --- |
| **Learning outcome 3: Be able to communicate AOAE screening outcomes to parents with clarity and sensitivity, confirming parental understanding and explaining appropriate next steps, including referrals or further support as required** |

- Effective Communication of Screening Results:
  - Communicate AOAE screening outcomes to parents with clarity, sensitivity and professionalism.
  - Strategies for delivering both positive and negative results, managing parental emotions, and ensuring information is understood.
- Questioning Techniques and Confirmation of Understanding:
  - Use of open and closed questioning techniques to confirm parental understanding of screening outcomes and next steps.
  - Examples of appropriate questions.
  - Methods for checking understanding.
  - Techniques for clarifying misunderstandings.
- Explaining Next Steps and Information Provision:
  - How to explain the next steps following the screening outcome, including possible referrals, follow-up appointments or discharge procedures.
  - How to provide relevant information to parents, including:
  - Written materials.
  - Signposting to further support,
  - When/how to involve other health professionals if concerns arise.
- Supporting Anxious or Concerned Parents:
  - How to support parents who may be anxious or have concerns about the screening outcome, including providing reassurance and addressing questions empathetically.
- Professional Boundaries and Referral Protocols:
  - When and how to escalate concerns to appropriate health professionals.
  - Maintaining professional boundaries.
  - Following programme protocols.

| What needs to be learned |
| --- |
| **Learning outcome 4: Be able to record the Automated Oto-Acoustic Emissions (AOAE) screening outcome** |
| • Accurate Recording of Screening Outcomes.<br>• How to record AOAE screening outcomes in all relevant records, including:<br>  o Personal Child Health Record (PCHR).<br>  o Newborn Hearing Screening Programme (NHSP) IT system.<br>  o Outcome letters and other required documentation.<br>  o Ensuring completeness, clarity and legibility of recorded information.<br>  o Following programme protocols and organisational standards for record-keeping.<br>• Programme Protocols and Record-Keeping Standards:<br>  o Understanding the specific requirements and procedures for documenting AOAE screening outcomes.<br>  o Awareness of common errors and how to avoid them.<br>  o Importance of timely and accurate record entry.<br>• Data Protection and Confidentiality Principles:<br>  o Legal and organisational requirements for handling personal and health data (e.g. GDPR, NHS policies).<br>  o Secure handling and storage of records, both electronic and paper based.<br>  o Maintaining confidentiality when recording, storing and sharing screening outcomes.<br>  o Understanding who is authorised to access and share screening records.<br>• Organisational and Legal Requirements:<br>  o Policies for retention, access and sharing of screening outcome information.<br>  o Procedures for correcting or updating records if errors are identified.<br>  o Reporting and escalation protocols for breaches of confidentiality or data protection. |
| **Learning outcome 5: Be able to interrogate, enter, transfer and manipulate data associated with Newborn Hearing Screening as per programme protocols** |
| • Accurate Data Entry:<br>  o How to enter Newborn Hearing Screening data into the required IT system(s), following programme protocols.<br>  o Ensuring completeness, accuracy and clarity of entered data. |

**What needs to be learned**

- Data Interrogation and Examination:
  - How to interrogate and examine screening data using IT systems.
  - Identifying patterns, errors or required actions from data analysis.
- Data Transfer:
  - Secure and appropriate transfer of screening data between systems or records.
  - Ensuring data integrity and compliance with organisational protocols.
- Data Manipulation:
  - How to update, correct or extract screening data as required.
  - Following programme protocols and data protection requirements.
- Data Protection and Security:
  - Understanding and applying principles of data protection and confidentiality (e.g. GDPR, NHS policies).
  - Secure handling and storage of electronic records.
- Organisational Protocols:
  - Awareness of organisational requirements for data management, retention and sharing.

# Unit 14: Undertake an Automated Auditory Brainstem Response (AABR) Newborn Hearing Screen

**Level:** 3

**Credit value:** 4

**Guided learning hours:** 23

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles and procedures required to undertake Automated Auditory Brainstem Response (AABR) newborn hearing screening in line with national protocols. Learners will explore the physiological basis of AABR technology, factors influencing test accuracy, and the steps involved in preparing, conducting and troubleshooting the screening procedure. The unit covers effective communication with parents, accurate record-keeping, and collaboration with healthcare professionals. Learners will also develop the skills to maintain confidentiality and data protection, ensuring high-quality, safe and supportive screening experiences for newborns and their families.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the Newborn Hearing Screening Programme Automated Auditory Brainstem Response (AABR) screening tests | 1.1 | Identify what is meant by Automated Auditory Brainstem Responses (AABRs) | | | |
| | | 1.2 | Describe where along hearing pathway AABRs occur | | | |
| | | 1.3 | Describe how AABRs are picked up | | | |
| | | 1.4 | Explain what an AABR test involves | | | |
| | | 1.5 | Identify the factors that may affect the ability to record AABRs | | | |
| 2 | Be able to undertake Automated Auditory Brainstem Response (AABR) Newborn Hearing Screening in accordance with national protocols, ensuring effective preparation, execution and post-procedure actions | 2.1 | Demonstrate effective preparation for AABR screening, including communication with parents, positioning of the newborn, and skin preparation | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| | | 2.2 | Apply correct techniques for sensor and headphone placement, impedance checking and equipment setup, ensuring optimal test conditions | | | |
| | | 2.3 | Monitor and respond appropriately to changes or issues during the screening procedure, maintaining safety and test reliability | | | |
| | | 2.4 | Complete post-screening actions, including safe removal of equipment, cleaning, record-keeping and communication of outcomes as per protocol | | | |
| 3 | Be able to communicate the Automated Auditory Brainstem Response (AABR) screening outcome and next steps | 3.1 | Demonstrate how to communicate AABR screening results and next steps to parents, ensuring understanding and addressing concerns | | | |
| | | 3.2 | Apply organisational protocols to provide information to parents and health professionals, maintaining clarity and confidentiality | | | |
| | | 3.3 | Use judgement to identify when further support or referral is needed and communicate this appropriately | | | |
| 4 | Be able to record the Automated Auditory Brainstem Response (AABR) screening outcome | 4.1 | Record AABR screening outcomes accurately in all required documentation, following organisational protocols | | | |
| | | 4.2 | Maintain confidentiality and data protection when recording and sharing screening outcomes | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the Newborn Hearing Screening Programme Automated Auditory Brainstem Response (AABR) screening tests** |
| • Definition and Principles:<br>  o AABRs are small electrical signals from the auditory nerve in response to sound, detected using automated equipment that applies set criteria.<br>  o The auditory nerve passes through the brainstem to the auditory cortex, where sound is processed.<br>• Detection:<br>  o Responses are picked up by three sensors placed on the baby's forehead, neck and shoulder.<br>  o The test uses a click stimulus with speech frequencies, delivered at the NHSP-specified level.<br>• Test Procedure:<br>  o The AABR screen takes 5–30 minutes.<br>  o Clicking sounds are played through headphones, and sensors record the responses. Skin preparation improves sensor contact.<br>  o The test is performed once on both ears, ideally with the baby settled to reduce muscle activity.<br>• Factors Affecting Recording:<br>  o Hearing loss.<br>  o Birth fluid or debris in the ear.<br>  o Screener expertise.<br>  o Background noise (acoustic/electrical, muscle movement).<br>  o Equipment faults. |

| What needs to be learned |
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| **Learning outcome 2: Be able to undertake Automated Auditory Brainstem Response (AABR) Newborn Hearing Screening in accordance with national protocols, ensuring effective preparation, execution and post-procedure actions** |

- Preparation for AABR Screening:
  - Communicating clearly with parents about each stage of the process, addressing any questions or concerns, and providing reassurance.
  - Positioning the newborn comfortably and safely to facilitate accurate sensor and headphone placement.
  - Preparing the skin by holding it taut and using approved methods to optimise sensor contact and minimise impedance. Learners should be able to explain the rationale for each step in the preparation process, highlighting the impact on test reliability and patient comfort.
- Execution of AABR Screening:
  - Sensor and headphone placement, ensuring sensors are positioned on the forehead, nape and shoulder as per protocol, and headphones are correctly placed (red = right, blue = left).
  - Impedance checking and equipment setup, aiming for low, balanced impedance values and confirming all connections before starting the test.
  - Monitoring test conditions throughout the procedure, including noise levels, cable positioning and muscle activity. Learners should be able to identify and respond to issues such as high impedance, poor sensor contact or excessive noise, explaining the consequences of unresolved problems.
- Monitoring and Troubleshooting During Screening:
  - Respond appropriately to changes or issues, such as settling the baby, reducing environmental noise, reconnecting cables or reapplying sensors.
  - Maintain safety and test reliability by making informed decisions and adapting their approach as needed.
  - Reflect on the impact of their actions, considering how poor technique or noisy conditions can lead to longer test times, unclear responses, increased parental anxiety and unnecessary referrals.
- Post-Screening Actions:
  - Safe removal of equipment and cleaning of the clinical area.
  - Accurate record-keeping of screening outcomes in all relevant documentation.

| What needs to be learned |
| --- |
| ○ Communicating results and next steps to parents and other health professionals, ensuring information is clear, appropriate, and tailored to the outcome.<br>○ Adhering to infection control policies and maintaining confidentiality and data protection in all record-keeping activities. |
| **Learning outcome 3: Be able to communicate the Automated Auditory Brainstem Response (AABR) screening outcome and next steps** |
| • Checking and Communicating Results:<br>○ Screeners must check the test outcome on the AABR system before informing parents. The result should be explained clearly, with answers provided to parental questions within the screener's remit; if unsure, the screener should seek advice.<br>• Ensuring Understanding:<br>○ Screeners should use open questions to confirm parental understanding (such as 'What is your understanding of why your baby has been referred?'), and closed questions for clarity (such as 'Do you understand why your baby has been referred?').<br>• Explaining Next Steps:<br>○ Discharge from the programme:<br>○ Parents should be advised on monitoring their child's hearing using the checklists in the Personal Child Health Record (PCHR) book.<br>• Surveillance/targeted follow-up:<br>○ If a risk factor is present, explain the need for targeted follow-up at around 8 months of age.<br>• Referral to Audiology:<br>○ For immediate assessment, provide details of the audiology appointment, stress its importance, and check contact details are up to date.<br>• Providing Written Information:<br>○ For bilateral clear responses:<br>– Issue the NHSP clear response letter, complete the hearing screening page in the PCHR book (or provide a loose page), and highlight the 'making and reactions to sounds' checklists.<br>○ For risk factors requiring targeted follow-up:<br>– Provide the NHSP targeted follow-up letter. |

| What needs to be learned |
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| ○ For unilateral/bilateral no clear responses:<br>– Refer for audiological assessment and provide the NHSP information leaflet ('Your baby's visit to the audiology clinic'), the appropriate NCR outcome letter, and the completed hearing screening page in the PCHR book.<br>• Supporting Parents and Informing Professionals:<br>○ Screeners should be aware that parents may be anxious and may need support from their midwifery team or health visitor. Other health professionals (GPs, Health Visitors) can be informed via the PCHR book or NHSP referral letters. If a referral to Audiology is made, ensure any interpreter or accessibility needs are communicated. |
| **Learning outcome 4: Be able to record the Automated Auditory Brainstem Response (AABR) screening outcome** |
| • Recording outcomes in PCHR, NHSP IT system, outcome letters:<br>○ Record AABR screening outcomes accurately in all required documentation, including the PCHR, NHSP IT system and outcome letters, in accordance with organisational protocols.<br>• Maintain confidentiality and data protection at all stages of record-keeping and when sharing screening outcomes with parents and health professionals.<br>• Identify and apply relevant organisational policies.<br>• Relating to information governance, ensuring that all records are completed securely and appropriately. |

# Unit 15: Anatomy, Physiology and Pathology of the Eye

**Level:** 3

**Credit value:** 6

**Guided learning hours:** 29

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the anatomy, physiology and pathology of the eye, with a focus on non-diabetic conditions. Learners will explore the structure and function of the anterior and posterior segments of the eye, including the cornea, lens, retina and associated vasculature. The unit covers the physiological processes involved in vision, the recognition of significant retinal diseases through fundal images, and the impact of abnormal changes in the lens and cornea. Learners will also examine the principles of retinal screening and the importance of accurately differentiating between various retinal pathologies to support effective patient care.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the basic anatomy of the eye | 1.1 | Describe the main structures of the anterior segment of the eye and their functions | | | |
| | | 1.2 | Describe the main structures of the posterior segment of the eye and their functions | | | |
| | | 1.3 | Explain the macula and fovea, including their boundaries and significance | | | |
| 2 | Understand the physiology of the eye | 2.1 | Explain the physiological processes involved in vision, including the roles of the cornea, lens, retina and optic nerve | | | |
| | | 2.2 | Describe how normal ocular physiology supports healthy vision | | | |
| 3 | Understand how to recognise significant non-diabetic diseases of the retina | 3.1 | Identify and describe a range of significant retinal diseases and features as they present on fundal images, providing examples relevant to patient care | | | |
| | | 3.2 | Discuss how findings from fundal images may impact clinical decision-making and patient management, including when urgent action or referral is required | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 4 | Understand abnormal changes in the anterior eye | 4.1 | Describe the effects of common non-diabetic conditions on the lens, including refractive changes and cataract formation | | | |
| | | 4.2 | Explain how common non-diabetic conditions may affect the cornea, including changes in sensitivity, wound healing and risk of infection | | | |
| | | 4.3 | Compare and contrast the pathological changes in the lens and cornea associated with non-diabetic conditions, discussing their implications for patient care | | | |
| 5 | Understand the principles of retinal screening and differentiation of retinal pathologies | 5.1 | Explain the principles of retinal screening and the importance of accurate differentiation between various retinal pathologies | | | |
| | | 5.2 | Discuss the difference between confounders and true retinal pathology, and the importance of accurate differentiation in clinical practice | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the basic anatomy of the eye** |
| • Identification and function of anterior eye structures: cornea, iris, lens.<br>• Identification and function of posterior eye structures: vitreous body, retina, retinal vasculature, retinal pigment epithelium, optic nerve, choroid.<br>• Identification and boundaries of macula and fovea. |
| **Learning outcome 2: Understand the physiology of the eye** |
| • Physiological processes involved in vision:<br>  o Refraction.<br>  o Accommodation.<br>  o Phototransduction.<br>• Roles of cornea, lens, retina and optic nerve in maintaining healthy vision. |
| **Learning outcome 3: Understand how to recognise significant non-diabetic diseases of the retina** |
| • Recognition and description of significant retinal diseases and features as they present on fundal images (e.g. age-related macular degeneration, retinal detachment, vascular occlusions, optic disc abnormalities).<br>• Interpretation of fundal image findings and discussion of their impact on clinical decision-making and patient management, including when urgent action or referral is required. |
| **Learning outcome 4: Understand abnormal changes in the anterior eye** |
| • Effects of common non-diabetic conditions on the lens:<br>  o Refractive changes.<br>  o Cataract formation.<br>• Effects of common non-diabetic conditions on the cornea:<br>  o Changes in sensitivity.<br>  o Wound healing.<br>  o Risk of infection.<br>• Comparison and implications for patient care: how these changes affect management and screening. |

| What needs to be learned |
| --- |
| **Learning outcome 5: Understand the principles of retinal screening and differentiation of retinal pathologies** |
| • Principles of retinal screening: purpose, process, and importance of accurate differentiation between various retinal pathologies.<br>• Difference between confounders and true retinal pathology; importance of accurate differentiation in clinical practice. |

# Unit 16: Understanding Diabetes and Diabetic Retinopathy

**Level:** 3

**Credit value:** 4

**Guided learning hours:** 13

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles, risk factors and complications of diabetes, with a particular focus on diabetic retinopathy. Learners will explore the differences between type 1 and type 2 diabetes, the signs and management of hypoglycaemia, and the long-term macrovascular and microvascular complications associated with diabetes. The unit covers the development, grading and screening of diabetic retinopathy, including interpretation of clinical images and the importance of regular monitoring. Learners will also consider their professional role in supporting individuals with diabetes and signposting to appropriate sources of information.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand the difference between type 1 and type 2 diabetes | 1.1 | Outline the differences between type 1 and type 2 diabetes | | | |
| | | 1.2 | Describe the treatment options for type 1 and type 2 diabetes | | | |
| 2 | Understand hypoglycaemia | 2.1 | Describe the signs and symptoms of hypoglycaemia | | | |
| | | 2.2 | Explain how to respond in a situation where an individual could be hypoglycaemic | | | |
| | | 2.3 | State situations when individuals are most at risk from hypoglycaemia | | | |
| 3 | Understand the long-term complications of diabetes | 3.1 | Describe the macrovascular and microvascular complications of diabetes in the following: Heart disease, Stroke, Peripheral vascular disease, Nephropathy, Neuropathy, Retinopathy | | | |
| | | 3.2 | Explain how the macrovascular and microvascular complications of diabetes may impact on screening | | | |

 

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 4 | Understand the relevance of risk factors and clinical management in the development and screening of diabetic retinopathy | 4.1 | Explain modifiable and non-modifiable risk factors in the development of diabetic retinopathy | | | |
| | | 4.2 | Explain the principles of grading diabetic retinopathy and the importance of regular monitoring for risk factors, including diabetes in remission | | | |
| | | 4.3 | Interpret clinical images to identify key features of diabetic retinopathy and discuss their implications for screening and patient management | | | |
| | | 4.4 | Describe own role in signposting individuals to appropriate information about diabetes and diabetic retinopathy | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand the difference between type 1 and type 2 diabetes** |
| • Differences between type 1 and type 2 diabetes: age of onset, body weight, insulin production, insulin resistance.<br>• Clinical presentation and diagnosis.<br>• Treatment options: lifestyle modification, oral medications, insulin therapy, bariatric surgery.<br>• Management strategies for diabetes. |
| **Learning outcome 2: Understand hypoglycaemia** |
| • Definition of hypoglycaemia and relevant plasma glucose levels.<br>• Signs and symptoms from both patient and health professional perspectives.<br>• Emergency response to hypoglycaemia:<br>o Hypokit/glucagon gel.<br>o Glucose tablets.<br>o Sugary drinks.<br>o Emergency procedures.<br>o Follow-up care.<br>• Risk factors for hypoglycaemia:<br>o Hypo awareness.<br>o Reduced oral intake.<br>o Increased exercise.<br>o Medication (sulphonylureas, insulin dosage). |
| **Learning outcome 3: Understand the long-term complications of diabetes** |
| • Macrovascular complications:<br>o Heart disease (myocardial infarction).<br>o Stroke (cerebrovascular accident).<br>o Peripheral vascular disease. |

| What needs to be learned |
| --- |
| • Microvascular complications:<br>  o Nephropathy.<br>  o Neuropathy.<br>  o Retinopathy.<br>• Impact of complications on screening:<br>  o Mobility.<br>  o Pain.<br>  o Shortness of breath.<br>  o Reduced vision.<br>  o Dialysis.<br>  o Communication barriers.<br>• Screening implications for individuals with diabetes. |
| **Learning outcome 4: Understand the relevance of risk factors and clinical management in the development and screening of diabetic retinopathy** |
| • Modifiable risk factors:<br>  o Glycaemic control.<br>  o HbA1c.<br>  o Blood pressure.<br>  o Lifestyle (tobacco, alcohol).<br>• Non-modifiable risk factors:<br>  o Pregnancy.<br>  o Renal disease.<br>  o Age.<br>  o Duration of diabetes.<br>  o Insulin treatment.<br>• Pathophysiology of diabetic retinopathy:<br>  o Mechanisms.<br>  o Progression.<br>  o Clinical features. |

| What needs to be learned |
| --- |
| • Principles of grading diabetic retinopathy:<br>  o Grading systems.<br>  o Clinical significance.<br>  o Implications for management.<br>• Screening protocols:<br>  o Regular monitoring.<br>  o Referral pathways.<br>  o Follow-up.<br>  o Diabetes in remission.<br>• Interpretation of clinical images:<br>  o Identification of key features of diabetic retinopathy.<br>  o Relevance to disease progression and management.<br>• Role in signposting individuals to appropriate information about diabetes and diabetic retinopathy. |

# Unit 17: Prepare for Diabetic Retinopathy Screening

**Level:** 3

**Credit value:** 4

**Guided learning hours:** 26

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the preparatory steps required to ensure safe and effective diabetic retinopathy screening. Learners will explore best practices for preparing the environment and individual, including confirming identity, gaining informed consent, and maintaining comfort, privacy and dignity. The unit covers the importance of accurate data entry, recording ocular and medical history, and understanding how individual needs may influence the screening process. Learners will also develop skills in measuring and recording visual acuity, selecting and performing appropriate tests, and managing pupil dilatation and eye drop procedures in accordance with clinical protocols.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Be able to prepare the environment and individual for retinopathy screening | 1.1 | Demonstrate preparation of the individual and environment for diabetic retinopathy screening, including confirming identity, gaining informed consent, and ensuring comfort | | | |
| | | 1.2 | Explain the importance of accurate data entry and recording ocular/medical history prior to screening | | | |
| 2 | Understand the ways in which screening is affected by individual needs | 2.1 | Explain how individual factors (age, culture, language, physical/cognitive ability) may influence the screening process | | | |
| | | 2.2 | Describe strategies to maintain privacy and dignity during retinal screening | | | |
| 3 | Understand the purpose of visual acuity measurement | 3.1 | Explain the importance of accurate measurement and recording of visual acuity in diabetic retinopathy screening | | | |
| 4 | Be able to select and carry out the most appropriate visual acuity test | 4.1 | Demonstrate selection and performance of the most appropriate visual acuity test, ensuring correct procedure and accurate recording | | | |

 

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 5 | Understand the purpose of dilatation of the pupils and the action and contraindications of drops | 5.1 | Explain the reasons for pupil dilatation and the action of mydriatic eye drops in diabetic retinopathy screening | | | |
| | | 5.2 | Identify contraindications to pupil dilatation and describe alternative approaches when contraindicated | | | |
| 6 | Be able to store and instil eye drops | 6.1 | Determine which type of eye drop(s) should be used in your own local screening service | | | |
| | | 6.2 | Explain the correct procedures for storage of eye drops | | | |
| | | 6.3 | Explain the infection control procedures necessary in the instillation of eye drops | | | |
| | | 6.4 | Explain how to confirm that the eye drops are safe to use | | | |
| | | 6.5 | Inform the individual of potential adverse effects and the action to be taken | | | |
| | | 6.6 | Instil eye drops correctly | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
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| **Learning outcome 1: Be able to prepare the environment and individual for retinopathy screening** |
| • Patient preparation:<br>  o Confirming identity.<br>  o Explaining procedure.<br>  o Gaining informed consent.<br>  o Recording consent.<br>  o Checking understanding.<br>• Data management:<br>  o Accurate data entry.<br>  o Implications of errors.<br>  o Privacy and dignity.<br>• Environmental preparation:<br>  o Space.<br>  o Lighting.<br>  o Temperature.<br>  o Equipment readiness.<br>  o Infection control.<br>  o Comfort measures.<br>• Pre-screening history:<br>  o Recording ocular and medical history.<br>  o Relevance for screening and grading. |
| **Learning outcome 2: Understand the ways in which screening is affected by individual needs** |
| • Individual factors:<br>  o Age.<br>  o Cultural background.<br>  o Language.<br>  o Physical ability. |

| What needs to be learned |
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| ○ Cognitive ability.<br>○ Privacy and dignity:<br>○ Importance during screening.<br>○ Strategies to maintain. |
| **Learning outcome 3: Understand the purpose of visual acuity measurement** |
| • Visual acuity:<br>○ Importance of accurate measurement and recording.<br>○ Implications for screening and patient management. |
| **Learning outcome 4: Be able to select and carry out the most appropriate visual acuity test** |
| • Test selection:<br>○ Strengths and limitations of different visual acuity charts (Snellen, LogMAR, Sheridan Gardiner, Kay pictures, Tumbling E).<br>• Test procedure:<br>○ Correct distance.<br>○ Use of spectacles/pinhole.<br>○ Accurate recording.<br>○ Patient comfort. |
| **Learning outcome 5: Understand the purpose of dilatation of the pupils and the action and contraindications of drops** |
| • Pupil dilatation:<br>○ Purpose for screening.<br>○ Impact on image quality.<br>○ Risk of missed pathology.<br>• Mydriatic drops:<br>○ Action.<br>○ Typical effects.<br>○ Contraindications (e.g. acute angle-closure glaucoma, allergies).<br>• Alternative methods. |

| What needs to be learned |
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| **Learning outcome 6: Be able to store and instil eye drops** |
| • Eye drop selection:<br>  o Types used in local service.<br>• Storage:<br>  o Procedures.<br>  o Expiry.<br>  o Temperature.<br>  o Unopened vials.<br>• Infection control:<br>  o Procedures for instillation.<br>• Safety:<br>  o Confirming drops are safe.<br>  o Informing of adverse effects.<br>  o Instillation technique.<br>  o Managing adverse/critical incidents. |

# Unit 18: Undertake Diabetic Retinopathy Imaging

**Level:** 3

**Credit value:** 5

**Guided learning hours:** 35

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles and procedures required to undertake diabetic retinopathy imaging in line with national standards. Learners will develop skills in preparing retinal cameras and screening equipment, acquiring and assessing retinal and anterior segment images, and troubleshooting difficulties in image quality or quantity. The unit covers the importance of accurate data recording, saving and linking images to patient records, and applying protocols to determine and communicate appropriate post-screening actions. Learners will also explore the significance of quality assurance, data protection and effective communication to support safe and person-centred diabetic retinopathy screening.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Be able to prepare the retinal camera and screening equipment for obtaining images of the eye | 1.1 | Verify that the screening equipment is working correctly | | | |
| | | 1.2 | Use the appropriate imaging software package on the retinal camera's computer | | | |
| | | 1.3 | Update the individual's record | | | |
| 2 | Be able to demonstrate the process of obtaining images of the retina | 2.1 | Describe the field positions required for imaging in the NHS Diabetic Eye Screening Programme (DES) | | | |
| | | 2.2 | Demonstrate the acquisition of colour retinal images of sufficient quality and quantity, in the correct positions for both eyes, in accordance with national standards | | | |
| | | 2.3 | Explain the circumstances under which additional retinal images may be required to inform diagnosis, and identify examples of such additional images (e.g. peripheral views, anterior chamber images, jig-sawing techniques) | | | |
| | | 2.4 | Obtain an anterior segment image of the eye | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 3 | Be able to address difficulties in obtaining retinal images of sufficient quality or quantity | 3.1 | Explain why imaging may be unsuccessful, including the actions to be taken | | | |
| | | 3.2 | Outline what to do if gradable fundus images cannot be obtained | | | |
| 4 | Be able to assess images for clarity, positioning and gradability | 4.1 | Describe the NHS Diabetic Eye Screening Programme (DES) criteria for assessment of images for clarity, field position and gradability | | | |
| | | 4.2 | Demonstrate the assessment of retinal images according to NHS DES standards for clarity, field position and gradability | | | |
| | | 4.3 | Recognise and triage pathology requiring urgent action, following local protocols | | | |
| 5 | Be able to accurately save the results of the screening episode | 5.1 | Demonstrate how to save retinal and anterior segment images accurately, ensuring they are correctly labelled and linked to the appropriate patient record, ready for grading | | | |
| | | 5.2 | Demonstrate how to record all relevant screening episode data (e.g. patient identifiers, screening outcomes, notes) in accordance with local protocols and data protection requirements | | | |
| | | 5.3 | Explain the importance of accuracy and completeness when saving and recording screening results, and the potential consequences of errors | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 6 | Be able to apply agreed protocols to determine and communicate the appropriate course of action following the screening episode | 6.1 | Demonstrate how to apply local protocols to determine the correct triaging pathway based on the outcome of the screening episode | | | |
| | | 6.2 | Demonstrate how to communicate aftercare and results to the individual in accordance with local protocols | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Be able to prepare the retinal camera and screening equipment for obtaining images of the eye** |
| • Equipment suitability and troubleshooting.<br>• Use of imaging software.<br>• Accessing and updating patient records. |
| **Learning outcome 2: Be able to demonstrate the process of obtaining images of the retina** |
| Field Positions in NHS Diabetic Eye Screening Programme (DES):<br>o The required field positions for retinal imaging as specified by NHS DES.<br>o The importance of correct positioning for both eyes to ensure comprehensive screening.<br>• Acquisition of Colour Retinal Images:<br>o The use of retinal imaging equipment and software to capture high-quality, colour images.<br>o National standards for clarity, quantity and correct anatomical positioning.<br>o Protocols for image acquisition, including the use of spectacles or pinhole devices as appropriate.<br>• Rationale for Additional Retinal Images:<br>o Scenarios where additional images may be required to inform diagnosis (e.g. presence of pathology, glare, incomplete views).<br>• Examples of additional imaging techniques:<br>o Peripheral views.<br>o Anterior chamber images.<br>o Jig-sawing techniques.<br>• Quality Assurance and Troubleshooting:<br>o Factors that may affect image quality (e.g. patient movement, media opacities, small pupil size).<br>o Troubleshooting steps to address difficulties in obtaining adequate images.<br>• Documentation and Record-Keeping:<br>o Recording imaging procedures and outcomes in patient records, ensuring compliance with data protection and informed consent requirements. |

## What needs to be learned

### Learning outcome 3: Be able to address difficulties in obtaining retinal images of sufficient quality or quantity

- Purpose of anterior segment imaging in diabetic retinopathy screening (e.g. assessment of cornea, lens, anterior chamber for pathology or technical limitations).
- Equipment and techniques used for anterior segment imaging (e.g. slit lamp, camera settings, patient positioning).
- Procedures and protocols for acquiring high-quality anterior segment images, including preparation, consent and infection control.
- Quality standards for anterior segment images (clarity, anatomical landmarks, documentation).
- Troubleshooting common difficulties (e.g. patient movement, media opacities, small pupil size).

### Learning outcome 4: Be able to assess images for clarity, positioning and gradability

- National Criteria for Image Quality:
  - NHS Diabetic Eye Screening Programme (DES) criteria for assessing retinal images, including definitions of adequate and inadequate images.
  - Standards for clarity, correct field position and gradability of retinal images.
- Assessment of Retinal Images:
  - Applying NHS DES standards to assess retinal images for:
    - Clarity (focus, absence of artefacts, sufficient illumination).
    - Field position (correct anatomical area captured for both eyes).
    - Gradability (whether the image can be reliably graded for diabetic retinopathy).
- Recognition and Triage of Pathology:
  - Identifying features in retinal images that may indicate urgent or significant pathology (e.g. signs of proliferative diabetic retinopathy, maculopathy, or other abnormalities).
  - Local protocols for urgent referral and the timescales required for action.
- Quality Assurance and Documentation:
  - Recording assessment outcomes in patient records, ensuring compliance with data protection and informed consent requirements.
  - The importance of quality assurance processes in image assessment and the need for regular calibration and review.

 

## What needs to be learned

### Learning outcome 5: Be able to accurately save the results of the screening episode

- Saving Retinal and Anterior Segment Images:
  - How to save retinal and anterior segment images using the appropriate software and equipment.
  - Correct labelling of images with patient identifiers and screening episode details.
  - Linking images accurately to the correct patient record, ready for grading and further assessment.
- Recording Screening Episode Data:
  - Recording all relevant screening episode data, including patient identifiers, screening outcomes and clinical notes, in accordance with local protocols.
  - Ensuring completeness and accuracy of all recorded information.
  - Following data protection and confidentiality requirements when handling and storing patient data.
- Accuracy and Completeness:
  - The importance of accuracy and completeness when saving and recording screening results.
  - The potential consequences of errors, such as misidentification, loss of clinical information or impact on patient care.
- Protocols and Compliance:
  - Local and national protocols for data entry, storage and transfer of screening results.
  - Compliance with relevant legislation and organisational policies (e.g. GDPR, NHS data governance).
  - Quality Assurance:
  - Quality assurance processes to verify the accuracy and integrity of saved and recorded data.
  - The need for regular review and audit of data management practices.

| What needs to be learned |
| --- |
| **Learning outcome 6: Be able to apply agreed protocols to determine and communicate the appropriate course of action following the screening episode** |
| • Local and national protocols for triage, referral and aftercare after diabetic retinopathy screening.<br>• Criteria for urgent and routine referrals, including signs and findings that require escalation.<br>• The appropriate triaging pathway based on screening results (e.g. urgent referral, routine follow-up, discharge).<br>• When to seek advice or escalate cases to a clinical lead or specialist.<br>• Communicating screening results and aftercare to individuals using appropriate methods (verbal, written, digital), ensuring clarity and sensitivity and in accordance with local protocols and patient preferences.<br>• Maintaining confidentiality and data protection when sharing results.<br>• Documenting the course of action taken, information provided to the individual, and any referrals or follow-up required.<br>• Quality assurance processes to ensure protocols are followed and communication is effective.<br>• The need for regular review and audit of triage and communication practices. |

# Unit 19: Detect Retinal Disease and Classify Diabetic Retinopathy

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|---|---|
| **Level:** | **3** |
| **Credit value:** | **8** |
| **Guided learning hours:** | **25** |

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the skills and knowledge required to accurately grade retinal photographs for diabetic retinopathy screening, in line with national standards. Learners will develop competence in using grading software, recognising and classifying diabetic retinopathy lesions, and identifying other common retinal pathologies. The unit covers the application of grading criteria, feature-based grading and urgent action protocols, as well as the internal quality assurance processes and communication of grading results. Learners will also explore the impact of grading decisions on patient management, referral pathways, and the overall screening service.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Be able to use grading software to record result | 1.1 | Demonstrate effective use of grading software to record retinal screening results | | | |
| | | 1.2 | Apply procedures to save and review grading results for quality assurance purposes | | | |
| | | 1.3 | Explain the significance of feature-based grading, including the correct use of P and U grades, in diabetic retinopathy screening | | | |
| | | 1.4 | Describe appropriate protocols for reporting IT issues encountered during the grading process, within own area of competency and authority | | | |
| 2 | Understand the criteria for assessment of image quality and outcome for the individual | 2.1 | Describe how assessment of images for gradability relates to the NHS Diabetic Eye Screening Programme (DES) standards for quality assurance | | | |
| | | 2.2 | Identify the reasons a result is classed as un-assessable | | | |
| | | 2.3 | Explain how the un-assessable results are managed | | | |

 

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 3 | Be able to identify and record the presence or absence of diabetic or other eye disease according to national standards | 3.1 | Demonstrate the identification of diabetic retinopathy lesions on fundal images in accordance with national screening standards | | | |
| | | 3.2 | Distinguish between cases requiring urgent referral, routine referral and annual recall, based on the presentation of diabetic retinopathy | | | |
| | | 3.3 | Describe the clinical features and fundal image presentation of common retinal pathologies, including those specified in the unit content | | | |
| | | 3.4 | Demonstrate the ability to identify fundal images showing no evidence of disease | | | |
| | | 3.5 | Apply feature-based grading protocols to accurately document findings in line with national standards | | | |
| | | 3.6 | Use grading software to confirm that the correct grade of diabetic retinopathy has been assigned and recorded for each case | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 4 | Understand the grading pathway and related quality assurance | 4.1 | Describe the grading internal quality assurance process, including benchmarking and QA protocols | | | |
| | | 4.2 | Describe the national grading pathway, including slit lamp biomicroscopy and digital surveillance | | | |
| | | 4.3 | Explain how the results of a final assessment influence referral and follow-up within the grading pathway | | | |
| | | 4.4 | Explain how own role contributes to the ability of the screening service provider to meet NHS Diabetic Eye Screening Programme (DES) performance indicators | | | |
| 5 | Be able to classify the grade of diabetic retinopathy | 5.1 | Classify the grade of diabetic retinopathy from fundal images in accordance with national screening standards | | | |
| | | 5.2 | Distinguish the clinical signs and symptoms which may act as surrogate markers for the presence of clinically significant macular oedema | | | |
| | | 5.3 | Explain how reviewing images from previous screening events can support accurate classification and help distinguish confounders | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 6 | Understand the process for communicating grading results, including the impact on individual referral and management | 6.1 | Explain how the grade of retinopathy influences the management and referral of individuals | | | |
| | | 6.2 | Describe how grading results are communicated to individuals, GPs and other professionals | | | |
| | | 6.3 | Describe the appearance of key features of diabetic retinopathy on fundal images | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Be able to use grading software to record result** |
| • The purpose and function of grading software in diabetic retinopathy screening, including its role in the NHS Diabetic Eye Screening Programme.<br>• How to securely access and navigate grading software, including selecting patient records and accessing retinal images for grading.<br>• Accurately recording retinal screening results within the software, ensuring completeness and accuracy of data entry.<br>• Procedures for saving and reviewing grading results to support quality assurance and audit processes.<br>• Feature-based grading, including the correct use and implications of P (proliferative) and U (ungradable) grades, and how these affect patient management and referral pathways.<br>• Internal quality assurance protocols related to grading, including how results are reviewed and benchmarked within the service.<br>• Identifying and reporting IT issues encountered during the grading process, following local protocols and within own area of competency and authority.<br>• The importance of data integrity, confidentiality and professional standards when handling patient information in grading software.<br>• Recognition of the potential impact of errors or omissions in recording results on patient care, service delivery and overall screening outcomes. |
| **Learning outcome 2: Understand the criteria for assessment of image quality and outcome for the individual** |
| • Criteria for gradability, importance of standardised assessment, reasons for un-assessable images (long-term, poor photographic skills), management of un-assessable results. |
| **Learning outcome 3: Be able to identify and record the presence or absence of diabetic or other eye disease according to national standards** |
| • Application of national screening standards for diabetic retinopathy grading and referral decisions.<br>• Identification of key lesions associated with diabetic retinopathy on fundal images, using test and training sets, supervised grading and inter-grader agreement.<br>• Differentiation between cases requiring urgent referral, routine referral and annual recall, based on the presentation of diabetic retinopathy. |

**What needs to be learned**

- Recognition and description of the clinical features and fundal image presentation of common retinal pathologies, including:
  - Dry Age-Related Macular Degeneration.
  - Wet Age-Related Macular Degeneration.
  - Choroidal Naevus.
  - Choroidal Melanoma.
  - Myelinated nerve fibres.
  - Myopic Degeneration.
  - Old Choroiditis.
  - Rhegmatogenous Retinal Detachment.
  - Asteroides Hyalosis.
  - Vein Occlusions (branch and central).
  - Arterial Occlusions (branch and central).
  - Arterial emboli.
  - Retinal Macroaneurysm.
  - Glaucomatous optic discs.
  - Optic disc swelling.
  - Macular holes.
  - Hypertension-related changes.
  - Retinitis Pigmentosa.
  - Systemic Blood Disorders.
- How to identify fundal images showing no evidence of disease.
- Application of feature-based grading protocols to accurately document findings in accordance with national standards.
- Use of grading software to confirm and record the correct grade of diabetic retinopathy for each case.

**Learning outcome 4: Understand the grading pathway and related quality assurance**

- Internal quality assurance processes, including benchmarking and QA protocols.
- The national grading pathway, including slit lamp biomicroscopy, digital surveillance, and pathways for specific populations (e.g. pregnant patients).
- Management for each grade and the impact of timely grading decisions.

| What needs to be learned |
| --- |
| • How the results of a final assessment influence referral and follow-up actions within the grading pathway.<br>• The contribution of individual roles and responsibilities to the ability of the screening service provider to meet NHS DES performance indicators. |
| **Learning outcome 5: Be able to classify the grade of diabetic retinopathy** |
| • The grading categories and criteria for diabetic retinopathy, in line with national screening standards. [Unit 19 v3]<br>• Classifying the grade of diabetic retinopathy from fundal images.<br>• Recognition and interpretation of clinical signs and symptoms that indicate the presence of clinically significant macular oedema.<br>• Surrogate markers for macular oedema and their relevance to grading.<br>• The role and value of reviewing previous screening images to support accurate classification and help distinguish confounders.<br>• Decision-making processes for grading, including reference to previous patient history and image sets. |
| **Learning outcome 6: Understand the process for communicating grading results, including the impact on individual referral and management** |
| • How the grade of diabetic retinopathy influences individual management, including referral pathways and treatment options (e.g. therapies, injections, laser, vitrectomy).<br>• Methods and protocols for communicating grading results to individuals, GPs and other healthcare professionals.<br>• The appearance and significance of key features of diabetic retinopathy on fundal images, such as:<br>o Microaneurysms.<br>o Retinal haemorrhages.<br>o IRMA.<br>o Venous beading.<br>o Cotton wool spots.<br>o Exudates.<br>o Neovascularisation.<br>o Pre-retinal and vitreous haemorrhages. |

**What needs to be learned**

- Fibrovascular proliferation.
- Tractional retinal detachment.

- The impact of grading results on patient management, follow-up and referral decisions.
- The importance of clear, accurate and timely communication of screening outcomes for effective patient care.

# Unit 20: Understanding Optical Coherence Tomography (OCT) in digital surveillance

| | |
|---|---|
| **Level:** | **3** |
| **Credit value:** | **8** |
| **Guided learning hours:** | **25** |

## Unit summary

This unit is aimed at those working in health screening environments. It provides a foundation in the principles and practical application of Optical Coherence Tomography (OCT) for digital surveillance, particularly in diabetic retinopathy screening. Learners will explore the technology and physics underpinning OCT, including interferometry and the differences between time-domain, spectral-domain and swept-source systems. The unit covers the assessment of image quality, troubleshooting common faults, and the interpretation of retinal layers and pathological features on OCT scans. Learners will also develop skills in grading, documenting and communicating OCT outcomes, as well as identifying non-diabetic retinal pathologies and distinguishing confounders from true disease.

## Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace, as indicated in the Skills for Health Assessment Principles (see *Annexe A*). Learners may present evidence through observation, witness testimony, professional discussion, written assignments, or portfolio documentation.

## Learning Outcomes and Assessment Criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements that the learner is expected to meet to achieve the learning outcomes and the unit.

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 1 | Understand criteria based on OCT capture and related software faults | 1.1 | Describe the principles of how Optical Coherence Tomography (OCT) works in clinical practice | | | |
| | | 1.2 | Explain the role of interferometry in OCT image formation | | | |
| | | 1.3 | Compare resolution and depth in OCT imaging | | | |
| | | 1.4 | Demonstrate differentiation between time-domain, spectral-domain and swept-source OCT | | | |
| | | 1.5 | Identify common OCT capture and software faults and explain corrective actions | | | |
| 2 | Be able to assess image quality and identify reasons for poor quality scans | 2.1 | Describe the key features of a high-quality OCT scan | | | |
| | | 2.2 | Identify common causes of poor image quality in OCT scans | | | |
| | | 2.3 | Explain how to recognise and differentiate between poor quality scans and unsuccessful captures | | | |
| | | 2.4 | Describe appropriate actions to take when poor quality scans are identified | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 3 | Understand the grading pathway and related quality assurance | 3.1 | Describe the National OCT Grading Pathway | | | |
| | | 3.2 | Explain internal quality assurance standards and processes for OCT grading | | | |
| 4 | To be able to understand and identify the retina and diabetic eye disease | 4.1 | Recognise and label the retinal layers on an OCT scan | | | |
| | | 4.2 | Describe key features and terms associated with diabetic eye disease on OCT (e.g. thickening, thinning, depression, elevation, hyper-reflective spots, loss of fovea contour, intraretinal cystoid spaces) | | | |
| | | 4.3 | Identify and classify OCT scans as Negative, Borderline or Positive for diabetic eye disease | | | |
| | | 4.4 | Identify an OCT positive scan requiring referral for diabetic eye disease | | | |
| 5 | To be able to verify OCT outcomes and communicate outcomes, including impact to the individual and referral management | 5.1 | Demonstrate how to document OCT outcomes according to local policies | | | |
| | | 5.2 | Apply procedures to ensure OCT results are correctly saved and available for review | | | |
| | | 5.3 | Describe how OCT results may impact the individual's care pathway, including referral or discharge | | | |
| | | 5.4 | Demonstrate how to communicate OCT results to the patient and relevant healthcare professionals | | | |

| Learning outcomes | | Assessment criteria | | Evidence type | Portfolio reference | Date |
|---|---|---|---|---|---|---|
| 6 | To be able to identify and record other eye disease | 6.1 | Describe a range of non-diabetic retinopathy (non-DR) pathologies commonly identified in OCT scans | | | |
| | | 6.2 | Explain how to distinguish between confounders and true diabetic macula oedema in OCT scans | | | |

Learner name: Date:

Learner signature: Date:

Assessor signature: Date:

Internal verifier signature *(if sampled)*: Date:

## Unit Amplification

| What needs to be learned |
| --- |
| **Learning outcome 1: Understand criteria based on OCT capture and related software faults** |
| • Principles of OCT:<br>  o Light source and low-coherence interferometry.<br>  o Image formation and cross-sectional retinal imaging.<br>• Resolution and depth:<br>  o Axial and lateral resolution.<br>  o Comparison of depth penetration across OCT types.<br>• OCT technologies:<br>  o Time-domain OCT.<br>  o Spectral-domain OCT.<br>  o Swept-source OCT.<br>• Common faults and troubleshooting:<br>  o Poor signal strength.<br>  o Motion artefacts.<br>  o Segmentation errors.<br>  o Software connectivity issues.<br>• Steps for corrective action and escalation protocols. |
| **Learning outcome 2: Be able to assess image quality and identify reasons for poor quality scans** |
| • Image Quality Criteria:<br>  o Signal strength, artefacts, segmentation accuracy, centration, focus, scan coverage.<br>• Definitions and Examples:<br>  o What makes a scan adequate or inadequate.<br>  o Difference between poor quality scans (image acquired but not diagnostic) and unsuccessful captures (no image acquired). |

| What needs to be learned |
| --- |
| • Causes:<br>  o Ocular (e.g. lids, small pupils, fixation).<br>  o Non-ocular (e.g. mobility, cognition, language).<br>  o Equipment (e.g. maintenance, software faults).<br>• Troubleshooting and Actions:<br>  o Steps to improve image quality (e.g. repositioning, adjusting settings, repeating scan).<br>  o When and how to escalate issues.<br>• Management and Communication:<br>  o Handling un-assessable results according to local policy.<br>  o Recording and communicating image quality issues to the clinical team.<br>• Reference to Standards:<br>  o Use local and national guidelines for OCT image quality and assessment. |
| **Learning outcome 3: Understand the grading pathway and related quality assurance** |
| • National OCT Grading Pathway:<br>  o Overview of the national grading process for OCT scans.<br>  o Steps involved in grading, including initial assessment, classification and referral criteria.<br>  o Roles and responsibilities of staff in the grading pathway.<br>  o Use of standardised grading definitions (e.g. OCT Positive, Borderline, Negative).<br>• Internal Quality Assurance (QA) Standards and Processes:<br>  o Purpose and importance of QA in OCT grading.<br>  o Methods for monitoring grading accuracy (e.g. double grading, audit samples).<br>  o Procedures for regular review and feedback to graders.<br>  o Documentation and record-keeping requirements for QA.<br>• Actions taken when discrepancies or errors are identified.<br>• Continuous Improvement:<br>  o Use of QA findings to inform training and development.<br>  o Updating protocols and procedures based on audit outcomes.<br>  o Encouraging reflective practice and ongoing professional development. |

| What needs to be learned |
| --- |
| • Reference to Guidelines:<br>  o Alignment with local and national standards (e.g. NHS Diabetic Eye Screening Programme, Royal College of Ophthalmologists).<br>  o Incorporation of best practice guidance into grading and QA processes. |
| **Learning outcome 4: To be able to understand and identify the retina and diabetic eye disease** |
| • Identification of retinal layers on an OCT scan:<br>  o Internal Limiting Membrane.<br>  o Nerve Fibre layer.<br>  o Ganglion Cell layer.<br>  o Inner Plexiform layer.<br>  o Inner Nuclear layer.<br>  o Outer Plexiform layer.<br>  o Henle Fiber layer + Outer Nuclear layer.<br>  o External Limiting Membrane.<br>  o Photoreceptor layer.<br>  o Retinal Pigment Epithelium.<br>  o Bruch's Membrane.<br>  o Choriocapillaris.<br>• Descriptive terms: thickening, thinning, depression, elevation, hyper reflective spots, loss of fovea contour, intraretinal cystoid spaces.<br>• Grading definitions: OCT Positive, OCT Borderline, OCT Negative.<br>• Identification of OCT negative, borderline and positive scans requiring referral. |
| **Learning outcome 5: To be able to verify OCT outcomes and communicate outcomes, including impact to the individual and referral management** |
| • Documenting OCT Outcomes:<br>  o Steps for recording OCT results in patient records, following local policies and protocols.<br>  o Use of electronic systems or software for documentation.<br>• Saving and Reviewing Results:<br>  o Procedures for saving OCT scans and associated data securely.<br>  o Ensuring results are accessible for review by clinical staff. |

| What needs to be learned |
| --- |
| • Referral Management:<br>  o Criteria for referral based on OCT findings (e.g. positive scan for diabetic eye disease).<br>  o Process for initiating and tracking referrals, including required documentation.<br>  o Follow-up actions after referral, such as monitoring or discharge.<br>• Impact on Individual Care Pathway:<br>  o Examples of how OCT results influence patient management (e.g. changes to monitoring frequency, escalation to specialist care, discharge decisions).<br>  o Consideration of timescales and urgency in referral or follow-up.<br>• Communication of Results:<br>  o Best practices for communicating OCT findings to patients (e.g. using clear language, ensuring understanding).<br>  o Procedures for sharing results with healthcare professionals (e.g. GP, practice nurse, ophthalmologist).<br>  o Handling sensitive information and maintaining confidentiality.<br>• Reference to Guidelines:<br>  o Use of local and national standards for outcome management, documentation, referral and communication (e.g. NHS Diabetic Eye Screening Programme, Royal College of Ophthalmologists). |
| **Learning outcome 6: To be able to identify and record other eye disease** |
| • Non-diabetic retinopathy (non-DR) pathologies commonly seen in OCT:<br>  o Age-related macular degeneration (AMD).<br>  o Vitreo-retinal conditions.<br>  o Pigment epithelial detachment.<br>  o Central serous chorioretinopathy.<br>  o Drusen deposits.<br>  o Epiretinal membrane (ERM).<br>  o Macula hole.<br>  o Retinal detachment.<br>  o Retinal vein occlusion (RVO).<br>  o Hypertension.<br>• Difference between confounders and true Diabetic Macula Oedema in OCT. |

# 10 Appeals

Centres must have a policy for dealing with appeals from learners. Appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. The first step in such a policy is a consideration of the evidence by a Lead Internal Verifier or other member of the programme team. The assessment plan should allow time for potential appeals after learners have been given assessment decisions.

Centres must document all learners' appeals and their resolutions. Further information on the appeals process can be found in the document *Internal assessment in vocational qualifications: Reviews and appeals policy*, available on our website.

# 11 Malpractice

## Dealing with malpractice in assessment

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

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

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

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

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

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

## Learner malpractice

The head of centre is required to report incidents of suspected learner malpractice that occur during the delivery of Pearson qualifications. We ask centres to complete JCQ Form M1 (www.jcq.org.uk/malpractice) and email it with any supporting documents (signed statements from the learner, invigilator, copies of evidence, etc.) to the Investigations Processing team at candidatemalpractice@pearson.com. The responsibility for determining any appropriate sanctions on learners lies with Pearson.

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

Failure to report malpractice constitutes staff or centre malpractice.

## Teacher/centre malpractice

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

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

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

### Sanctions and appeals

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

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

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

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

The centre will be notified if any of these apply.

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

 

# 12 Further information and publications

- Edexcel, BTEC and Pearson Work Based Learning contact details: https://support.pearson.com/uk/s/
- Books, software and online resources for UK schools and colleges: www.pearsonschoolsandfecolleges.co.uk.
- Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

Further documents that support the information in this specification:

- *Access arrangements and reasonable adjustments* (JCQ)
- *A guide to the special consideration process* (JCQ)
- *Collaborative and consortium arrangements for the delivery of vocational qualifications policy* (Pearson)
- *UK information manual* (updated annually and available in hard copy) or *Entries and information manual* (available online) (Pearson)
- *Distance learning and assessment policy* (Pearson).

## Publisher information

Any publisher can seek endorsement for their resources and, if they are successful, we will list their resources on our website.

# 13 Glossary

## Section A – General terminology used in specification

| Term | Description |
|---|---|
| Level | Units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator. |
| Credit value | All units in this qualification have a credit value/The unit in this qualification has a credit value. The minimum credit value is 1 and credits can be awarded in whole numbers only. |
| Guided learning hours (GLH) | This indicates the number of hours of activities that directly or immediately involve tutors and assessors in teaching, supervising and invigilating learners, for example lectures, tutorials, online instruction and supervised study. Units may vary in size. |
| Total Qualification Time (TQT) | This indicates the total number of hours that a typical learner will take to complete the qualification. This is in terms of both guided learning hours but also unguided learning, for example private study, time spent in the workplace to master skills. |
| Learning outcomes | The learning outcomes of a unit set out what a learner knows, understands or is able to do as the result of a process of learning. |
| Assessment criteria | The assessment criteria specify the standard the learner is required to meet to achieve a learning outcome. |
| Competence | The minimum knowledge, skills and behaviours required to perform a job role effectively. |
| Valid assessment | The assessment assesses the skills or knowledge/understanding in the most sensible, direct way to measure what it is intended to measure. |
| Reliable assessment | The assessment is consistent and the agreed approach delivers the correct results on different days for the same learners and different cohorts of learners. |
| Workplace simulation | Realistic tasks carried out in the workplace that are additional to the normal work duties for the day to produce evidence for criteria that are very challenging to meet in the natural course of work. |

## Section B – Terms used in knowledge and understanding criteria

| Term | Description |
|---|---|
| Apply | Implement a method, technique, process or approach in an activity. |
| Compare | Identify the main factors relating to two or more items/situations, explaining the similarities and differences or advantages and disadvantages, and in some cases say which is best and why. |
| Demonstrate | Carry out and apply knowledge, understanding and/or skills in a practical situation. |
| Describe | Give a clear account in their own words, including all the relevant information (e.g. qualities, characteristics or events, etc.). Description shows recall and in some cases application. |
| Explain | Provide details and give reasons and/or evidence to support an opinion, view or argument.<br>OR<br>Provide details and give relevant examples to clarify and extend a point. This would usually be in the context of learners showing their understanding of a technical concept or principle. |
| Identify | Shows the main features or purpose of something. Can recognise it and/or name characteristics or facts that relate to it. |
| Outline | Provide a summary or overview or brief description. |
| State | Express information in clear and precise terms. |

# Annexe A: Assessment strategy

## Assessment Principles for Qualifications that Assess Occupational Competence

**Version 5**

**September**

**2022**

### Introduction

1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

1.2 This document sets out principles and approaches to the assessment of regulated qualifications not already described by the qualification's regulators in England, Wales and Northern Ireland. This 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.

1.4 These principles apply to qualifications and the units therein that assess occupational competence.[1]

1.5 Throughout this document the term *unit* is used for simplicity, but this can mean module or any other similar term.

### Assessment Principles

2.1 Learners must be registered with the Awarding Organisation before formal assessment commences.

[1] These are qualifications which confirm competence in an occupational role to the standards required and/or confirm the ability to meet 'licence to practice' or other legal requirements made by the relevant sector, professional or industry body.

2.2 Assessment decisions for competence-based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

2.3 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 assessor 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 Learning and Development National Occupational Standard 09 *Assess learner achievement.*

2.4 Competence based units **must** include direct observation[2] in the workplace as the primary source of evidence.
In some instances, direct observation may take place with the assessor being remote from the learner. This **must** be defined in the unit assessment strategy and **must** be agreed with Skills for Health.
A risk assessment must be conducted and documented prior to the assessment commencing to ensure that the privacy, dignity or confidentiality of any individual will not be compromised by the use of remote technologies.

2.5 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. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Where this may be the case, the use of simulation in the unit assessment strategy will be agreed with Skills for Health.

2.6 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.

2.7 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.

[2] Direct observation will typically involve the assessor being in the workplace with the learner.

## 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 internal quality assurance 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 internal quality assurance qualification, we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meets the standard of practice set out in the Learning and Development National Occupational Standard 11 *Internally monitor and maintain the quality of assessment*.

## 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.

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

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