



T LEVEL

*Technical Qualification in Health
(Level 3)*

Specification

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1 Introducing the Qualification

T Level Programme

T Levels are two-year Level 3 study programmes that follow the study of GCSEs and Technical Awards and offer an alternative to A Levels and Apprenticeships.

T Levels combine classroom theory, practical learning and a minimum 315 hours of industry placement with an employer. The work placement ensures students have real experience of the workplace.

T Level programmes are developed in collaboration with employers so that the content meets the needs of industry and prepares students for work. T Levels provide the knowledge and experience needed to progress to highly skilled employment, an Apprenticeship or higher-level study, including university.

Understanding the Specification and Administrative Guide

This specification should be read in conjunction with the Administrative Guide for Delivery and Assessment. The specification contains all the information you need to teach the technical qualification including content and assessment details. The Admin Guide contains the information and references you need to register as a provider, register students and administer their results. It also contains grading information and information on resources.

What is the Technical Qualification (TQ)?

The *T Level Technical Qualification in Health* is the main classroom-based element of the T Level. Students will learn using a curriculum that has been shaped by industry experts.

During the two-year programme, students will acquire the core knowledge that underpins each industry. They will develop occupationally specific skills that will allow them to enter skilled employment within a specific occupation.

Technical Qualification and Outline Content

The Outline Content for the *T Level Technical Qualification in Health* has been produced by T Level panels of employers, professional bodies and Providers. It is based on the Apprenticeship Standards.

Pearson has used the Outline Content to form the basis of the Technical Qualification specification. This includes:

- elaboration of the Outline Content to produce a specification that gives Providers an accurate interpretation of what needs to be taught and assessed
- enabling students to achieve threshold competence in relation to the Occupational Specialist components
- the integration of English, maths and digital competencies.

Content warning

Content within this qualification is necessary for the career pathway; however, if a student feels uncomfortable at any point, they should take a break or step away as needed. They should be signposted to support resources such as counselling services, student wellness centres, or speak to an adult they trust.

Students' wellbeing is important. Please engage with the content at a pace and in a way that feels safe for them. Ensure any safeguarding concerns are acted on immediately.

Employer and Provider Panels

Pearson engaged with employer and Provider panels throughout the development of the Technical Qualification. This ensured:

- the content gives students quality preparation to help them progress
- assessments are realistic and assess the knowledge and skills that are important to employers
- the technical qualification meets the needs of Providers.

Pearson is grateful to all university and further-education lecturers, teachers, employers, professional-body representatives and other individuals who have generously shared their time and expertise to help us develop these new qualifications.

Qualification Purpose

This Technical Qualification is for T Level students who are undertaking the *T Level in Health*. It is intended for students who want to progress to a career in the health sector.

The purpose of the *T Level Technical Qualification in Health* (Level 3) is to ensure students have the knowledge and skills needed to progress into highly skilled employment, an Apprenticeship or higher-level study, including university, within the specialist area of Health.

At the end of the Technical Qualification, students are expected to demonstrate threshold competence, meaning that they have gained the core knowledge and skills related to healthcare support and are well placed to develop full occupational competence with additional development and support once in employment in the health sector.

Student Profile and Progression

Students undertaking this Technical Qualification will be 16–19 years old and in full-time education.

The typical student has:

- a clear idea about the industry sector in which they wish to pursue a career
- an idea of the type of job role they would like to explore as a career.

This Technical Qualification aligns to the Level 3 Apprenticeships Senior Healthcare Support Worker. The qualification therefore supports progression to entry-level job opportunities in health.

Job roles could include:

- community support worker
- maternity support worker
- mental-health support worker
- senior healthcare support worker
- therapy assistant.

Alternatively, students could progress to Level 3 apprenticeships such as those mentioned above to develop and gain full occupational competence certification, or they could progress to higher-level Apprenticeships such as the Level 5 Nursing Associate or the Level 5 Assistant Practitioner (Health) depending on their skills or experience.

Where students may not have access to an Apprenticeship or would prefer a more academic route, they could progress to relevant Higher National Certificate (HNC) or Higher National Diploma (HND) programmes or degree programmes.

Students must check the entry requirements for each degree programme with the relevant higher-education provider.

2 Qualification Summary and Structure

Summary

Qualification title	T Level Technical Qualification in Health (Level 3)
Qualification number (QN)	610/7438/X
First teaching	September 2026
Total Guided Learning Hours (GLH)	1080 hours (510 hours core)
Total Qualification Time (TQT)	1800 hours (870 hours core)
Occupational Specialism(s)	<ul style="list-style-type: none"> Supporting Healthcare (OS Core) (370 GLH, 600 TQT) OS Pathways (combined with OS Core) Supporting the Adult Nursing Team (570 GLH, 930 TQT) Supporting the Midwifery Team (570 GLH, 930 TQT) Supporting the Mental Health team (580 GLH, 940 TQT) Supporting the care of Children and Young People (570 GLH, 930 TQT) Supporting the Therapy Teams (580 GLH, 930 TQT)
Components and weighting	<p>Core Paper 1 = 36% of core</p> <p>Core Paper 2= 24% of core</p> <p>Core ESP= 40% of core</p> <p>Core Component = 50% of total</p> <p>Occupational specialism= 50% of total</p> <p>Supporting Healthcare OS Core – 65% of OS</p> <p>Pathway OS – 35% of OS</p>
Grading information	<p>Core and Employer Set Project (ESP) components are graded A*–E or unclassified.</p> <p>The Occupational Specialism (OS) components are graded Pass, Merit, Distinction or unclassified.</p> <p>The overall grading is on a scale of Pass, Merit, Distinction, Distinction* or Unclassified. The overall grade is awarded by the Institute for Apprenticeships & Technical Education (IfATE).</p>

Qualification title	T Level Technical Qualification in Health (Level 3)
Entry requirements	<p>There are no formal prior learning requirements. It is the Provider's responsibility to ensure students recruited have a reasonable expectation of success.</p> <p>Students are most likely to succeed if they have qualifications at Level 2 (for example, five GCSEs at grade 4 and above including English and maths or a vocational Tech Award pass at Level 2).</p> <p>Students may demonstrate the ability to succeed in various ways. For example, they may have relevant work experience or may have shown specific aptitude through diagnostic tests or other non-educational experience.</p>
Assessment	<ul style="list-style-type: none"> • All assessments are externally set and marked by Pearson. • The core and ESP components are externally set and marked by Pearson. • The OS components are set by Pearson. • The Supporting Healthcare OS Core assessments are marked by the Provider and then moderated by Pearson. • The OS Pathway assessments are externally set and marked by Pearson.

Assessment Structure

The *T Level Technical Qualification in Health* has two mandatory components.

1. Core component

This component covers the underpinning knowledge, concepts and skills that support threshold competence in the Health industry.

The content for the Core component is provided in *Section 3*.

Assessment component	Assessment method	Duration	Marks	Weighting	Availability
Core Paper	Written examination	4 hours, 30 minutes	160	60%	Summer/Autumn
Employer Set Project	Externally set project	9 hours, 45 minutes	126	40%	Summer/Autumn

2. Occupational Specialism component

There are five Occupational Specialist components in this Technical Qualification.

These components cover the Occupational Specialist knowledge and skills required to demonstrate threshold competence for the specialism. The Occupational Specialism is assessed by a skills-related project that synoptically assesses the Performance Outcome skills and associated underpinning knowledge.

The content for the Occupational Specialist component is provided in *Section 4*.

All students must take the Supporting Healthcare Core Occupational Specialism.

Students must select **one** Pathway Occupational specialism from:

- Supporting the Adult Nursing Team
- Supporting the Midwifery Team
- Supporting the Mental Health Team
- Supporting the Care of Children and Young People
- Supporting the Therapy Teams.

Assessment component	Assessment method	Duration	Marks	Weighting	Availability
Supporting Healthcare: Supporting the Adult Nursing Team	Externally set project	8 hours, 30 minutes	246	100%	Summer (Spring/summer term)
Supporting Healthcare: Supporting the Midwifery Team	Externally set project	8 hours	243	100%	Summer (Spring/summer term)
Supporting Healthcare: Supporting the Mental Health Team	Externally set project	8 hours	234	100%	Summer (Spring/summer term)
Supporting Healthcare: Supporting the Care of Children and Young People	Externally set project	8 hours	240	100%	Summer (Spring/summer term)
Supporting Healthcare: Supporting the Therapy Teams	Externally set project	8 hours	246	100%	Summer (Spring/summer term)

What Does the Qualification Cover?

Students learn about the following topics:

- The healthcare sector
- Health, safety and environmental regulations in the healthcare sector
- Managing information and data in the healthcare sector
- Good scientific and clinical practice
- Providing person-centred care
- Health and wellbeing
- Safeguarding
- Core science concepts
- Further science concepts in health.

3 Core Component

The Core component content has mapped core skills to where there are opportunities to develop them. The competencies and skills are not expected to be developed at every point where they are mapped, but using this guidance tutors will embed them into teaching to prepare students for the assessments in the Core component.

The core skills are assessed through the Employer Set Project. The core skills for this Core component are as follows.

CS1: Demonstrate person-centred care skills

To demonstrate CS1 students should:

- Identify the needs, goals and preferences of individuals with healthcare needs.
- Propose strategies for daily life that are tailored to the individual's preferences and situation.
- Analyse risks, including their severity and likelihood, and propose appropriate measures to reduce those risks.
- Demonstrate person-centred practice and rapport in interactions with individuals, identifying requirements that reflect the individual preferences and values.
- Explore risks in an evidence-based way, including barriers to self-management and support systems.
- Apply person-centred care and risk concepts in care plans, ensuring goals/actions are specific, measurable and clearly aligned to the individual.
- Propose next steps that are planned and prioritised with the individual.
- Consider legal and ethical arrangements, including consent, confidentiality and safeguarding, in all planning and recommendations.

CS2: Communication

To demonstrate CS2 students should:

- Adapt communication techniques to meet the needs of an individual, considering potential barriers and preferred methods.
- Use open questions and active listening to identify individual needs, goals and concerns.
- Show respect, compassion and sensitivity in all interactions, upholding equality, diversity, human rights and dignity.
- Maintain professional boundaries, confidentiality and consent throughout all communications.
- Communicate information clearly and coherently in written reports and presentations, using appropriate sector terminology.
- Structure written work and presentations logically for the intended audience.
- Use digital tools effectively for document layout, referencing and presentation.

- Demonstrate accurate use of English, maths and digital skills in all written and spoken communication.
- Present information professionally and objectively.
- Respond to questions during presentations and question and answer sessions, showing understanding and reflective evaluation.

CS3: Team working

To demonstrate CS3 students should:

- Understand the roles and responsibilities of appropriate MDT (multi-disciplinary team) members.
- Present strategies for interprofessional collaboration and communication pathways between different settings such as home, school, work and healthcare settings.
- Understand the healthcare support worker's role in teamworking, including responsibilities, escalation points and contribution to person-centred care.
- Integrate MDT/teamworking considerations into care plans and presentations, showing how different professionals work together to support the individual.
- Define contact pathways and arrangements for daily activities/routines that involve multiple team members.
- Justify recommendations and decisions by referencing evidence from case studies, role play and feedback, demonstrating collaborative reasoning.
- Highlight teamworking principles and collaborative working in presentations, showing understanding of common goals and shared responsibilities.
- Respond to questions and feedback in a way that reflects collaborative planning and evaluation with the team.

CS4: Reflective evaluation

To demonstrate CS4 students need to:

- Reflect on their practice showing insight into their effectiveness and impact on care planning.
- Identify specific strengths and areas for improvement in their own practice.
- Reference feedback received and explain how they will act on it to improve future performance.
- Justify the selection of techniques and resources used, explaining why these choices influenced patient understanding, engagement, safety and outcomes.
- Reflect on the effectiveness of communication skills, teamwork and care strategies, linking these to outcomes for the individual.
- Evaluate their approach to the overall project and individual tasks, drawing conclusions and identifying areas for future improvement.
- Respond to questions showing reflective evaluation of their performance and experience.

CS5: Researching

To demonstrate CS5 students need to:

- Select a range of sources relevant to the case study and task.
- Synthesise evidence to underpin recommendations and justify decisions.
- Integrate evidence to support points made in reports, care plans and presentations.
- Use referencing following appropriate research methods and citation styles.
- Demonstrate digital skills in formatting, headings, citations and compiling a complete reference list.
- Apply evidence-based research and justification for all recommendations, showing how research informs practical strategies and care decisions.

CS6: Presenting

To demonstrate CS6 students should:

- Prepare clear, coherent presentation slides that are logically structured.
- Communicate information professionally, using technical language and sector-appropriate terminology.
- Summarise key points, highlighting strategies, risks and recommendations relevant to an individual.
- Use digital tools effectively for slide layout, formatting, headings, bullet points, numbering and reference management.
- Present information in a clear, confident and structured way, managing time and with a professional tone suited to a clinical or multidisciplinary team (MDT) audience.
- Use digital aids (slides, speaker notes) to reinforce key points.
- Respond to questions with clear and relevant answers.
- Demonstrate use of English, mathematics and digital skills.

Content

Content area 1: The Healthcare Sector	
1.1	<p>The origins of the healthcare sector and how this has developed into the current healthcare sector</p> <p>1.1.1 Students should know the origins of the healthcare sector in the UK:</p> <ul style="list-style-type: none"> • National Health Service (NHS) • founded on 5 July 1948 • the first completely free healthcare service at the point of delivery • NHS Act 1946 when Aneurin Bevan became health minister. <p>1.1.2 Students should know how the healthcare sector has developed and reformed since 1948:</p> <ul style="list-style-type: none"> • 1950s – introduction of charges owing to expenditure exceeding demand: <ul style="list-style-type: none"> ○ prescriptions ○ dental care services ○ eye care services • 1960s and 1970s – regional and area health authorities created, integration of hospital and community services. • 2000s – The NHS Plan – ten-year plan to increase funding, reduce waiting times and improve choice. • 2010s – NHS Long-term Plan focused on digital transformation, mental health and personalised care. • 2020s – Integrated Care Systems (ICSs) introduced to coordinate health and social care services more effectively and efficiently with a central role in pandemic response. • Private sector healthcare has developed in parallel with NHS: <ul style="list-style-type: none"> ○ funded through private medical insurance or individual payments ○ expanding to meet needs in areas like elective care, diagnostics and mental health ○ commonly used to address NHS waiting list targets. • Services developed by charities to support health and wellbeing: <ul style="list-style-type: none"> ○ counselling and mental health support ○ health education on topics like nutrition and substance misuse ○ mobile clinics for underserved groups ○ recovery services for abuse and addiction ○ support for NHS discharge and social prescribing.
1.2	<p>The range of employers and organisations within the healthcare sector</p> <p>1.2.1 Students should know the different employer and organisational settings within the healthcare sector:</p>

	<ul style="list-style-type: none"> • NHS: <ul style="list-style-type: none"> ○ Trusts: <ul style="list-style-type: none"> – directly managed by the Department for Health and Social Care – leadership appointed by the government. ○ Foundation Trusts: <ul style="list-style-type: none"> – more autonomy than NHS Trusts – can be more responsive to local needs – governed by a board of governors including staff, patients and members of the public – flexibility in how services are delivered – can make own financial decisions. • Private healthcare. • Charities and private/non-profit organisations. • Complementary and alternative medicine providers. • Pharmaceutical companies. • Health informatics and technology providers. • Research and academic institutions. • Government and regulatory organisations including those who oversee and regulate healthcare standards and practices of organisations and professionals. • Social care services: <ul style="list-style-type: none"> ○ adult social care, children and young people’s social care ○ housing services. • Youth and community services.
1.3	<p>The characteristics of primary, secondary and tertiary healthcare tiers and organisational structure</p> <p>1.3.1 Students should know the types and purpose of primary care:</p> <ul style="list-style-type: none"> • Types: <ul style="list-style-type: none"> ○ general practitioner (GP) ○ pharmacists ○ dental services ○ walk-in centres ○ 111 telephone service. • Purpose: <ul style="list-style-type: none"> ○ often the first point of contact for assessment and diagnosis ○ accessed directly without referral ○ provide general care ○ deals with prevention and early intervention ○ deals with acute medical problems and refers to specialist. <p>1.3.2 Students should know the types and purpose of secondary care:</p> <ul style="list-style-type: none"> • Types: <ul style="list-style-type: none"> ○ hospital services: <ul style="list-style-type: none"> – accident and emergency services

	<ul style="list-style-type: none"> - inpatient services - planned surgeries - outpatient clinics o social care services. • Purpose: <ul style="list-style-type: none"> o services which individuals are referred to o provide planned care o provide specialised care. <p>1.3.3 Students should know the types and purpose of tertiary care:</p> <ul style="list-style-type: none"> • Types: <ul style="list-style-type: none"> o residential care home o palliative care o specialist burns unit o neurosurgery o intensive care unit. • Purpose: <ul style="list-style-type: none"> o provide long-term care o provide highly specialised care: o usually referred by secondary care providers.
1.4	<p>The different ways in which the sectors are funded</p> <p>1.4.1 Students should know the ways the public sector is funded:</p> <ul style="list-style-type: none"> • NHS Trusts: <ul style="list-style-type: none"> o Integrated Care Boards (ICBs) – commission of services through the allocation of funding depending on local population needs o subject to Departmental Expenditure Limits (DELs) – set by HM Treasury and define how much each department can spend o tight controls – no surplus and can't borrow independently • NHS Foundation Trusts: <ul style="list-style-type: none"> o contracts with ICBs o can retain a surplus and reinvest in services, facilities or staff development o can borrow money to reinvest in infrastructure or service innovation. <p>1.4.2 Students should know the ways the private sector is funded:</p> <ul style="list-style-type: none"> • Private medical insurance – individuals or employers purchase insurance policies to cover private treatment. • Self-pay – one off payments. • Often used for elective surgery, physiotherapy, cosmetic surgery and mental health support. • Corporate and occupational health services – private providers contracted for employee health checks, occupational therapy, mental health support; funded by employers.

	<p>1.4.3 Students should know the ways the non-profit and charitable sector is funded:</p> <ul style="list-style-type: none"> • Donations. • Fund raising. • Grant funding. • NHS funding. • Often used for palliative care, mental health, substance misuse recovery services and community support.
1.5	<p>The career pathway opportunities for employment and progression within the healthcare sector</p> <p>1.5.1 Students should understand different routes into the healthcare sector:</p> <ul style="list-style-type: none"> • Level 2 entry-level roles: <ul style="list-style-type: none"> ○ entry route: <ul style="list-style-type: none"> - school leaver - foundation apprenticeship - apprenticeship ○ job roles: <ul style="list-style-type: none"> - Healthcare Support Worker - Adult Care Worker ○ key characteristics: <ul style="list-style-type: none"> - supervised, hands-on care roles - basic clinical and personal care tasks ○ progression opportunities: <ul style="list-style-type: none"> - Level 3 vocational qualification or apprenticeship. • Level 3 Intermediate roles: <ul style="list-style-type: none"> ○ entry route: <ul style="list-style-type: none"> - college leaver - apprenticeship ○ job roles: <ul style="list-style-type: none"> - Lead Adult Care Worker - Senior Healthcare Support Worker in: <ul style="list-style-type: none"> ▪ adult nursing ▪ mental health ▪ maternity ▪ children and young people ▪ theatre support ▪ diagnostic imaging ▪ allied health professions therapy support. ○ key characteristics: <ul style="list-style-type: none"> - more responsibility - works under supervision of registered professionals - supports patient care and therapy

- progression opportunities: Level 4/5 higher technical qualification or Assistant Practitioner.
- Higher technical occupation roles:
 - entry route
 - higher technical qualification
 - foundation degree.
 - job roles:
 - Assistant Practitioner
 - Nursing Associate.
 - key characteristics:
 - greater autonomy
 - supports clinical decision-making
 - bridges support and professional roles.
 - progression opportunities:
 - top-up to Level 6 degree or degree apprenticeship.
- Professional healthcare roles:
 - entry route:
 - university degree
 - degree apprenticeship.
 - job roles:
 - Registered Nurse
 - Midwife
 - Allied Health Professional
 - Healthcare Science Practitioner.
 - key characteristics:
 - professional registration
 - high responsibility
 - leads care delivery and planning.
 - progression opportunities:
 - continued professional development (CPD)
 - postgraduate study
 - specialisation
 - leadership roles.

1.5.2 Students should be able to consider the benefits of different healthcare progression routes:

- Routes:
 - further/higher education
 - apprenticeships/degree apprenticeships
 - Continuing Professional Development (CPD) registration with professional bodies
 - internships or scholarships.
- Benefits:
 - gain additional experience
 - develop specialist skills

	<ul style="list-style-type: none"> ○ earn higher qualifications ○ access new roles and responsibilities.
1.6	<p>The factors that influence the services accessed by an individual and the impact of potential barriers to accessing healthcare services</p> <p>1.6.1 Students should be able to consider the possible implications of a range of personal factors that influence the services an individual would access:</p> <ul style="list-style-type: none"> ● Personal factors <ul style="list-style-type: none"> ○ pre-existing health conditions ○ physical disabilities ○ mental health conditions ○ learning disabilities ○ age ○ gender ○ social care needs. ● Implications: <ul style="list-style-type: none"> ○ service planning: <ul style="list-style-type: none"> – coordination with specialist services and integration of care – accessibility planning: <ul style="list-style-type: none"> ▪ mobility aids ▪ transport arrangements. – inclusive communication strategies and accessible information formats – age-appropriate and gender-sensitive service design – involvement of carers, advocates, and consideration of developmental stages ○ delivery: <ul style="list-style-type: none"> – flexible scheduling and continuity of care with familiar professionals – accessible environments and trained staff for mobility and communication support – person-centred, trauma-informed approaches with tailored communication – specialist support for learning disabilities, children, older adults and gender-specific needs – home visits, community-based care, and multi-agency collaboration ○ type of support required: <ul style="list-style-type: none"> – medical treatment, medication management and specialist therapies – emotional, psychological and peer support – personal care, adaptive equipment and supported decision-making – preventative care, health promotion and age/gender-specific services

- social support:
 - housing
 - financial assistance
 - respite care.

1.6.2 Students should be able to consider the impact of potential barriers to individuals and apply it to healthcare contexts:

- Barriers:
 - socioeconomic:
 - availability of affordable transportation to appointments
 - affordability of paid for services – prescriptions, eye care, dentist care
 - use of pre-payment certificates
 - ability to understand and respond appropriately to medical information
 - availability of paid leave from work to attend appointments
 - psychological:
 - fear or anxiety about diagnoses, procedures or the medical environment
 - perceived stigma around conditions
 - mistrust of the healthcare system owing to previous events or trauma.
 - physical:
 - inaccessible buildings lacking ramps or wide doorways for wheelchairs
 - lack of adapted facilities such as toilets
 - poor signage or lighting that could affect people with visual impairments
 - cultural and language:
 - lack of interpreters
 - conflict between current medical practices and clients' views on illness, gender roles or traditional medicine
 - health literacy – ability to navigate the healthcare system – knowing where to go, understanding processes, communicating effectively, advocating for self, use of digital tools
 - geographical:
 - large travel distances to facilities or specialists
 - limited travel options
 - fewer healthcare facilities.
- Impact of barriers:
 - socioeconomic:
 - delay seeking care due to cost concerns
 - prioritise basic needs over health care
 - digital exclusion due to limited access to online services
 - psychological:
 - avoidance of services due to fear of judgement
 - overwhelming feelings due to complex systems

	<ul style="list-style-type: none"> ○ physical: <ul style="list-style-type: none"> - lack of accessibility at clinics - distances are too long for reasonable travel. ○ cultural and language barriers <ul style="list-style-type: none"> - lack of understanding of choices, procedures and processes ○ geographical <ul style="list-style-type: none"> - delay in accessing services.
1.7	<p>The potential impact of external factors on public health</p> <p>1.7.1 Students should understand the range of external factors which could impact the activities of the healthcare sector:</p> <ul style="list-style-type: none"> ● Epidemics: <ul style="list-style-type: none"> ○ sudden increase in the number of cases of a disease above what is normally expected in a specific area or community ○ norovirus. ● Pandemics: <ul style="list-style-type: none"> ○ an epidemic that has spread over several countries or continents, usually affecting many people ○ Covid-19. ● Endemic disease: <ul style="list-style-type: none"> ○ consistently present but limited to a particular region making the spread and rates predictable ○ seasonal flu. ● Extreme weather events: <ul style="list-style-type: none"> ○ heatwaves ○ cold snaps. ● Infrastructure disruption: <ul style="list-style-type: none"> ○ transport strikes ○ power outages. ● Digital infrastructure and cybersecurity: <ul style="list-style-type: none"> ○ cyber-attacks on healthcare systems ○ exclusion in rural or deprived areas. ● Geographical events <ul style="list-style-type: none"> ○ flooding ○ landslides. ● Government policy: <ul style="list-style-type: none"> ○ changes to funding on roles of UK Health Security Agency (UKHSA) and the Department of Health and Social Care (DHSC). ● Misinformation and media influence: <ul style="list-style-type: none"> ○ spread of health misinformation ○ digital literacy. ● Industrial action of registered professionals.

	<p>1.7.2 Students should be able to consider the impacts of the range of external factors listed above on the activities of the healthcare sector and apply these in relevant contexts:</p> <ul style="list-style-type: none"> • Service overload: <ul style="list-style-type: none"> ○ surge in people requiring treatment for the system to cope with staff shortages ○ recruitment challenges. • Funding <ul style="list-style-type: none"> ○ diversion of funding to priority areas ○ reduced funding for non-priority areas. • Inaccessible services: <ul style="list-style-type: none"> ○ rural isolation ○ digital exclusion ○ transport disruption preventing access to care. • Damage to facilities. • Digital systems vulnerability: <ul style="list-style-type: none"> ○ loss of patient records. • Additional resource requirements: <ul style="list-style-type: none"> ○ equipment ○ personal protective equipment (PPE) ○ vaccines. • Effect on supply chain: <ul style="list-style-type: none"> ○ unexpected costs – emergency procurement of items ○ delivery capacity and disruptions.
	<ul style="list-style-type: none"> • Contingency plan implementation requirements: <ul style="list-style-type: none"> ○ disaster recovery plan: <ul style="list-style-type: none"> – relocating services – protocols relating to surge capacity ○ NHS Heatwave Plan ○ NHS Cold Weather Plan ○ public trust and behavioural impact: <ul style="list-style-type: none"> – public health campaigns and interventions – hesitancy in adhering to public health policy – panic buying.
1.8	<p>How the use of different developments in technology supports the healthcare sector</p> <p>1.8.1 Students should be able to demonstrate understanding of how electronic health-based applications support the healthcare sector:</p> <ul style="list-style-type: none"> • Types: <ul style="list-style-type: none"> ○ NHS app: <ul style="list-style-type: none"> – patients book appointments – patients access their own health records – easier for individuals to manage their own healthcare

- electronic health record (Trust specific):
 - saves care individuals' records
 - sharable across different services
 - supports healthcare staff to access medical histories quickly and safely
 - remote monitoring and virtual wards:
 - individuals use devices at home to track their own health
 - reduces hospital/clinic visits
 - supports recovery at home
 - wearable technology:
 - devices such as smart watches and smart phones track steps, sleep and heart rate
 - encourages healthy habits
 - promotes healthy lifestyles
 - promotes autonomous management of health conditions:
 - diabetes
 - cardiovascular
 - stress
 - mental health conditions
 - obesity
 - sleep disorders.
 - Functions:
 - promotes healthier choices by offering advice and support
 - supports independent management of conditions
 - supports health professionals with ongoing monitoring of conditions
 - supports health teams to manage appointments.
- 1.8.2 Students should be able to consider how healthcare professionals use assistive devices and technology in the healthcare sector and the benefits of it to individuals receiving care:
- Devices:
 - pacemaker – implanted electronic device that regulates heart rhythm by sending electrical impulses to stimulate the heart when it beats too slowly or too quickly.
 - robotic surgery – used in surgical procedures to enhance precision and control
 - hearing aids – wearable electronic devices to amplify sound
 - mobility aids – devices that support movement for individuals with physical impairments:
 - prosthesis (artificial limbs):
 - custom designed 3D printed versions
 - wheelchairs – seated mobility for individuals with no or limited walking ability
 - walking frames – offer support while walking
 - walking sticks and canes – handheld supports, assist balance, reduces pressure on lower limbs

- mobility scooters – battery powered vehicles for individuals with limited walking capabilities
- orthotic devices – external supports to stabilise, align and improve the function of limbs; leg, ankle, spine braces; foot insoles; wrist/hand splints, reduce the risk of re-injury
- exoskeletons (wearable robotic suits) – motorised devices worn on the body to assist or enhance movement.
- Communication aids – sign language systems, communication boards, speech-generating devices and text-to-speech software.
- Benefits:
 - pacemaker – prevents arrhythmias, reduces stroke risk, improves cardiac function
 - robotic surgery – minimally invasive, quicker recovery times, reduced complications, improved surgical outcomes and safety
 - hearing aids – improves communication, social interaction and access to learning and employment
 - mobility aids:
 - prosthesis – restores function and mobility, improves self-esteem, supports participation in daily life
 - wheelchairs – enables independent movement, allows for access to daily activities, education and employment
 - walking frames – improves stability and balance, helps prevent falls, supports rehabilitation
 - walking sticks and canes – increases confidence and mobility
 - mobility scooters – supports longer-distance travel, promotes independence
 - orthotic devices – enhances posture, walking ability, reduces pain, swelling or fatigue, prevents further injury, reduces risk of falls, supports joint alignment, supports healing
 - communication aids – improves clarity of information exchange, participation in decisions and personalise care.

1.8.3 Students should be able to demonstrate understanding of how artificial intelligence (AI) is used in the healthcare sector and the benefits it offers to healthcare professionals and services:

- Uses:
 - supports health teams to access and analyse large volumes of patient and population health data across different regions and systems, nationally and internationally
 - trend monitoring and pattern recognition – identifies emerging trends in conditions and responses across regional, national and international data sets
 - supports diagnosis through use of patient data/images/test results and complex algorithms; reduces diagnostic errors; speeds up diagnosis and personalised treatment options
 - operational efficiency – speech recognition converts spoken notes into written records; appointment scheduling; resource allocation; improves service delivery and reduces waiting times

	<ul style="list-style-type: none"> ○ remote monitoring and virtual care – supports the development of personalised care plans based on real-time monitoring of patients through wearable devices and virtual platforms. ● Benefits: <ul style="list-style-type: none"> ○ improved access to comprehensive data leads to informed decision-making by drawing on datasets from a broader geographical area ○ supports public health responses and resource planning locally and nationally through early identification of patterns, trends and emergencies ○ reduces diagnostic errors and supports timely person-centred treatment options ○ improves service delivery – reduces administrative burden, improves appointment management and optimises use of staff and equipment ○ real-time monitoring improves quality of life for patients leading to reduced need for hospital admissions.
1.9	<p>Emerging technologies and the potential impact on care provision</p> <p>1.9.1 Students should be able to consider the positive and challenging implications of emerging technology in care provision:</p> <ul style="list-style-type: none"> ● Artificial intelligence (AI) use of algorithms to analyse scans or test results. ● Early detection of health conditions. ● Speed and accuracy of conditions being diagnosed. ● Online symptom checkers improves triaging of individuals, directing them to the right service more efficiently and faster. ● Technological infrastructure and improved digital systems: <ul style="list-style-type: none"> ○ allows for remote access by healthcare professionals: <ul style="list-style-type: none"> – accessing individuals records from different locations – aids delivery of remote care ○ improves collaboration, communication and sharing of information across services locally and nationally ○ improves continuity of care. ● Regenerative medicine: <ul style="list-style-type: none"> ○ use of stem cells or tissues to restore function to damaged organs or tissues ○ reduces the need for long-term care or organ transplants. ● Use of biomarkers: <ul style="list-style-type: none"> ○ found in blood or tissue ○ assist in identifying early onset of disease ○ speeds up the development of new medicines ○ accelerates availability of new treatments to individuals ○ improves targeted care and better outcomes through early detection and diagnosis.

	<ul style="list-style-type: none"> • Remote care: <ul style="list-style-type: none"> ○ use of online clinics/virtual consultations ○ mobile clinics/screening ○ improves access for individuals in rural areas or those with mobility issues. • Patient self-management <ul style="list-style-type: none"> ○ encourage self-monitoring and self-management of health through the use of personal digital health devices ○ supports independence ○ reduces pressure on services ○ funding of services stretched as more people access the services: <ul style="list-style-type: none"> - affect the quality of care being delivered - funding pressures increase waiting times and reduced service availability. • Increase in private healthcare provision <ul style="list-style-type: none"> ○ more services available to individuals quickly ○ more users alongside or instead of NHS services ○ reduces NHS pressure ○ raises question about fairness and equality of care provision. • Changes in patient/service user demographics <ul style="list-style-type: none"> ○ predicted changes in life expectancy ○ increase in complex or long-term care needs ○ rising levels of obesity and related health conditions ○ pressure on services to adapt to support an aging population ○ rising demand for long-term care.
1.10	<p>The importance of evidence-based practice (EBP) and reflective evaluation in the healthcare sector</p> <p>1.10.1 Students should understand how evidence-based practice informs care:</p> <ul style="list-style-type: none"> • Evidence-based practice: <ul style="list-style-type: none"> ○ using the best available evidence from research, professional experience and individuals receiving care to make decisions. • The importance of EBP: <ul style="list-style-type: none"> ○ keeps care safe, effective and up-to-date ○ makes care person-centred ○ helps professionals make confident, informed decisions. • EBP combines: <ul style="list-style-type: none"> ○ scientific research ○ professional expertise ○ the preferences and needs of individuals receiving care and support.

1.10.2 Students should understand how healthcare professionals use evidence-based practice in the healthcare sector:

- Research skills:
 - identify areas for improvement
 - use experience and judgement to assess risk
 - investigate problems using reliable sources
 - analyse data to draw conclusions.
- Using evidence:
 - collect and process data using the right tools, considering:
 - the type of data required – qualitative and/or quantitative
 - the most appropriate method of data collection – manual or automated
 - the most suitable way to present the information or data – graphs, charts, tables
 - the depth of analysis needed – spreadsheets, databases
 - the intended audience for the data or information
 - appropriate storage methods – digital or paper-based
 - choose useful information from research, professionals and individuals receiving care
 - present findings clearly (reports, presentations)
 - spot bias and check how trustworthy the data is
 - make decisions based on what the evidence shows.

1.10.3 Students should be able to consider the advantages and disadvantages of the following research methods to support evidence-based practice:

- Focus groups
 - used in: exploring attitudes, beliefs and shared experiences in small group settings
 - advantages:
 - provides rich, detailed data about attitudes and experiences
 - interactive discussions generate deeper insight
 - disadvantages:
 - group dynamics may influence individual responses
 - findings may not be generalisable to wider populations.
- Open-/closed-question surveys
 - used in: gathering data from large samples for statistical analysis or opinion trends
 - advantages:
 - closed questions produce quantifiable data
 - broad reach of survey increases sample size and diversity
 - disadvantages:
 - limited depth, especially with closed questions
 - risk of response bias affecting accuracy.

- **Public databases**
 - used in: accessing large-scale secondary data for analysis or comparison
 - advantages:
 - easily accessible
 - often free to use
 - large sample sizes improve statistical power
 - disadvantages:
 - data may be out of date or no longer relevant
 - no control over how data was collected.
- **Journals and articles**
 - used in: reviewing existing research, theories and evidence
 - advantages:
 - peer-reviewed sources offer credibility
 - comprehensive reviews support evidence-based practice
 - disadvantages:
 - access restrictions to data
 - publication bias may limit objectivity.
- **Practical investigations**
 - used in: testing hypotheses or exploring specific research questions in controlled settings
 - advantages:
 - controlled environments improve reliability
 - directly addresses research aims
 - disadvantages:
 - resource intensive in terms of staff, time and equipment
 - ethical considerations must be carefully managed.

1.10.4 Students should be able to consider how evidence-based practice benefits and improves the healthcare sector:

- **For the population:**
 - improves person-centred care
 - leads to better health outcomes for individuals
 - improves safety in care
 - promotes equity and fairness in care provision
 - informs health promotion and disease prevention requirements.
- **For the sector:**
 - encourages high-quality provision
 - improves cost effectiveness
 - improves capability and competency of the workforce.
- **For the healthcare practitioner:**
 - increases job satisfaction
 - empowers professionals to make evidence-informed decisions; introduces new ways of working; encourages innovation

- supports professional development
- encourages reflective practice.

1.10.5 Students should understand what reflective practice is and why it is important to healthcare practice:

- Reflective practice – critically considering own actions and experiences to improve future performance.
- Purpose of reflective practice:
 - supports learning from experience
 - improves future performance
 - supports professional development.

1.10.6 Students should consider the purpose and benefits of models of reflective practice used in healthcare practice:

- Gibbs' Reflective Cycle
 - purpose:
 - structured six-stage process supports systematic reflection
 - stages:
 - description: What happened during the task or situation?
 - feelings: What emotions were experienced at the time?
 - evaluation: What went well and what didn't?
 - analysis: Why did things happen the way they did?
 - conclusion: What could have been done differently?
 - action plan: What will be done next time to improve?
 - benefits:
 - encourages emotional awareness through the 'Feelings' stage
 - promotes critical analysis and evaluation of actions
 - facilitates development of action plans for future improvement.
- Driscoll's Model of reflective practice
 - purpose:
 - simple and accessible reflection framework
 - stages:
 - what?: What happened during the care activity?
 - so what?: Why does it matter and what was learned?
 - now what?: What will be done differently in future care?
 - benefits:
 - simple three-question format supports clarity and focus
 - encourages critical thinking
 - supports integration of theory into practice.
- Kolb's Experiential Learning Cycle
 - purpose:
 - learning through experience and experimentation
 - stages:
 - concrete experience: doing the task or facing the situation
 - reflective observation: thinking about what happened
 - abstract conceptualisation: learning from the experience
 - active experimentation: trying out new ways of working next time

	<ul style="list-style-type: none"> ○ benefits: <ul style="list-style-type: none"> – supports development of clinical reasoning – promotes learning through experience and experimentation. – encourages reflective observation and abstract conceptualisation – aligns with lifelong learning and professional development goals. ● Methods used to record reflections: <ul style="list-style-type: none"> ○ short communications ○ reports ○ blogs ○ creative writing. ● Make improvements to own practice: <ul style="list-style-type: none"> ○ seek training or learning opportunities ○ accept and act on feedback given ○ set personal goals and milestones.
1.11	<p>Multidisciplinary team working in healthcare sector</p> <p>1.11.1 Students should be able to demonstrate understanding of the purpose of multi-disciplinary working and its importance in healthcare:</p> <ul style="list-style-type: none"> ● Purpose: <ul style="list-style-type: none"> ○ provide person-centred care that addresses holistic needs (physical, emotional, psychological, social) ○ ensure continuity of care across hospital, rehabilitation, community and social care services ○ improve health outcomes through shared decision making and coordinated interventions ○ improve communication and information sharing between professionals and services ○ support early intervention of health risks and interventions ○ enhance professional trust and accountability for areas of expertise ○ promote diverse perspectives and collaborative care planning ○ key professionals involved, depending on individual care and support needs: <ul style="list-style-type: none"> – doctors (GPs, Consultants, Surgeons) – nurses (general, specialist, community) – pharmacists – physiotherapists – occupational therapists – social workers – dietitians – speech and language therapists – mental health professionals – healthcare assistants.

1.11.2 Students should be able to consider the benefits and challenges of multidisciplinary and multi-agency teams working together as part of organisational structures:

- Benefits:
 - improved professional relationships and team cohesion
 - shared best practice and collaborative care planning
 - efficient use of resources through reduced duplication and targeted expertise
 - improved patient outcomes through coordinated care
 - professional development through interprofessional learning
 - increased job satisfaction from mutual respect and shared goals.
- Challenges:
 - communication barriers, including inconsistent terminology and documentation
 - role confusion leading to duplication or gaps in care
 - conflicting priorities between disciplines
 - time constraints limiting opportunities for collaboration
 - hierarchical structures affecting equal participation
 - limited resources (staffing, funding, systems)
 - resistance to collaborative approaches from some professionals.

1.11.3 Students will understand strategies to overcome challenges to multi-disciplinary team working:

- Establish clear communication protocols and shared digital systems.
- Define roles and responsibilities through job descriptions and team charters.
- Provide interprofessional training to build mutual understanding.
- Appoint team leaders or coordinators to guide collaboration.
- Use conflict resolution tools such as mediation and reflective practice.
- Implement time management strategies, including protected meeting time.
- Foster an inclusive team culture that values all contributions.

1.11.4 Students should be able to consider how effective leadership is demonstrated in the healthcare sector, and the impact of it on delivering safe, ethical, high-quality care:

- Common leadership styles in healthcare services:
 - autocratic: makes decisions independently; effective in emergencies or high-risk situations
 - democratic: involves the team in decision making; supports collaboration and shared decision-making
 - transformational: inspires change and improvement; promotes innovation and long-term goals
 - transactional: focus on structure, rules, and performance; effective in routine or task-focused environments

	<ul style="list-style-type: none"> ○ laissez-faire: offers minimal direction; suitable for experienced, self-managing teams. ● Personal qualities and self-awareness: <ul style="list-style-type: none"> ○ emotional resilience and awareness of the impact of emotions on providing care and support ○ honesty about skills and knowledge ○ seeking help to develop professionally ○ taking responsibility for professional practice ○ acting with integrity ○ impact on high-quality care: <ul style="list-style-type: none"> – promotes safe and ethical practice – builds trust with individuals, their family and carers – reduces errors through reflection and learning from experience. ● Working with others: <ul style="list-style-type: none"> ○ developing professional networks ○ building and maintaining relationships across different roles ○ active listening and showing empathy ○ sharing information clearly and safely ○ impacts on high-quality care: <ul style="list-style-type: none"> – ensures continuity of care through effective communication – reduces misunderstandings and mistakes – creates a supportive environment for staff and individuals. ● Managing services: <ul style="list-style-type: none"> ○ planning and allocating resources ○ managing people and performance ○ impacts on high-quality care ○ ensures services run efficiently and meets care standards. ● Improving services: <ul style="list-style-type: none"> ○ promotes patient safety ○ critical evaluation of practice ○ encouraging innovation and transformation ○ impacts on high-quality care <ul style="list-style-type: none"> – drives continuous improvement and responsiveness to need. ● Setting direction: <ul style="list-style-type: none"> ○ identifying the need for change ○ using evidence to make decisions ○ evaluating outcomes ○ impact on high-quality care: <ul style="list-style-type: none"> – aligns services with current needs and best practice. ● Creating the vision: <ul style="list-style-type: none"> ○ developing and communicating a clear vision ○ influencing wider healthcare goals ○ leading by example
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	<ul style="list-style-type: none"> ○ impact on high-quality care: <ul style="list-style-type: none"> – inspires shared purpose and long-term improvement. ● Delivering the strategy: <ul style="list-style-type: none"> ○ framing, developing, implementing and embedding strategy ○ impact on high-quality care: <ul style="list-style-type: none"> – ensures strategic goals translate into effective practice.
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Content area 2: Health, safety and environmental regulations in the healthcare sector	
2.1	<p>The purpose of workplace health and safety regulations</p> <p>2.1.1 Students should know the following purposes of health and safety regulations:</p> <ul style="list-style-type: none"> ● Minimise risk and severity of injury, accidents or illness to individuals, visitors and healthcare professionals. ● Ensure a safe, healthy and legally compliant working environment. ● Define roles and responsibilities of employers and healthcare professionals. ● Establish procedures for identifying and managing hazards.
2.2	<p>The importance of adhering to legislation and regulations in the healthcare sector and the possible consequences of not following these</p> <p>2.2.1 Students should be able to consider the importance of adhering to national legislation and regulations and apply it to healthcare contexts:</p> <ul style="list-style-type: none"> ● Promotes consistent, high-quality care. ● Safeguards individuals and employees. ● Reduces risk of errors and incidents. ● Supports health and wellbeing of the individual and professional. accountability of the health professional. <p>2.2.2 Students should be able to consider possible implications of not adhering to national legislation and regulations and apply it to healthcare contexts:</p> <ul style="list-style-type: none"> ● Increased risk of harm or injury. ● Disciplinary action or termination of employment. ● Criminal prosecution or civil legal action. ● Reputational damage and negative media coverage. ● Regulatory consequences – deregistration for healthcare professionals or poor inspection outcomes for services/settings.
2.3	<p>The role of a range of regulatory bodies within the healthcare sector</p> <p>2.3.1 Students should be able to demonstrate understanding of the role and importance of regulatory bodies:</p> <ul style="list-style-type: none"> ● Care Quality Commission (CQC): <ul style="list-style-type: none"> ○ independent regulator of health and social care in England

- registers providers and inspects services against national quality standards
- publishes rating and reports to promote transparency
- focuses on how services can improve
- takes enforcement action to protect people who use services
- drives improvement by identifying areas of concern and good practice.
- **Health and Safety Executive (HSE):**
 - national regulator for health and safety in the workplace
 - enforces compliance with health and safety legislation and regulations
 - inspects health and care workplaces following non-clinical incidents
 - promotes safe working environments through guidance and standards.
- **Nursing and Midwifery Council (NMC):**
 - regulates nurses, midwives (in the UK) and nursing associates (England only)
 - sets education and professional standards to ensure safe, effective care
 - maintains a register of qualified professionals
 - promotes reflective practice and lifelong learning of professionals
 - investigates concerns and can impose sanctions.
- **Health and Care Professions Council (HCPC):**
 - regulates a range of 15 health and care professions
 - set and monitors standards for professionals' education, training and conduct
 - maintains a register of qualified professionals
 - takes action when professional standards are not met.
- **Office for Standards in Education, Children's Services and Skills (Ofsted):**
 - regulates children's homes under the Care Standards Act (CSA) 2000
 - works alongside the CQC where regulated activities overlap
 - ensures services meet care and safeguarding standards.
- **Information Commissioners Office (ICO):**
 - enforces data protection and privacy laws
 - promotes transparency and responsible data handling
 - audits health organisations to ensure compliance with information standards.
- **Medicines and Healthcare Products Regulatory Agency (MHRA)**
 - regulates medicines and medical devices
 - ensures safe and effective medication use through setting standards
 - supports public health and innovation.

2.4	<p>The purpose of policies and procedures in healthcare contexts</p> <p>2.4.1 Students should be able to demonstrate understanding of the purpose of policies and procedures in healthcare contexts:</p> <ul style="list-style-type: none"> • Legal and ethical compliance: <ul style="list-style-type: none"> ○ ensures with compliance with legislation ○ promotes fairness, prevents discrimination and protects personal data. • Safe and consistent practice: <ul style="list-style-type: none"> ○ provides clear instructions for safe working ○ ensures all staff follow the same processes, reducing errors and improving care quality. • Staff rights and responsibilities <ul style="list-style-type: none"> ○ employment contracts outline working conditions, duties and entitlements ○ disciplinary and grievance policies explain how issues are managed fairly and consistently. • Performance and development <ul style="list-style-type: none"> ○ helps employees understand how well they are doing, receive feedback and plan for continuing professional development (CPD) ○ policies support reflective practice and continuous improvement. • Clarify communication and accountability: <ul style="list-style-type: none"> ○ policies outline how to respond to concerns, raise complaints and respond to incidents ○ help employees make informed decisions and take responsibility for their actions.
2.5	<p>How policies and procedures influence practice in the healthcare sector</p> <p>2.5.1 Students should be able to demonstrate understanding of employer responsibilities for promoting and enforcing health and safety in the workplace:</p> <ul style="list-style-type: none"> • Provide and enforce organisational policies and standard operating procedures, including emergency protocols. • Implement lone working policies and procedures to protect staff who work alone or without direct supervision. • Ensure statutory training is completed and up to date. • Maintain equipment and remove or repair faulty items. • Display clear, visible health and safety information and guidance. • Provide appropriate personal protective equipment (PPE) and hand hygiene facilities. • Ensure the working environment is clean, tidy and free from hazards. • Implement systems for recording and reporting health and safety concerns. • Promote prompt reporting of hazards and incidents. • Foster a culture of shared responsibility.

	<ul style="list-style-type: none"> • Demonstrate best practice by consistently modelling health and safety procedures. <p>2.5.2 Students should be able to demonstrate understanding of employee responsibilities for promoting and enforcing health and safety in the workplace:</p> <ul style="list-style-type: none"> • Take reasonable care of their own and others' safety. • Follow organisational policies, procedures and training. • Use equipment safely and responsibly. • Store equipment and materials safely and appropriately. • Maintain equipment and remove faulty equipment. • Maintain clean and organised workspaces. • Record and report hazards, incidents and accidents promptly. • Participate in and apply statutory training. <p>2.5.3 Students should be able to know how employees should respond to harmful situations in the workplace:</p> <ul style="list-style-type: none"> • Follow organisational health and safety procedures. • Keep self and others safe including evacuation as appropriate. • Secure the area to prevent further harm. • Report and escalate the situation according to policy. • Participate in debriefing and reflect on the root causes to prevent recurrence.
2.6	<p>The application of health and safety legislation in the healthcare sector</p> <p>2.6.1 Students should be able to demonstrate understanding of the Health and Safety at Work Act 1974:</p> <ul style="list-style-type: none"> • Purpose: <ul style="list-style-type: none"> ○ protects the health, safety and welfare of employees and the public. • Key responsibilities: <ul style="list-style-type: none"> ○ employers must provide a safe working environment ○ employees must take care of their own and others' safety. • How it informs practice <ul style="list-style-type: none"> ○ guides safe working practices, risk assessments and training. • Consequences of non-compliance <ul style="list-style-type: none"> ○ legal action, or enforcement by the Health and Safety Executive (HSE). <p>2.6.2 Students should be able to demonstrate understanding of the Manual Handling Operations Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002:</p> <ul style="list-style-type: none"> • Purpose: <ul style="list-style-type: none"> ○ prevents injury or harm from moving and positioning an object or a person.

- Key responsibilities:
 - assess manual-handling risks
 - provide training and equipment.
- How it informs practice
 - used when repositioning or moving individuals receiving care or moving equipment.
- Consequences of non-compliance:
 - results in insurance claims.

2.6.3 Students should be able to demonstrate understanding of the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and subsequent amendments 2004:

- Purpose:
 - protects employees from exposure to harmful substances.
- Key responsibilities
 - identify hazardous substances
 - provide control measures and training.
- How it informs practice
 - used when handling cleaning chemicals, medications or bodily fluids.
- Consequences of non-compliance
 - health risks, enforcement actions or prosecution.

2.6.4 Students should be able to demonstrate understanding of The Personal Protective Equipment at Work (Amendment) Regulations 2022:

- Purpose:
 - ensures appropriate personal protective equipment (PPE) is provided and used.
- Key responsibilities:
 - employers must supply PPE
 - employees must use PPE.
- How it informs practice:
 - used in infection control, manual handling and hazardous environments.
- Consequences of non-compliance:
 - health risks, enforcement actions or prosecution.

2.6.5 Students should be able to demonstrate understanding of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013:

- Purpose:
 - requires reporting of serious workplace incidents.
- Key responsibilities:
 - report accidents, injuries, occupational diseases and dangerous occurrences to HSE.
- How it informs practice:
 - used after accidents, exposure to infection or equipment failure.

- Consequences of non-compliance:
 - fines, investigation or prosecution
 - musculoskeletal injuries, legal action or inspection failure.
 - injury, disciplinary action or legal consequences.
- 2.6.6 Students should be able to demonstrate understanding of the Management of Health and Safety at Work Regulations 1999:
- Purpose:
 - reduces workplace accidents through risk assessment and management.
 - Key responsibilities:
 - employers must assess and manage risks
 - provide training and supervision.
 - How it informs practice:
 - used to plan safe working procedures and emergency responses.
 - Consequences of non-compliance:
 - increased risk of harm, legal penalties or inspection failure.
- 2.6.7 Students should be able to demonstrate understanding of the purpose of Health and Safety (First Aid) Regulations 1981:
- Purpose:
 - ensures first aid is available in the workplace.
 - Key responsibilities:
 - provide trained first aiders and equipment.
 - How it informs practice
 - used in all healthcare contexts to respond to injuries or illness
 - provides clear responsibilities for the trained first aiders – provides first aid treatment for minor injuries and illness
 - ensure, where necessary, that the casualty is referred for further treatment, appropriate to the circumstances of the injury/illness
 - ensure that the first aid box/kit for which they have responsibility is kept clean, tidy and appropriately stocked.
 - Consequences of non-compliance:
 - delayed treatment, legal action, or inspection failure.
- 2.6.8 Students should be able to demonstrate understanding of the Regulatory Reform (Fire Safety) Order (RRO) 2005:
- Purpose:
 - reduces fire risks in the workplace.
 - Key responsibilities:
 - carry out fire risk assessments
 - maintain fire evacuation procedures.

- How it informs practice:
 - used in all healthcare contexts to protect employees, visitors and individuals receiving care.

- Consequences of non-compliance:
 - fire hazards, injury or legal enforcement.

2.6.9 Students should be able to demonstrate understanding of the purpose of the Health and Safety (Display Screen Equipment) Regulations 1992:

- Purpose:
 - protects staff using screens and workstations.
- Key responsibilities:
 - assess workstation risks
 - provide breaks and equipment.
- How it informs practice
 - used in office-based roles or digital record keeping.
- Consequences of non-compliance
 - eye strain, posture issues, employee complaints.

2.6.10 Students should be able to demonstrate understanding of the purpose of the Environmental Protection Act 1990:

- Purpose:
 - makes provision for the improved control of pollution to the air, water and land by regulating the management of waste and the control of emissions.
- Key responsibilities:
 - healthcare organisations must ensure that waste (clinical, pharmaceutical, general) is managed in a way that minimises pollution
 - must comply with legal requirements for the storage, treatment and disposal of waste
 - responsible for monitoring and controlling emissions from healthcare activities.
- How it informs practice:
 - guides the development of waste management policies and procedures in healthcare contexts
 - informs staff training on safe handling and disposal of waste
 - ensures environmental risk assessments are conducted for new healthcare projects or activities.
- Consequences of non-compliance
 - pollution, legal action and prosecution.

2.6.11 Students should be able to demonstrate understanding of the purpose of the Special Waste Regulations 1996

- Purpose:
 - measures relating to the regulation and control of the transit, import and export of waste, the prevention, reduction and elimination of pollution caused by waste, and the requirement

for an assessment of the impact on the environment of projects likely to have significant effects on the environment.

- Key responsibilities:
 - healthcare providers must identify and classify special waste (cytotoxic drugs, chemicals)
 - ensure correct documentation and labelling for the transport of special waste
 - conduct environmental impact assessments for new healthcare projects or changes in waste management practices.
- How it informs practice:
 - ensures healthcare staff understand which wastes are classified as 'special' and how to handle them
 - informs procurement and contract management for waste carriers
 - embeds environmental impact considerations into project planning and service development.
- Consequences of non-compliance
 - pollution, legal action and prosecution.

2.6.12 Students should be able to demonstrate understanding of the purpose of the Hazardous Waste (England and Wales) Regulations 2005

- Purpose:
 - controls the storage, transport and disposal of hazardous waste (waste stream) to ensure it is appropriately managed and any risks are minimised.
- Key Responsibilities:
 - healthcare settings must segregate hazardous waste (e.g., infectious materials, chemicals, sharps) from non-hazardous waste
 - maintain accurate records of hazardous waste movements (consignment notes)
 - ensure staff are trained in the safe handling and storage of hazardous waste.
- How it informs practice:
 - shapes policies for the identification, segregation and disposal of hazardous waste
 - requires regular audits and compliance checks on hazardous waste management
 - informs risk assessments and incident reporting procedures related to hazardous waste.
- Consequences of non-compliance
 - pollution, legal action and prosecution.

2.6.13 Students should be able to demonstrate understanding of the purpose of the Waste Electrical and Electronic Equipment Regulations 2013

- Purpose:

	<ul style="list-style-type: none"> ○ to reduce the amount of electronic and electrical equipment incinerated or sent to landfill sites. Places responsibility on all businesses to correctly store and transport electrical waste. ● Key Responsibilities: <ul style="list-style-type: none"> ○ healthcare organisations must ensure that electrical and electronic waste (e.g., medical devices, computers) is collected, stored and disposed of in accordance with regulations ○ must use authorised waste carriers and recycling facilities ○ keep records of electrical waste disposal and recycling. ● How it informs practice: <ul style="list-style-type: none"> ○ informs procurement and disposal procedures for electrical equipment ○ promotes sustainable practices by encouraging recycling and reuse of equipment ○ ensures staff are aware of the correct processes for disposing of electrical and electronic waste. ● Consequences of non-compliance <ul style="list-style-type: none"> ○ pollution, legal action and prosecution.
2.7	<p>How to assess and minimise potential hazards and risks, including specific levels of risk, by using the Health and Safety Executive's (HSE) 5 Steps to Risk Assessment</p> <p>2.7.1 Students should be able to demonstrate understanding of the HSE 5 Steps to Risk Assessment and its application to healthcare contexts:</p> <ul style="list-style-type: none"> ● 5 Steps to Risk Assessment: <ul style="list-style-type: none"> ○ step 1: identify the hazard <ul style="list-style-type: none"> – anything that could cause harm ○ step 2: decide who might be harmed and how: <ul style="list-style-type: none"> – identify all individuals who might be affected by the identified hazards – consider specific groups who may be at greater risk ○ step 3: evaluate the risk and decide on precautions: <ul style="list-style-type: none"> – assess the likelihood and severity of harm arising from each hazard to evaluate the level of risk – put appropriate control measures in place – put safety devices on equipment – training on safe work procedures – use of personal protective equipment (PPE) – use the hierarchy of control to prioritise the most effective measures. ○ step 4: record your findings and implement them: <ul style="list-style-type: none"> – document the risks identified – ensure that the findings are communicated to all relevant staff and that they understand their roles in implementing the control measures – use the risk assessment to inform procedures, and the training programs to ensure consistent application.

	<ul style="list-style-type: none"> ○ step 5: review your assessment and update if necessary: <ul style="list-style-type: none"> – regularly review and update the risk assessment to ensure it remains relevant and effective – update if new risks are identified or if procedures change.
2.8	<p>How infections spread from one host to another, and the infection control measures used in healthcare practice to prevent this</p> <p>2.8.1 Students should be able to demonstrate understanding of how infections spread from one host to another:</p> <ul style="list-style-type: none"> ● The characteristics of the chain of infection: <ul style="list-style-type: none"> ○ each link in the chain must be present for transmission to occur ○ links within the chain of infection: <ul style="list-style-type: none"> – microorganisms: <ul style="list-style-type: none"> ▪ presence of pathogens (bacteria, fungus, parasite, virus) – reservoir: <ul style="list-style-type: none"> ▪ environment where pathogen grow and multiply ▪ warm, moist, nutrient rich areas – portal of exit: <ul style="list-style-type: none"> ▪ route by which the pathogen exits the reservoir (skin, breath, body fluids) – modes of transmission: <ul style="list-style-type: none"> ▪ method by which pathogens move to a new host (direct contact, ingestion, inhalation) – portal of entry: ○ opening where the pathogen enters new host (wounds, body openings) <ul style="list-style-type: none"> – susceptible host: <ul style="list-style-type: none"> ▪ individual at risk of infection ▪ susceptibility affected by health, age, medication. <p>2.8.2 Students should be able to consider approaches to infection control in healthcare services:</p> <ul style="list-style-type: none"> ● Control measures – designed to break one or more chains of infection, reducing transmission risk <ul style="list-style-type: none"> ○ use of personal protective equipment (PPE) blocks portals of entry and exit ○ types of PPE: <ul style="list-style-type: none"> – gloves – aprons and gowns – masks and respirators – eye protection (goggles or face shields) – footwear covers ○ correct use: <ul style="list-style-type: none"> – select PPE based on risk assessment – follow correct donning and doffing procedures. – dispose of PPE in clinical waste bins ○ perform hand hygiene before and after use

	<ul style="list-style-type: none"> ○ use of cleaning, disinfecting and sterilisation techniques ○ reduce or eliminate microorganisms from surfaces, equipment and environments. • Cleaning: <ul style="list-style-type: none"> ○ reduces the presence of microorganisms on surfaces and equipment, minimises the risk of transfer through removal of dirt, organic matter and some microbes ○ must be completed before disinfection or sterilisation ○ methods: <ul style="list-style-type: none"> - cleaning tools – cloths, mops, brushes, floor cleaners, vacuum cleaners - cleaning agents – detergents. • Disinfecting: <ul style="list-style-type: none"> ○ reduces the number of non-visible pathogens to non-harmful levels; does not eliminate all microorganisms; suitable for surfaces and equipment that do not require full sterility ○ methods: <ul style="list-style-type: none"> - chemical agents – alcohol-based solutions, chlorine compounds, hydrogen peroxide ○ UV radiation – damages microbial DNA, preventing reproduction ○ high temperature – hot water or steam ○ filtration – removes microorganisms from liquids or air using filters using microporous filters. • Sterilisation: <ul style="list-style-type: none"> ○ elimination of all microorganisms, including bacteria, viruses, fungi and spores ○ essential for invasive instruments and surgical environments ○ methods: <ul style="list-style-type: none"> - autoclave – pressurised steam at high temperature - dry heat – hot air ovens used for glassware or metal instruments - radiation – gamma rays or electron beams used for single-use medical items - filtration – sterile filtration of heat-sensitive liquids - chemical agents – disrupts the cell structure or interfere with the metabolic processes. • Hand hygiene <ul style="list-style-type: none"> ○ effective handwashing techniques – interrupts mode of transmission ○ most effective method for preventing the transmission of disease infection ○ reduces the risk of cross-contamination between individuals and surfaces)
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	<ul style="list-style-type: none"> ○ hand hygiene techniques: <ul style="list-style-type: none"> – 5 moments for hand hygiene World Health Organisation (WHO) <ul style="list-style-type: none"> – before patient contact, before aseptic tasks, after body fluid exposure, after patient contact, after contact with patient surroundings – 12-point technique (WHO/NHS) – covers all hand surfaces and motions required for effective decontamination ○ good personal hygiene and uniform requirements – reduces contamination and exposure. ● Personal hygiene practices: <ul style="list-style-type: none"> ○ wash body and hair regularly – removes microorganisms from skin and scalp; reduces risk of transferring pathogens ○ clean uniform – prevents the spread of microorganisms carried on clothing ○ maintain oral hygiene – reduces the presence of bacteria being transmitted through droplets. ○ cover mouth and nose when coughing or sneezing – prevents airborne transmission ○ maintain short, neat and clean and unpolished nails – prevents accumulation of microorganisms under nails; long or artificial nails harbour pathogens compromises hand hygiene effectiveness. ● Safe disposal of sharps – prevents injury and exposure to bloodborne pathogens. ● Safe procedures: <ul style="list-style-type: none"> ○ use rigid, puncture-proof sharps containers ○ dispose of sharps immediately after use ○ do not recap needles ○ store containers securely ○ follow local and national regulations ○ appropriate waste segregation and disposal – eliminates contaminated materials from the environment. ● Types of waste: <ul style="list-style-type: none"> ○ clinical waste ○ sharps ○ pharmaceutical waste ○ offensive waste ○ domestic waste. ● Safe disposal: <ul style="list-style-type: none"> ○ use appropriate containers ○ do not overfill ○ label and store correctly. ○ arrange licensed collection.
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2.9	<p>The consequence of poor infection control in healthcare – antimicrobial resistance</p> <p>2.9.1 Students should be able to demonstrate understanding the causes and implications of antimicrobial resistance in healthcare contexts:</p> <ul style="list-style-type: none"> • Poor infection control increases the spread of infections, leading to greater use of antibiotics. • Overuse and misuse of antibiotics contribute to resistant strains. • Resistant microorganisms (super bugs) are difficult to eliminate and require stronger, or toxic, treatments. • Implications for healthcare (individual and institution): <ul style="list-style-type: none"> ○ increased risk of treatment failure ○ longer recovery times and hospital stays ○ greater risk to vulnerable individuals ○ higher healthcare costs and resource use. <p>2.9.2 Students should be able to know the purpose of antimicrobial stewardship:</p> <ul style="list-style-type: none"> • Preserve treatment effectiveness. • Reduce resistance. • Improve patient outcomes. • Encourage preventative measures such as hand hygiene and environmental cleaning.
2.10	<p>How legislation, policies and procedures protect individuals from harm, promote wellbeing and ensure safe, person-centred care</p> <p>2.10.1 Students should be able to consider the purpose and importance of the Care Act 2014 in the healthcare sector:</p> <ul style="list-style-type: none"> • Purpose: <ul style="list-style-type: none"> ○ protects adults with care and support needs by promoting wellbeing, independence and safety. • Key Responsibilities: <ul style="list-style-type: none"> ○ local authorities must prevent, reduce and delay care needs ○ establish safeguarding adults boards and conduct safeguarding adult reviews ○ provide advocacy and support ○ promote multi-agency working. • Safeguarding principles: <ul style="list-style-type: none"> ○ Empowerment – support individuals to make informed decisions ○ Protection – prioritise those most at risk ○ Prevention – act early to stop harm ○ Proportionality – respond appropriately to the level of risk ○ Partnership – working with others to safeguard effectively ○ Accountability – take responsibility for actions and decisions.

- Application:
 - used in care planning, safeguarding referrals and when working with other professionals to protect vulnerable adults.
- 2.10.2 Students should be able to consider the purpose and importance of the Mental Capacity Act 2005 (Amended 2019) the healthcare sector:
- Purpose:
 - protects individuals aged 16+ who may lack capacity to make decisions.
 - Five principles:
 - assume capacity unless proven otherwise
 - support individuals to make their own decisions
 - recognise unwise decisions do not mean lack of capacity
 - act in the individual's best interest
 - use the least restrictive option.
 - Application:
 - used when assessing capacity, gaining consent, making best-interest decisions for individuals who cannot decide for themselves.
- 2.10.3 Students should be able to consider the purpose and importance of Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards (LPS) in the healthcare sector:
- Purpose:
 - protects individuals who are under continuous supervision or control and lack capacity to consent.
 - Key Criteria:
 - person lacks capacity
 - person has a mental disorder
 - arrangements are necessary to prevent harm
 - measures must be proportionate.
 - Application:
 - used in hospitals and care homes when care arrangements restrict a person's freedom.
- 2.10.4 Students should be able to consider the purpose and importance the Safeguarding Vulnerable Groups Act 2006 in the healthcare sector:
- Purpose:
 - prevents unsuitable individuals from working with children or adults at risk.
 - Key criteria:
 - Conduct Disclosure and Barring Service (DBS) checks
 - report safeguarding concerns.
 - Application:
 - used during recruitment and when raising concerns about a colleague's behaviour or conduct.

2.10.5 Students should be able to consider the purpose and importance the Mental Health Act 2007 in the healthcare sector:

- Purpose:
 - sets out when someone can be detained and treated for a mental health disorder.
- Key responsibilities:
 - individuals can be detained if they pose a risk to themselves or others
 - detention must be authorised by approved professionals and follow legal procedures
 - individuals who have been detained have the right to appeal and to be informed about their care.
- Application:
 - used in mental services to ensure legal and ethical care
 - promotes collaborative care between health and social care services.

2.10.6 Students should be able to consider the purpose and importance the Health and Care Act 2022 in the healthcare sector:

- Purpose:
 - establishes Integrated Care Systems (ICS) to improve joined-up care.
- Key criteria:
 - promotes integrated care through collaboration between health and social care services
 - improves outcomes through shared planning and safeguarding.
- Application:
 - promotes collaborative and partnership working to improve care planning and safeguard individuals.

2.10.7 Students should be able to consider the purpose and importance the Equality Act 2010 in the healthcare sector:

- Purpose:
 - protects individuals from discrimination based on protected characteristics.
- Application:
 - promotes inclusive, respectful care and equal access to services
 - challenges discriminatory behaviour
 - adapts care to meet diverse needs.

2.10.8 Students should be able to consider the purpose and importance the Human Rights Act 1998 in the healthcare sector:

- Purpose:
 - protects fundamental rights and freedoms that individuals are entitled to.
- Application:
 - supports ethical decision making and person-centred care

	<ul style="list-style-type: none"> ○ respects individual's choices ○ maintains confidentiality ○ avoids unnecessary restrictions.
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Content area 3: Managing information and data within the healthcare sector	
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3.1	<p>Why personal information is collected, stored and protected</p> <p>3.1.1 Students should know the purpose of collecting personal information:</p> <ul style="list-style-type: none"> ● Personal information is collected and stored to: <ul style="list-style-type: none"> ○ record an individual's medical history, diagnosis, treatment and follow-up care ○ support continuity of care across services ○ enable appropriate sharing with multidisciplinary teams ○ allow individuals to access their own records ○ ensure future care decisions are informed by accurate data (monitoring long-term conditions, reviewing treatment effectiveness, informing future appointments or referrals). <p>3.1.2 Students should know the importance of protecting personal information:</p> <ul style="list-style-type: none"> ● prevents misuse or unauthorised access ● builds trust between service users and organisations ● ensures compliance with legal and ethical standards ● supports safe, person-centred care: <ul style="list-style-type: none"> ○ guided by information governance which ensures data is handled legally, securely and ethically.
3.2	<p>How personal information is protected by law and policy</p> <p>3.2.1 Students should know how data is protected by the Data Protection Act 2018:</p> <ul style="list-style-type: none"> ● Controls how personal information is used by organisations, businesses or the government. ● Applies to all health and social care settings. ● Requires data to be used fairly, lawfully and transparently. <p>3.2.2 Students should know how data is protected by United Kingdom General Data Protection Regulation (UK GDPR):</p> <ul style="list-style-type: none"> ● Sets out principles for lawful, fair and transparent data processing: <ul style="list-style-type: none"> ○ lawfulness, fairness and transparency ○ purpose limitation ○ data minimisation ○ accuracy ○ storage limitation ○ integrity and confidentiality ○ accountability.

	<p>3.2.3 Students should know how data is protected through local ways of working/organisational policies:</p> <ul style="list-style-type: none"> • Ensures that data is stored securely (electronically or paper based). • Accessed only by authorised staff. • Protected from misuse. • Restricts the use of mobile devices in order to ensure confidentiality. • Prevents potential conflicts of interest through clear protocols. <p>3.2.4 Student should know how the Caldicott Principles apply to the sharing of personal information within the healthcare sector:</p> <ul style="list-style-type: none"> • Caldicott Principles guide decisions about sharing confidential personal information, ensuring it is justified, necessary and proportionate: <ul style="list-style-type: none"> ○ have a clear reason for using personal information ○ only use confidential information it when necessary ○ use the minimum necessary confidential amount of information needed ○ limit access to those who need the confidential information ○ everyone with access to the confidential information must understand their responsibilities ○ follow the law ○ share confidential information when it benefits care or safety ○ be open with individuals about how their confidential information is used.
<p>3.3</p>	<p>How healthcare professionals protect confidentiality when using screens to input or retrieve personal data</p> <p>3.3.1 Students should be able to demonstrate understanding of the methods used by healthcare professionals to protect confidentiality when using screens to input or retrieve information:</p> <ul style="list-style-type: none"> • Logging out when leaving a screen: <ul style="list-style-type: none"> ○ prevents unauthorised access to personal or sensitive data by ensuring no one else can view or use the system in their absence. • Protecting login and password details: <ul style="list-style-type: none"> ○ reducing the risk of data breaches or identity theft by ensuring only authorised users can access confidential systems. • Being aware of surroundings in shared spaces: <ul style="list-style-type: none"> ○ helps prevent others from overhearing or seeing sensitive information, especially in public or shared spaces. • Using secure internet connections: <ul style="list-style-type: none"> ○ protects data from being intercepted during transmission, especially when accessing or sharing confidential information online. • Using privacy screen filters: <ul style="list-style-type: none"> ○ prevents people nearby from viewing the screen.

3.4	<p>How security measures protect data stored by organisations</p> <p>3.4.1 Students should know the requirements for organisations to be responsible for the protection of data:</p> <ul style="list-style-type: none"> • Controlling access to information through the use of passwords. • Authorised staff only in work areas. • Provide regular and up-to-date staff training on data security. • Making regular backups of files and external storage. • Using up-to-date cyber security strategies. <p>3.4.2 Students should know the steps to take if data is not stored securely:</p> <ul style="list-style-type: none"> • Secure the information immediately if possible. • Report the incident to the designated person following organisational procedures.
3.5	<p>Collecting individual's history and data from a range of different sources in healthcare</p> <p>3.5.1 Students should be able to know the information needed for an individual's medical history and demonstrate understanding of the methods healthcare professionals use to collect information and data about an individual:</p> <ul style="list-style-type: none"> • Types of information and data: <ul style="list-style-type: none"> ○ individual's medical history: <ul style="list-style-type: none"> – full name – date of birth – NHS or hospital number – past and current health status – past and current medication – any previous diagnosis, treatments and interventions received – allergies – family history – social history – social care involvement – lifestyle factors – social circumstances. • Collection methods – direct interviews with the individual, observations, historical and current care records, including care plans, consulting with family or carers. • Data sources – the individual, electronic health records, GP summaries, previous hospital notes. <p>3.5.2 Students should be able understand the outcomes of collecting information and data about an individual:</p> <ul style="list-style-type: none"> • Individual's history enables accurate assessment, supports person-centred care and informs clinical decisions. • Accuracy and reliability: information must be cross-checked where possible to ensure validity and consistency.

	<ul style="list-style-type: none"> • Presentation: information must be clearly recorded in the correct format, suitable for use by nurses, doctors and allied health professionals. • Data storage: must be securely stored in line with NHS data protection policies and accessible for future care planning. <p>3.5.3 Students should be able consider the strengths and weaknesses of data and information collection methods from a range of available sources:</p> <ul style="list-style-type: none"> • Strengths: <ul style="list-style-type: none"> ○ patient history: provides detailed, longitudinal information over time ○ patient test results: standardisation through laboratory/test accreditation improves consistency ○ real-time observation: captures immediate data relevant to current patient condition ○ existing records: offers access to historical data without requiring new collection ○ interviews: enables in-depth exploration of patient experiences and perspectives. • Limitations: <ul style="list-style-type: none"> ○ patient history: may be incomplete, inaccurate or based on recall bias ○ patient test results: subject to interpretation; may vary between practitioners. • Real-time observation: risk of subjectivity; observer bias may influence findings; does not gather data on internal states or motivations. • Existing records: may be outdated, inconsistent or lack context. • Interviews: time-consuming; responses may be influenced by social desirability bias.
3.6	<p>Using data and information gathered about individuals for care planning</p> <p>3.6.1 Students should understand the importance of gathering data and information on individuals for care planning:</p> <ul style="list-style-type: none"> • Care plans: <ul style="list-style-type: none"> ○ written or electronic records ○ clearly identify the individual they relate to – name, date of birth, NHS number and contact information; ensures correct identification and avoids errors ○ state health and care needs – lists diagnoses, allergies and ongoing treatments; healthcare professionals clearly understand health risks and provide appropriate care ○ state individual’s values and preferences – describes physical, emotional and social needs; ensure care is respectful and tailored to individuals ○ state goals and outcomes – sets clear targets for recovery or wellbeing; helps to measure progress and to adjust care if needed

	<ul style="list-style-type: none"> ○ document how needs will be met – interventions by different services and healthcare professionals that may need to be involved; ensures all healthcare professionals are aware of their role providing care ○ identifies who is responsible for delivering care and meeting needs and timeframes; supports teamwork and accountability ○ includes risk assessments – highlights any potential risks to individuals; prevents harm and protects the individual ○ includes review dates and updates – identifies when care plans will be checked and changed; keeps care relevant and up to date. <p>3.6.2 Students should understand why care plans are important for individuals and healthcare professionals:</p> <ul style="list-style-type: none"> ● Ensure care is personalised to individual’s needs and wishes. ● Help healthcare professionals deliver safe, consistent and effective care. ● Support communication between healthcare professionals. ● Provide a record of decisions and action taken. ● Help meet legal and professional standards. <p>3.6.3 Students should know there are different formats of care plans used in the healthcare sector:</p> <ul style="list-style-type: none"> ● Electronic care plans: <ul style="list-style-type: none"> ○ stored digitally using electronic patient record (EPR) systems ○ easy to update and share across services ○ improve access to information and reduce paperwork ○ supported by NHS digital transformation goals. ● Written Care Plans: <ul style="list-style-type: none"> ○ paper-based documents used in some settings ○ useful where digital systems are not available ○ must be stored securely and updated manually.
3.7	<p>The importance of accuracy, attention to detail and legibility of any written information or data</p> <p>3.7.1 Students should be able to consider the importance of accuracy, attention to detail and legibility for effective record keeping:</p> <ul style="list-style-type: none"> ● Comply with United Kingdom General Data Protection Regulation (UK GDPR) and data protection laws. ● Limit liability (e.g. ensure anonymity and informed consent). ● Provide a clear, factual account of events. ● Support integrated working and data sharing. ● Enable accurate analysis and audit trails. ● Ensure results can be reproduced if needed. <p>3.7.2 Students should be able to demonstrate understanding of the purposes of common abbreviations in the healthcare sector:</p> <ul style="list-style-type: none"> ● Shorten written communication. ● Standardise terminology across teams.

	<ul style="list-style-type: none"> • Improve efficiency in documentation. • Important considerations: <ul style="list-style-type: none"> ○ only use approved abbreviations ○ avoid abbreviations if there is a risk of misunderstanding ○ ensure clarity for all professionals accessing the record. <p>3.7.3 Students should know common abbreviations used in the healthcare sector:</p> <ul style="list-style-type: none"> • PRN – pro re nata (given as needed, e.g. medication). • BP – blood pressure. • MAR – medical administration record. • DNAR – do not attempt resuscitation. • DNACPR – do not attempt cardiopulmonary resuscitation. • MUST – Malnutrition Universal Screening Tools. • NEWS 2 – National Early Warning Score. • PEWS – Paediatric Early Warning Score.
3.8	<p>Why record keeping matters in healthcare</p> <p>3.8.1 Students should be able to demonstrate understanding of effective record keeping and how it contributes to the care of an individual:</p> <ul style="list-style-type: none"> • Provides a full history of an individual’s care and needs. • Enables access to an individual’s information for all relevant professionals. • Supports continuity and consistency of care. • Protects the individual and the healthcare and social care professional. • Ensures uniform care is provided regardless of the service accessed. • Ensures a record of what was discussed and done at each interaction.
3.9	<p>The role and responsibilities of employees and employers in relation to record keeping, and when to escalate issues</p> <p>3.9.1 Students should be able to demonstrate understanding of the role of employees in relation to record keeping:</p> <ul style="list-style-type: none"> • Record accurate, timely and factual information for every interaction. • Use appropriate systems confidently and securely. • Avoid using unprotected devices or discussing information in public. • Follow legal and organisational standards. • Avoid abbreviations unless approved. <p>3.9.2 Students should be able to demonstrate understanding of the responsibilities of employers in relation to record keeping and auditing:</p> <ul style="list-style-type: none"> • Ensure staff are trained and competent in record keeping. • Maintain systems that support secure, accurate data entry. • Monitor compliance through audits and inspections.

	<p>3.9.3 Students should understand the legal and ethical duties of employees and employers in relation to record keeping and auditing:</p> <ul style="list-style-type: none"> • Comply with duty of care. • Comply with duty of candour. • Supports investigations and tracking incidents and accidents. • Maintain accountability and transparency. <p>3.9.4 Students should be able to demonstrate understanding of when employers and employees need to escalate in relation to record keeping and auditing:</p> <ul style="list-style-type: none"> • Safeguarding concerns. • Whistleblowing. • Radicalisation concerns.
3.10	<p>When it may be appropriate to share information and the considerations that need to be made when sharing data</p> <p>3.10.1 Students should be able to demonstrate an understanding of when it is appropriate to share information:</p> <ul style="list-style-type: none"> • To support diagnosis, treatment, or care. • To improve practice – research, audits. • To introduce new ways of working. • When there is risk of harm or abuse. • When required by law – safeguarding, crime prevention. <p>3.10.2 Students should be able to demonstrate understanding of the considerations that must be made when sharing data:</p> <ul style="list-style-type: none"> • Follow the Caldicott principles. • Using the individual’s NHS number as identifier rather than the individual’s name. • Inform the individual and gain consent unless it is required by law to share or risk of harm outweighs confidentiality. • Inform an appropriate adult or advocate where the individual lacks capacity. • Consider the intended audience. • Consider the purpose of sharing the information. <p>3.10.3 Students should be able to consider the advantages of using a reporting system to share information:</p> <ul style="list-style-type: none"> • Prevents misinterpretation of information. • Enables timely and accurate reporting. • Supports tracking and monitoring of care.
3.11	<p>The different formats used by healthcare professionals to share information</p> <p>3.11.1 Students should be able to consider the advantages and disadvantages of the different formats used by healthcare professionals to share information about individuals:</p>

- Oral reports:
 - used in: handover meetings, ward rounds, emergency updates
 - advantages:
 - immediate feedback and clarification
 - engagement quality improved with audience
 - supports rapid decision making in time sensitive or emergency situations
 - disadvantages:
 - no permanent record, unless recorded, leading to information being lost or forgotten
 - records that are not permanently updated could lead to inappropriate treatment
 - effectiveness varies based on the speaker's skills and listeners understanding.
- Written reports:
 - used in: discharge summaries, care plans, referral letters
 - advantages:
 - provides detailed, structured documentation
 - creates a permanent, auditable record.
 - disadvantages:
 - time-consuming to prepare and read
 - lack of interactivity or opportunity for clarification.
- Forms:
 - used in: risk assessments, admission forms, consent documentation
 - advantages:
 - standardises data collection and reporting
 - increases efficiency and consistency of gathering data
 - disadvantages:
 - risk of user error if forms are incomplete or inaccurate
 - limited flexibility for engagement or complex, nuanced information.
- Presentations:
 - used in: case reviews, multidisciplinary team (MDT) meetings, training sessions
 - advantages:
 - supports engagement and discussion
 - allows for interactive, visual and verbal explanation
 - disadvantages:
 - resource intensive to prepare
 - effectiveness dependence on presenter's skills.
- Graphs/charts
 - used in: monitoring vital signs, displaying trends in test results, audit reports
 - advantages:
 - offers visual clarity and quick interpretation

	<ul style="list-style-type: none"> - highlights patterns and changes over time ○ disadvantages: <ul style="list-style-type: none"> - may oversimplify complex data - risk of misinterpretation. ● Posters <ul style="list-style-type: none"> ○ used in: health promotion campaigns, staff noticeboards, patient education ○ advantages: <ul style="list-style-type: none"> - cost effective and visible in shared spaces - useful for raising awareness ○ disadvantages: <ul style="list-style-type: none"> - limited to those physically present - static content cannot easily be updated. ● Web pages <ul style="list-style-type: none"> ○ used in: internal staff portals, patient information hubs, policy updates ○ advantages: <ul style="list-style-type: none"> - easily accessibility and updatable - can include multimedia content ○ disadvantages: <ul style="list-style-type: none"> - requires technical skills to manage - data security must be maintained. ● Social media <ul style="list-style-type: none"> ○ used in: public health messaging, organisational updates, community engagement ○ advantages: <ul style="list-style-type: none"> - reaches a wide audience quickly - encourages interaction and feedback ○ disadvantages: <ul style="list-style-type: none"> - informal tone may reduce professionalism - limited control over how information is shared and interpreted.
3.12	<p>How digital tools and technology can be used for data management</p> <p>3.12.1 Students should be able to demonstrate understanding of how digital tools support the interpretation or analysis of information:</p> <ul style="list-style-type: none"> ● Artificial Intelligence (AI): <ul style="list-style-type: none"> ○ used to analyse large datasets, such as bioinformatics or diagnostic patterns. ● Mobile apps and devices: <ul style="list-style-type: none"> ○ capture health data and location in real time, often used in remote monitoring. ● Cloud-based systems: <ul style="list-style-type: none"> ○ enable secure access to electronic health records (EHRs) from multiple locations.

	<ul style="list-style-type: none"> • Digital information management systems: <ul style="list-style-type: none"> ○ create audit trails and track how data is accessed and used. • Data visualisation tools: <ul style="list-style-type: none"> ○ present complex data clearly using charts, dashboards or infographics.
3.13	<p>The advantages and risks of using information technology (IT) systems to record, retrieve and store information and data</p> <p>3.13.1 Students should be able to consider the advantages of using IT systems to record, retrieve and store information and data:</p> <ul style="list-style-type: none"> • Easy access to records. • Fast sharing and transferring data. • Real-time monitoring of health data. • Improved data security (password protected). • Standardised data formats. • Cost and space saving. • Time saving. • Supports integrated working and safeguarding. <p>3.13.2 Students should be able to consider the risks of using IT systems to record, retrieve and store information and data:</p> <ul style="list-style-type: none"> • Security breaches – accidental or malicious. • Data corruption or loss. • System failures or downtime. • Over-reliance on technology. • Additional costs and resourcing for employee training on using systems effectively.
3.14	<p>The use of social media in the healthcare sector</p> <p>3.14.1 Students should be able to consider the positive uses and advantages of using social media in the healthcare sector:</p> <ul style="list-style-type: none"> • Raise awareness and share health information. • Correct misinformation. • Communicate during public health crises. • Monitor public health trends. • Build support networks. • Recruit staff or volunteers. • Promote services and campaigns. <p>3.14.2 Students should be able to consider the disadvantages and restrictions on the use of social media in the healthcare sector:</p> <ul style="list-style-type: none"> • Do not share personal or sensitive information. • Maintain professional boundaries. • Avoid posting inaccurate or non-evidence based content. • Follow organisational codes of conduct and confidentiality policies.

Content area 4: Good scientific and clinical practice	
4.1	<p>The principles of good practice in scientific and clinical settings</p> <p>4.1.1 Students should be able to know the principles of good practice in scientific and clinical settings:</p> <ul style="list-style-type: none"> • Adhere to Standard Operating Procedures (SOPs). • Manage, calibrate and maintain equipment. • Manage stock effectively. • Store products safely and appropriately.
4.2	<p>What a Standard Operating Procedure (SOP) is and why it's important to follow them</p> <p>4.2.1 Students should know the definition of a SOP:</p> <ul style="list-style-type: none"> • A set of sequential steps or instructions designed to standardise the approach to a process or action. <p>4.2.2 Students should be able to demonstrate understanding of the purpose of SOPs within healthcare contexts:</p> <ul style="list-style-type: none"> • Consistency in care: <ul style="list-style-type: none"> ○ ensures standardised approaches across all services. • Patient safety: <ul style="list-style-type: none"> ○ minimises the risk of errors and harm. • Compliance with regulations: <ul style="list-style-type: none"> ○ ensures compliance with legal and regulatory requirements. • Quality assurance <ul style="list-style-type: none"> ○ provides clear guidelines and benchmarks for maintaining and improving care. • Training and orientation: <ul style="list-style-type: none"> ○ resource for training new staff and ongoing learning for all professionals. • Efficiency and productivity: <ul style="list-style-type: none"> ○ streamlines processes and improve efficiency. • Risk management: <ul style="list-style-type: none"> ○ identifies risks and outlines steps to mitigate or reduce them. • Communication and coordination: <ul style="list-style-type: none"> ○ improves clarity and coordination across teams and services. • Accountability: <ul style="list-style-type: none"> ○ establishes clear roles and responsibilities. • Continuous improvement: <ul style="list-style-type: none"> ○ encourages regular review and updating of SOPs based on evidence, technologies and best practice. • Crisis management: <ul style="list-style-type: none"> ○ provides a structured response during emergencies. • Patient confidence and trust: <ul style="list-style-type: none"> ○ enhances patient confidence and trust in the healthcare system.

4.3	<p>The responsibilities of employers and employees to ensure that appropriate SOPs are accessed and applied for a given activity</p> <p>4.3.1 Students should know the employer responsibilities for accessing and applying SOPs:</p> <ul style="list-style-type: none"> • Provide detailed staff induction and ongoing training. • Ensure access to the most up-to-date SOP. • Confirm all relevant documentation has been completed and signed. <p>4.3.2 Students should know the responsibilities of employees when accessing and applying SOPs:</p> <ul style="list-style-type: none"> • Complete all training. • Follow all steps or instructions covered in the SOP. • Maintain and update accurate records. <p>4.3.3 Students should understand the importance of documentation and audit trails for SOPs:</p> <ul style="list-style-type: none"> • Maintain accurate records of actions taken in line with SOPs. • Ensure documentation is clear, timely and complete. • Support audits, inspections and investigations. • Provide evidence of compliance with legal, regulatory and professional standards. • Enable review and improvement of procedures over time
4.4	<p>The potential impacts of not regularly cleaning and preparing work areas and equipment for use</p> <p>4.4.1 Students should be able to consider the impact and risks to health and safety by not regularly cleaning, preparing, maintaining and servicing work areas and equipment for use:</p> <ul style="list-style-type: none"> • Increased risk of infections: <ul style="list-style-type: none"> ○ unclean work areas can harbour pathogens. • Compromised Patient Safety: <ul style="list-style-type: none"> ○ increases the risks of accidents and injuries ○ increases the risk of exposure to toxic/dangerous by-products. • Regulatory non-compliance: <ul style="list-style-type: none"> ○ failure to maintain clean work areas can lead to non-compliance with regulations and potential legal consequences. • Cross-contamination: <ul style="list-style-type: none"> ○ spread of infection between surface, samples and individuals. • Staff health and wellbeing: <ul style="list-style-type: none"> ○ poor and unclean work environments can reduce staff morale, lead to increased absenteeism, and reduce productivity. • Damage to equipment: <ul style="list-style-type: none"> ○ dirty conditions can damage sensitive medical equipment, leading to malfunctions and reduced equipment lifespan ○ delays treatment ○ increases risks to professionals and individuals receiving care.

	<p>4.4.2 Students should be able to consider the impact of not regularly cleaning, maintaining and servicing work areas and equipment for use on diagnostic accuracy:</p> <ul style="list-style-type: none"> • Contamination or cross-contamination: <ul style="list-style-type: none"> ○ invalid results ○ misdiagnosis ○ incorrect and unnecessary treatment, possible exposure to unnecessary side effects ○ delayed diagnosis ○ prolonged illness ○ repeat testing ○ wasted resources ○ delays to treatment ○ longer hospital stays. <p>4.4.3 Students should be able to consider the impact of not regularly cleaning maintaining and servicing work areas and equipment for use on operational efficiency:</p> <ul style="list-style-type: none"> • Leads to increased costs and timescales: <ul style="list-style-type: none"> ○ due to delays, errors and repeat procedures ○ equipment needing repair or replacement ○ equipment being out of service ○ rescheduling of treatments ○ increased treatment timescales. • Reduced quality of care disorganised work environments reduces the effective delivery of services. • Negative patient experience – unclean environments reduce confidence in care delivery.
<p>4.5</p>	<p>Why it is important to calibrate and test equipment to ensure it is fit for use</p> <p>4.5.1 Students should be able know the purpose of calibrating and testing equipment:</p> <ul style="list-style-type: none"> • Ensures accuracy and precision of measurements: <ul style="list-style-type: none"> ○ provides correct and consistent readings essential for diagnosis, treatment and monitoring. • Improves reliability of measurements: <ul style="list-style-type: none"> ○ regular testing reduces the risk of unexpected errors or variability in results. • Prolongs the life of equipment: <ul style="list-style-type: none"> ○ routine calibration and testing identify faults, prevents damage, reduces wear and tear. • Ensures legal and Regulatory compliance: <ul style="list-style-type: none"> ○ legal standards for health and safety must be adhered to and reported.

	<ul style="list-style-type: none"> • Ensures safety of healthcare professionals and individuals receiving care: <ul style="list-style-type: none"> ○ calibration and testing ensure safe operation, reducing potential risks and harm.
4.6	<p>How to escalate concerns if equipment is not correctly calibrated/unsuitable for intended use</p> <p>4.6.1 Students should be able to know the process to take when equipment is not correctly calibrated/unsuitable for intended use:</p> <ul style="list-style-type: none"> • Follow organisational policy and procedures: <ul style="list-style-type: none"> ○ immediately take the equipment out of use ○ label the equipment as out of use with visible signage ○ record the equipment as out of use using workplace systems ○ report the equipment as being out of use to the designated supervisor, manager or person responsible for equipment safety and maintenance.
4.7	<p>Why it is important to order and manage stock in line with SOPs</p> <p>4.7.1 Students should be able to show understanding of factors in ordering and managing stock and their application to the healthcare contexts:</p> <ul style="list-style-type: none"> • Ensure sufficient supply of consumables and materials: <ul style="list-style-type: none"> ○ prevent shortages ○ avoids disruption to care or diagnostics. • Ensure that materials are used before their expiry date <ul style="list-style-type: none"> ○ SOPs include stock rotation checks ○ reduces waste and risk. • Reduce the costs implications of excess stock: <ul style="list-style-type: none"> ○ SOPs support efficient ordering ○ avoid overstock and unnecessary expenditure. • Improves efficiency: <ul style="list-style-type: none"> ○ SOPs streamline ordering, storage and retrieval processes. • Improves productivity: <ul style="list-style-type: none"> ○ SOPs ensure staff have timely access to required items ○ reducing delays. • Ensures safety of stock: <ul style="list-style-type: none"> ○ SOPs outline correct storage conditions to prevent contamination, degradation or misuse.
4.8	<p>The potential consequences of incorrectly storing products, materials and equipment</p> <p>4.8.1 Students should be able to consider the potential implications arising from incorrectly storing products, materials and equipment and apply it to a healthcare contexts:</p> <ul style="list-style-type: none"> • Cross-contamination: <ul style="list-style-type: none"> ○ spread of infection between products, equipment or environments.

	<ul style="list-style-type: none"> • Breakdown of limited stability products: <ul style="list-style-type: none"> ○ reduced effectiveness or safety of time-sensitive items ○ use of expired products ○ risk of treatment failure or harm to patients. • Loss of samples or degradation of reagents: <ul style="list-style-type: none"> ○ invalid test results and delayed diagnosis. • Health and safety risks: <ul style="list-style-type: none"> ○ increased likelihood of accidents, exposure to hazardous substances or injury. • Difficulty locating stock: <ul style="list-style-type: none"> ○ delays in care, reduced efficiency and increased staff frustration. • Financial loss: <ul style="list-style-type: none"> ○ wasted resources due to spoilage, damage or unnecessary reordering.
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Content area 5: Providing person-centred care	
5.1	<p>The importance of practising and promoting care values in person-centred care</p> <p>5.1.1 Students should be able to demonstrate understanding of the NHS core values:</p> <ul style="list-style-type: none"> • Compassion. • Improving lives. • Respect and dignity. • Commitment to quality of care. • Working together for patients. • Everyone counts. <p>5.1.2 Students should be able to demonstrate understanding of the person-centred care skills and apply them in practice:</p> <ul style="list-style-type: none"> • Planning and developing person-centred care: <ul style="list-style-type: none"> ○ communicate with individuals and their families ○ adapt communication style to meet needs ○ gather information from individuals, families, carers and professionals: <ul style="list-style-type: none"> – explore choices – discuss available options – consider safety and preferences – discuss possible outcomes – establish mutual expectations – clarify expectations of all parties – reach agreement and record decisions – set goals – identify what the individual wants to achieve – agree responsibilities and review dates – record plans accurately.

- Providing person-centred care:
 - follow the care plan and respect the individual's wishes
 - maintain dignity and privacy
 - hold confidential conversations in appropriate settings
 - gain consent before sharing information
 - promote equality, diversity and inclusion
 - treat all individuals fairly and with respect
 - use compassionate language and acknowledge feelings
 - review care plans regularly to ensure they meet current needs.
- 5.1.3 Students should be able to consider the importance of practising and promoting the 6 Cs and apply them in a healthcare setting:
- 6 Cs:
 - care
 - compassion
 - communication
 - courage
 - commitment
 - competence.
 - Apply the 6 Cs in practice:
 - provide choice and gain consent
 - ensure privacy and dignity
 - respect individuals' equality, diversity and inclusion
 - respect individuals' sexuality, faith, cultural needs and preferences
 - respect individuals' rights and confidentiality
 - follow duty of care
 - manage conflicts between rights and duty of care
 - promote partnership working
 - act with honesty and integrity
 - prevent discrimination and promote inclusion
 - escalate concerns appropriately.
- 5.1.4 Students should be able to demonstrate understanding of the principles of person centred care and apply them in healthcare contexts:
- People and Communities Board principles:
 - Care and support are person-centred, personalised, co-ordinated and empowering.
 - Services are co-produced with individuals and communities.
 - Focus on equality and reducing inequalities.
 - Carers are identified, supported and involved.
 - Voluntary, community, social enterprise and housing sectors are recognised as key partners.
 - Volunteering and social action are valued as enablers of care.

	<ul style="list-style-type: none"> • Further principles: <ul style="list-style-type: none"> ○ Prevent discrimination through promoting inclusion and inclusive environments. ○ Escalate concerns to ensure action is taken to protect persons from harm.
5.2	<p>The key principles of ethical practice in the healthcare sector</p> <p>5.2.1 Students should be able to demonstrate understanding of the purpose of ethical principles in relation to providing care and support to individuals in the sector:</p> <ul style="list-style-type: none"> • Autonomy and informed consent: <ul style="list-style-type: none"> ○ allow individuals to make informed choices about care and treatment by giving appropriate information about treatment and care options ○ purpose – respects personal rights and builds trust in decisions. • Truthfulness: <ul style="list-style-type: none"> ○ being honest and transparent in all aspects of care ○ purpose – builds trust and supports open communication. • Confidentiality: <ul style="list-style-type: none"> ○ keeping personal information private and secure ○ purpose – protects health information and maintains trust. • Beneficence: <ul style="list-style-type: none"> ○ doing good and helping others through actions ○ purpose – improves health and supports positive outcomes. • Non-maleficence: <ul style="list-style-type: none"> ○ avoiding harm or risk to the individual ○ purpose – keeps people safe and protects their wellbeing. • Justice: <ul style="list-style-type: none"> ○ treating everyone fairly and equally ○ purpose – ensures equal access and avoids discrimination.
5.3	<p>Working to codes of conduct, professional standards and ethical responsibilities when providing person-centred care</p> <p>5.3.1 Students should be able to demonstrate understanding of the purpose and importance of professional standards and codes of conduct:</p> <ul style="list-style-type: none"> • Codes of conduct: <ul style="list-style-type: none"> ○ clarifies missions, values, principles and standards that everyone must adhere to ○ outlines expected professional behaviours and attitudes ○ promotes confidence in the sector and the professionals who work in it ○ essential for safeguarding individuals and maintaining public trust ○ supports high-quality service provision and positive outcomes ○ reduces conflicts within the workplace

- promotes respectful environments among colleagues
- non-compliance may result in disciplinary action and deregistration.

5.3.2 Students should consider the key themes and benefits of working to professional standards and codes of conduct in the healthcare sector:

- Accountability – builds trust by ensuring actions and decisions can be explained and justified.
- Respect and dignity – promotes a caring environment where everyone feels valued and diversity is respected.
- Privacy and confidentiality – protects personal information and encourages open communication.
- Compassionate communication – supports individuals to feel heard, understood and supported.
- Safe and high-quality care – reduces risk and improves outcomes for those receiving care and support.
- Equality and inclusion – ensures fair treatment and access for all individuals.
- Working in partnership – strengthens care through collaboration and shared responsibility.
- Continuous learning – keeps knowledge current and improves service quality.
- Professional boundaries – maintains trust and prevents inappropriate relationships, avoids misinterpretation of roles, reduces the risk of abuse.
- Duty of candour – encourages honesty when things go wrong, supporting improvement.
- Enhances communication, teamwork and sharing of sharing best practice.
- Improves safety through timely observation, reporting and escalation.
- Supports effective conflict resolution and professional relationships.

5.3.3 Students should understand the importance of managing relationships and boundaries, and how to work within parameters when providing person-centred care in healthcare contexts:

- The importance of managing relationships and boundaries:
 - protects those providing and receiving care
 - avoids misinterpretation of roles
 - helps prevent potential abuse.
- How to work within those parameters:
 - adhere to regulatory bodies standards of professionalism
 - maintain professional conversation.

5.3.4 Students should understand a range of frameworks for managing professional standards and conduct in the healthcare sector:

- Organisational policies including whistleblowing and social media policies.
- Behavioural frameworks and performance management systems.

	<ul style="list-style-type: none"> • Use of performance improvement plans to support employee’s professional development. <p>5.3.5 Students should understand what is meant by a conflict of interest and how to manage it:</p> <ul style="list-style-type: none"> • What is meant by a conflict of interest: <ul style="list-style-type: none"> ○ a personal relationship with someone receiving care ○ financial interests in a service being recommended ○ dual roles that may influence judgement or objectivity. • When to declare conflicts of interest: <ul style="list-style-type: none"> ○ as soon as they arise – before making any decisions relating to care provision ○ during recruitment, procurement or referrals ○ when working with family, friends or businesses. • How to declare conflicts of interest: <ul style="list-style-type: none"> ○ follow workplace guidelines ○ use formal workplace forms or methods ○ speak to an appropriate line manager ○ be open and honest acting with integrity. • Professional standards and conduct in the healthcare sector: <ul style="list-style-type: none"> ○ follow professional standards and codes of conduct ○ uphold ethical principles ○ maintain transparency in all interactions ○ avoid situations that could compromise trust.
5.4	<p>The Personalisation Agenda 2012 and the importance of placing individuals, their carers and significant others at the centre of their care and support</p> <p>5.4.1 Students should know the purpose of the Personalisation Agenda 2012:</p> <ul style="list-style-type: none"> • Focuses on putting the individual at the centre of care planning. • Aims to create support tailored to personal needs, goals and preferences. • Promotes choice, control and independence – especially for those with long-term conditions. <p>5.4.2 Students should understand different methods of providing holistic care:</p> <ul style="list-style-type: none"> • Person-centred planning – involving the individual in setting goals and making decisions. • Maslow’s hierarchy of individual’s needs – helps identify and prioritise physical, emotional and social needs. • Advanced care planning – prepares for future care choices, especially in complex or end-of-life care. • Integrated working – encourages professionals from different services to work together to provide care.

	<ul style="list-style-type: none"> • Do Not Resuscitate order (DNR) – reflects personal wishes in care planning and emergency decisions. <p>5.4.3 Students should be able to consider the importance of using holistic approaches:</p> <ul style="list-style-type: none"> • Ensures that care provided is in the individual’s best interest. • Supports autonomy and personal goals. • Encourages active involvement from carers and professionals. • Improves access to the right services at the right time. <p>5.4.4 Students should be able to consider the importance of treating the individual not just the condition when taking a holistic approach to healthcare:</p> <ul style="list-style-type: none"> • Spending time treating the social and emotional effects a condition may have a on an individual. • Aligns care with personal goals, values and daily life. • Considers personal commitments such as family, work, lifestyle. • Promotes joined up services across health and social care, working together with input from the individual. • Reflects improvements in how local services work together for the benefit of the individual.
<p>5.5</p>	<p>Promoting independence and self-care to support health and wellbeing and the impact on the individual receiving care and the healthcare sector</p> <p>5.5.1 Students should be able to demonstrate understanding of how to promote independence and self-care to individuals:</p> <ul style="list-style-type: none"> • Involve individuals in decisions about their care. • Provide access to support networks, appropriate information and learning opportunities regarding the range of options available to them. • Support safe risk management and risk-taking to maximise independence and choice. • Support individuals to identify their strengths, assess their needs and gain confidence in self-care skills. • Use assistive technology to support independent living. <p>5.5.2 Students should be able to consider the positive impact on the individual receiving care and healthcare sector when independence is promoted:</p> <ul style="list-style-type: none"> • Individual: <ul style="list-style-type: none"> ○ builds confidence in independence and self-care skills ○ improves self-esteem ○ encourages better decision making and personal responsibility ○ increases control over care and lifestyle choices ○ reduces reliance on formal services ○ improves understanding of available support ○ boosts motivation to stay health and active

	<ul style="list-style-type: none"> ○ strengthens relationship with carers and professionals ○ enhances satisfaction with care and support ○ supports emotional wellbeing and feeling valued ○ builds resilience in facing health challenges. ● Healthcare sector: <ul style="list-style-type: none"> ○ improves partnership working across services ○ increases efficiency in how staff time is used ○ reduces pressure on services ○ encourages more proactive and preventative care approaches.
5.6	<p>Communication in person-centred care</p> <p>5.6.1 Students should understand how to use a range of communication techniques to support individuals and others involved in their care:</p> <ul style="list-style-type: none"> ● Who communication is with: <ul style="list-style-type: none"> ○ individuals receiving care or support ○ family members and carers ○ other health and social care professionals ○ members of the public using services. ● Communicating effectively: <ul style="list-style-type: none"> ○ use clear, simple language suited to the person or group ○ avoid jargon and explain technical terms when needed ○ use images, diagrams or infographics to explain complex ideas ○ ask questions to check understanding (e.g. open or probing questions) ○ listen actively and respond thoughtfully to what is said ○ speak clearly and confidently, using a respectful tone ○ use body language that shows interest and openness ○ provide information in different formats (e.g. written, visual, digital) ○ show how care or support can benefit the individual using real examples or data. ● Types of communication: <ul style="list-style-type: none"> ○ verbal: <ul style="list-style-type: none"> - spoken word and sound ○ non-verbal: <ul style="list-style-type: none"> - gestures - facial expression - body language; posture - Makaton - British Sign Language - tactile – appropriate touch - eye contact - proximity and spatial awareness - using colour coded cues - technology based gestures – touchscreens, tapping icons on a communication app.

	<p>5.6.2 Students should understand the barriers that can make communication difficult:</p> <ul style="list-style-type: none"> • Sensory differences: <ul style="list-style-type: none"> ○ speech ○ hearing ○ sight. • Mental health condition. • Language barriers: <ul style="list-style-type: none"> ○ unfamiliar words and jargon ○ different first languages ○ accents. • Time pressures or rushed conversation. • Noisy or distracting environments. • Poor positioning of the individual from the healthcare professional – too far away, not facing the individual. • Tension or conflict in the situation. <p>5.6.3 Students should understand how to remove or reduce barriers to communication:</p> <ul style="list-style-type: none"> • Keep messages short and clear. • Avoid use of jargon/slang; use everyday words. • Be aware of cultural differences in communication. • Actively listen to the individual about communication needs/preferences. • Use assistive technology and other communication aids (braille, hearing loops, digital recorders and reader pens). • Know when to ask for help (sign language or translation support). • Involve the individual in choosing how and when to communicate. • Make sure information is easy to understand. • Offer choices in how support is given. • Use gestures or actions to convey meaning (miming eating or drinking). • Choose an appropriate space: <ul style="list-style-type: none"> ○ quiet and free from distractions ○ consider positioning of the individual from the healthcare professional (appropriate distance, comfortable distance) ○ ensure the space offers privacy where required.
5.7	<p>Human development and person-centred care across the lifespan</p> <p>5.7.1 Students should understand the typical care needs across the lifespan:</p> <ul style="list-style-type: none"> • Birth and infancy (0–2 Years): <ul style="list-style-type: none"> ○ immunisations ○ feeding support ○ sleep routines

- early bonding
- sensory stimulation.
- Early childhood (3–8 years):
 - paediatric care
 - emotional development
 - play-based learning
 - early communication support.
- Adolescence (9–18 years):
 - sexual health education
 - mental health support
 - identity development
 - peer relationships.
- Early adulthood (19–45 years):
 - maternity and paternity care
 - career and lifestyle balance
 - mental wellbeing
 - independence and self-management.
- Middle adulthood (46–65 years):
 - health screening
 - managing long-term conditions
 - maintaining physical activity
 - support with life transitions.
- Late adulthood (65–80 years):
 - support with mobility and physical changes
 - memory support and early cognitive decline
 - social engagement and preventing isolation
 - managing multiple health conditions.
- Later adulthood (80+ years):
 - frailty and end-of-life care
 - advanced memory care
 - increased support with daily living
 - palliative care planning
 - emotional support for loss and life changes.

5.7.2 Students should be able to consider the impact of ageing on physical health including:

- Cellular level.
- Body systems.
- Senses.
- Age-associated diseases.

	<p>5.7.3 Students should be able to consider the impact of ageing on cognitive health including:</p> <ul style="list-style-type: none"> • Memory. • Attention. • Reasoning. • Problem solving. • Information processing. <p>5.7.4 Students should be able to consider the impact of ageing on emotional wellbeing including:</p> <ul style="list-style-type: none"> • Transitions and significant life events. • Retirement. • Bereavement. • Ill health. • Own mortality. • Loneliness/social isolation.
5.8	<p>How to work in a person-centred way, to support nutrition and hydration to prevent deterioration in the individual’s wellbeing</p> <p>5.8.1 Students should be able to consider strategies to ensure adequate nutrition and hydration and apply them in a healthcare contexts:</p> <ul style="list-style-type: none"> • Provide food and drink that meets individual needs, considering medical conditions, cultural beliefs or practices and personal preferences. • Ensure food and drink provided do not interfere with prescribed medication. • Support individuals who might struggle to eat or drink due to physical illness, mental health conditions or cognitive changes. • Provide suitable equipment where appropriate to support individuals in eating and drinking independently: <ul style="list-style-type: none"> ○ two-handled mugs ○ cups with lids ○ non-slip mats ○ plates and bowls with high sides ○ insulated bowls. • Allow enough time for individuals to eat and drink comfortably. • Monitor nutrition and fluid intake regularly. • Set small achievable goals. • Communicate with individuals to identify and address any barriers to eating and drinking. • Promote the importance of effective nutrition and hydration for overall wellbeing. • Work in partnership with carers or family members to support individual needs. • Work in partnership with other healthcare professionals – therapists; dietitians; doctors; dentists.

5.8.2 Students should consider how person-centred strategies are adapted to meet the nutrition and hydration needs of individuals in different life stages:

- Birth and infancy (0–2 years):
 - support with breastfeeding or bottle feeding routines
 - monitor weight gain and hydration closely
 - introduce appropriate weaning foods gradually
 - work with parents or carers to meet feeding needs.
- Early childhood (3–8 years):
 - provide balanced meals that support growth and development
 - encourage healthy eating habits through play and learning
 - support children with sensory or physical difficulties at mealtimes
 - involve parents and carers in food choices and routines.
- Adolescence (9–18 years):
 - promote independence in food choices while encouraging healthy options
 - provide education on nutrition, hydration and body image
 - support mental health needs that may affect eating habits
 - respect cultural and personal preferences.
- Early adulthood (19–45 years):
 - offer flexible meal planning to suit work, study or parenting routines
 - support individuals with long-term conditions or disabilities
 - encourage self-care and informed food choices.
- Middle adulthood (46–65 years):
 - monitor for early signs of dietary-related health issues – diabetes, high blood pressure
 - promote healthy lifestyle changes and regular hydration
 - support individuals managing multiple responsibilities – family, work, lifestyle
 - provide access to screening and preventative services.
- Later adulthood (65–80 years):
 - adapt meals to suit changing taste, appetite or swallowing ability
 - use assistive equipment to support independent eating and drinking
 - monitor for signs of malnutrition or dehydration
 - encourage social mealtimes to reduce isolation.
- Later adulthood (80+ years):
 - provide soft or fortified foods if needed
 - support memory loss or confusion around eating and drinking
 - ensure regular monitoring of fluid and food intake
 - work closely with family, carers and professionals.

5.9	<p>The considerations when providing person-centred care to people with pre-existing conditions or living with illness</p> <p>5.9.1 Students should be able to consider the impact of pre-existing conditions or illnesses when providing person centred care:</p> <ul style="list-style-type: none"> • Medical conditions. • Neurological conditions. • Physical disabilities. <p>5.9.2 Students should understand how pre-existing conditions can affect care and planning for an individual:</p> <ul style="list-style-type: none"> • Communication needs. • Mobility and independence. • Medication and treatment routines. • Emotional wellbeing and mental health. • Access to services and support. <p>5.9.3 Students should be able to demonstrate understanding of the considerations that must be made when providing person-centred care to individuals with pre-existing conditions:</p> <ul style="list-style-type: none"> • Social model of disability and inclusion to focus on removing barriers. • Ongoing treatments and how they affect daily life. • Support overall wellbeing, including emotional and social needs: <ul style="list-style-type: none"> ○ follow the person-centred plan and regularly review ○ co-morbidity and the impact on the individual and their family. • Planning for safe discharge and continuity of care. • Respect for mental capacity, rights and wishes: <ul style="list-style-type: none"> ○ individual's rights and wishes <ul style="list-style-type: none"> – advocacy. • Access to community provision and additional secondary services: <ul style="list-style-type: none"> ○ counselling. ○ consideration of financial circumstances and the impact on care choices ○ completion of a carer's assessment where appropriate ○ support for informal carers. • Impact of mental health conditions, dementia and learning disabilities: <ul style="list-style-type: none"> ○ increased support requirements: <ul style="list-style-type: none"> – physical support requirements – communication support requirements – reduced ability to self-care – increased monitoring requirements – behaviour support (anxiety triggers) – support for social inclusion. ○ behavioural factors: <ul style="list-style-type: none"> – behaviour that challenges (aggression and violence).
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- comprehension factors:
 - anxiety around care
 - lack of understanding of the care to be provided
 - impaired rationality around the condition or support requirements
 - dissociative conditions
 - awareness of possible abuse
 - refusal of treatment
 - perceived stigma attached to conditions and disabilities.

5.9.4 Students should consider how person-centred care for individuals with pre-existing conditions may differ across the life stages:

- Birth and infancy (0–2 years):
 - care involves parents or guardians
 - focus on comfort and safety
 - observe non-verbal communication cues.
- Early childhood (3–8 years):
 - support learning and emotional growth
 - use simple, reassuring communication
 - involve family in care planning.
- Adolescence (9–18 years):
 - balance support with growing independence
 - respect privacy and emotional needs
 - address mental and physical health.
- Early adulthood (19–45 years)
 - support autonomy and life choices
 - consider work and family responsibilities
 - encourage self-management and planning.
- Middle adulthood (46–65 years)
 - manage multiple health responsibilities
 - promote wellbeing and active lifestyle
 - coordinate care with professionals.
- Later adulthood (65–80 years)
 - adapt care to physical changes
 - encourage routine and social contact
 - monitor for memory or mobility.
- Later adulthood (80+ years)
 - support complex and dependent needs
 - prioritise comfort and emotional wellbeing
 - involve carers in daily planning.

5.10

How to work in a person-centred way with an individual who is experiencing pain and discomfort and/or whose health and wellbeing is deteriorating

5.10.1 Students should understand how to work in a person-centred way with an individual who is experiencing pain or discomfort across the lifespan:

- Babies and Infants (0–2 years):
 - may cry or stop feeding
 - watch for changes in movement
 - parents help interpret behaviours.
- Young children (3–8 years):
 - may act withdrawn
 - may not describe pain clearly
 - observe facial expressions and posture.
- Adolescents (9–18 years):
 - may hide discomfort
 - look for mood or behaviour changes
 - respect privacy and independence.
- Adults (19–65 years):
 - may minimise symptoms
 - monitor energy, speech and habits
 - support open, honest communication.
- Older adults (65+ years):
 - may show subtle signs
 - watch for confusion or tiredness
 - involve carers in daily care.

5.10.2 Students should understand the physical signs and symptoms that may indicate pain, discomfort or deterioration:

- Changes in breathing, heart rate or temperature.
- Skin that looks pale, sweaty, flushed or bruised.
- Repeatedly holding, touching or protecting part of the body.
- Moving more slowly than usual.
- Wringing hands or clenching fists
- Altered baseline observations.

5.10.3 Students should understand the verbal signs that may indicate pain, discomfort or deterioration:

- Informing professionals of pain or feeling unwell.
- Crying out or calling for help.
- Groaning, grunting or other sounds of distress.

5.10.4 Students should understand the non-verbal signs that may indicate pain, discomfort or deterioration:

- Facial expressions – grimacing, frowning or looking sad.
- Tense or twitching or body movements.

	<ul style="list-style-type: none"> • Avoiding eye contact or withdrawing. <p>5.10.5 Students should understand the behavioural signs and symptoms that may indicate pain, discomfort or deterioration:</p> <ul style="list-style-type: none"> • Low energy or tiredness. • Acting differently from normal – quieter, more agitated, more confused. • Changes in usual eating/sleeping pattern. <p>5.10.6 Students should understand the importance of recognising early signs of pain or discomfort:</p> <ul style="list-style-type: none"> • Keep the individual safe and comfortable. • Prevent further harm or distress. • Demonstrate empathy and understanding in delivering care. • Protect the dignity of individuals. • Encourage collaborative working approaches to get the right support in place.
5.11	<p>The role of healthcare professionals in providing person-centred care for the individual during end-of-life care</p> <p>5.11.1 Students should be able to demonstrate understanding of how professionals provide support to both the individual and to family/carers:</p> <ul style="list-style-type: none"> • Provide clear, timely information on what to expect. • Address questions and concerns honestly and with compassion. • Take time to actively listen and without judgement. • Provide emotional support or advice. • Recognise stages of grief (Kübler-Ross model). • Recognise when an individual may be nearing the last few days and hours of life. • Involve the individual and families in all care decisions. • Respect culture, spiritual and religious wishes. • Coordinate with multi-agency teams to ensure seamless care. • Advocate for the individual’s rights and wishes. • Safeguard the individual’s dignity and wellbeing. <p>5.11.2 Students should understand how person-centred care can affect end-of-life care across the life stages:</p> <ul style="list-style-type: none"> • Adults (19-45 years): <ul style="list-style-type: none"> ○ provide support for emotional needs around loss of future ○ involvement in care decisions maintains autonomy and dignity ○ support navigating relationships, parenting, career goals ○ discuss legacy, memory-making and personal goals. • Middle adulthood (46-65 years): <ul style="list-style-type: none"> ○ provide support for the individual and dependants ○ recognise that the individual may be balancing family responsibilities with health decline

	<ul style="list-style-type: none"> ○ care planning may include financial, legal and practical arrangements ○ emotional support for loss of identity and role. ● Late adulthood (65-80 years): <ul style="list-style-type: none"> ○ identify individual's preferences for end-of-life care ○ ensure individual's wishes are documented and respected ○ support individuals to maintain independence where possible ○ involve the family and carers in care planning where appropriate. ● Later adulthood (80+ years): <ul style="list-style-type: none"> ○ individuals may have complex health needs or cognitive decline ○ prioritise comfort, familiarity and routine ○ adapt communication to suit memory or sensory changes ○ provide support and reassurance to carers and family.
5.12	<p>How to support people with bereavement and how to communicate with families</p> <p>5.12.1 Students should be able to consider the factors that could be used to support people dealing with bereavement and apply it to a healthcare context:</p> <ul style="list-style-type: none"> ● Provide a quiet, calm private space. ● Provide emotional support: <ul style="list-style-type: none"> ○ recognise distress and emotional reactions ○ listen without judgement or interruption, allow the person to talk/cry. ● Acknowledge sadness, fear or confusion. ● Recognise duty of candour: <ul style="list-style-type: none"> ○ accurately represent the situation ○ act in the best interests of the individual, their family or carers ○ speak honestly with clear facts ○ ensure records are accurate and up-to-date. ● Respect cultural/religious practices: <ul style="list-style-type: none"> ○ signpost individual to applicable services – bereavement care, national charities for bereaved people.
5.13	<p>Types of care and circumstances associated with death and bereavement across the care journey</p> <p>5.13.1 Students should know the types of care and circumstances available in the healthcare sector in relation to death and bereavement:</p> <ul style="list-style-type: none"> ● Palliative care: <ul style="list-style-type: none"> ○ palliative care relieves suffering through an approach that improves quality of life for patients (adults and children) and families who are facing a progressive, life-threatening illness ○ relates to symptom management and improving the quality of life for those with a serious illness ○ may continue alongside life prolonging treatments ○ may last months or years.

	<ul style="list-style-type: none"> ● End-of-life care: <ul style="list-style-type: none"> ○ care provided to those who are in the last months or years of their life ○ refers to the care provided when the efforts made to successfully treat or control a disease has ceased ○ provides emotional and spiritual support to individual and relations ○ aims to provide comfort, dignity and preparation for death by managing the individual ‘symptoms and pain relief ○ the final stage within palliative care. ● Hospice: <ul style="list-style-type: none"> ○ place or organisation that provides care for people who are terminally ill ○ provides support to receive specialised care, pain management and emotional support in a home-like setting ○ aims to improve the quality of life for the patient and their family. ● Expected death: <ul style="list-style-type: none"> ○ result of acute or gradual deterioration in an individual’s health often due to advanced disease or terminal illness. ● Sudden or unexpected death: <ul style="list-style-type: none"> ○ death without warning (for example an accident, heart attack or act of violence). ● Grief: <ul style="list-style-type: none"> ○ a response to loss and often described as intense sorrow ○ used in the context of having lost a person who has died. ● Bereavement: <ul style="list-style-type: none"> ○ sense of loss when someone close passes away.
5.14	<p>The meaning of patient safety and clinical effectiveness including why they are important</p> <p>5.14.1 Students should know the meaning of patient safety:</p> <ul style="list-style-type: none"> ● The avoidance of accidental or unintended injury or harm during a period of receiving healthcare. <p>5.14.2 Students should know the meaning of clinical effectiveness:</p> <ul style="list-style-type: none"> ● The application of healthcare, taking into consideration the individual’s wishes, healthcare professional’s experience and evidence-based research in the approach. <p>5.14.3 Students should understand the importance of patient safety and clinical effectiveness:</p> <ul style="list-style-type: none"> ● Raises the standard of care improving the patient’s experience and quality. ● Avoids negative outcomes for the provision of care.

Content area 6: Health and wellbeing	
6.1	<p>Changes in the approach to healthcare and supporting wellbeing</p> <p>6.1.1 Students should be able to demonstrate understanding of the changes in approach to healthcare:</p> <ul style="list-style-type: none"> • Policy changes that focus on the promotion of health and wellbeing and prevention of ill health. • Shift in focus from treating illness to promoting wellbeing. • Improved multi-agency working to support individuals' health and social care needs. <p>6.1.2 Students should be able to demonstrate understanding of how to support a person's health, comfort and wellbeing:</p> <ul style="list-style-type: none"> • Collaborative working across the healthcare, social care services, communities and individuals. • Involvement of individuals in decisions about their care. • Actions that promote comfort and wellbeing, including emotional support, pain management, meaningful activity and safe environments.
6.2	<p>The ways in which health education, promotion and prevention contribute to improving health and wellbeing outcomes for individuals</p> <p>6.2.1 Students should be able to consider the role and purpose of public health organisations:</p> <ul style="list-style-type: none"> • Organisations: <ul style="list-style-type: none"> ○ World Health Organisation (WHO) ○ UK Health Security Agency (UKHSA) ○ Department of Health and Social Care (DHSC). • Purpose: <ul style="list-style-type: none"> ○ collecting information to understand the extent of health issues, who is affected and the impact ○ identify reasons why health issues occur and the factors that increase the risk ○ provide interventions to reduce risk across different environments and populations ○ consider the impact of social issues on health and wellbeing. <p>6.2.2 Students should be able to consider the benefits of public health approaches to regional and national health:</p> <ul style="list-style-type: none"> • Raises awareness of health risks. • Provides education on healthier lifestyles and self-care. • Improves long-term health outcomes across generations. • Reduces the need for social care services. • Reduces the number of people impacted by preventable illnesses. • Reduces pressure on healthcare services.

	<p>6.2.3 Students should understand the purpose of epidemiology:</p> <ul style="list-style-type: none"> • Epidemiology – study and analysis of how diseases spread, who they affect and why. • Incidence – occurrence of new cases over a specified period. • Prevalence – how many people have it now. • Mortality – number of deaths. • Morbidity – having a disease or condition. <p>6.2.4 Students should understand the impact of epidemiology on the sector:</p> <ul style="list-style-type: none"> • Identify the causes of disease. • Track how common a disease is. • Spot trends and patterns. • Plan and evaluate how to prevent and treat it. • Inform public health policy and preventative measures. <p>6.2.5 Students should understand how health promotion prevents disease:</p> <ul style="list-style-type: none"> • Improves health outcomes. • Makes fair and person-centred care. • Prevents illness before it starts. • Supports professionals to innovate and improve. <p>6.2.6 Students should be able to know the purpose and advantages of preventative approaches to health and wellbeing:</p> <ul style="list-style-type: none"> • Purpose: <ul style="list-style-type: none"> ○ reduces the burden of preventable diseases ○ promotes healthy communities through early intervention and health education. • Advantages: <ul style="list-style-type: none"> ○ helps people to stay healthy and independent for longer ○ focuses on preventing problems rather than treating illness. ○ provides individuals and communities with knowledge and skills to make lifestyle choices.
6.3	<p>The ways in which health promotion is used in practice to support health and wellbeing</p> <p>6.3.1 Students should understand the social and environmental interventions used to empower individuals to improve their health and wellbeing:</p> <ul style="list-style-type: none"> • National campaigns from government departments. • Campaigns by specific groups and charities. • Opportunistic delivery of health promotion by all healthcare and social care professionals.

- Make Every Contact Count (MECC) guidance as part of care and support:
 - use routine interactions to identify and highlight risk factors:
 - smoking
 - poor diet
 - alcohol consumption
 - physical inactivity
 - lack of immunisations and vaccinations
 - poor mental health and wellbeing
 - deliver brief or very brief interventions to provide health promotion advice
 - support individuals to access further information, advice or services.

6.3.2 Students should understand how lifestyle choices impact health and wellbeing:

- Poor diet:
 - can lead to obesity, increases the risk of type 2 diabetes, hypertension and heart disease
 - malnutrition may cause vitamin deficiencies.
- Smoking:
 - major cause of death and illness in the UK
 - raises the risk of lung and other cancers and heart disease.
- Physical inactivity:
 - increases risk of long-term conditions like heart disease and hypertension
 - linked to anxiety and depression,
 - higher fall risk in older adults owing to reduction in muscle strength and coordination.
- Alcohol consumption:
 - long-term use can damage the heart, liver, pancreas and brain
 - raises risk of hypertension, weakens immunity and bones.
- Substance abuse:
 - can harm health even after one use.
 - long-term use increases risk of heart disease, cancer and hepatitis.

6.3.3 Students should be able to demonstrate understanding of how health promotion contributes to the prevention and control of diseases and disorders:

- Communication through a range of mediums to raise awareness of behaviours.
- Policy and systems change to support healthy behaviours.
- Education programmes to improve knowledge and empower behaviour change.
- Targeted campaigns for specific disease and disorders.

6.4	<p>The purpose of signposting individuals to services to support health and wellbeing</p> <p>6.4.1 Students should be able to know the purpose of signposting individuals:</p> <ul style="list-style-type: none"> • Identify the most appropriate service to meet the individual’s needs. • Consider cost-effective options when directing individuals to services. • Support individuals to access further information, advice or services as part of Making Every Contact Count (MECC). <p>6.4.2 Students should be able to consider the ways in which signposting can support an individual’s health and wellbeing:</p> <ul style="list-style-type: none"> • Increases awareness of a wider range of services that support physical, emotional, intellectual and social wellbeing. • Offers alternative options that may better suit the individual’s preferences or circumstances. • Provides opportunities to discuss specific concerns with specialists or peers. • Supports individuals with activities of daily living: <ul style="list-style-type: none"> ○ nutrition and hydration ○ maintaining continence ○ personal hygiene ○ personal appearance ○ oral care ○ mobility ○ sleep and rest ○ expressing sexuality. • Help individuals access safe and secure environments that promote wellbeing.
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Content area 7: Safeguarding	
7.1	<p>The importance of safeguarding in the health sector and the key principles of safeguarding</p> <p>7.1.1 Students should be able to know the importance of safeguarding in the health sector:</p> <ul style="list-style-type: none"> • Protection of health, wellbeing and rights of individuals. • Protection from harm and neglect. <p>7.1.2 Students should be able to consider the importance of the key principles of safeguarding in the health sector:</p> <ul style="list-style-type: none"> • Empowerment: <ul style="list-style-type: none"> ○ supporting individuals to make informed decisions. • Prevention: <ul style="list-style-type: none"> ○ act before harm occurs. • Proportionality: <ul style="list-style-type: none"> ○ ensuring responses are appropriate to the level of risk.

	<ul style="list-style-type: none"> • Protection: <ul style="list-style-type: none"> ○ providing support to those in greatest need. • Partnership: <ul style="list-style-type: none"> ○ collaborating with professionals, groups and communities to prevent, detect and report neglect or abuse. • Accountability: <ul style="list-style-type: none"> ○ ensuring responsibility for safeguarding actions and decisions.
7.2	<p>Factors that may contribute to an individual being vulnerable to harm or abuse and the vulnerable groups that require protection</p> <p>7.2.1 Students should be able to demonstrate understanding of the factors that can contribute to the risk of being abused:</p> <ul style="list-style-type: none"> • Age. • Health conditions. • Physical dependency. • Lack of mental capacity. • History of abuse. • Social isolation. • Substance misuse. • Financial instability. • Religious beliefs. <p>7.2.2 Students should be able to demonstrate understanding of the types of vulnerable groups:</p> <ul style="list-style-type: none"> • Children and young people. • Elderly individuals. • Adults receiving care. • Individuals with physical, mental or sensory impairments. • Individuals with learning disabilities. • Ethnic minorities. • Socio-economically disadvantaged individuals.
7.3	<p>Different types of abuse and neglect and the signs and symptoms that may be identified in an individual</p> <p>7.3.1 Students should be able to demonstrate an understanding of types of abuse or neglect and the potential signs and symptoms that may be identified in an individual:</p> <ul style="list-style-type: none"> • Physical abuse: <ul style="list-style-type: none"> ○ causing physical harm or injury <ul style="list-style-type: none"> - female genital mutilation - hitting - burns. • Possible signs: <ul style="list-style-type: none"> ○ bruising ○ unexplained injuries ○ fearfulness

- flinching.
- Modern day slavery:
 - exploitation for labour using threats and violence
 - taking over someone's home to conduct criminal activity
 - possible signs:
 - malnourishment
 - poor hygiene
 - lack of freedom
 - withdrawn behaviour.
- Sexual abuse:
 - adults or children – forced participation in or observation of sexual activities
 - sexual exploitation
 - possible signs:
 - bruising
 - difficulty walking or sitting
 - anxiety
 - sexually transmitted infections
 - sexualised behaviour.
- Emotional abuse:
 - emotional harm through words or actions:
 - belittling
 - bullying
 - verbal abuse
 - gaslighting.
 - possible signs:
 - depression
 - low self-esteem
 - withdrawal
 - fearfulness.
- Coercion/control:
 - forcing someone to act in a certain way though:
 - assaults
 - threats
 - intimidation
 - humiliation.
 - possible signs:
 - fear of specific individuals
 - restricted movement
 - anxiety.
- Organisational/institutional abuse:
 - regimented routines
 - removal personal choice
 - possible signs:
 - lack of autonomy

- fear of staff
 - poor care standards.
- Financial abuse:
 - withholding or taking money
 - possible signs:
 - lack of money and/or belongings
 - increase in debt
 - unexplained withdrawals from accounts.
- Neglect:
 - self-neglect:
 - failure to care for one's own basic needs
 - neglect by others:
 - failure to provide necessary care or attention to someone who is dependent of others for their wellbeing
 - possible signs:
 - poor hygiene
 - untreated medical issues
 - malnutrition.
- Domestic abuse:
 - abuse that takes place in the home by a family member
 - forced marriage
 - possible signs:
 - injuries
 - isolation
 - fearfulness
 - reluctance to go home.
- Professional abuse:
 - abuse by individuals in positions trust or authority
 - possible signs:
 - fear of professionals
 - unexplained injuries
 - withdrawals.
- Honour-based abuse:
 - abuse committed to protect or defend the honour of the family:
 - forced marriage
 - physical punishment
 - possible signs:
 - fear of family
 - restricted freedom
 - sudden disappearance.
- Child criminal exploitation:
 - Forcing children into illegal criminal activity:
 - drug trafficking
 - county lines

	<ul style="list-style-type: none"> ○ Possible signs: <ul style="list-style-type: none"> - unexplained money - missing episodes - association with gangs. ● Discriminatory abuse: <ul style="list-style-type: none"> ○ unequal treatment based on a protected characteristic ○ possible signs: <ul style="list-style-type: none"> - withdrawal - low self-esteem - verbal abuse - exclusion.
7.4	<p>What action to take if abuse or neglect is suspected or disclosed</p> <p>7.4.1 Students should understand how to respond to concerns about an individual's wellbeing in a safe and supportive way.</p> <ul style="list-style-type: none"> ● Respect confidentiality balanced with assessing risk. ● Record disclosures word for word using safeguarding disclosure form/safeguarding incident report form. ● Remain calm and non-judgemental. ● Avoid leading questions. ● Reassure that the concern will be taken seriously. ● Follow organisational safeguarding procedures. <p>7.4.2 Students should be able to consider the importance of reporting if abuse is suspected or disclosed:</p> <ul style="list-style-type: none"> ● Follow the reporting procedure and report line. ● Report instance but do not intervene unless immediate or imminent threat to safety. ● Escalate concerns if suspected abuse not investigated. ● Challenge decisions or inaction when safeguarding concerns are not investigated or are ignored. ● Prioritise safety and wellbeing over hierarchy or status. ● Female Genital Mutilation (FGM) requires mandatory reporting as a legal duty per the Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015). <p>7.4.3 Students should understand the different ways and importance to preserve evidence if abuse is suspected or disclosed:</p> <ul style="list-style-type: none"> ● Documentation of facts. ● Record information promptly. ● Use exact language from the individual to avoid misinterpretation. ● Avoid paraphrasing to avoid clinical bias. ● Use observation charts to document physical or behavioural changes. ● Use of clinical photography where appropriate and permitted.

7.5	<p>Action that can be taken by healthcare professionals and organisations to reduce the chances of abuse or neglect</p> <p>7.5.1 Students should be able to consider how the following actions could reduce the chance of abuse or neglect towards individuals receiving care and their potential impact:</p> <ul style="list-style-type: none"> • Provide education and training: <ul style="list-style-type: none"> ○ to increase professionals understanding of safeguarding responsibilities and rights ○ to equip professionals to identify and respond to abuse and neglect. • Use of the whistleblowing procedure to ensure safe reporting of concerns without fear of retaliation. • Provide clear routes for professionals to raise having in place an effective complaints procedure. • Use risk management procedures to identify mitigate safeguarding risks. • Use individual risk assessments to tailor safeguarding measures to specific needs and vulnerabilities. • Work in a person-centred way, promoting dignity, respect and autonomy in care. • Collaborate with other professionals and agencies to strengthen safeguarding practices and approaches. • Address physical, emotional, social and environmental factors through the implementation of holistic approaches. • Promote advocacy and support individuals to express views and make informed choices.
7.6	<p>Radicalisation, identifying signs of radicalisation and the purpose of the Prevent duty guidance: England and Wales 2023</p> <p>7.6.1 Students should know the meaning of radicalisation:</p> <ul style="list-style-type: none"> • Process of adopting or support of extremist beliefs. <p>7.6.2 Students should be able to demonstrate understanding of how to identify signs of radicalisation:</p> <ul style="list-style-type: none"> • Detachment from family and friends. • Raised levels of anger or aggression. • Failure or avoidance in discussing personal views. • Increased interest in privacy or secretive behaviours. <p>7.6.3 Students should know the purpose of the Prevent programme (Prevent duty guidance England and Wales 2023):</p> <ul style="list-style-type: none"> • Prevent involvement in, terrorism or support of terrorist groups. • Support the rehabilitation and disengagement of those already involved in extremist activity.

7.7	<p>Safeguarding policies</p> <p>7.7.1 Students should be able to demonstrate understanding of the purpose of safeguarding policies:</p> <ul style="list-style-type: none"> • Provides guidelines on what the organisation needs to do to protect individuals' health, wellbeing and human rights. • Ensures protection from the harm of individuals, including those working within the organisation, service users and visitors. • Outlines the roles of different agencies involved in safeguarding (for example local authority adult social care services and children and young people social care services, GPs, hospitals, education settings, Ofsted and the CQC).
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Content area 8: Core Science Concepts	
8.1	<p>The three principles of cell theory</p> <p>8.1.1 Students should know the three principles of cell theory:</p> <ul style="list-style-type: none"> • All living things are made up of one or more cells. • Cells are the most basic unit of structure and function in all living things. • All cells are created by pre-existing cells.
8.2	<p>The different types of cells that make up living organisms</p> <p>8.2.1 Students should know the characteristics of different types of cells in living organisms:</p> <ul style="list-style-type: none"> • Eukaryotic cells: <ul style="list-style-type: none"> ○ complex cells with nucleus and other membrane-bound organelles cell types: <ul style="list-style-type: none"> – animals/humans – plants – fungi. • Prokaryotic cells: (for example plant, yeast and algae: <ul style="list-style-type: none"> ○ simple cells which lack a nucleus and other membrane bound organelles: <ul style="list-style-type: none"> – bacteria.
8.3	<p>The structure and function of the organelles found within eukaryotic cells including</p> <p>8.3.1 Students should demonstrate understanding of the structure and functions of organelles within eukaryotic cells:</p> <ul style="list-style-type: none"> • Cell surface membrane: <ul style="list-style-type: none"> ○ fluid mosaic model ○ controls of passage of substances into and out of the cell ○ site of cell surface antigens. • Nucleus: <ul style="list-style-type: none"> ○ contains chromosomes composed of DNA ○ controls cell activities through gene expression.

	<ul style="list-style-type: none"> • Mitochondria: <ul style="list-style-type: none"> ○ site of aerobic respiration ○ respiration produces adenosine triphosphate (ATP). • Ribosomes: <ul style="list-style-type: none"> ○ site of protein synthesis/translation. • Rough and smooth endoplasmic reticulum (RER): <ul style="list-style-type: none"> ○ involved in protein synthesis and transport packaging ○ lipid synthesis and storage ○ studded with ribosomes. • Smooth endoplasmic reticulum (SER): <ul style="list-style-type: none"> ○ involved in lipid synthesis ○ involved in storage and transport of lipids. • Golgi apparatus and Golgi vesicles: <ul style="list-style-type: none"> ○ modifies and packages proteins for transport ○ forms lysosomes. • Centrioles: <ul style="list-style-type: none"> ○ involved in organisation of spindle fibres with separation of chromosomes during cell division. • Lysosomes: <ul style="list-style-type: none"> ○ contain digestion enzymes ○ breakdown of worn-out organelles, cell parts and invading microbes. • Vacuoles <ul style="list-style-type: none"> ○ store nutrients and waste products ○ assist in regulation of pH and ion balance. • Cytoskeleton <ul style="list-style-type: none"> ○ provides structural support to cells ○ involved role in cell division ○ involved in intracellular transport ○ involved in cell movement. • Anchoring organelles.
8.4	<p>The molecular structures of the large molecules and how they are used within the body</p> <p>8.4.1 Students should know the basic units of proteins and understand how they are used within the body:</p> <ul style="list-style-type: none"> • The basic units of proteins: <ul style="list-style-type: none"> ○ amino acids. • The relationship between primary, secondary, tertiary and quaternary structure.

- Proteins are used within the body for:
 - growth and repair of tissues like organs, skin and muscle
 - contributing to the production of hormones
 - the formation of antibodies used in the immune response.
- Excess amino acids are broken down in the liver through deamination.

8.4.2 Students should know the composition of carbohydrates and understand how they are used within the body:

- Carbohydrates are composed of carbon, hydrogen and oxygen.
- Can be simple carbohydrates (monosaccharides or one unit) such as glucose, or complex carbohydrates (polysaccharides or multiple units) such as glycogen.
- To maintain blood glucose levels for normal brain and muscle function.
- To store energy as glycogen in the liver and muscles.
- Carbohydrates are used within the body as a source of energy.
- Excess carbohydrate intake can lead to fat storage and contribute to weight gained as fat if eaten to excess.
- Poor regulation of carbohydrate use is linked to health conditions such as type 2 diabetes link to diabetes.

8.4.3 Students should know types of lipids, how they are formed and understand how they are used within the body:

- Lipids are made from fatty acids and glycerol.
- Triglycerides are formed from three fatty acids and one glycerol molecule the molecules from which triglycerides and phospholipids are formed.
- Phospholipids are formed when one of the fatty acids of a triglyceride is substituted by a phosphate-containing group.
- Fatty acid molecules repel water (hydrophobic) and glycerol molecules attract water (hydrophilic).
- Phospholipid is made up of two parts, a hydrophilic head and a hydrophobic tail – this molecule structure forms a bi-layer that is important for all membrane functions.
- Lipids are used within the body:
 - as a long-term energy store
 - to insulate the body and protect internal organs
 - as an energy source
 - to form cell membranes.
- To help absorb fat-soluble vitamins (A, D, E, K) too large to pass through gut wall that must be digested first.

8.5	<p>The properties and functions of enzymes that are determined by their tertiary structure</p> <p>8.5.1 Students should know the purpose and importance of enzymes in the human body:</p> <ul style="list-style-type: none"> • Enzymes: <ul style="list-style-type: none"> ○ proteins that function as biological catalysts to increase the rate of chemical reactions without being used up. • Important function of enzymes: <ul style="list-style-type: none"> ○ digestion of food in the stomach and intestines to break down large food molecules into smaller ones that can be absorbed into the blood ○ muscle function, including contraction and energy release ○ nerve function, including signal transmission ○ DNA processes such as cell repair and growth. <p>8.5.2 Students should know the properties of enzymes:</p> <ul style="list-style-type: none"> • The shape of the active site: <ul style="list-style-type: none"> ○ enzymes are highly specific with a unique three-dimensional shape (tertiary structure) that determines its active site ○ the enzymes' active site compliments the substrate the enzyme acts on ○ the active site's shape may change relating to extremes of temperature or pH ○ human body enzymes work best at body temperature (37 degrees centigrade) ○ high temperatures or extreme pH can alter or stop enzyme activity. <p>8.5.3 Students should be able to show understanding of how enzymes function:</p> <ul style="list-style-type: none"> • The substrate fits into the enzyme's active site, forming an enzyme–substrate complex. • The enzyme lowers the activation energy (minimum energy required to start a chemical reaction) required for the reaction, allowing it to proceed faster. • After the reaction, the enzyme releases the product and is free to catalyse another reaction.
8.6	<p>How specialised systems ensure the effective transport and exchange of cells and substances in the human body, surface-area-to-volume ratio and additional factors affect the rate of exchange and give rise to specialised systems</p> <p>8.6.1 Students should know the definition of metabolism and the need for transport and exchange in the human body:</p> <ul style="list-style-type: none"> • Metabolism is the total of all chemical reactions in the body that keep cells alive and functioning. • These reactions require a constant supply of substances including oxygen and glucose.

	<ul style="list-style-type: none"> • These reactions produce waste products including carbon dioxide and urea. • The body must transport these substances to and from cells to maintain health. • The chemical reactions happening in the body. • The need for the body to transport substances and waste products around the body. <p>8.6.2 Students should understand why specialised systems are needed for transport and exchange in the human body:</p> <ul style="list-style-type: none"> • For diffusion the surface area must be large. • The human body is made of many cells and has a large volume compared to its surface area. • Diffusion alone is too slow to meet the needs of all cells, especially those deep inside the body. • Specialised exchange surfaces and transport systems are needed to deliver oxygen, glucose and other substances quickly and remove waste products efficiently. • Without these systems, cells would not survive, and body systems would fail. • The human body has evolved specialised exchange surfaces and transport systems to ensure cells receive the necessary substances for survival and efficiently remove waste products. <p>8.6.3 Students should know the factors that affect the efficiency of transport and exchange in the human body:</p> <ul style="list-style-type: none"> • Distance – shorter distances between cells and blood vessels allow substances to move more quickly. • Body temperature – higher temperatures can increase the speed of chemical reactions and the movement of substances. • Metabolic rate – cells with higher activity levels require faster delivery of oxygen and nutrients and faster removal of waste products.
8.7	<p>The structure of the cell surface membrane and mechanisms of cellular exchange and transport</p> <p>8.7.1 Students should know the structure and function of the cell surface membrane and be able to understand mechanisms of cellular exchange and transport:</p> <ul style="list-style-type: none"> • Structure: <ul style="list-style-type: none"> ○ the cell surface membrane is described by the fluid mosaic model ○ made of phospholipids and proteins. • Function: <ul style="list-style-type: none"> ○ controls entry and exit of substances ○ prevents the most water-soluble substances from passing through ○ allows lipid-soluble substances to pass through.

	<p>8.7.2 Students should understand the mechanisms of cellular exchange and transport in the human body:</p> <ul style="list-style-type: none"> • The cell surface membrane and how it facilitates cellular exchange and transport: <ul style="list-style-type: none"> ○ passive transport ○ no energy required. • Movement from high-to-low concentration through the cell surface membrane: <ul style="list-style-type: none"> ○ diffusion – small molecules (oxygen, carbon dioxide) ○ facilitated diffusion – larger or charged molecules (glucose) via proteins ○ osmosis – water across a partially permeable membrane ○ active transport: <ul style="list-style-type: none"> – requires energy from respiration – moves substances from low to high concentration – uses carrier proteins – absorbs nutrients like glucose and ions through the cell surface membrane.
8.8	<p>The structure and function of deoxyribonucleic acid (DNA) and ribonucleic acid (RNA) as the carrying molecules of genetic information</p> <p>8.8.1 Students should know the basic structural and functional differences between DNA and RNA and the relationship between the two and how they interact:</p> <ul style="list-style-type: none"> • Structural differences: <ul style="list-style-type: none"> ○ DNA is double stranded, contains the base thymine, remains in the nucleus ○ RNA is single stranded, contains the base uracil, can move out of the nucleus to the cytoplasm. • Functional differences: <ul style="list-style-type: none"> ○ DNA holds genetic information ○ RNA transfers genetic information from DNA to the ribosomes where proteins are synthesised.
8.9	<p>The definition and types of pathogens, including common types of conditions/disease caused by them</p> <p>8.9.1 Students should understand the different types of pathogens that cause conditions/diseases and understand how these are transmitted:</p> <ul style="list-style-type: none"> • Pathogens – microorganisms which are the causative agents of disease. • Direct transmission – when a pathogen is passed immediately from one person to another: <ul style="list-style-type: none"> ○ physical contact – touching, kissing, sexual contact ○ droplet spread – coughing, sneezing at close range ○ contact with infected bodily fluids – blood, saliva.

- Indirect transmission – when a pathogen is passed through an intermediate object or organism:
 - touching contaminated surfaces
 - consuming contaminated water or food
 - insect bites
 - contacted with contaminated soil or animal waste
 - bacteria
 - diseases and transmission:
 - gonorrhoea – sexual contact
 - tuberculosis – airborne droplets from coughs and sneezes
 - salmonella – contaminated food or water.
- Viruses
 - diseases and transmission:
 - common cold – airborne droplets, direct contact
 - mumps – saliva, coughing, sneezing
 - measles – airborne droplets.
- Fungi
 - diseases and transmission (yeast infections):
 - thrush – overgrown natural yeast, often after antibiotics
 - ringworm – direct contact with infected skin, surfaces or animals.
- Prions
 - disease and transmission:
 - Creutzfeldt Jakob Disease (CJD) – infected brain or nervous tissue.
- Protists
 - disease and transmission:
 - malaria – bite of infected female anopheles mosquito.
- Parasites
 - disease and transmission:
 - toxoplasmosis – contact with infected cat faeces, undercooked meat or infected soil.

8.9.2 Students should understand the causes and transmission of Healthcare-Associated Infections (HCAI's):

- Infections that develop as a result of care or treatment in a healthcare setting.
- Infections caused by bacteria, viruses or fungi
 - disease and transmission:
 - wound infections, urinary tract infections and respiratory infections
 - spread through poor hygiene, contaminated equipment or close contact with infected individuals.

	<ul style="list-style-type: none"> • Methicillin-Resistant Staphylococcus Aureus (MRSA) <ul style="list-style-type: none"> ○ resistant to commonly used antibiotics. ○ often found on the skin or in the nose of healthy individuals without causing harm. ○ can lead to serious infections if it enters the body through wounds, surgical sites or catheters. ○ transmission primarily through direct contact, especially in healthcare contexts where vulnerable patients are at higher risk ○ infection control measures include rigorous hand hygiene, screening programmes, use of PPE and antiseptic washes and nasal ointments and isolation protocols of infected patients. • Clostridium difficile (C. diff): <ul style="list-style-type: none"> ○ bacterium that can reside harmlessly in the gut but may cause infection when the normal gut flora is disrupted, typically due to antibiotic use ○ releases toxins that irritate the bowel lining, leading to symptoms such as diarrhoea, abdominal pain, fever and nausea ○ C. diff spores contaminate surfaces and persist for long periods, spreading via hand-to-mouth contact ○ infection control measures include isolating affected patients, enhanced cleaning protocols, dedicated toilet facilities and use of PPE.
8.10	<p>The different ways in which pathogens may enter the body</p> <p>8.10.1 Students should understand transmission can happen and how this enables the pathogen to enter the body.</p> <p>8.10.2 Students should understand the process of direct transmission:</p> <ul style="list-style-type: none"> • Physical contact with an infected person or contaminated surface (for example skin-to-skin contact). • Sharps injury (piercing of skin). • Exchange of bodily fluid. • Airborne: pathogen is carried by dust or droplets in the air, can exist in the air for some time (inhaling infected droplets from sneezing). <p>8.10.3 Students should understand the process of indirect transmission:</p> <ul style="list-style-type: none"> • Vehicle transmission (ingesting infected food or water (faecal-oral)); blood from inanimate objects (bedding). • Being bitten by an infected 'vector' (insect bites).
8.11	<p>How infectious diseases can spread among populations and communities</p> <p>8.11.1 Students should be able to consider the factors that enable disease to be spread in communities:</p> <ul style="list-style-type: none"> • Hygiene practices: <ul style="list-style-type: none"> ○ inadequate cleaning ○ inadequate sanitation (lack of access to clean water and inadequate sewage disposal)

	<ul style="list-style-type: none"> ○ inadequate handwashing after using the toilet or before handling food ○ lack of hand hygiene among staff, individuals receiving care and support or visitors ○ lack of use of personal protective equipment (PPE) such as gloves and aprons ○ poor cleaning and disinfection of shared surfaces and equipment in care settings ○ lack of access to clean water for drinking and washing ○ inadequate sewage disposal and waste management. ● Population density and social contact: <ul style="list-style-type: none"> ○ lack of social distancing owing to dense population especially in urban areas high numbers of people living in small or shared spaces ○ frequent use of crowded public transport ○ limited ability to isolate during illness ○ close contact in workplaces, schools and care environments. ● Access to health promotion information: <ul style="list-style-type: none"> ○ lack of clear public health messaging ○ limited access to information in multiple languages or formats ○ low health literacy in some communities. ● Misinformation about symptoms, prevention or susceptibility of the population: <ul style="list-style-type: none"> ○ those not immune to the infection increases outbreaks ○ high numbers of unvaccinated individuals ○ presence of people with weakened immune systems ○ lack of previous exposure to the disease ○ poor general health or nutrition increasing vulnerability. ● Environmental factors: <ul style="list-style-type: none"> ○ poor ventilation in enclosed spaces ○ high humidity supporting pathogen survival ○ warm temperatures increasing insect activity ○ seasonal changes affecting respiratory infection rates ○ poor ventilation, humidity, temperature.
8.12	<p>Immune recognition and response</p> <p>8.12.1 Students should know the definition of an antigen and an antibody and understand the purpose of each:</p> <ul style="list-style-type: none"> ● Antigen: <ul style="list-style-type: none"> ○ chemical markers found on the surface of cells ○ recognised by the immune system as self or non-self ○ non-self antigens stimulate an immune response.

	<ul style="list-style-type: none"> • Antibody: <ul style="list-style-type: none"> ○ blood protein produced by the immune system ○ made in response to a specific antigen ○ bind to antigens to help destroy or neutralise pathogens. <p>8.12.2 Students should understand the process of how the immune system detects and responds to pathogens</p> <ul style="list-style-type: none"> • Immune recognition process: <ul style="list-style-type: none"> ○ the immune system constantly monitors for antigens ○ self-antigens are recognised and ignored ○ non-self antigens are detected as a threat ○ detection of a non-self antigen triggers the production of antibodies ○ antibodies attach to the antigen to mark it for destruction.
8.13	<p>The role of non-specific and specific defences to protect the body against invasion from a foreign substance</p> <p>8.13.1 Students should know the non-specific and specific defences that protect the body against foreign substances:</p> <ul style="list-style-type: none"> • Non-specific defences: <ul style="list-style-type: none"> ○ act as the bodies first line of defence ○ targets all pathogens the same way ○ includes: <ul style="list-style-type: none"> – physical barriers – skin, hair – mucous membranes – trap pathogens in airways – chemical barriers – tears, saliva, stomach acid – inflammation – increases blood flow and brings immune cells to the site of infection – phagocytosis – white blood cells engulf and destroy pathogens. • Specific defences: <ul style="list-style-type: none"> ○ target specific pathogens ○ activated when non-specific defences are not enough ○ includes: <ul style="list-style-type: none"> – T-cells – involved in cell-mediated responses, target and destroy infected cells, some become memory cells after infection – B-cells – involved in antibody-mediated response (humoural) responses, produces antibodies, some become memory cells after infection.
8.14	<p>The role of T and B cells in the secondary immune response</p> <p>8.14.1 Students should understand the role of T and B memory cells long-term immunity and how this response is used in vaccines:</p> <ul style="list-style-type: none"> • Memory cells and long-term immunity <ul style="list-style-type: none"> ○ formed after the first exposure to a pathogen ○ remain in the body for a long time ○ respond quickly if the same pathogen enters again ○ rapid response prevents illness or reduces severity.

	<ul style="list-style-type: none"> • T cells in the secondary response: <ul style="list-style-type: none"> ○ recognise infected cells from previous exposure ○ activate quickly to destroy infected cells ○ support faster coordination of the immune response. • B cells in the secondary response <ul style="list-style-type: none"> ○ recognise antigens from previous exposure ○ rapidly produce large quantities of antibodies ○ neutralise pathogens before symptoms develop. • Vaccinations and immunological memory: <ul style="list-style-type: none"> ○ vaccines introduce a harmless form of a pathogen or its antigen ○ triggers the production of memory T cells and B cells ○ on future exposure, the immune system responds quickly ○ vaccination reduces the risk of infection and limits spread in the community.
8.15	<p>How the body reacts to injury and physical trauma</p> <p>8.15.1 Students should know the definition of injury and be able to understand how the body reacts in response to injury:</p> <ul style="list-style-type: none"> • Injury: <ul style="list-style-type: none"> ○ defined as damage to the body caused by an external force ○ it can be mild or moderate, typically affects a localised area of the body ○ body response to injury: <ul style="list-style-type: none"> – involuntary inflammatory response – localised swelling, redness, heat, and pain caused by increased blood flow and immune cell activity – proliferation phase – repair of damaged tissue through cell growth, collagen production and the regeneration of skin or muscle. <p>8.15.2 Students should know the definition of physical trauma and be able to understand how the body reacts in response to physical trauma:</p> <ul style="list-style-type: none"> • Physical trauma: <ul style="list-style-type: none"> ○ defined as an injury that has the potential to cause disability or death ○ can involve multiple body systems ○ may result in long-term or life-threatening complications. • How the body responds to trauma: <ul style="list-style-type: none"> ○ involuntary inflammatory response: widespread immune activation and systemic inflammation ○ loss of organ function: disruption of normal physiological processes in affected organs: <ul style="list-style-type: none"> – lungs – impaired gas exchange – kidneys – reduced filtration – liver – impaired detoxification – heart – reduced circulation – brain – loss of consciousness or control of body systems

	<ul style="list-style-type: none"> ○ bone structure deformity, damage or loss of structure: fractures, dislocations or crushed bone tissue ○ haemorrhaging: uncontrolled internal or external bleeding due to damage to the blood vessels ○ multi-organ failure: simultaneous failure of multiple organ systems due to shock, severe injury, significant blood loss ○ ischaemia: reduced or blocked blood flow leading to tissue damage or necrosis. ● Proliferation phase: repair and regeneration of damaged tissues, including scar formation and replacement of lost cells.
8.16	<p>The role and considerations of using magnetic resonance imaging (MRI) in the detection and monitoring of trauma and injury</p> <p>8.16.1 Students should know the purpose of MRI:</p> <ul style="list-style-type: none"> ● uses strong magnetic fields and radio waves ● generates detailed images of internal body structures ● visualises soft tissue aiding evaluation of damage to ligaments, tendons and muscles ● aids in: <ul style="list-style-type: none"> ○ detecting tissue abnormalities ○ diagnosing injury and trauma ○ monitors treatment and its effectiveness by being able to compare previous image treatment records. <p>8.16.2 Students should understand how to prepare a patient for MRI:</p> <ul style="list-style-type: none"> ● Review patient medical history. ● Identify any medical implants containing magnetic metals. ● Removal of all external metallic objects. ● Assessment of trauma-related complications including internal bleeding, unstable fractures and organ damage. ● Monitoring of vital signs during scanning if patient is medically unstable. ● Use of immobilisation or support devices for musculoskeletal trauma.
8.17	<p>The purpose of homeostasis and its role in maintaining a healthy body</p> <p>8.17.1 Students should know what homeostasis is:</p> <ul style="list-style-type: none"> ● Maintaining a stable internal environment despite external changes. ● Enables optimal functioning of physiological systems. <p>8.17.2 Students should know which body functions are regulated by homeostasis:</p> <ul style="list-style-type: none"> ● Core body temperature. ● Blood glucose levels. ● Water and electrolyte balance. ● Blood pressure. ● Respiratory rate.

- 8.17.3 Students should know the process involved in homeostasis:
- Receptors detect changes internal changes and this is registered in the hypothalamus.
 - Effectors carry out responses to restore balance (sweating, vasodilation, blood redistribution).
 - Negative feedback systems reverse changes to maintain stability.
 - Nervous system provides fast, electrical communication.
 - Endocrine system regulates internal conditions through slower, hormonal regulation.
- 8.17.4 Students should understand why homeostasis is necessary to maintain health, and the consequences of homeostatic failure:
- Importance:
 - prevents damage caused by internal fluctuations
 - maintains conditions for enzyme activity and cellular function
 - supports organ system stability and coordination.
 - Consequences of homeostatic failure:
 - disruption of physiological system function
 - increased risk of illness or organ damage
 - inability to regulate temperature, hydration, or blood glucose
 - potential progression to multi-organ failure in severe cases.

8.18

The normal expected ranges for physiological measurements and the factors which may affect these measurements

8.18.1 Students should know the normal expected ranges for physiological measurements in adults.

Physiological measurements	Normal expected range for an adult aged 19 to 65 years
Blood pressure	systolic mmHg: 90–120 diastolic mmHg:60–80
Heart rate	60–100 beats per minute (bpm)
Respiratory rate	at rest 12 to 20 breaths per minute (bpm)
Temperature	36.0 to 37.5°C

8.18.2 Students should understand that physiological measurements may vary from normal ranges due to individual factors:

- Physiological functions do not always fall within standard reference ranges.
- Variation may be temporary or long-term depending on the factor.

	<ul style="list-style-type: none"> ● Physiological measurements may vary from normal ranges due to: <ul style="list-style-type: none"> ○ age – aging can reduce organ function and blood pressure regulation; older adults may have lower resting temperature and slower heart rate ○ weight – higher body weight can increase blood pressure, heart rate and respiratory rate; lower muscle mass may reduce oxygen demand and affect respiratory rate ○ exercise: <ul style="list-style-type: none"> – short term – increases heart rate, respiratory rate and temperature during physical activity – long term – improved cardiovascular efficiency; lowers resting heart rate ○ biological sex – differences in average muscle mass, haemoglobin levels and hormonal regulation may affect heart rate and respiratory rate ○ overall health – presence of illness, chronic conditions or medication can alter baseline measurements; acute illness may raise temperature, heart rate, and respiratory rate.
8.19	<p>Classification systems and their application in health care</p> <p>8.19.1 Students should understand the purpose of classification systems for diseases and disorders in healthcare:</p> <ul style="list-style-type: none"> ● Organise diseases and disorders based on shared characteristics. ● Support accurate diagnosis and treatment planning. ● Enable consistent communication between professionals. ● Reporting, monitoring and interpreting data in relation to health conditions. <p>8.19.2 Students should understand the classification categories used in health:</p> <ul style="list-style-type: none"> ● Cause of disease or disorder – infectious, genetic, environmental. ● Body system affected – respiratory, cardiovascular, neurological. ● Nature of condition – acute, chronic, progressive. <p>8.19.3 Students should understand the relationship between classification categories and systems used in health:</p> <ul style="list-style-type: none"> ● International Classification of Diseases (ICD current version) <ul style="list-style-type: none"> ○ used for coding physical and mental health conditions, supporting diagnosis, treatment and public health reporting ○ uses all classification categories to organise diseases by cause, body system and nature of condition. ● Diagnostic and Statistical Manual of Mental Disorders (DSM) <ul style="list-style-type: none"> ○ used in mental health services for diagnosing psychological disorders ○ focus on cause and nature of condition, body systems less relevant.

	<ul style="list-style-type: none"> ● Systematised Nomenclature of Medicine – Clinical Terms (SNOMED CT) <ul style="list-style-type: none"> ○ used in NHS digital systems for recording clinical information using common clinical language in electronic health records ○ uses a flexible structure that includes cause, body system and nature of condition. <p>8.19.4 Application of classification in practice:</p> <ul style="list-style-type: none"> ● Identifying patterns in symptoms and progression. ● Selecting appropriate interventions or treatments. ● Recording and sharing patient information accurately. ● Supporting public health monitoring and service planning: <ul style="list-style-type: none"> ○ patient care – facilitates communication among healthcare providers ○ epidemiology and public health – allows for accurate tracking of disease from reports of morbidity and mortality statistics ○ shared data allows for national and international recognition of epidemics and pandemics ○ clinical research – supports clinical research across international and national research facilities.
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Content area 9: Further Science Concepts in Health

9.1	<p>The structure and function of the musculoskeletal system</p> <p>9.1.1 Students should understand the role of each component in the musculoskeletal system and how these components work together to support movement, protection and body stability:</p> <ul style="list-style-type: none"> ● Skeleton: <ul style="list-style-type: none"> ○ provides structural support ○ protects internal organs ○ produces blood cells in bone marrow ○ stores minerals – including calcium and phosphorus, released into the bloodstream as needed ○ enables movement through joint articulation and provision of muscle attachment sites ○ provides shape to your body ○ living tissue – constantly remodelled by osteoblasts (build bone) and osteoclasts (break down bone); responds to physical activity, hormones and nutrition ○ bone density decreases with age, increasing risk of fractures. ● Muscles: <ul style="list-style-type: none"> ○ facilitate movement by contracting and pulling on bones ○ maintain posture and body position ○ support joints and stabilise the skeleton. <p>9.1.2 Students should know the structure and location of the musculoskeletal system components:</p>
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	<ul style="list-style-type: none"> • Types of muscle: <ul style="list-style-type: none"> ○ skeletal (striated): attached to bones, under voluntary control, enables movement ○ smooth: found in internal organs (e.g. digestive tract, blood vessels), involuntary control ○ cardiac: found only in the heart, involuntary control, contracts rhythmically. • Structure of skeletal (striated) muscle: <ul style="list-style-type: none"> ○ muscle fibres arranged in bundles ○ contain actin and myosin filaments for contraction ○ connected to bones via tendons. • Types of bones: <ul style="list-style-type: none"> ○ long ○ short ○ flat ○ irregular ○ sesamoid. • Types of joints: <ul style="list-style-type: none"> ○ fibrous ○ cartilaginous ○ synovial. • Anatomical skeletal structure: <ul style="list-style-type: none"> ○ cranium ○ vertebrae ○ clavicle ○ sternum ○ rib cage ○ humerus ○ radius ○ ulna ○ pelvis ○ femur ○ tibia ○ fibula.
9.2	<p>The process of muscle contraction</p> <p>9.2.1 Students should understand the stages of the sliding filament theory for muscle contraction:</p> <ul style="list-style-type: none"> • Key stages: <ul style="list-style-type: none"> ○ calcium ions are released and bind to proteins on actin, exposing binding sites ○ myosin heads attach to actin, forming cross-bridges ○ ADP and phosphate are released from the myosin head, causing it to pivot and pull the actin filament

	<ul style="list-style-type: none"> ○ ATP binds to the myosin head, breaking the cross-bridge ○ ATP is broken down by enzyme ATPase, resetting the myosin head to its original position ○ the cycle repeats, leading to shortening of the sarcomere and muscle contraction. ● Outcome: <ul style="list-style-type: none"> ○ repeated cycles cause the muscle to contract and generate movement ○ the process continues as long as calcium ions and ATP are available.
9.3	<p>The development, impact and management of rheumatoid arthritis</p> <p>9.3.1 Students should understand the characteristics of rheumatoid arthritis:</p> <ul style="list-style-type: none"> ● Long-term (chronic) autoimmune condition. ● Immune system attacks the lining of the joints (synovium) causing inflammation. ● Inflammation can lead to joint damage, cartilage breakdown and bone erosion. ● Condition which can progress gradually or rapidly. ● Unpredictable periods of remission and flare-ups. ● Symptoms can range in severity depending on extent of joint damage. <p>9.3.2 Students should know the signs and symptoms of rheumatoid arthritis:</p> <ul style="list-style-type: none"> ● Joint-related symptoms: <ul style="list-style-type: none"> ○ pain ○ stiffness, especially in the morning or after rest ○ swelling, warmth and redness ○ reduced joint mobility ○ rheumatoid nodules (firm lumps under the skin) ○ joint deformity in advanced cases. ● Whole-body symptoms: <ul style="list-style-type: none"> ○ fatigue ○ poor appetite ○ weight loss. ● Effects on other body systems: <ul style="list-style-type: none"> ○ respiratory system – chest pain, inflammation of lung tissue, shortness of breath ○ nervous system – nerve compression issues, nerve damage leading to numbness, tingling, pain or muscle weakness ○ circulatory system – increased risk of heart disease, inflammation may affect blood vessels. ● Risk Factors <ul style="list-style-type: none"> ○ biological sex – more common in females ○ family history of autoimmune conditions – increases likelihood ○ hormonal fluctuation – influences immune system activity ○ low levels of vitamin D – affects immune regulation

	<ul style="list-style-type: none"> ○ environmental factors trigger onset – smoking and infections. <p>9.3.3 Students should be able to consider the impact of management and support options available to individuals with rheumatoid arthritis:</p> <ul style="list-style-type: none"> ● Management of symptoms: <ul style="list-style-type: none"> ○ medication – reduces inflammation and slows progression ○ physiotherapy – maintains joint mobility and muscle strength ○ surgery – corrects joint damage or deformity in severe cases ○ lifestyle changes – balanced diet, regular exercise, smoking cessation support overall health ○ emotional support – helps manage fatigue, pain and impact of coping with a chronic condition ○ occupational therapy – aids and adaptations for daily living. <p>9.3.4 Students should understand how clinical assessment information can be used to manage the condition:</p> <ul style="list-style-type: none"> ● Pain scales: <ul style="list-style-type: none"> ○ measures intensity of joint pain ○ tracks changes in pain over time ○ informs adjustments to pain relief and treatment plans. ● Joint assessments: <ul style="list-style-type: none"> ○ evaluates range of motion and joint flexibility ○ detects swelling, stiffness and joint deformity ○ supports decisions about physiotherapy, medication or surgical intervention. ● Blood tests: <ul style="list-style-type: none"> ○ measures inflammatory markers such as C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) ○ identifies presence of autoantibodies such as rheumatoid factor or anti-CCP antibodies (if within scope) ○ confirms diagnosis and monitors disease activity and response to treatment. ● Imaging (e.g. X-rays, ultrasound): <ul style="list-style-type: none"> ○ X-rays detect joint space narrowing, bone erosion and structural damage ○ ultrasound identifies joint inflammation, fluid build-up and early changes not visible in physical exams ○ imaging supports diagnosis, monitors progression and guides treatment decisions.
9.4	<p>The development, impact and management of muscular dystrophy disease</p> <p>9.4.1 Students should understand the characteristics of muscular dystrophy:</p> <ul style="list-style-type: none"> ● Many different types of muscular dystrophy exist – they affect different muscle groups and progress at different rates.

- Caused by altered genes – mutations from inherited genetic patterns disrupt normal muscle function and repair.
- Affected gene determines type – specific gene mutations lead to different forms of the condition.
- Type influences age of onset, severity and speed of muscle deterioration.
- Some types affect only one biological sex due to sex-linked inheritance.

9.4.2 Students should know the signs and symptoms of muscular dystrophy:

- Mobility issues – difficulty walking, frequent falls, caused by weakened leg muscles.
- Progressive muscle weakness, pain – loss of strength leads to discomfort, reduced function.
- Tight muscles – muscle stiffness, reduced flexibility limits movement, increased risk of contractures.
- Postural problems and spinal curvature – muscle imbalance and weakness affect alignment and posture.

9.4.3 Students should understand the effects muscular dystrophy has on other body systems:

- Cardiovascular system
 - weakening of heart muscle
 - risk of cardiomyopathy and irregular heartbeat
 - may require cardiac monitoring and treatment.
- Respiratory system
 - weakness in diaphragm and chest muscles
 - reduced lung capacity and breathing difficulties
 - increased risk of respiratory infections.
- Digestive system
 - weakness in swallowing muscles
 - risk of choking and aspiration
 - may affect nutritional intake.

9.4.4 Students should be able to consider the implications of treatments and support available to manage and slow progression of muscular dystrophy in healthcare contexts:

- Physiotherapy – improves mobility and reduces stiffness.
- Medications – steroids, slow muscle degeneration, reduce inflammation.
- Surgery – corrects joint deformities, improves function.
- Adaptive aids/equipment – supports independence and mobility.
- Occupational therapy – assists individuals in adapting home and lifestyle to maintain independence.
- Psychological support – counselling and support groups to help individuals and families cope emotionally.

	<ul style="list-style-type: none"> • Nutritional advice – dietician can provide specific dietary advice to maintain muscle function. <p>9.4.5 Students should be able to interpret data used to manage the condition:</p> <ul style="list-style-type: none"> • Body Mass Index (BMI): <ul style="list-style-type: none"> ○ tracks weight in relation to height ○ identifies underweight or overweight status ○ supports decisions about nutrition and physical activity. • Pain scales: <ul style="list-style-type: none"> ○ measures intensity of muscle pain ○ monitors changes in pain over time ○ informs adjustments to pain management strategies. • Joint assessments: <ul style="list-style-type: none"> ○ evaluates range of motion in joints ○ detects stiffness or contractures ○ guides physiotherapy and surgical planning. • Blood tests: <ul style="list-style-type: none"> ○ identifies signs of muscle damage or inflammation ○ measures levels of enzymes such as creatine kinase <ul style="list-style-type: none"> – found in muscle cells – released into the bloodstream when muscle fibres break down – elevated levels indicate muscle breakdown ○ supports diagnosis and monitoring of disease progression. • Imaging <ul style="list-style-type: none"> ○ X-rays detect skeletal abnormalities and joint deformities ○ ultrasound visualises muscle structure and degeneration ○ helps assess severity and progression of muscle loss.
9.5	<p>The role of the components in performing the functions of the cardiovascular system</p> <p>9.5.1 Students should know the components of the cardiovascular system:</p> <ul style="list-style-type: none"> • Mammalian heart: <ul style="list-style-type: none"> ○ atria – receives blood entering the heart ○ ventricles – pumps blood out of the heart ○ aorta – carries oxygenated blood from the left ventricle to the body ○ vena cava – returns deoxygenated blood from the body to the right atrium ○ pulmonary artery – carries deoxygenated blood from the right ventricle to the lungs ○ pulmonary vein – carries oxygenated blood from the lungs to the left atrium ○ tricuspid valve – prevents backflow of blood from the right ventricle to the right atrium ○ pulmonary valve – prevents backflow from the pulmonary artery into the right ventricle

	<ul style="list-style-type: none"> ○ mitral valve – prevents backflow from the left ventricle to the left atrium ○ aortic valve – prevents backflow from the aorta into the left ventricle ○ coronary artery – supplies oxygenated blood to the heart muscle. ● Blood vessels <ul style="list-style-type: none"> ○ arteries – carry blood away from the heart under high pressure ○ veins – return blood to the heart under lower pressure ○ capillaries – allow exchange of gases, nutrients and waste between blood and tissues. ● Blood <ul style="list-style-type: none"> ○ plasma – transports nutrients, hormones and waste products ○ platelets – involved in blood clotting ○ erythrocytes (red blood cells) – transport oxygen using haemoglobin ○ leukocytes (white blood cells) – defend the body against infection. <p>9.5.2 Students should understand the function of the components of the cardiovascular system:</p> <ul style="list-style-type: none"> ● Transports oxygen and nutrients to body tissues via blood. ● Removes waste products such as carbon dioxide and urea. ● Regulates body temperature through blood flow distribution. ● Protects against infection through white blood cells and antibodies. ● Clots blood to prevent excessive bleeding through platelets and clotting factors. <p>9.5.3 Students should understand the pathway of blood through the cardiovascular system:</p> <ul style="list-style-type: none"> ● Deoxygenated blood enters the right atrium via the vena cava. ● Passes through the tricuspid valve into the right ventricle. ● Pumped through the pulmonary valve into the pulmonary artery. ● Travels to the lungs where gas exchange occurs. ● Oxygenated blood returns via the pulmonary vein to the left atrium. ● Passes through the mitral valve into the left ventricle. ● Pumped through the aortic valve into the aorta. ● Delivered to the body tissues via systemic circulation. ● Returns to the heart via the vena cava, completing the cycle.
9.6	<p>The process of the cardiac cycle and electrical activity of the heart</p> <p>9.6.1 Students should be able know the electrical activity of the heart:</p> <ul style="list-style-type: none"> ● Cardiac cycle <ul style="list-style-type: none"> ○ sequence of events in one heartbeat ○ includes contraction (systole) and relaxation (diastole) of the atria and ventricles ○ ensures blood flows in one direction through the heart and to the body. ● Phases of the cardiac cycle <ul style="list-style-type: none"> ○ atrial systole – atria contract, pushing blood into ventricles

	<ul style="list-style-type: none"> ○ ventricular systole – ventricles contract, forcing blood into the aorta and pulmonary artery ○ diastole – heart muscle relaxes, chambers refill with blood. ● Electrical activity <ul style="list-style-type: none"> ○ controlled by the heart's conduction system ○ sinoatrial (SA) node – initiates electrical impulse, acts as natural pacemaker ○ atrioventricular (AV) node – delays impulse to allow atria to empty ○ Bundle of His and Purkinje fibres – spread impulse through ventricles, causing contraction ○ PQRST wave (ECG trace) <ul style="list-style-type: none"> ○ P wave – atrial depolarisation (atria contract) ○ QRS complex – ventricular depolarisation (ventricles contract) ○ T wave – ventricular repolarisation (ventricles relax). <p>9.6.2 Students should understand how heart rate is controlled and regulated:</p> <ul style="list-style-type: none"> ● Autonomic nervous system <ul style="list-style-type: none"> ○ sympathetic stimulation – increases heart rate and force of contraction ○ parasympathetic (vagal) stimulation – decreases heart rate. ● Hormonal control <ul style="list-style-type: none"> ○ adrenaline increases heart rate during stress or exercise. ● Medulla oblongata <ul style="list-style-type: none"> ○ monitors blood pressure and chemical changes ○ sends signals to adjust heart rate accordingly. ● Baroreceptors and chemoreceptors: <ul style="list-style-type: none"> ○ detect changes in blood pressure and carbon dioxide levels ○ influence heart rate through nervous system feedback. <p>9.6.3 Students should understand how pressure changes in the heart and blood vessels, and how this is linked to blood pressure:</p> <ul style="list-style-type: none"> ● Pressure changes in the heart: <ul style="list-style-type: none"> ○ pressure increases during systole (contraction) ○ pressure decreases during diastole (relaxation) ○ valves open and close in response to pressure differences. ● Blood pressure in vessels: <ul style="list-style-type: none"> ○ highest in arteries, especially the aorta ○ lower in capillaries and lowest in veins ○ maintained by elasticity of artery walls and contraction of the heart. ● Blood pressure measurement: <ul style="list-style-type: none"> ○ systolic pressure – pressure during ventricular contraction ○ diastolic pressure – pressure during ventricular relaxation ○ measured in mmHg using a sphygmomanometer.
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9.7

The characteristics, impact and management of coronary heart disease

9.7.1: Students should understand the characteristics of coronary heart disease:

- Caused by a build-up of atheroma (fatty deposits) in the coronary arteries.
- Includes:
 - angina – chest pain caused by reduced blood flow to the heart
 - myocardial infarction (heart attack) – occurs when blood flow to the cardiac muscle is reduced or completely blocked owing to blockage in coronary artery, leading to oxygen deprivation in the cardiac muscle
 - heart failure – when the heart cannot pump blood effectively.

9.7.2 Students should know the signs and symptoms of CHD:

- Symptoms vary in severity – mild, moderate and severe.
- Symptoms can present differently depending on the biological sex assigned at birth:
 - males – more likely to report classic symptoms – central chest pain or pressure, left arm or jaw pain, shortness of breath during physical activity
 - females – more likely to experience atypical or subtle symptoms – neck, jaw, back or shoulder pain, nausea, indigestion or fatigue; shortness of breath without chest pain
 - symptoms may occur at rest or during sleep
 - higher risk of delayed diagnosis owing to less typical presentation of symptoms.
- Can be life threatening:
 - chest pain (angina) – often triggered by physical activity or stress
 - shortness of breath – caused by reduced oxygen supply to the heart and lungs
 - pain in neck, shoulder, jaw or arms – may be more common in individuals assigned female at birth.

9.7.3 Students should understand the risk factors for, and the effects of coronary heart disease, on other body systems:

- Respiratory system:
 - shortness of breath due to reduced oxygen delivery to lung tissues
 - fluid build-up in the lungs (pulmonary oedema) in cases of heart failure
 - decreased exercise tolerance due to impaired oxygen transport.
- Nervous system:
 - dizziness or fainting due to reduced blood flow to the brain
 - increased risk of stroke if blood clots form and travel to cerebral arteries
 - anxiety or panic symptoms triggered by chest pain or breathlessness.

- Urinary system
 - reduced blood flow to the kidneys in advanced heart failure
 - may lead to impaired kidney function or fluid retention
 - can affect blood pressure regulation and waste removal.
- Musculoskeletal system
 - fatigue and muscle weakness due to poor oxygen supply to muscles
 - reduced physical activity levels due to chest pain or breathlessness
 - muscle wasting in severe or prolonged cases of heart failure.
- Risk Factors:
 - smoking – damages blood vessels, reduces oxygen in the blood
 - poor diet – high in saturated fats, salt and sugar increases cholesterol and blood pressure
 - high blood pressure – increases strain on the heart and arteries
 - family history – genetic predisposition to heart disease
 - high cholesterol level – leads to atheroma formation in arteries which could restrict blood flow to heart muscle or break off or cause a blood clot
 - sedentary lifestyle – reduces cardiovascular fitness which could increase risk of obesity, high blood pressure, poor lipid profiles
 - obesity – associated with high cholesterol which could increase blood pressure and diabetes.

9.7.4 Students should be able to consider the implications of treatments and support available to relieve symptoms or slow down the progression of CHD and apply them to healthcare contexts:

- Lifestyle changes:
 - regular exercise
 - smoking cessation
 - healthy eating.
- Medication
 - lower blood pressure
 - widen arteries (vasodilators)
 - thin the blood to prevent clots (antiplatelets or anticoagulants).
- Surgery:
 - coronary bypass – reroutes blood around blocked arteries
 - stents – small mesh tubes inserted to keep arteries open
 - heart transplant – considered in severe cases of heart failure.

9.7.5 Students should be able to interpret the data used to manage CHD:

- Blood pressure monitoring
 - measured sitting/standing, or over 24 hours
 - identifies hypertension and guides treatment.
- Pulse
 - assesses heart rate and rhythm
 - detects irregularities such as arrhythmias.

	<ul style="list-style-type: none"> • Blood tests for cholesterol levels <ul style="list-style-type: none"> ○ measure cholesterol levels ○ monitor effectiveness of treatment and risk of further complications. • Lifestyle changes: <ul style="list-style-type: none"> ○ promotes self-care and long-term health improvement ○ encourages adherence o exercise, diet and medication plans.
9.8	<p>The role of the components in performing the functions of the respiratory system</p> <p>9.8.1 Students should know the components of the respiratory system:</p> <ul style="list-style-type: none"> • Trachea: <ul style="list-style-type: none"> ○ windpipe that connects the throat to the bronchi ○ lined with cilia and mucus to trap and remove particles. • Bronchi: <ul style="list-style-type: none"> ○ two main airways branching from the trachea into each lung ○ carry air into the lungs. • Bronchioles: <ul style="list-style-type: none"> ○ smaller branches of the bronchi ○ distribute air throughout the lungs. • Alveoli: <ul style="list-style-type: none"> ○ tiny air sacs at the end of bronchioles ○ site of gas exchange between air and blood ○ surrounded by capillaries for efficient diffusion. • Lungs: <ul style="list-style-type: none"> ○ main organs of respiration ○ contain bronchi, bronchioles and alveoli ○ expand and contract during breathing ○ pleural membranes ○ thin layers surrounding each lung ○ reduce friction during breathing by producing pleural fluid. • Ribs: <ul style="list-style-type: none"> ○ protect the lungs and heart ○ move during breathing to change chest volume. • Intercostal muscles: <ul style="list-style-type: none"> ○ located between the ribs ○ contract to raise the ribcage during inspiration ○ relax to lower the ribcage during expiration. • Diaphragm: <ul style="list-style-type: none"> ○ dome-shaped muscle beneath the lungs ○ contracts and flattens during inspiration to increase chest volume ○ relaxes during expiration to decrease chest volume.

	<p>9.8.2 Students should be able to consider the functions of relevant components within the respiratory system:</p> <ul style="list-style-type: none"> • Inspiration (inhalation): <ul style="list-style-type: none"> ○ diaphragm contracts and flattens ○ intercostal muscles contract, lifting the ribcage ○ chest cavity volume increases, pressure decreases ○ air is drawn into the lungs. • Expiration (exhalation): <ul style="list-style-type: none"> ○ diaphragm relaxes and returns to dome shape ○ intercostal muscles relax, lowering the ribcage ○ chest cavity volume decreases, pressure increases ○ air is pushed out of the lungs. • Gas exchange: <ul style="list-style-type: none"> ○ occurs in the alveoli ○ oxygen diffuses from alveoli into capillaries ○ carbon dioxide diffuses from capillaries into alveoli ○ maintains oxygen supply and removes waste gases.
9.9	<p>The role of the alveoli in gas exchange</p> <p>9.9.1 Students should understand how adaptation of the alveoli maximises the rate of diffusion:</p> <ul style="list-style-type: none"> • Large surface-area-to-volume ratio for gas exchange <ul style="list-style-type: none"> ○ increases the area available for gas exchange ○ allows more oxygen and carbon dioxide to diffuse at the same time. • Good blood supply for quick transport of gasses: <ul style="list-style-type: none"> ○ dense network of capillaries surrounds each alveolus ○ maintains a steep concentration gradient for oxygen and carbon dioxide. • Thin walls: <ul style="list-style-type: none"> ○ alveolar and capillary walls are one cell thick ○ short diffusion distance speeds up gas exchange. • Moist inner surface: <ul style="list-style-type: none"> ○ allows gases to dissolve before diffusing across membranes ○ essential for efficient diffusion of oxygen and carbon dioxide. • Elastic fibres in alveolar walls: <ul style="list-style-type: none"> ○ allow alveoli to stretch during inhalation and recoil during exhalation ○ helps maintain airflow and supports ventilation. <p>9.9.2 Students should understand the environmental and physiological factors affecting alveolar function:</p> <ul style="list-style-type: none"> • Body temperature: <ul style="list-style-type: none"> ○ warmer body temperature increases the rate of diffusion ○ helps maintain efficient gas exchange during physical activity.

	<ul style="list-style-type: none"> • Atmospheric temperature: <ul style="list-style-type: none"> ○ cold air may constrict airways and reduce gas exchange efficiency ○ hot air may increase breathing rate and moisture loss, affecting alveolar function.
9.10	<p>The development, impact and management of chronic obstructive pulmonary disease (COPD)</p> <p>9.10.1 Students should understand the characteristics of COPD:</p> <ul style="list-style-type: none"> • Progressive, long-term condition. • Caused by repeated exposure to irritants. • Bronchi become inflamed and narrowed. • Alveoli walls damaged, reducing surface area for gas exchange. • Mucous production increases to remove irritants. • Airflow becomes obstructed, reducing oxygen intake. • Genetic predisposition may reduce protective enzymes. • Poor lung development increases susceptibility. <p>9.10.2 Students should know the signs and symptoms of COPD:</p> <ul style="list-style-type: none"> • Shortness of breath: reduced lung capacity and impaired gas exchange. • Excessive sputum: bronchial mucous production in response to irritants. • Persistent chesty cough: triggered by excess mucous. • Wheezing: airflow restriction from narrowed bronchi and alveolar damage. • Exacerbations: sudden worsening of symptoms, often triggered by infections or pollutants. • Frequent respiratory infections: caused by mucous build-up and reduced clearance. <p>9.10.3 Students should be able to consider the effects of COPD on mental health and the body systems and apply it to healthcare contexts:</p> <ul style="list-style-type: none"> • Cardiovascular system: heart works harder to pump blood through damaged lungs; increased risk of coronary heart disease. • Musculoskeletal system: fatigue and reduced activity weaken muscles; increased risk of osteoporosis. • Nervous system: nerve damage from low oxygen levels, especially in the peripheral nervous system. • Digestive system: reduced oxygen supply lowers nutrient absorption. • Renal system: impaired kidney function from low oxygen and medication side effects. • Reproductive system: reduced testosterone and erectile dysfunction. • Integumentary system: poor wound healing due to reduced oxygen to the skin. • Mental health: anxiety and depression from reduced activity and lifestyle changes.

	<p>9.10.4: Students should understand the risk factors for COPD:</p> <ul style="list-style-type: none"> • Smoking – primary risk of COPD, increasing with longer exposure as smoke irritates and inflames lungs and damages alveoli, reducing gas exchange; inflammation narrows airways and excess mucous produced causing difficulty to breath. • Occupational exposure – silica dust, fumes, chemicals, cleaning products. • Indoor and outdoor pollution – sprays, cleaning chemicals, wood smoke, scented candles. • Genetic pre-disposition – low levels of protective enzymes. • Poor lung development – increases vulnerability to damage. <p>9.10.5: Students should be able to consider the implications of common treatments to relieve symptoms and slow the progression of COPD and apply them to healthcare contexts:</p> <ul style="list-style-type: none"> • Smoking cessation: most effective intervention to slow disease progression. • Vaccinations: flu and pneumonia vaccines reduce risk of exacerbations. • Pulmonary rehabilitation: exercise and education to improve breathing and quality of life. • Inhalers: <ul style="list-style-type: none"> ○ short-acting bronchodilators for quick relief ○ long-acting bronchodilators for maintenance. • Tablets: <ul style="list-style-type: none"> ○ steroids to reduce inflammation ○ mucolytics to thin mucus ○ antibiotics to treat infections during flare-ups. <p>9.10.6 Students should be able to interpret the data used to manage COPD:</p> <ul style="list-style-type: none"> • Respiration rate – elevated in COPD; must be compared to normal range. • Temperature – raised temperature may indicate infection during exacerbation. • Spirometry (before and after using an inhaler) <ul style="list-style-type: none"> ○ measures lung function (FEV1 and FVC) ○ reduced values indicate airflow obstruction ○ improvement after inhaler use shows responsiveness.
9.11	<p>The role of the components in performing the functions of the digestive system</p> <p>9.11.1 Students should know the components of the digestive system:</p> <ul style="list-style-type: none"> • Mouth <ul style="list-style-type: none"> ○ teeth break down food mechanically ○ salivary glands release saliva containing amylase to begin carbohydrate digestion.

- Oesophagus
 - muscular tube connecting mouth to stomach
 - moves food via peristalsis (wave-like muscle contractions).
 - Stomach
 - muscular sac that churns food (physical digestion)
 - secretes hydrochloric acid to kill pathogens and activate enzymes
 - releases pepsin to begin protein digestion.
 - Pancreas
 - produces digestive enzymes: amylase, lipase, protease
 - releases enzymes into the duodenum
 - produces insulin and glucagon (not part of digestion but relevant to homeostasis).
 - Liver:
 - produces bile to emulsify fats (physical digestion)
 - processes absorbed nutrients
 - detoxifies harmful substances.
 - Gall bladder:
 - produces bile to emulsify fats (physical digestion)
 - processes absorbed nutrients
 - detoxifies harmful substances.
 - Bile duct:
 - transports bile from liver and gall bladder to the duodenum.
 - Duodenum:
 - first section of the small intestine
 - receives bile and pancreatic enzymes
 - site of continued chemical digestion.
 - Ileum
 - second section of the small intestine
 - main site of nutrient absorption
 - contains villi and microvilli to increase surface area.
 - Colon (large intestine):
 - absorbs water and electrolytes
 - forms and stores faeces.
- 9.11.2 Students should know the layers of the gastrointestinal tract:
- Mucosa:
 - innermost layer
 - contains glands that secrete mucus and enzymes
 - involved in absorption.
 - Submucosa:
 - contains blood vessels, lymph vessels and nerves
 - supports the mucosa.

	<ul style="list-style-type: none"> • Muscularis <ul style="list-style-type: none"> ○ two layers of smooth muscle (circular and longitudinal) ○ responsible for peristalsis. • Serosa <ul style="list-style-type: none"> ○ outer protective layer ○ reduces friction with surrounding organs. <p>9.11.3 Students should understand the function of relevant components within the digestive system:</p> <ul style="list-style-type: none"> • Physical digestion: <ul style="list-style-type: none"> ○ mechanical breakdown of food ○ occurs in the mouth (chewing), stomach (churning) and via bile (emulsification). • Chemical digestion: <ul style="list-style-type: none"> ○ mechanical breakdown of food ○ occurs in the mouth (chewing), stomach (churning) and via bile (emulsification). • Absorption: <ul style="list-style-type: none"> ○ mechanical breakdown of food ○ occurs in the mouth (chewing), stomach (churning) and via bile (emulsification).
9.12	<p>The process of cellular transport in the small intestine to absorb glucose and amino acids</p> <p>9.12.1 Students should understand how passive transport mechanisms support the movement of molecules through the cell surface membrane:</p> <ul style="list-style-type: none"> • Passive transport through the cell surface membrane: <ul style="list-style-type: none"> ○ diffusion: <ul style="list-style-type: none"> - movement of molecules from high to low concentration - no energy required - small, non-polar molecules like fatty acids move across membranes this way ○ facilitated diffusion: <ul style="list-style-type: none"> - movement of molecules from high to low concentration via protein channels - no energy required - used for larger or polar molecules like glucose and amino acids. <p>9.12.2 Students should understand how active transport mechanisms support the movement of molecules through the cell surface membrane using energy:</p> <ul style="list-style-type: none"> • Movement of molecules from low to high concentration. • Requires energy (ATP). • Used when nutrients must be absorbed against a concentration gradient. • Important for absorbing all available glucose and amino acids.

	<p>9.12.3 Students should understand how co-transport mechanisms allow for the absorption of two substances through the same protein channel:</p> <ul style="list-style-type: none"> • Type of active transport. • Sodium ions move into the cell down their concentration gradient. • Glucose or amino acids are transported into the cell alongside sodium. • Both molecules enter through the same protein carrier. • Allows for efficient absorption even when nutrient concentrations are low in the intestine.
9.13	<p>The development, impact and management of Crohn's disease</p> <p>9.13.1 Students should know the factors that could combine to cause Crohn's disease:</p> <ul style="list-style-type: none"> • Genetic predisposition – family history increases the risks; specific genes may affect immune response and gut function. • Autoimmune condition – abnormal immune system responses may attack healthy gut tissue, leading to chronic inflammation. • High-risk environmental triggers – smoking can worsen symptoms; diets high in processed foods, additives and low in fibre contribute to inflammation; frequent use of antibiotics in childhood may disrupt the development of healthy gut microbiome; urban or industrialised living can lead to reduced exposure to microbes in childhood. • Gut bacteria – imbalance in gut microbiota may trigger inflammation and disrupt normal digestive processes; harmful bacteria trigger immune responses in genetically susceptible individuals. • Stress – can affect gut motility, immune function and hormone levels, all influencing symptoms; may trigger flare-ups in individuals who are genetically or environmentally predisposed. <p>9.13.2 Students should be able to consider the impact of Crohn's disease on systems within the body and on physical and mental health, and apply it to a healthcare context:</p> <ul style="list-style-type: none"> • Body systems: <ul style="list-style-type: none"> ○ digestive system: inflammation can affect any part of the gastrointestinal tract, leading to ulcers, strictures and fistulas ○ immune system: chronic activation can result in systemic inflammation and fatigue ○ nutritional absorption: damage to the intestinal lining can reduce absorption of nutrients, leading to deficiencies ○ musculoskeletal system: inflammation may extend to joints, causing pain and stiffness. ○ skin and eyes: extra-intestinal symptoms may include skin rashes and eye inflammation. • Physical health: <ul style="list-style-type: none"> ○ fatigue ○ abdominal pain ○ diarrhea ○ bowel movement urgency

	<ul style="list-style-type: none"> ○ weight loss ○ nutritional deficiencies ○ anemia. ● Mental health: <ul style="list-style-type: none"> ○ anxiety due to unpredictable flare ups ○ low mood or depression due to chronic pain and social isolation ○ stress from managing treatment and lifestyle changes ○ reduced self-esteem due to symptoms and dietary restrictions. <p>9.13.3 Students should be able to consider the implications of common treatments to relieve symptoms and address complications of Crohn’s disease, and apply them to healthcare setting:</p> <ul style="list-style-type: none"> ● Steroids – reduce inflammation quickly during flare-ups; not suitable for long-term use due to side effects. ● Immunosuppressants – suppress immune system activity to prevent inflammation; used for maintenance therapy. ● Changes to diet – avoidance of trigger foods, use of nutritional supplements, and tailored meal plans to reduce symptoms and improve nutrient intake. ● Biological medicines – target specific proteins in the immune system to reduce inflammation; used when other treatments are ineffective. ● Surgery – removal of damaged sections of the bowel; considered when medication fails or complications arise. ● Stress management – reduces the frequency and severity of flare-ups; therapy, relaxation exercises may support emotional wellbeing and improve symptom control; often used alongside medical treatments to support holistic disease management.
9.14	<p>The role of the components in performing the functions of the endocrine system</p> <p>9.14.1 Students should know the components of the endocrine system:</p> <ul style="list-style-type: none"> ● Hypothalamus: links the nervous and endocrine systems; controls the pituitary gland. ● Pituitary gland: known as the ‘master gland’; releases hormones that regulate other endocrine glands. ● Thyroid gland: produces thyroxine to regulate metabolism and energy use. ● Parathyroid glands: regulate calcium levels in the blood. ● Adrenal glands: produce hormones like cortisol and adrenaline to manage stress and metabolism. ● Pancreas: produces insulin and glucagon to regulate blood glucose levels. ● Ovaries: produce oestrogen and progesterone; regulate menstrual cycle and fertility. ● Testes: produce testosterone; support sperm production and male secondary sexual characteristics.

9.14.2 Students should understand the functions of the endocrine system:

- Hormone production and secretion: glands release hormones directly into the bloodstream.
- Target cell specificity: hormones act only on cells with matching receptors.
- Physiological regulation: hormones control growth, metabolism, reproduction, stress response and homeostasis.

9.14.3 Students should understand the source of common hormones, their specificity in relation to target cells/organs and the physiological responses they can produce:

- Thyroxine – produced by the thyroid gland
 - targets cells throughout the body
 - function: regulates metabolism and energy use
 - effects of decrease: fatigue, weight gain, cold sensitivity.
- Cortisol – produced by adrenal glands
 - targets the liver, fat cells, immune cells, and brain
 - function: manages stress, regulates metabolism, blood pressure
 - effects of decrease: poor stress response, low blood pressure.
- Oestrogen – produced by the ovaries
 - targets reproductive organs, bones, skin, brain
 - function: regulates the menstrual cycle, supports fertility, maintains bone density and skin elasticity
 - effects of decrease irregular periods, hot flushes, low mood, reduced bone density.
- Testosterone – produced by: testes (in males); ovaries and adrenal glands (in females)
 - targets muscles, bones, reproductive organs, brain
 - function: supports muscle mass, bone strength, libido and sperm production
 - effects of decrease: reduced muscle mass, fatigue, low mood and decreased libido.
- Gastrin – produced by stomach lining
 - targets stomach cells
 - function: stimulates acid production for digestion, breaks down food during digestion
 - effects of decrease: poor digestion, bloating and nutrient malabsorption.
- Growth Hormone – produced by pituitary gland
 - targets bones, muscles, liver
 - function: stimulates growth, cell repair
 - effects of decrease: stunted growth (children); reduced muscle mass, fatigue (adults).
- Follicle Stimulating Hormone (FSH) – produced by pituitary gland
 - targets ovaries and testes

	<ul style="list-style-type: none"> ○ function: stimulates egg and sperm production ○ effects of decrease: infertility, irregular menstrual cycles, reduced sperm count. ● Insulin – produced by pancreas <ul style="list-style-type: none"> ○ targets liver, muscle and fat cells ○ function: regulates blood glucose levels by promoting uptake into cells ○ effects of decrease: high blood sugar, risk of diabetes, fatigue. ● Glucagon – produced by pancreas <ul style="list-style-type: none"> ○ targets liver ○ function: raises blood glucose levels by releasing stored glucose ○ effects of decrease: low blood sugar, dizziness, confusion and weakness.
9.15	<p>The role of glands and hormones in homeostasis</p> <p>9.15.1 Students should know which hormones are secreted and understand their role in homeostasis:</p> <ul style="list-style-type: none"> ● Mechanism of blood glucose level control: <ul style="list-style-type: none"> ○ hormones involved: <ul style="list-style-type: none"> – insulin (produced by pancreas) – glucagon (produced by pancreas) ○ when blood glucose is too high: <ul style="list-style-type: none"> – pancreas releases insulin – insulin causes liver and muscle cells to absorb glucose from the blood – glucose is stored as glycogen – blood glucose levels return to normal ○ when blood glucose is too low: <ul style="list-style-type: none"> – pancreas releases glucagon – glucagon causes liver to break down glycogen into glucose – glucose is released into the blood – blood glucose levels return to normal. ● Mechanism of osmoregulation: <ul style="list-style-type: none"> ○ hormone involved – ADH (antidiuretic hormone) (produced by hypothalamus, released by pituitary gland) ○ when water levels are too low (dehydration): <ul style="list-style-type: none"> – more ADH is released – kidneys reabsorb more water – less water is lost in urine – water levels in the blood increase ○ when water levels are too high (overhydration): <ul style="list-style-type: none"> – less ADH is released – kidneys reabsorb less water – more water is lost in urine – water levels in the blood decrease. ● Mechanism of thermoregulation: <ul style="list-style-type: none"> ○ hormones involved:

	<ul style="list-style-type: none"> - thyroxine (produced by thyroid gland) - adrenaline (produced by adrenal glands) ○ when body temperature is too low: <ul style="list-style-type: none"> - hypothalamus signals thyroid to release thyroxine - metabolic rate increases, generating more heat - adrenal glands may release adrenaline to increase respiration in muscles - body temperature rises ○ when body temperature is too high: <ul style="list-style-type: none"> - less thyroxine is released - metabolic rate slows down - less heat is produced - body temperature falls.
9.16	<p>The development, impact and management of diabetes</p> <p>9.16.1 Students should know how diabetes may develop:</p> <ul style="list-style-type: none"> • Type 1: <ul style="list-style-type: none"> ○ autoimmune condition ○ immune system attacks insulin-producing cells in the pancreas ○ usually develops in childhood or adolescence ○ body produces little or no insulin. • Type 2 <ul style="list-style-type: none"> ○ linked to insulin resistance and reduced insulin production ○ often associated with obesity, poor diet and physical inactivity ○ more common in adults but increasingly seen in younger people. • Gestational diabetes <ul style="list-style-type: none"> ○ develops during pregnancy ○ hormonal changes reduce insulin sensitivity ○ usually resolves after birth but increases risk of type 2 diabetes later. • Signs and symptoms: <ul style="list-style-type: none"> ○ increased thirst and frequent urination ○ fatigue and low energy ○ blurred vision ○ slow wound healing ○ unexplained weight loss (more common in type 1) ○ recurrent infections. <p>9.16.2 Students should be able to consider the impact of diabetes on different body systems:</p> <ul style="list-style-type: none"> • Cardiovascular system: increased risk of high blood pressure, atherosclerosis, heart attack and stroke. • Nervous system: nerve damage (neuropathy), especially in hands and feet. • Renal system: kidney damage (diabetic nephropathy). • Visual system: risk of diabetic retinopathy and vision loss.

	<ul style="list-style-type: none"> • Integumentary system: poor wound healing and increased risk of infection. • Reproductive system: erectile dysfunction in males; complications in pregnancy. • Mental health: anxiety, depression and stress related to long-term condition management. <p>9.16.3 Students should be able to consider the implications of treatments to manage diabetes and understand when diabetes can be reversed, and apply them to healthcare contexts:</p> <ul style="list-style-type: none"> • Type 1 diabetes: <ul style="list-style-type: none"> ○ daily insulin therapy via injections or insulin pump ○ blood glucose monitoring ○ carbohydrate counting and balanced diet ○ regular physical activity. • Type 2 diabetes: <ul style="list-style-type: none"> ○ lifestyle changes: healthy diet, weight loss, increased physical activity ○ blood glucose monitoring ○ medication: metformin to improve insulin sensitivity ○ may require insulin in later stages. • Gestational diabetes <ul style="list-style-type: none"> ○ healthy eating and regular exercise ○ blood glucose monitoring ○ may require insulin or metformin if lifestyle changes are not sufficient. <p>9.16.4 Students should be able to interpret the data used to manage diabetes:</p> <ul style="list-style-type: none"> • Blood glucose levels: <ul style="list-style-type: none"> ○ normal fasting range: 4.0–5.9 mmol/L ○ diabetic range: 7.0 mmol/L or higher (fasting) ○ HbA1c test: <ul style="list-style-type: none"> – measures average blood glucose over 2–3 months – target for most people with diabetes: below 48 mmol/mol (6.5%) ○ urine tests: <ul style="list-style-type: none"> – check for glucose, ketones or protein (signs of kidney damage).
9.17	<p>The role of the components in performing the functions of the nervous system</p> <p>9.17.1 Students should understand the components and locations of the nervous system:</p> <ul style="list-style-type: none"> • Central Nervous System (CNS): <ul style="list-style-type: none"> ○ brain: controls body functions, processes sensory information, coordinates movement and regulates behaviour ○ spinal cord: transmits signals between the brain and body; involved in reflex actions. • Peripheral Nervous System (PNS): <ul style="list-style-type: none"> ○ sensory organs: eyes, ears, nose, tongue, skin detect stimuli

	<ul style="list-style-type: none"> ○ sensory neurones: carry impulses from receptors to CNS ○ motor neurones: carry impulses from CNS to effectors (muscles or glands) ○ relay neurones: found in CNS; connect sensory and motor neurones. ● Structure of a neurone: <ul style="list-style-type: none"> ○ dendrites: receive impulses from other neurones ○ cell body: contains nucleus and organelles ○ axon: transmits impulses away from cell body ○ myelin sheath: insulates axon; speeds up impulse transmission ○ nodes of Ranvier: gaps in myelin sheath; allow faster signal transmission ○ axon terminals: pass impulses to next neurone or effector ○ synaptic ends: release neurotransmitters across synapse. ● Synapse <ul style="list-style-type: none"> ○ gap between neurones ○ site of chemical transmission using neurotransmitters. <p>9.17.2 Students should understand how the nervous system coordinates and controls the body by detecting stimuli, processing information and producing responses:</p> <ul style="list-style-type: none"> ● Sensory neurones: <ul style="list-style-type: none"> ○ detect stimuli from the environment ○ transmit impulses to CNS for processing. ● Motor neurones: <ul style="list-style-type: none"> ○ carry impulses from CNS to effectors ○ cause muscles to contract or glands to secrete. ● Relay neurones: <ul style="list-style-type: none"> ○ found in spinal cord and brain ○ link sensory and motor neurones in reflex and complex responses. ● Synaptic transmission: <ul style="list-style-type: none"> ○ electrical impulse reaches synaptic end ○ neurotransmitters released into synapse ○ bind to receptors on next neurone ○ new impulse generated in next neurone ○ ensures one-way transmission and signal coordination.
9.18	<p>The mechanism of nerve impulses via neurones</p> <p>9.18.1 Students should understand how the nervous system sends messages quickly and accurately:</p> <ul style="list-style-type: none"> ● Transmission of action potentials along neurones <ul style="list-style-type: none"> ○ electrical signal called an action potential travels along a neurone ○ triggered by a stimulus at a receptor or signal from another neurone ○ depolarisation occurs when sodium ions enter the neurone ○ repolarisation follows as potassium ions exit the neurone ○ impulse moves in one direction along the axon

	<ul style="list-style-type: none"> ○ myelin sheath insulates the axon and increases speed of transmission ○ nodes of Ranvier allow the impulse to jump between gaps (saltatory conduction) ○ enables rapid communication between brain, spinal cord and body. <p>9.18.2 Students should understand how the body responds quickly to danger:</p> <ul style="list-style-type: none"> ● Mechanism of a reflex action: <ul style="list-style-type: none"> ○ reflex is a fast, automatic response to a stimulus ○ protects the body from harm (heat, sharp objects) ○ involves a reflex arc: <ul style="list-style-type: none"> – receptor detects stimulus – sensory neurone carries impulse to spinal cord – relay neurone passes impulse within spinal cord – motor neurone carries impulse to effector – effector (muscle or gland) produces a response – brain is not involved in decision-making – response is quicker than a conscious action.
9.19	<p>The development, impact and management of Parkinson’s disease</p> <p>9.19.1 Students should know the causes of the disease:</p> <ul style="list-style-type: none"> ● Progressive neurological disorder. ● Caused by loss of dopamine-producing cells in the brain. ● Dopamine is essential for smooth, coordinated muscle movement. ● Exact cause unknown; linked to genetic and environmental factors. ● Most commonly affects adults over 60 years. ● Signs and symptoms: <ul style="list-style-type: none"> ○ tremors, especially in hands and fingers ○ muscle stiffness and rigidity ○ slowness of movement (bradykinesia) ○ balance problems and postural instability ○ reduced facial expression and blinking ○ speech changes and difficulty swallowing ○ fatigue and sleep disturbances ○ mood changes including depression and anxiety. <p>9.19.2 Students should be able to consider the impact of Parkinson’s disease on body systems:</p> <ul style="list-style-type: none"> ● Musculoskeletal system: reduced coordination and muscle control. ● Nervous system: progressive loss of motor control due to dopamine deficiency. ● Digestive system: slower digestion, constipation, difficulty swallowing. ● Mental health: depression, anxiety, and cognitive decline. ● Respiratory system: increased risk of aspiration and chest infections. ● Reproductive system: sexual difficulties. ● Urinary systems: bladder dysfunction.

	<p>9.19.3 Students should be able to consider the implications of common treatments to relieve symptoms of Parkinson’s Disease and apply them to healthcare contexts:</p> <ul style="list-style-type: none"> • Therapies: <ul style="list-style-type: none"> ○ physiotherapy to improve strength, flexibility, mobility and balance ○ occupational therapy to support daily activities ○ speech and language therapy for communication and swallowing. • Medication: <ul style="list-style-type: none"> ○ Levodopa: converts to dopamine in the brain to improve movement ○ dopamine agonists: mimic dopamine effects ○ Monoamine oxidase-B (MAO-B) inhibitors: prevent breakdown of dopamine, but could increase constipation. • Lifestyle support: <ul style="list-style-type: none"> ○ regular exercise ○ balanced diet ○ emotional and social support. • Advanced treatments: <ul style="list-style-type: none"> ○ deep brain stimulation in severe cases. <p>9.19.4 Students should know the methods used to manage and track data for Parkinson’s disease:</p> <ul style="list-style-type: none"> • Motor assessments: <ul style="list-style-type: none"> ○ timed movement tests ○ gait and balance evaluations. • Medication response tracking: <ul style="list-style-type: none"> ○ monitoring symptom changes after treatment. • Mental health screening: <ul style="list-style-type: none"> ○ depression and anxiety scales. • Sleep and fatigue monitoring: <ul style="list-style-type: none"> ○ sleep quality assessments.
9.20	<p>The role of the components in performing the functions of the urinary system</p> <p>9.20.1 Students should know the components of the urinary system:</p> <ul style="list-style-type: none"> • Urinary system – comprised of the renal system (kidneys and its internal structures) and the structures that collect, store and eliminate urine. • Kidneys: <ul style="list-style-type: none"> ○ two bean-shaped organs located in the lower back ○ filter blood to remove waste and excess substances ○ regulate fluid balance, electrolytes and blood pressure. • Nephron: <ul style="list-style-type: none"> ○ Bowman’s capsule: surrounds the glomerulus; collects filtered substances from blood ○ glomerulus: network of capillaries; filters small molecules from blood

	<ul style="list-style-type: none"> ○ proximal convoluted tubule: reabsorbs water, glucose and ions back into the blood ○ loop of Henle: maintains water and salt balance through selective reabsorption ○ distal convoluted tubule: regulates pH and ion concentration ○ collecting duct: final site for water reabsorption; transports urine to renal pelvis. <ul style="list-style-type: none"> ● Ureter – tube that carries urine from each kidney to the bladder. ● Bladder – muscular sac that stores urine until it is excreted. ● Urethra – muscular sac that stores urine until it is excreted. <p>9.20.2 Students should understand the functions of the urinary system:</p> <ul style="list-style-type: none"> ● Removal of waste products from the body: <ul style="list-style-type: none"> ○ filters urea, creatinine and toxins from the blood ○ prevents build-up of harmful substances. ● Process of urine production: <ul style="list-style-type: none"> ○ involves filtration, reabsorption and secretion ○ maintains water and electrolyte balance ○ regulates blood pressure and pH. ○ final waste product is excreted as urine.
9.21	<p>The mechanism of osmoregulation</p> <p>9.21.1 Students should understand the process of water reabsorption in the nephron:</p> <ul style="list-style-type: none"> ● Water reabsorbed from filtrate back into blood. ● Occurs in the proximal convoluted tubule, loop of Henle, distal convoluted tubule and collecting duct. ● Reabsorption happens by osmosis. ● Osmosis moves water from high water potential to low water potential. ● Controlled by ADH (antidiuretic hormone) released by the pituitary gland. ● ADH increases permeability of the collecting duct to water. ● More water reabsorbed when dehydrated. ● Less water reabsorbed when overhydrated. <p>9.21.2 Students should understand how water potential affects osmosis in the nephron during water reabsorption:</p> <ul style="list-style-type: none"> ● Water potential measures how freely water molecules can move. ● High water potential = more free water molecules. ● Low water potential = fewer free water molecules. ● Water moves from high to low water potential. ● In the nephron, water moves from filtrate (higher water potential) into surrounding capillaries (lower water potential). ● Maintains fluid balance and prevents dehydration or overhydration.

9.22

The development, impact and management of chronic kidney disease (CKD)

9.22.1 Students should know the causes of the disease:

- Long-term, progressive condition where kidney function declines over time.
- Kidneys become less effective at filtering waste and balancing fluids.
- Causes include:
 - diabetes (high blood glucose damages kidney blood vessels)
 - high blood pressure (damages small blood vessels in the kidneys)
 - recurrent kidney infections
 - prolonged use of certain medications (non-steroidal anti-inflammatory drugs)
 - genetic conditions (polycystic kidney disease)
 - autoimmune diseases (lupus).
- Signs and symptoms:
 - fatigue and weakness
 - swelling in ankles, feet or hands (fluid retention)
 - shortness of breath
 - nausea and loss of appetite
 - itchy skin
 - changes in urination (frequency, colour or volume)
 - difficulty concentrating.

9.22.2 Students should be able to consider the impact of CKD on different body systems:

- Renal system: reduced ability to filter waste and regulate fluid balance.
- Cardiovascular system: increased risk of hypertension, heart disease and stroke.
- Skeletal system: calcium and phosphate imbalance can lead to bone weakness.
- Nervous system: toxin build-up may cause confusion, headaches or nerve damage.
- Digestive system: nausea, vomiting and poor appetite.
- Integumentary system: dry, itchy skin due to toxin build-up.
- Mental health: anxiety, depression and reduced quality of life.

9.22.3 Students should be able to consider the implications of common treatments to relieve symptoms or slow down the progression of CKD and apply them to healthcare contexts:

- Lifestyle changes:
 - low-salt, low-protein diet
 - fluid management to avoid excessive fluid intake
 - blood pressure and blood glucose control
 - smoking cessation and regular physical activity.

	<ul style="list-style-type: none"> • Dialysis: <ul style="list-style-type: none"> ○ low-salt, low-protein diet ○ fluid management ○ blood pressure and blood glucose control ○ function: <ul style="list-style-type: none"> – mimics action of kidneys – removes waste products, such as urea, from blood preventing toxins building up to dangerous levels to maintain bodily functions – regulates water and electrolyte balance to maintain normal functioning of nerves, muscles and heart – contributes to reduction of swelling, irregular heartbeat and high blood pressure. • Kidney transplant: <ul style="list-style-type: none"> ○ replaces damaged kidney with a healthy donor kidney ○ requires lifelong immunosuppressant medication ○ offers improved quality of life and long-term outcomes. <p>9.22.4 Students should know how to use data for the management of the disease:</p> <ul style="list-style-type: none"> • Glomerular Filtration Rate (GFR): <ul style="list-style-type: none"> ○ measures kidney function ○ lower GFR indicates more severe kidney damage. • Urine tests – detect protein (proteinuria) or blood in urine. • Blood tests – measure urea, creatinine and electrolyte levels. • Blood pressure monitoring – high blood pressure is both a cause and effect of CKD.
9.23	<p>The role of the components in performing the functions of the integumentary system</p> <p>9.23.1 Students should know the components of the integumentary system:</p> <ul style="list-style-type: none"> • Skin: <ul style="list-style-type: none"> ○ largest organ of the body ○ made up of three layers: <ul style="list-style-type: none"> – epidermis: outer layer; provides physical barrier and produces keratin – dermis: middle layer; contains blood vessels, nerves, sensory receptors, sweat glands and hair follicles – hypodermis (subcutaneous layer): innermost layer; stores fat and insulates the body. • Hair: <ul style="list-style-type: none"> ○ grows from follicles in the dermis ○ provides protection, insulation and sensory input. • Nails: <ul style="list-style-type: none"> ○ made of keratin ○ protect fingertips and enhance fine touch.

	<ul style="list-style-type: none"> • Exocrine glands: <ul style="list-style-type: none"> ○ sweat glands: regulate temperature and excrete waste ○ sebaceous glands: secrete sebum to lubricate skin and hair ○ mammary glands (in females): produce milk. <p>9.23.2 Students should understand the functions of relevant components of the integumentary system:</p> <ul style="list-style-type: none"> • Vitamin D synthesis: <ul style="list-style-type: none"> ○ skin produces vitamin D when exposed to sunlight ○ vitamin D is essential for calcium absorption and bone health. • Protection: <ul style="list-style-type: none"> ○ physical barrier against pathogens, chemicals and physical injury ○ prevents water loss and regulates body temperature. • Cutaneous sensation: <ul style="list-style-type: none"> ○ sensory receptors in the skin detect touch, pressure, pain and temperature ○ allows the body to respond to environmental change. • Excretion: <ul style="list-style-type: none"> ○ sweat glands remove waste products like urea and salts ○ helps to regulate fluid and electrolyte balance.
9.24	<p>The development, impact and management of atopic eczema</p> <p>9.24.1 Students should know the causes of the condition:</p> <ul style="list-style-type: none"> • Chronic inflammatory skin condition. • Caused by a combination of genetic, immune and environmental factors. • Skin barrier is weakened, allowing irritants and allergens to penetrate. • Immune system overreacts, triggering inflammation and itching. • Often begins in childhood but can persist or develop into adulthood. • Commonly associated with other allergic conditions (asthma, hay fever). • Signs and symptoms: <ul style="list-style-type: none"> ○ dry, itchy and inflamed skin ○ redness, swelling and cracking ○ blistering and oozing in severe cases ○ thickened skin from repeated scratching ○ flare-ups triggered by allergens, stress, temperature changes or irritants ○ sleep disturbances due to itching. <p>9.24.2 Students should be able to consider the impact of atopic eczema on different body systems:</p> <ul style="list-style-type: none"> • Integumentary system: impaired skin barrier; increased risk of infection. • Immune system: overactive response to allergens and irritants. • Mental health: anxiety, low mood and reduced self-esteem due to visible symptoms and discomfort. • Sleep and fatigue: poor sleep quality from itching and discomfort.

	<ul style="list-style-type: none"> • Social and emotional wellbeing: avoidance of social situations due to appearance or discomfort. <p>9.24.3 Students should be able to consider the implications of common treatments and measures to relieve symptoms and support management of atopic eczema in healthcare contexts:</p> <ul style="list-style-type: none"> • Common treatment <ul style="list-style-type: none"> ○ Emollients: <ul style="list-style-type: none"> - moisturise and protect the skin barrier - reduce dryness and itching. ○ Topical corticosteroids: <ul style="list-style-type: none"> - reduce inflammation during flare-ups - can be applied directly to affected areas. • Supportive measures: <ul style="list-style-type: none"> ○ Dietary changes: <ul style="list-style-type: none"> - avoid known food allergens (e.g. dairy, eggs, nuts) - maintain balanced nutrition to support skin health. ○ Environmental changes (avoiding pollen, allergens, dust): <ul style="list-style-type: none"> - avoid pollen, dust mites, pet dander and other allergens - use air filters and maintain clean living spaces. ○ Behavioural changes (avoiding scratching and certain fabrics, soaps and detergents) <ul style="list-style-type: none"> - avoid scratching to prevent skin damage - wear soft fabrics and avoid harsh soaps or detergents - use fragrance-free skincare products. <p>9.24.4 Students should understand how data is used to monitor the condition:</p> <ul style="list-style-type: none"> • Data Interpretation <ul style="list-style-type: none"> ○ skin assessments ○ monitor severity, location and frequency of flare-ups. • Allergy testing – identify triggers contributing to symptoms. • Treatment response tracking – evaluate effectiveness of emollients and corticosteroids. • Mental health screening – assess impact on emotional wellbeing and quality of life.
9.25	<p>The functions of reproductive systems</p> <p>9.25.1 Students should know the function and structure of the reproductive system associated with egg production and pregnancy:</p> <ul style="list-style-type: none"> • Function: <ul style="list-style-type: none"> ○ produces egg cells ○ supports fertilisation, pregnancy and birth ○ protects and nourishes the developing embryo. • Ovaries: <ul style="list-style-type: none"> ○ located on either side of the uterus ○ produce egg cells (ova) and hormones (oestrogen and progesterone).

	<ul style="list-style-type: none"> • Fallopian tube <ul style="list-style-type: none"> ○ extend from the ovaries to the uterus ○ transport egg cells; site of fertilisation. • Uterus <ul style="list-style-type: none"> ○ muscular organ where a fertilised egg implants and develops ○ lined with endometrium, which thickens during the menstrual cycle. • Cervix: <ul style="list-style-type: none"> ○ lower part of the uterus ○ opens into the vagina; allows the passage of sperm and menstrual blood ○ dilates during labour to allow childbirth ○ forms a protective barrier to pathogens entering the uterus. • Vagina: <ul style="list-style-type: none"> ○ muscular canal leading from the cervix to the outside of the body ○ receives sperm and serves as the birth canal. <p>9.25.2 Students should know the function and structure of the reproductive system associated with sperm production and delivery:</p> <ul style="list-style-type: none"> • Function: produce and deposit sperm. • Penis: <ul style="list-style-type: none"> ○ external organ that delivers sperm into the female reproductive system. • Urethra – tube that carries urine and semen out of the body. • Scrotum <ul style="list-style-type: none"> ○ sac that holds and protects the testes ○ regulates temperature for sperm production. • Testes – produce sperm and testosterone. • Vas deferens – transports sperm from the testes to the urethra. • Seminal vesicles – produce fluid that nourishes and protects sperm. • Prostate – adds fluid to semen to help sperm mobility and survival.
9.26	<p>The role of hormones in the reproductive systems</p> <p>9.26.1 Students should understand the function of hormones in reproductive health:</p> <ul style="list-style-type: none"> • Oestrogen <ul style="list-style-type: none"> ○ produced by ovaries ○ stimulates growth of the uterine lining ○ promotes the development of female secondary sexual characteristics ○ inhibits FSH through negative feedback. • Progesterone <ul style="list-style-type: none"> ○ produced by ovaries after ovulation ○ maintains uterine lining for potential pregnancy ○ inhibits LH and FSH through negative feedback.

- Follicle stimulating Hormone (FSH)
 - produced by the pituitary gland
 - stimulates the development of ovarian follicles
 - promotes oestrogen production.
- Luteinising hormone (LH)
 - produced by pituitary gland
 - triggers ovulation
 - stimulates progesterone production.
- Role of negative feedback mechanisms in the menstrual cycle:
 - rising oestrogen levels inhibit FSH production
 - prevents overstimulation of ovarian follicles
 - rising progesterone levels inhibit LH and FSH
 - prevents further ovulation during the same cycle
 - hormone levels drop if pregnancy does not occur
 - inhibition is removed and the cycle restarts.

9.26.2 Students should understand the hormonal changes in peri-menopause and menopause:

- Peri-menopause and Menopause
 - peri-menopause: irregular periods, hormonal fluctuations
 - menopause: no menstruation for 12 months
 - oestrogen and progesterone levels decline
 - effects of reduced oestrogen:
 - hot flushes
 - mood changes
 - sleep disturbances
 - vaginal dryness
 - reduction of bone density and strength
 - increased risk of cardiovascular disease
 - effects of reduced progesterone
 - menstrual irregularities
 - anxiety
 - aching joints
 - weight gain
 - hot flushes
 - mood changes
 - sleep disturbances
 - vaginal dryness
 - reduced bone density and strength.
 - management: lifestyle changes, hormone replacement therapy (HRT), non-hormonal treatments.

	<p>9.26.3 Students should understand the role of hormones in sperm production and reproductive health:</p> <ul style="list-style-type: none"> • Testosterone: <ul style="list-style-type: none"> ○ supports sperm production ○ supports libido, muscle and bone strength ○ levels peak during adolescence and early adulthood ○ promotes the development of male secondary sexual characteristics: <ul style="list-style-type: none"> – deepening of voice – growth of facial, pubic and body hair – increased muscle mass and bone density – enlargement of testes and penis – increased libido and sperm production. • FSH and LH: regulate sperm and testosterone production. • Age-related decline: reduced libido, fatigue, mood changes. • Andropause: gradual reduction in testosterone levels with ageing.
9.27	<p>The development, impact and management of endometriosis</p> <p>9.27.1 Students should know the causes of the condition.</p> <ul style="list-style-type: none"> • Long-term condition where tissue similar to the lining of the uterus grows outside the uterus. • Commonly affects ovaries, fallopian tubes and pelvic lining. • Tissue responds to hormonal changes during the menstrual cycle. • Bleeds during menstruation but cannot exit the body. • Leads to inflammation, scarring and formation of adhesions. • Exact cause unknown; linked to genetics, immune system factors and retrograde menstruation. • Signs and symptoms: <ul style="list-style-type: none"> ○ pelvic pain, especially during menstruation ○ pain during or after sexual intercourse ○ pain when urinating or passing stools (especially during menstruation) ○ heavy menstrual bleeding or irregular periods ○ fatigue and low energy ○ difficulty conceiving (infertility) ○ bloating and digestive discomfort. <p>9.27.2 Students should be able to consider the impact of endometriosis on different body systems:</p> <ul style="list-style-type: none"> • Reproductive system: disrupted menstrual cycle, infertility, chronic pelvic pain. • Digestive system: pain and bloating due to tissue growth on bowel or bladder. • Musculoskeletal system: pelvic and lower back pain. • Mental health: anxiety, depression and reduced quality of life due to chronic pain and fertility concerns. • Renal (Urinary) system: pain or difficulty urinating if tissue affects bladder.

	<p>9.27.3 Students should be able to consider the implications of common treatments to relieve symptoms or cure endometriosis and apply them to healthcare contexts:</p> <ul style="list-style-type: none"> • Pain-relief medication: <ul style="list-style-type: none"> ○ non-steroidal anti-inflammatory drugs (NSAIDs) to reduce pain and inflammation. • Hormone-based treatments: <ul style="list-style-type: none"> ○ hormonal contraceptives to regulate or stop menstruation. • Surgical options <ul style="list-style-type: none"> ○ laparoscopy: minimally invasive surgery to remove endometrial tissue ○ hysterectomy: removal of uterus in severe cases where other treatments are ineffective. <p>9.27.4 Students should understand how data can support with the management and tracking of endometriosis:</p> <ul style="list-style-type: none"> • Symptom tracking: pain severity, cycle patterns and impact on daily life. • Imaging tests: ultrasound or MRI to identify endometrial growths. • Laparoscopy findings: direct visual confirmation of tissue growth. • Fertility assessments: hormone levels, ovulation tracking and reproductive history.
9.28	<p>The development of cancer cells and the difference between benign and malignant tumours</p> <p>9.28.1 Students should understand how cancer cells develop:</p> <ul style="list-style-type: none"> • Normal cell function <ul style="list-style-type: none"> ○ cells grow, divide and die in a controlled way ○ cell division is regulated by genes and chemical signals ○ damaged cells are repaired or destroyed by the body. • Development of cancer cells: <ul style="list-style-type: none"> ○ genetic mutations disrupt normal cell regulation ○ mutations may be inherited, caused by environmental factors or occur randomly ○ affected cells divide uncontrollably and do not die when they should ○ abnormal cells form a mass of tissue (tumour). • Characteristics of cancer cells <ul style="list-style-type: none"> ○ ignore signals to stop dividing ○ avoid programmed cell death (apoptosis) ○ stimulate growth of blood vessels to supply the tumour (angiogenesis) ○ can invade nearby tissues ○ may spread to other parts of the body (metastasis). <p>9.28.2 Students should know how benign and malignant tumours develop:</p> <ul style="list-style-type: none"> • Benign: <ul style="list-style-type: none"> ○ not cancerous ○ grow slowly ○ do not invade nearby tissues

	<ul style="list-style-type: none"> ○ do not spread to other parts of the body (no metastasis) ○ often enclosed in a capsule ○ can still cause problems depending on size and location. ● Malignant: <ul style="list-style-type: none"> ○ cancerous ○ grow rapidly ○ invade surrounding tissues ○ can spread to other parts of the body through blood or lymph (metastasis) ○ may recur after removal ○ can be life-threatening if not treated.
9.29	<p>The development, impact and management of cancer</p> <p>9.29.1 Students should demonstrate understanding of how breast cancer develops, its signs and symptoms and the body systems it affects.</p> <ul style="list-style-type: none"> ● Development: <ul style="list-style-type: none"> ○ begins in cells of breast tissue, often in ducts or lobules ○ caused by genetic mutations, hormonal influences or environmental factors ○ can affect people of any sex, though most common in those assigned female at birth. ● Signs and symptoms: <ul style="list-style-type: none"> ○ lump or thickening in breast or underarm ○ change in breast shape, size or skin texture ○ nipple changes: discharge, inversion or pain ○ persistent breast pain. ● Impact on body systems: <ul style="list-style-type: none"> ○ lymphatic system: cancer may spread to lymph nodes ○ endocrine system: hormone-sensitive cancers may affect hormone balance ○ mental health: anxiety, depression and body-image concerns ○ reproductive system: fertility may be affected by treatment. <p>9.29.2 Students should be able to consider the implications of treatments and management of breast cancer and apply them to healthcare contexts:</p> <ul style="list-style-type: none"> ● Management and treatment: <ul style="list-style-type: none"> ○ surgery with wide local excision (lumpectomy) or mastectomy ○ radiotherapy to destroy remaining cancer cells ○ chemotherapy to target cancer throughout the body ○ hormone therapy for hormone-sensitive cancers ○ targeted therapies for specific cancer types. <p>9.29.3 Students should know how prostate cancer develops, the body systems it affects and common methods of management and treatment:</p> <ul style="list-style-type: none"> ● Development: <ul style="list-style-type: none"> ○ begins in cells of the prostate gland

	<ul style="list-style-type: none"> ○ often slow-growing but can become aggressive ○ risk increases with age, family history and ethnicity. ● Signs and symptoms <ul style="list-style-type: none"> ○ difficulty starting or stopping urination ○ weak or interrupted urine flow ○ frequent urination, especially at night ○ blood in urine or semen ○ pain in lower back, hips or pelvis. ● Impact on body systems: <ul style="list-style-type: none"> ○ urinary system: obstruction or irritation of bladder and urethra ○ reproductive system: reduced fertility and sexual function ○ mental health: anxiety, depression and impact on self-esteem ○ musculoskeletal system: bone pain if cancer spreads. <p>9.29.4 Students should be able to consider the implications of treatments to relieve symptoms, slow down progression or cure prostate cancer and apply them to healthcare contexts:</p> <ul style="list-style-type: none"> ● Management and treatment <ul style="list-style-type: none"> ○ active surveillance for slow-growing cancers ○ watchful waiting ○ surgery – prostatectomy ○ radiotherapy to target cancer cells ○ hormone therapy to reduce testosterone levels ○ chemotherapy in advanced cases. <p>9.29.5 Students should demonstrate understanding of how lung cancer develops, the body systems it affects, and common methods of management and treatment:</p> <ul style="list-style-type: none"> ● Development <ul style="list-style-type: none"> ○ begins in cells of the lungs, often in the lining of airways ○ strongly linked to smoking and exposure to pollutants ○ can be non-small cell or small cell lung cancer. ● Signs and symptoms: <ul style="list-style-type: none"> ○ persistent cough or coughing up blood ○ chest pain and breathlessness ○ fatigue and unexplained weight loss ○ recurrent chest infections. ● Impact on body systems: <ul style="list-style-type: none"> ○ respiratory system: reduced lung function and oxygen exchange ○ circulatory system: cancer may spread via blood ○ mental health: anxiety, depression and fear of breathlessness ○ musculoskeletal system: pain if cancer spreads to bones.
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	<p>9.29.6 Students should be able to consider the implications of treatments to relieve symptoms, slow down progression or cure lung cancer and apply them to healthcare contexts:</p> <ul style="list-style-type: none">• Management and treatment:<ul style="list-style-type: none">○ surgery: lobectomy or pneumonectomy○ radiotherapy to shrink or destroy tumours○ chemotherapy to treat cancer throughout the body○ targeted therapies and immunotherapy for specific cancer types○ palliative care to manage symptoms and improve quality of life. <p>9.29.7 Students should understand how data can support with the management and tracking of cancer:</p> <ul style="list-style-type: none">• Incidence tracking.• Treatment response tracking.• Screening.
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Scheme of Assessment – Core Component

There are three assessments in the Core component of the *T Level Technical Qualification in Health*:

- Core Examination Paper 1
- Core Examination Paper 2
- Employer Set Project.

The mapping, timings, scheduling and preparation for the assessments shown below are for the current specimen assessment material. The actual live assessments will have the same overarching number of tasks and overall focus. However, the order of tasks and the details within the task may change each series.

Core examination

Paper 1:
Written examination: 2.5 hours 36% of the core assessments 90 marks
Content overview Content area 1 – The healthcare sector Content area 2 – Health, safety and environmental regulations in the health sector Content area 3 – Managing information and data in the healthcare sector Content area 4 – Good scientific and clinical practice Content area 5 – Providing person-centred care Content area 6 – Health and wellbeing Content area 7 – Safeguarding
Assessment overview A written examination comprising three sections, A and B and C. Each section will have the same grade targeting profile as other sections. Students answer all questions in each section. Each section of the examination will get more challenging as the student progresses by ramping up demand and difficulty in a manner broadly similar to the other sections. Each section will be assessed through a combination of: <ul style="list-style-type: none">• short, open response items• medium, open response items• extended, open response questions. The examination is: <ul style="list-style-type: none">• set and marked by Pearson• timetabled at a time and on a date specified by Pearson.

Paper 1:**Administration**

This paper must be assessed under examination conditions following [JCQs Instructions for Conducting Examinations \(ICE\)](#).

Paper 2:**Written examination: 2 hours****24% of the core assessments****70 marks****Content overview**

Content area 8 – Core science concepts

Content area 9 – Further science concepts in health

Assessment overview

A written examination comprising three sections, A and B.

Each section will have the same grade targeting profile as other sections.

Students answer all questions in each section.

Each section of the examination will get more challenging as the student progresses by ramping up demand and difficulty in a manner broadly similar to the other sections.

Each section will be assessed through a combination of:

- medium open response items
- extended open response questions.

The examination is:

- set and marked by Pearson
- timetabled at a time and on a date specified by Pearson.

Administration

This paper must be assessed under examination conditions following [JCQs Instructions for Conducting Examinations \(ICE\)](#).

Core Examination Assessment Objectives

Assessment Objective	Strands	Descriptor
AO1	1a. Knowledge	Demonstrate knowledge of the content.
	1b. Understanding	Demonstrate understanding of the content.
AO2	2a. Application to the health sector	Apply understanding to a specified industry-related context.
	2b. Interpret data	Examine given data in order to identify trends.
AO3	3a. Analysis	Analyse information and issues related to the content.
	3b. Evaluation	Evaluate information and issues related to the content.

	AO1a	AO1b	AO2a	AO2b	AO3a	AO3b
Examination 1	9	24	30	-	18	9
Examination 2	8	16	24	4	12	6
Total	17	40	54	4	30	15
Percentage %	10%	25%	34%	3%	19%	9%
	35%		37%		28%	

Employer Set Project

Employer Set Project
Externally assessed project: 9 hours, 45 minutes 40% of the core assessments 126 marks
Content overview When responding to the Core Project students will need to draw on knowledge and skills from across the Core content in a synoptic manner to effectively respond to a brief within a vocational context. In particular, the core skills will draw on: Content area 1: The healthcare sector Content area 5: Providing person-centred care.
Assessment overview Students will be given an overarching case study and will complete individual tasks relating to the case study to cover all the skills and AOs. These are: <ul style="list-style-type: none">• Task 1: Research and report• Task 2: Role play and reflection• Task 3: Update of a healthcare plan• Task 4: Handover presentation and questions. The core skills being assessed are: CS1: Demonstrate person-centred skills CS2: Communication CS3: Teamworking CS4: Reflective evaluation CS5: Researching CS6: Presenting.
Administration Providers must follow the guidance in the following: <ul style="list-style-type: none">• General Administrative Support Guide• Administration Support Guide for the specific Technical Qualification Employer Set Project (if applicable). These are located on the Training and Admin Support webpage .

Employer Set Project Assessment Objectives

Assessment Objective	
AO1	Plan their approach to meeting the brief
AO2	Apply core knowledge as appropriate and the core skills
AO3	Select relevant techniques and resources to meet the needs of an individual in a case study
AO4	Use maths, English and digital skills as appropriate
AO5	Realise a project outcome and review how well the outcome meets the brief

The ESP has targeted weightings to AOs as shown in the table below:

AO (weighting as a % of the total mark)					
AO1	AO2	AO3	AO4	AO5	Total
7	45	29	12	7	100

Resources for the delivery of the Core component content

There is no specialist equipment required for the delivery of the Core component.

4 Occupational Specialisms

1. Supporting Healthcare

Performance Outcome 1: Assist with maintaining safe working practices and a safe environment

What skills do students need to demonstrate?	
<p>SHS1.1 Adhere to current legislation, regulations and service frameworks when assisting health professionals in the healthcare environment:</p> <ul style="list-style-type: none"> • Comply with health and safety regulations. • Comply with national standards. 	
E5	

What underpinning knowledge do students need?	
SHK1.1	<p>How to comply with legislation, regulations and service frameworks when working in the healthcare environment</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974. • Control of Substances Hazardous to Health (COSHH) Regulations 2002 and subsequent amendments 2004. • The Personal Protective Equipment at Work (Amendment) Regulations 2022. • Manual Handling Operations Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002. • Care Act 2014. • Standard Operating Procedures (SOPs). • The Code of the Nursing and Midwifery Council (NMC): <ul style="list-style-type: none"> ○ prioritise people ○ practise effectively ○ preserve safety ○ promote professionalism and trust. • NHS Constitution and NHS Values. • The 6 Cs.
SHK1.2	<p>Why current legislation, regulations and service frameworks should be adhered to when assisting health professionals in the healthcare environment:</p> <ul style="list-style-type: none"> • Compliance is a legal requirement. • Policies are in place to protect the individual and healthcare staff. • Standard operating procedures (SOPs) promote standardisation, safety and compliance with regulations.

	<ul style="list-style-type: none"> • Lack of compliance could result in: <ul style="list-style-type: none"> ○ harm to individuals ○ malpractice investigations ○ closure of service ○ loss of employment ○ prosecution.
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What skills do students need to demonstrate?	
SHS1.2 Safeguard all individuals and promote safeguarding principles to others in practice:	
<ul style="list-style-type: none"> • Prioritise safety, dignity and wellbeing in all interactions with individuals receiving care and support. 	
E1, E2, E3, E4, E5, D1, D3, D5	

What underpinning knowledge do students need?	
SHK1.3	<p>How to apply safeguarding legislation, frameworks and principles and promote safeguarding principles to others in practice:</p> <ul style="list-style-type: none"> • Follow National Framework and legislation. • Work within the boundaries of the six principles of adult safeguarding: <ul style="list-style-type: none"> ○ empowerment ○ prevention ○ proportionality ○ protection ○ partnership ○ accountability. • Follow organisational policies: report concerns promptly and maintain confidentiality. • Maintain professional boundaries: respect individuals and avoid inappropriate relationships. • Create a safe environment: remove hazards and protect privacy during care. • Be vigilant: observe changes and act immediately on signs of harm or abuse. • Empower individuals: support choice, independence and respect personal preferences. • Communicate positively: use clear, respectful language and listen actively.

What skills do students need to demonstrate?

SHS1.3 Implement duty of care and promote candour:

- Act within own scope of practice.
- Act safely and avoid causing harm to others.
- Act ethically and with integrity upholding the rights and dignity of others.

E1, E2, E3, E6, D5

What underpinning knowledge do students need?

SHK1.4

The requirements for implementing duty of care and promoting candour within the scope of the supporting healthcare role:

- Working in ways which align with duty of care is a legal requirement of registered healthcare professionals (Care Act 2014).
- Duty of care as a professional:
 - act in a way to not cause harm
 - act in the best interests of individuals receiving care
 - limit working to within competence/scope.
- Follow guidance provided by health professionals when carrying out tasks.
- Balance individual rights with professional responsibilities to uphold duty of care.
- Consequences of failures of duty of care and honesty – the Francis report 2013 which recommended the duty of candour becoming a legal requirement.
- Duty of candour:
 - means being open and honest with individuals receiving care and support, their family and carers, and colleagues when working in a supporting role.
 - is a professional and ethical responsibility including when there are errors or omissions in care
 - is a statutory duty of registered health professionals and registered service providers, as established by the Health and Social Care Act 2008
 - the steps of candour are, escalate to senior staff who should explain to the individual what has happened and what the consequences may be, apologise, put in measures to stop it happening in the future, report and record the incident.
- Follow policy and procedure when reporting incidents or whistleblowing.

What skills do students need to demonstrate?

SHS1.4 Risk assess the healthcare environment and the individual's health condition:

- Undertake dynamic risk assessment to continually assess risks in the physical environment.
- Undertake a risk assessment of the risks posed by the individual's physical and mental health conditions.

E1, E3, E4, E5, M2, M6, D1, D4

What underpinning knowledge do students need?

SHK1.5

How to carry out a risk assessment to the required standards:

- Follow risk assessment processes using the 5 steps to risk assessment:
 - step 1: Identify the hazards
 - step 2: Decide who might be harmed and how
 - step 3: Evaluate the risks and deciding on precautions
 - step 4: Record findings and implement them, including completing risk assessment documentation
 - step 5: Review your assessment and update if necessary.
- Report and record according to organisational policy.
- Examples of environment risks:
 - unattended equipment such as large machines or hoists
 - liquid spillages
 - loose or damaged cables
 - overcrowded spaces where clinical tasks should be carried out
 - incorrect storage of cleaning chemicals
 - broken medical equipment.
- Examples of risks to individual:
 - moving and handling
 - slips, trips and falls
 - challenging or aggressive behaviours
 - burns or scalds
 - physical instability due to age, trauma or health condition
 - taking too much or too little medication
 - infection.

What skills do students need to demonstrate?

SHS1.5 Take appropriate action in response to safety incidents or emergencies:

- Safety incidents:
 - challenging behaviour
 - unauthorised persons
 - spillage.
- Emergencies:
 - temporary loss of consciousness – fainting (syncope)/seizure (fit)
 - choking
 - less responsive/unresponsive patient (cardiac arrest, stroke)
 - minor slips, trips and falls.
- Appropriate action:
 - remain calm
 - act to minimise risk to self and others
 - assess the incident or emergency in order to decide on appropriate action
 - summon help, providing relevant information clearly
 - act within scope of role and limitations
 - attend the debrief and give feedback as required.

E1, E2, E5, E6

What underpinning knowledge do students need?

SHK1.6

How to respond to safety incidents or emergencies relevant to the scope of the supporting healthcare role:

- Follow processes and roles in line with local guidelines and national frameworks relevant to scope of practice to the following incidents or emergencies:
 - safety incidents:
 - challenging behaviour (de-escalation)
 - unauthorised persons (challenge identity and purpose)
 - spillage (signage, cleaning)
 - emergencies:
 - temporary loss of consciousness – fainting/syncope (recovery position, dignity), seizure (protect from harm, escalate, observe and time seizure, comfort the individual on recovery)
 - unresponsive patient (BLS)
 - minor slips, trips and falls (dignity and comfort, basic care if directed).
- Local and Resuscitation Council UK guidelines and policies in relation to performing basic life support (BLS):
 - how to recognise cardiac arrest
 - how to alert the emergency services
 - the sequence of steps required – adult basic life support algorithm

	<ul style="list-style-type: none"> ○ use of high-quality chest compressions ○ use of rescue breaths if trained to do so ○ use of Automated External Defibrillator (AED) when available. ● Location and collection of emergency equipment. ● Local policy for activating emergency procedures. ● Following organisational procedures for escalating, reporting and recording.
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What skills do students need to demonstrate?

<p>SHS1.6 Use a range of techniques for infection prevention and control:</p> <ul style="list-style-type: none"> ● Use standard infection control precautions (SICPs): <ul style="list-style-type: none"> ○ hand hygiene ○ respiratory and cough hygiene ○ personal protective equipment (PPE) ○ safe management of care equipment ○ safe management of the care environment ○ safe management of body fluid spillages ○ safe disposal of waste including sharps.

What underpinning knowledge do students need?
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SHK1.7	<p>The range of techniques used for infection prevention and the standards that underpin these techniques:</p> <ul style="list-style-type: none"> ● Standard infection control precautions (SICPs) as stated in the National Infection Prevention and Control Manual (NIPCM) for England (2025): <ul style="list-style-type: none"> ○ Standard Infection Control Precautions (SICPs): <ul style="list-style-type: none"> - hand hygiene - respiratory and cough hygiene - personal protective equipment (PPE) - safe management of care equipment - safe management of the care environment - safe management of linen - safe management of blood and body fluid spillages - safe disposal of waste including sharps - occupational safety: prevention of exposure ○ National Infection Prevention and Control Manual (NIPCM) for England appendices: <ul style="list-style-type: none"> - Appendix 1: Best practice – How to hand wash, step-by-step images - Appendix 2: Best practice – How to hand rub, step-by-step images - Appendix 5a: Personal protective equipment (PPE) when applying standard infection control precautions (SICPs)
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	<ul style="list-style-type: none"> - Appendix 6: Putting on and removing personal protective equipment (PPE) - Appendix 7: Best practice – decontamination of reusable non-invasive care equipment - Appendix 8: Best practice – linen bagging and tagging - Appendix 9: Best practice – management of blood and body fluid spills. <ul style="list-style-type: none"> • National standards of healthcare cleanliness 2025.
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What skills do students need to demonstrate?	
SHS1.7 Contribute to the provision of a safe and effective clinical environment:	
<ul style="list-style-type: none"> • Identify appropriate environmental conditions within the setting for tasks being undertaken that: <ul style="list-style-type: none"> ○ ensures patient safety, privacy and comfort ○ reduces the risk of infection ○ avoids accident or injury. • Report concerns with the safety of the physical environment in line with procedure. • Take part in the audit process when required. 	
E2, E3, E4, E5, E6, D3	

What underpinning knowledge do students need?	
SHK1.8	The different settings in which clinical skills are undertaken: <ul style="list-style-type: none"> • NHS hospital wards, outpatient units or specialist departments. • The community: <ul style="list-style-type: none"> ○ individual's home ○ GP surgery or health centre ○ residential or nursing home. • Prison hospitals. • Voluntary or private sector hospitals, hospices and clinics.
SHK1.9	The importance of selecting appropriate environmental conditions within the setting for carrying out clinical tasks: <ul style="list-style-type: none"> • Ensure patient safety, privacy and comfort. • Reduce the risk of infection. • Avoid accident or injury.

SHK1.10	<p>How to contribute to and the importance of clinical effectiveness in a supporting healthcare role:</p> <ul style="list-style-type: none"> • Reporting concerns about the safety or effectiveness of the physical environment, equipment or practice to: <ul style="list-style-type: none"> ○ increase clinical effectiveness ○ increase patient safety ○ reduce harm ○ ensure compliance with legislation and standards ○ foster trust in colleagues ○ foster public trust in the service ○ create a positive and safe learning environment for junior staff and students. • Taking part in the audit process to: <ul style="list-style-type: none"> ○ support checks that healthcare is being provided in line with standards ○ highlight good practice ○ highlight areas for improvement ○ improve safety ○ improve clinical effectiveness.
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What skills do students need to demonstrate?

SHS1.8 Assist with moving or handling objects and individuals safely:

- Follow national and local guidelines and regulations check the environment is safe before moving or handling.
- Use correct posture and basic techniques when moving individuals.
- Follow instructions from the registered professional and use equipment as trained.
- Communicate clearly with the individual and team during the move.
- Perform moving process in a way that respects the individual's dignity.
- Recognise issues and limitations when moving patients.

E5, E6, M6

What underpinning knowledge do students need?

SHK1.11	<p>Best practice principles for moving and handling objects and individuals safely, and their importance:</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974. • Manual Handling Operations Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002: <ul style="list-style-type: none"> ○ avoid hazardous manual handling operations, 'so far as reasonably practicable' ○ assess the risk of injury from any hazardous manual handling that can't be avoided
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- reduce the risk of injury from hazardous manual handling to as low as reasonably practicable.
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER):
 - ensure lifting equipment including hoists are complete, well maintained, free from defects and safe to use
 - use lifting equipment according to manufacturer's instructions.
- Best practice guidance from the Health and Safety Executive (HSE) for general manual handling and health and social care specifically, general and individual risk assessments and following care plans.
- Contribute to dynamic risk assessments of manual handling activities:
 - TILE model: task, individual (performing the manual handling), load, environment.
- Follow HSE good handling technique when moving and handling objects:
 - think before handling/lifting
 - keep the load close to the waist
 - adopt a stable position
 - ensure a good hold on the load
 - slight bend of the back, hips and knees at the start of the lift
 - don't flex the back any further while lifting
 - avoid twisting the back or leaning sideways
 - keep head up when handling
 - move smoothly
 - don't lift or handle more than you can easily manage.
- Follow HSE good handling technique when moving and handling individuals.
- Follow local standards and frameworks for manual handling and assisting individuals to move independently.
- Common moving and handling aids used in the healthcare environment:
 - wheelchairs
 - walking aids/frames
 - transfer boards used to assist in moving from and to different furniture (such as a seat to wheelchair).
 - slide sheets
 - hoists.
- Importance:
 - reduces the risk of discomfort or injury to the individual
 - reduces the risk of discomfort or injury to self
 - maintains an individual's privacy and dignity
 - legal requirement.

What skills do students need to demonstrate?

SHS1.9 Use appropriate equipment resources and/or devices, in a safe and effective manner:

- Operate equipment in line with the manufacturer's instructions and organisational protocols.
- Apply infection prevention and control standards.
- Confirm equipment is suitable for the individual based on assessment and current needs.
- Operate equipment within the boundaries of own role, training and competence.
- Ensure returned to the correct storage location and is ready for use.

M1

What underpinning knowledge do students need?

SHK1.12

How to check that each piece of equipment is in working order and safe to use:

- Follow manufacturer's instructions.
- Procedures to:
 - carry out visual checks for wear and tear
 - report faulty equipment and for removal from service if required
 - ensure infection control of equipment and resources
 - store equipment correctly.
- Knowledge of boundaries of healthcare support worker's role.

What skills do students need to demonstrate?

SHS1.10 Maintain a record of personal development and training from undertaking CPD including:

- Recording and reflecting on any formal training completed.
- Recording and reflecting on any informal training completed.
- Recording and reflecting on any new information gained through research.

E1

SHS1.11 Use feedback to develop and improve self, others and practice:

- Seek feedback from others.
- Gather views to improve practice.
- Record and reflect on feedback received.
- Record and reflect on work activities.
- Share learning and experiences with other healthcare professionals.

E2

What underpinning knowledge do students need?	
SHK1.13	<p>Why professional development, personal development plans and using feedback to develop and improve are important:</p> <ul style="list-style-type: none"> • Assess own skills, identify and develop own qualities. • Consider own aims in life. • Set goals in order to realise and maximise own potential. • Plan to make relevant, positive and effective choices and decisions for future career development. • Remain up to date with current practices and protocols.
SHK1.14	<p>The importance of gathering individual views and how this influences service provision:</p> <ul style="list-style-type: none"> • Improves practice. • Identifies good practice. • Used to review and adapt services.
SHK1.15	<p>The ways to identify and escalate opportunities in order to provide a better or more effective service:</p> <ul style="list-style-type: none"> • Complaints procedures. • Patient advice services. • Questionnaires and surveys. • Verbal communication (individual feedback, professional discussion). • Independent regulator (Healthwatch).

What skills do students need to demonstrate?
<p>SHS1.12 Apply approaches and techniques to protect own safety and wellbeing</p> <ul style="list-style-type: none"> • Notice when something could affect your own safety or wellbeing. • Take breaks when allowed and follow workplace rules. • Tell a supervisor if you feel unsafe or unwell. • Keep professional boundaries with individuals you support. <p style="text-align: right;">E1</p>

What underpinning knowledge do students need?	
SHK1.16	<p>How to protect and promote own safety and wellbeing</p> <ul style="list-style-type: none"> • Responsibility to take reasonable precautions with own health and safety under Health and Safety at Work etc Act 1974. • Awareness that employers and work placements have a duty to safeguard employees and volunteers. • Application of terms and conditions of employment to protect and promote health and wellbeing include: <ul style="list-style-type: none"> ○ occupational health services

	<ul style="list-style-type: none">○ supervision and line management○ appraisal and personal development○ grievance procedures.● Application of laws in relation to supporting own wellbeing at work:<ul style="list-style-type: none">○ Equality Act 2010, which conveys protection from discrimination based on protected characteristics○ Human Rights Act 1998, which conveys rights and freedoms○ Employment law.● Practical tools that can be used for supporting own wellbeing at work:<ul style="list-style-type: none">○ wellness action plans (WAPs),● Mental health (work–life balance, support network to share worries, issues or concerns).● Physical health (diet, sleep, exercise).
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Performance Outcome 2: Assist with an individual's overall care and needs to ensure comfort and wellbeing

What skills do students need to demonstrate?	
<p>SHS2.1 Provide person-centred care and support to individuals, carers and relevant others when providing care</p> <ul style="list-style-type: none"> • Individuals: <ul style="list-style-type: none"> ○ obtain consent before any examination, treatment or provision of personal care ○ involve individuals in decision making ○ provide care that is respectful of and responsive to individuals. • Carers and relevant others: <ul style="list-style-type: none"> ○ keep informed where appropriate ○ provide support that is respectful of and responsive to carers and relevant others. <p style="text-align: right;">E1, E2</p>	
<p>SHS2.2 Communicate effectively to support individuals and their families, carers and others involved in their care</p> <ul style="list-style-type: none"> • Communicate in a clear and unambiguous way, tailoring language and technical information to the audience: verbal and non-verbal. • Use listening skills and confirm understanding. • Provide information within scope of role, knowledge and responsibilities. • Adapt communication based on individuals' communication preferences. <p style="text-align: right;">E1, E2, E4, E6</p>	

What underpinning knowledge do students need?	
SHK2.1	<p>Principles to follow when providing person-centred care and support to individuals, carers and relevant others</p> <ul style="list-style-type: none"> • Ask and respond to questions in order to obtain informed consent (consider capacity), • Respect language, cultural and religious needs and differences. • Consider communication barriers (language, learning, hearing). • Consider age (young, old). • Consider environment. • Provide and respect choice (individual preferences). • Promote independence (self-care). • Respect and promote supportive relationships (family interaction). • Respect and promote dietary choices (gluten free).
SHK2.2	<p>How effective communication skills, including the adoption of the most appropriate communication techniques, support individuals and others involved in their care:</p> <ul style="list-style-type: none"> • Enhances the experience of the individual: <ul style="list-style-type: none"> ○ they feel listened to

	<ul style="list-style-type: none"> ○ have a clear understanding of their treatment/care. ● Eases individual's anxiety. ● Enables the individual to continue to use the services provided (routine check-ups, diagnosis, treatment). ● Enables the individual's needs to be understood. ● Prevents against the potential harm of a misunderstanding (wrong dosage given). ● Barriers to communication with support teams to allow access to support: <ul style="list-style-type: none"> ○ sensory impairments (e.g. hearing or vision loss) ○ mobility challenges that limit face-to-face contact ○ location of the individual or service ○ specific individual requests or preferences ○ spoken language differences or the need for translation ○ literacy difficulties or inability to access written information ○ learning disabilities ○ cultural beliefs or expectations that affect communication style or engagement. ● Methods to support communication: <ul style="list-style-type: none"> ○ interpreter, translation services (sign language) ○ braille materials or large print ○ written or pictorial/visual resources ○ telephone or video communication (video calls).
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What skills do students need to demonstrate?	
SHS2.3 Advise carers on supporting an individual within scope of role, knowledge and responsibilities	
<ul style="list-style-type: none"> ● Give advice in a way that helps carers prepare for the care of individuals. ● Give advice at an appropriate level of detail that considers the carers experience. ● Work in partnership with the carer. 	
E1, E2, D3	

What underpinning knowledge do students need?	
SHK2.3	The different types of carers and their role in meeting the needs of individuals: <ul style="list-style-type: none"> ● Types of carers: <ul style="list-style-type: none"> ○ informal carers: <ul style="list-style-type: none"> - family - neighbours - friends

	<ul style="list-style-type: none"> ○ formal: <ul style="list-style-type: none"> - health workers. ● Types of support: <ul style="list-style-type: none"> ○ advocacy ○ emotional support ○ advise on how to access financial support ○ promote independence ○ assist with activities of daily living ○ support to maintain an individual's wellbeing.
SHK2.4	<p>The concept of informal carers and the general rights of carers when supporting individuals:</p> <ul style="list-style-type: none"> ● Concept of informal carers: <ul style="list-style-type: none"> ○ any person who provides care on an unpaid basis ○ are often family members or close friends or neighbours of the individual ○ amount of care provided varies ○ activities undertaken as part of the care provided varies. ● Rights of informal carers: <ul style="list-style-type: none"> ○ entitled to an assessment of their needs as a care giver ○ may be entitled to financial support through benefits ○ may be entitled to flexible working arrangements ○ may be entitled to take unpaid leave to provide support in emergencies. ● General rights of carers: <ul style="list-style-type: none"> ○ to be respected and not be abused ○ to not be discriminated against ○ to be treated in alignment with the Equality Act 2010.

What skills do students need to demonstrate?

SHS2.4 Assist with individuals' overall comfort and wellbeing

- Support pain management in line with care plan.
- Use comfort aids.
- Monitor and manage the temperature, noise and ventilation of the environment.
- Facilitate social interactions.
- Provide fluids and nutrition.
- Facilitate mobilisation or exercise.
- Apply simple wound dressing (plaster, sterile pad).

SHS2.5 Follow the individual's care plan and record relevant information in electronic patient record (EPR)/patient notes

- Follow care plans:
 - read on commencement of duty
 - implement care as written in care plan.
- Record in the EPR/patient notes:
 - aspects of daily living:
 - toileting
 - fluids and nutritional intake
 - when clinical tasks or interventions have taken place
 - comments from individuals about their care
 - safety incidents and emergencies.

E2, E3, E4, E5

What underpinning knowledge do students need?

SHK2.5	How to support an individuals' care needs, ensuring privacy and dignity is maintained <ul style="list-style-type: none">• How current best practice and agreed ways of working support assisting with an individual's care needs:<ul style="list-style-type: none">○ managing pain (ensuring medication is taken as prescribed)○ ensuring comfort of beds and chairs (use of cushions or specialist mattresses or devices)○ monitoring environmental conditions and control within scope of role and environment:<ul style="list-style-type: none">- noise, close off noise (doors/windows), limit excessive noise within reason- temperature (bedding, room temperature)- ventilation (open/close windows)○ promoting social interaction (with staff, other individuals and visitors, participation in groups and activities)○ promoting access to media as required (mobile phone, television)○ the importance of fluids, nutrition and food safety when providing overall care:<ul style="list-style-type: none">- fluids (how to avoid dehydration and/or urinary tract infections (UTI))- nutrition (maintaining a healthy and balanced diet, supports recovery)- food safety (food poisoning, allergic reactions, PPE)- malnutrition risk○ support with mobility:<ul style="list-style-type: none">- positioning- getting in or out of bedsitting in a chair- standing- walking- gentle exercise to support mobility- use of mobility aid
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	<ul style="list-style-type: none"> ○ assisting with personal care/personal hygiene (washing, dressing, bathing, toileting) ○ applying simple dressings (plasters, sterile pad) ○ supporting elimination: <ul style="list-style-type: none"> – providing bedpan/commode if individual is immobilised – catheter/stoma care: <ul style="list-style-type: none"> ▪ purpose: ▪ control and aid the elimination of urine from the bladder ▪ regular monitoring is required to identify signs: infection, trauma, impaired renal function. ● Encouraging individuals to remain independent in assisting themselves in self-care. ● Privacy and dignity: <ul style="list-style-type: none"> ○ closing doors and windows (hospital curtains) ○ preserving modesty ○ confidentiality.
SHK2.6	<p>How to interpret individual care plans in order to support a person’s health, comfort and wellbeing: interpretation based on a holistic approach – physical, intellectual, emotional, social (PIES):</p> <ul style="list-style-type: none"> ● Physical needs: <ul style="list-style-type: none"> ○ moving and handling ○ personal care needs ○ dietary choices ○ PPE. ● Intellectual needs <ul style="list-style-type: none"> ○ language ○ capacity ○ therapeutic activity. ● Emotional needs: <ul style="list-style-type: none"> ○ choice (individual preferences) ○ independence (self-care) ○ dignity (bathing in private). ● Social needs: <ul style="list-style-type: none"> ○ supportive relationships (family interaction) ○ activity (reminiscence) ○ engagement (exchanges in physiological observations inclusion) ○ cultural and spiritual/religious needs.

SHK2.7	<p>How to recognise indicators of an individual’s overall physical and mental health and wellbeing:</p> <ul style="list-style-type: none"> • Ways to recognise indicators of good physical and mental health and wellbeing: <ul style="list-style-type: none"> ○ observation: <ul style="list-style-type: none"> – body language – mood/character – physical presentation ○ communication: <ul style="list-style-type: none"> – listening – questioning. • Indicators: <ul style="list-style-type: none"> ○ mood ○ appetite/hydration ○ body language ○ mobility ○ normal bodily functions (urine output) ○ sleep pattern ○ personal hygiene.
SHK2.8	<p>The importance of activities of daily living for an individual’s overall physical and mental health and wellbeing</p> <ul style="list-style-type: none"> • Nutrition and hydration – good nutrition and hydration are essential for health, wellbeing and recovery. • Maintaining continence – supporting continence helps maintain dignity, comfort and independence • Personal hygiene (washing/bathing) – good hygiene prevents infection and supports dignity and self-esteem. • Personal appearance – supporting personal appearance helps people feel confident and respected. • Oral care – good oral care prevents pain, infection and supports overall health. • Mobility – supporting mobility helps people stay independent and reduces the risk of injury. • Sleep and rest – adequate sleep and rest are vital for recovery and overall wellbeing. • Expressing sexuality – respecting sexuality supports emotional wellbeing and personal identity.

What skills do students need to demonstrate?

SHS2.6 Recognise issues and deteriorations in physical health and mental wellbeing, report and support others to respond appropriately

- Recognise issues and deteriorations in physical health by observing physical signs and behaviours and the use of assessment tools.
- Recognise issues and deteriorations in mental wellbeing by observing physical signs and behaviours.
- Record issues observed in deterioration on electronic patient record system (EPR)/individual care notes.

E1, E3, E4

SHS2.7 Recognise and respond to signs of pain and discomfort in the individual observed

- Interpret individuals' verbal and non-verbal cues.
- Ensure comfort is maintained.
- Respond to signs of pain and discomfort in the scope of job role.

E2, E6

What underpinning knowledge do students need?

SHK2.9 How to recognise the signs and symptoms of a person whose health and wellbeing is deteriorating and/or is experiencing pain and discomfort:

- Physical signs and behaviours:
 - signs of pressure and deterioration in skin condition or colour or skin temperature
 - lack of mobility
 - weight loss or gain
 - body language (restlessness and fidgeting, facial expressions)
 - breathing (shallow, rapid, laboured)
 - verbal expression (moaning, crying out)
 - reactions (flinching when touched)
 - mood (irritability, withdrawal, aggression, low energy/tiredness)
 - failure to maintain personal appearance and hygiene
 - communication or responsiveness (confusion, reduced alertness or difficulty concentrating).
- Assessment tools:
 - responses to pain assessment tools (visual analogue scale (VAS), numeric rating scale (NRS))
 - changes in physiological observations (NEWS2).

SHK2.10	<p>How to, when to and why report changes and deterioration when supporting individuals:</p> <ul style="list-style-type: none"> • How to report (verbal, written, to the appropriate person and with the appropriate technical language and tone). • When to report (recognise when immediate escalation is needed). • Why report: <ul style="list-style-type: none"> ○ continuity of care ○ avoid deterioration ○ ensures care needs are met <ul style="list-style-type: none"> – to prompt review of prescribed medication requirements/dosage by appropriate persons – to comply with standardised method of assessing and reporting deterioration in individual.
SHK2.11	<p>The main types of mental ill health, and their impact on people’s lives:</p> <ul style="list-style-type: none"> • Main types: <ul style="list-style-type: none"> ○ mood disorders (depression, bipolar disorder) ○ anxiety disorders ○ personality disorders ○ psychotic disorders ○ eating disorders ○ trauma-related disorders ○ substance abuse disorders. • Impact: <ul style="list-style-type: none"> ○ decision making ○ physical wellbeing ○ emotional and psychological wellbeing ○ interactions with others ○ stigma ○ impact on family and carers ○ financial and social.
SHK2.12	<p>The importance of early diagnosis in relation to cognitive issues including:</p> <ul style="list-style-type: none"> • Formulation and/or adaptation of care plans to meet individual’s changing needs. • Appropriate treatments and support. • Advocacy discussion.
SHK2.13	<p>The possible signs of mental ill health:</p> <ul style="list-style-type: none"> • Confusion. • Sleep pattern disturbances. • Memory loss. • Changes in mood. • Personality changes.

	<ul style="list-style-type: none"> • Behaviour changes. • Changes in appetite. • Social withdrawal. • Delusions. • Suicidal thoughts.
SHK2.14	<p>The possible signs of learning disability in people:</p> <ul style="list-style-type: none"> • Problems understanding new or complex information. • Problems coping independently. • Problems with memory. • Difficulties expressing thoughts. • Problems paying attention. • Problems reading or writing.
SHK2.15	<p>Why the following may be mistaken for mental ill health:</p> <ul style="list-style-type: none"> • External factors: <ul style="list-style-type: none"> ○ lifestyle (substance misuse, weight gain/loss) ○ life events (periods of prolonged sadness following bereavement or loss of job). • Adapting from childhood to adulthood: <ul style="list-style-type: none"> ○ puberty ○ sexuality ○ gender identity (affirming gender, changing gender, gender fluidity). • Low mood and lack of motivation. • Delirium/confusion: <ul style="list-style-type: none"> ○ dehydration ○ chronic illness ○ infection. • Normal ageing process: <ul style="list-style-type: none"> ○ change in sleep patterns (sleeping more, lack of sleep, disturbed sleep) ○ changes in mood (heightened or low mood).
SHK2.16	<p>How changes in cognition can impact health and wellbeing:</p> <ul style="list-style-type: none"> • Stress. • Anxiety. • Frustration. • Intellectual wellbeing. • Social/relationships.
SHK2.17	<p>How to report and escalate changes and deterioration in cognition while following appropriate procedures:</p> <ul style="list-style-type: none"> • Record changes in care plan. • Discuss concerns with an appropriate person. • Monitor changes (memory and reasoning).

	<ul style="list-style-type: none"> • Follow appropriate procedures (within the scope of job role). • Contact emergency services if required.
SHK2.18	<p>How to support others to report changes and deterioration in cognition:</p> <ul style="list-style-type: none"> • Work collaboratively with colleagues, family, carers or nominated next of kin. • Signpost to appropriate specialisms. • Provide opportunities to discuss concerns. • Use of regular multidisciplinary meetings.

What skills do students need to demonstrate?

SHS2.8 Recognise limitations in mental capacity and respond appropriately

- Recognise when an individual does have capacity.
- Communicate clearly and calmly, using simple language and checking understanding.
- Support the individual to make decisions about their own care.
- Act appropriately when someone is showing signs of limitation in mental capacity:
 - report concerns promptly to a registered health professional for assessment and guidance
 - follow organisational procedures for safeguarding and consent.

E2, E5, E6

What underpinning knowledge do students need?

SHK2.19	<p>Indicators and limitations in mental capacity and appropriate responses:</p> <ul style="list-style-type: none"> • Under the Mental Capacity Act 2005 plus Amendment 2019 a person lacks the ability to make a decision if they cannot: <ul style="list-style-type: none"> ○ understand information specific to the decision being made: <ul style="list-style-type: none"> - retain information - use or weigh up information - communicate a choice by any means (verbally/non-verbally). • Appropriate responses in line with local policies and procedures: <ul style="list-style-type: none"> ○ to help an individual make a decision as independently as possible (in line with the Mental Capacity Act 2005): <ul style="list-style-type: none"> - adapt information so it is easier to understand - adapt communication type or style - provide information an individual will most likely understand, considering (time of day, timing of medication) - involve family, friend and/or advocate to support the individual's understanding of information - use of advocate (Independent Mental Capacity Advocacy (IMCA)/Independent Mental Health Advocacy (IMHA)).
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	<ul style="list-style-type: none"> • Awareness that as the significance of the decision the individual is being asked to make becomes more serious, the assessment of their mental capacity becomes more detailed and formalised (scope of role).
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What skills do students need to demonstrate?	
<p>SHS2.9 Promote physical health and mental wellbeing through providing opportunistic advice within scope of role, knowledge and responsibilities</p> <ul style="list-style-type: none"> • Notice opportunities to encourage healthy habits during routine care (hydration, mobility, rest), • Give simple, practical health and mental wellbeing advice that is safe and within the capacity of role. • Support emotional wellbeing by listening, showing empathy and reassuring individuals. • Provide advice without pressuring or judging, • Communicate any concerns about physical or mental health to the healthcare professional. 	
E5, E6	

What underpinning knowledge do students need?	
SHK2.20	<p>The range of common health promotion information:</p> <ul style="list-style-type: none"> • Smoking cessation: <ul style="list-style-type: none"> ○ online support/resources ○ over the counter: <ul style="list-style-type: none"> - GP - pharmacist - specialist services. • Drug and alcohol: <ul style="list-style-type: none"> ○ online support/resources ○ support from GP (based on referral) ○ Alcoholics Anonymous (AA) or other support groups ○ specialist services: <ul style="list-style-type: none"> - local authorities. • Diet and exercise: <ul style="list-style-type: none"> ○ online support/resources. • Mental/emotional health and wellbeing, including sleep: <ul style="list-style-type: none"> ○ online support/resources.

Performance Outcome 3: Assist registered health professionals with a range of routine tasks

What skills do students need to demonstrate?	
<p>SHS3.1 Work with health professionals to assist with clinical and/or therapeutic tasks and interventions</p> <ul style="list-style-type: none"> • Prepare the environment and equipment for clinical or therapeutic tasks as instructed by a registered professional. • Follow infection prevention and control procedures. • Assist with tasks within your scope of practice, such as positioning individuals, monitoring comfort and supporting mobility. • Accurately observe and report changes in the individual's condition during tasks and interventions. • Communicate clearly with the health professional, confirming instructions. • Maintain dignity and consent throughout the intervention. • Document own actions and observations according to organisational policy. <p style="text-align: right;">E1, E2, E4, E6</p>	

What underpinning knowledge do students need?	
SHK3.1	<p>Range of registered professionals they will work with and the clinical and therapeutic tasks they undertake:</p> <ul style="list-style-type: none"> • Nurse: <ul style="list-style-type: none"> ○ gives out medication ○ enables rehabilitation ○ wound care. • Doctor: <ul style="list-style-type: none"> ○ examines individuals ○ studies their history ○ diagnoses their symptoms. • Occupational therapist: <ul style="list-style-type: none"> ○ develops treatment plans for individuals ○ arranges support with types of activities ○ agrees specific goals. • Physiotherapist: <ul style="list-style-type: none"> ○ helps individuals recover from accident, illness, injury or surgery ○ therapeutic physical exercise sessions ○ uses specialist techniques such as electrotherapy and ultrasound. • Dietitians: <ul style="list-style-type: none"> ○ assesses individual's health needs and diet ○ advises individuals on nutrition issues and healthy eating habits ○ develops meal plans, taking barriers and individuals preferences into account.

	<ul style="list-style-type: none"> • Health visitor: <ul style="list-style-type: none"> ○ gives advice to new parents ○ supports parents with their children’s development needs ○ supports children with special needs. • Midwives: <ul style="list-style-type: none"> ○ examines and monitors pregnant women ○ assesses care requirements and writes care plans ○ undertakes antenatal care in hospitals, homes and GP practices ○ carries out screening tests.
SHK3.2	<p>Clinical tasks, therapeutic tasks and interventions that can be performed in their role:</p> <ul style="list-style-type: none"> • Clinical tasks: <ul style="list-style-type: none"> ○ physiological measurements ○ take samples – stools, sputum, urinalysis, venepuncture (must be trained) ○ pressure area care ○ catheter care ○ wound care and dressing changes ○ electrocardiogram (ECG) set up and monitoring ○ support with eating and drinking ○ glucose monitoring (finger prick) ○ assisting with mobility and transfers. • Therapeutic tasks: <ul style="list-style-type: none"> ○ behavioural therapy support ○ assisting with physiotherapy exercises ○ supporting occupational therapy activities ○ talking therapies (under supervision) ○ health promotion activities. • Monitoring and reporting: <ul style="list-style-type: none"> ○ observing individuals during care activities ○ identifying and reporting changes in condition ○ recording relevant information for discharge or transfer ○ escalation – report to senior member of staff or emergency services when needed.
SHK3.3	<p>What the scope of the role of a support worker is when assisting registered health professionals:</p> <ul style="list-style-type: none"> • Scope of own role: <ul style="list-style-type: none"> ○ work with registered professionals to achieve shared goals ○ follow care plans and delegated tasks ○ liaise with the wider multidisciplinary team, sharing information as appropriate to care needs ○ awareness of safeguarding policies and procedures and the designated safeguarding lead

	<ul style="list-style-type: none"> ○ awareness of organisational and local protocols including whistleblowing policies ○ participate in audits and feedback processes.
SHK3.4	<p>The student must understand what are their own responsibilities, duties, limitations and what is their scope of practice:</p> <ul style="list-style-type: none"> ● Responsibilities: <ul style="list-style-type: none"> ○ observations ○ food and nutrition (support with eating and drinking) ○ follow care plans ○ compliance with legislation ○ follow appropriate codes of practice. ● Duties and limitations: <ul style="list-style-type: none"> ○ duty of care ○ expectations and limitations of their role in given settings ○ administration of medication ○ safeguarding ○ seek and action advice from healthcare professionals. ● Scope of practice: <ul style="list-style-type: none"> ○ must be trained to carry out the activity ○ must be experienced to carry out the activity ○ must be permitted to perform the activity.
SHK3.5	<p>The relevant points of referral for help and advice:</p> <ul style="list-style-type: none"> ● Line manager (the person the student reports to). ● Supervisor (if not their line manager, it could be a person who works alongside them to support them in their role). ● Designated point of contact. ● Occupational health. ● Regulatory bodies.
SHK3.6	<p>The importance of the ‘Code of Conduct for Healthcare Support Workers and Adult Social Care Workers’ in line with local policies and procedures:</p> <ul style="list-style-type: none"> ● Purpose. ● Meaning for Healthcare Support Workers and Adult Social Care Workers. ● Importance: <ul style="list-style-type: none"> ○ clarifies the organisation’s mission, values and principles ○ serves as a reference for helping employees locate relevant documents, services and other resources related to ethics within the organisation ○ ensures the organisation can be sure of the standards workers are expected to meet ○ ensures that the organisation can check workers can fulfil the requirements of their role, behave correctly and do the right thing at all times

	<ul style="list-style-type: none"> ○ ensures that the organisation can identify areas for continuing professional development.
SHK3.7	<p>The importance of working in partnership with wider healthcare teams including those in hospital, community care and social-care settings:</p> <ul style="list-style-type: none"> ● Utilises team skills. ● Role modelling (leads by example, positive attitude, respect and empathy for others). ● Provides holistic care. ● Ensures effective communication. ● Supports efficient care planning and recording. ● Ensures a person-centred approach. ● Provides an understanding of interagency working.
SHK3.8	<p>The importance of delegation protocols including the Royal College of Nursing (RCN) principles of accountability and delegation:</p> <ul style="list-style-type: none"> ● Delegation must always be in the best interest of the individual and not performed simply to save time or money. ● The support worker must have been suitably trained to perform the intervention. ● Full records of training given, including dates, should be kept. ● Evidence that support worker's competence has been assessed should be recorded, preferably in line with recognised standards (National Occupational Standards). ● There should be clear guidelines and protocols in place so that the support worker is not required to make a standalone clinical judgement. ● The role should be within the support worker's job description. ● The team and any support staff need to be informed that the activity has been delegated. ● The person who delegates the activity must ensure that an appropriate level of supervision is available and that the support worker has the opportunity for mentorship. ● The level of supervision and feedback needed depends on the recorded knowledge and competence of the support worker, the needs of the individual, the service setting and the activities assigned. ● Support workers must have ongoing development to make sure their competency is maintained. ● The whole process must be assessed to identify any risks.

SHK3.9	<p>Different environments that individuals may be moved to and from:</p> <ul style="list-style-type: none"> • Transfers within the hospital (ward to ward). • Transfer to home (from hospital to home). • Transfer from secondary to primary care (from general care to specialist care). • Transfer between social care settings (from home care to residential care, community care).
SHK3.10	<p>The student must understand the steps taken within discharge procedures:</p> <ul style="list-style-type: none"> • Preparation for safe discharge: <ul style="list-style-type: none"> ○ medication ○ equipment ○ care package in place. • Effective record keeping and handover: <ul style="list-style-type: none"> ○ effective care package in place ○ contact details to support services in place ○ medication records. • Safe manual handling: <ul style="list-style-type: none"> ○ moving and handling equipment in place including PPE. • Preparation for arrival at destination: <ul style="list-style-type: none"> ○ carers ○ continence aids ○ bed availability.

What skills do students need to demonstrate?	
	<p>SHS3.2 Record, report and store information in a way that contributes to safe practice and audit</p> <ul style="list-style-type: none"> • Complete relevant, clear, detailed, accurate and factual records that contribute to an individual's ongoing care. • Report information to health professionals and share appropriate information with individuals. • Store information in line with organisation and national policy. <p style="text-align: right;">E3, E4, D1, D5</p>
	<p>SHS3.3 Gather appropriate, relevant and timely evidence to assist in obtaining an individual's history and review health-related data and information:</p> <ul style="list-style-type: none"> • Establish the individual's history. • Review health-related data and health-related information for the required purpose. <p style="text-align: right;">E1, E2, E3, D5</p>

What underpinning knowledge do students need?	
SHK3.11	<p>The importance of providing accurate and relevant information to contribute to reporting, escalation, interventions and handovers between shifts:</p> <ul style="list-style-type: none"> • Promotes efficiencies. • Contributes to patient safety and clinical effectiveness. • Supports effective decision making. • Provides person-centred care.
SHK3.12	<p>Types and sources of information that can assist in obtaining an individual's history:</p> <ul style="list-style-type: none"> • Establishing an individual's history (allergies, previous illnesses/conditions). • Reviewing health-related data and health-related information (physiological measurements, test results, X-rays). • Qualitative (individuals' feelings or experience). • Quantitative (physiological measurements and lifestyle indicators). • Sources of information (the individual, records, family members, advocate, other professionals).

What skills do students need to demonstrate?
<p>SHS3.4 Perform first line calibration on clinical equipment:</p> <ul style="list-style-type: none"> • Check the clinical equipment: <ul style="list-style-type: none"> ○ follow manufacturer's instructions and standard operating procedures (SOPs) to check and calibrate equipment ○ complete relevant records for calibration ○ report issues with calibration by following relevant procedure. • Equipment includes: <ul style="list-style-type: none"> ○ blood pressure monitor ○ thermometer ○ watch with second hand ○ pulse oximeter ○ weighing scales/tape measure ○ peak flow chart ○ peak flow monitor. <p style="text-align: right;">E1, M1, M2, M5</p>

SHS3.5 Use physiological measurement equipment:

- Measurements include:
 - blood pressure
 - equipment required: blood pressure monitor (for automatic readings); aneroid sphygmomanometer and stethoscope (for manual readings)
 - body temperature
 - equipment required: thermometer (digital contact thermometer (oral or axilla) or infrared tympanic type)
 - respiration rate
 - equipment required: watch with second hand
 - heart rate
 - equipment required: watch with second hand
 - weight/height
 - equipment required: stadiometer, floor scales
 - oxygen saturation
 - equipment required: pulse oximeter
 - blood sugar levels
 - equipment required: glucometer (blood glucose monitor), test strips, lancet/lancing device
- Peak flow:
 - equipment required: peak flow meter; disposable/single use mouthpiece.

E4, M1, M2

SHS3.6 Record the results of physiological monitoring and measurement using relevant documentation:

- Use of correct charts:
 - blood pressure
 - body temperature
 - peak flow
 - weight/height
 - urine output
 - blood glucose monitoring
 - pain assessment
 - fluid balance
 - NEWS2 chart.
- Accurate, precise and timely recording of data and information.
- Accurate calculation of scores.

E3

SHS3.7 Demonstrate the correct process for reporting measurements and observations that fall outside normal levels:

- Step-by-step process:
 - confirm accuracy
 - compare against normal ranges and baseline
 - report abnormal or deteriorating observations promptly to a health professional
 - use SBAR format (Situation, Background, Assessment, Recommendation) for clarity
 - follow escalation policy if asked to
 - document everything
 - maintain confidentiality
 - continue monitoring.

E4

What underpinning knowledge do students need?

SHK3.13	<p>The range of physiological measurements commonly measured by the healthcare support worker and normal ranges for adults:</p> <ul style="list-style-type: none"> • Blood pressure (90/60 mmHg to 120/80 mmHg). • Body temperature (36 to 37.5°C). • Respiration rate (12 to 20 breaths per minute). • Heart rate (60 to 100 beats per minute). • Weight/height (body mass index (BMI) between 18.5 and 24.9): <ul style="list-style-type: none"> ○ the formula is $BMI = \text{kg}/\text{m}^2$ where kg is a person's weight in kilograms and m^2 is their height in metres ○ the imperial BMI formula = weight in pounds divided by your height in inches squared and then multiply by 703. • Urinary output (800 to 2000 ml per day). • Oxygen saturation (between 95%-100%); blood sugar levels (between 4.0 and 7.0 mmol/L). • Level of and/or change in consciousness: <ul style="list-style-type: none"> ○ ACVPU scale: <ul style="list-style-type: none"> - Alert - New confusion - Responds to voice - Responds to pain - Unresponsive.
SHK3.14	<p>Why physiological measurements are taken:</p> <ul style="list-style-type: none"> • Assessment (body functions and health status). • Provides information on trends and changes in physiology. • The impact of underlying conditions. • Changes in physiology.

	<ul style="list-style-type: none"> • Taking necessary physiological measurements are a duty of care and can be lifesaving if deterioration is identified and treated early. • Not taking necessary physiological measurements can be life-threatening or harmful and a failure of duty of care.
SHK3.15	<p>When physiological measurements are taken:</p> <ul style="list-style-type: none"> • Routine check-ups. • When an individual's condition changes or deteriorates. • On arrival to the emergency department. • On admission to a ward. • At regular intervals during an individual's stay. • Before, during and after a procedure (the fitting of a pacemaker). • Before, during and after surgery. • Back on the ward at certain intervals. • Pre-op clinic.
SHK3.16	<p>Types of equipment used for measuring physiological states in adults:</p> <ul style="list-style-type: none"> • Blood pressure (manual/digital sphygmomanometer, cuff and stethoscope). • Body temperature (thermometer – electronic, tympanic membrane sensors). • Breathing/respiration rate (observation). • Peak expiratory flow rate (peak flow meter). • Pulse rate (a watch with second hand, stethoscope, manual or pulse oximeter). • Weight/height (scales and stadiometer, measurements). • Urinary output (catheter, measuring jug). • Urinalysis (equipment required: urinalysis reagent strips/dipsticks' colour chart or reference scale for specific strips being used) • Oxygen saturation (pulse oximeter). • Blood sugar levels (blood sugar meter (glucometer, lancet and test strip (blood sugar levels testing). • Monitoring elimination (observation charts). • Nutrition and hydration (observation charts). • Adaptations may be necessary due to factors such as: <ul style="list-style-type: none"> ○ size ○ age ○ weight ○ mobility ○ existing conditions (prone to postural hypotension) ○ different patient groups. • Adaptions could include: <ul style="list-style-type: none"> ○ positioning ○ location and timing of the procedure

	<ul style="list-style-type: none"> ○ ensuring appropriate rest before measurements ○ alternative/adapted equipment ○ communication style to meet needs of individual.
SHK3.17	<p>How to perform first line calibration on clinical equipment:</p> <ul style="list-style-type: none"> ● Importance of following manufacturing instructions. ● How and when to report faults. ● Impact of using faulty equipment for the individual's safety.
SHK3.18	<p>How to monitor elimination, nutrition and hydration:</p> <ul style="list-style-type: none"> ● Elimination (urine and bowel charts). ● Nutrition (food diaries). ● Hydration (fluid balance charts). ● Body measurements (BMI).
SHK3.19	<p>Major factors that influence changes in physiological measurement:</p> <ul style="list-style-type: none"> ● Infection. ● Disease. ● Chronic illness. ● Age/weight. ● Hydration and nutritional status. ● Environment (hypothermia, malnutrition). ● Lifestyle (smoking, drugs, diet, stress). ● Medication (beta blockers, statins, paracetamol, inhalers). ● Mental state (anxiety, depression).
SHK3.20	<p>How physiological measurements are recorded:</p> <ul style="list-style-type: none"> ● Blood pressure chart. ● Body temperature chart. ● Peak flow chart. ● Weight/height chart. ● Urine output chart or fluid balance chart. ● National Early Warning Scores (NEWS) 2 chart.
SHK3.21	<p>The importance of recording and reporting results from physiological measurement tests:</p> <ul style="list-style-type: none"> ● Importance of taking regular readings: <ul style="list-style-type: none"> ○ to establish baseline for individual ○ identifies and tracks deviations and/or changes over time ○ informs treatment. ● Importance of following local processes and national guidelines when reporting: <ul style="list-style-type: none"> ○ clarification if uncertain about use of equipment, measurement reading and normal range ○ if unable to obtain measurement (consent, equipment availability)

	<ul style="list-style-type: none"> ○ provides a record/up to date picture of the individual's condition/situation for all involved in the individual's care ○ enables escalation when measurements fall outside normal range (SBAR).
SHK3.22	<p>The purpose of the NEWS 2012 and NEWS2 2017 system:</p> <ul style="list-style-type: none"> ● NEWS 2012 was brought in response to preventable deaths from acute (sudden) illnesses including sepsis. ● NEWS 2012 was a scoring system which helped to quickly identify and quantify deterioration of acutely ill individuals. ● NEWS 2012 was updated to NEWS2 2017 in 2017 with additions including sudden onset confusion which can indicate deterioration in health. ● NEWS2 2017 determines how ill an individual is and trend in their condition. ● Correct use of NEWS2 2017 along with understanding of the thresholds and triggers informs the care the individual receives. ● NEWS2 2017 supports a system to standardise the assessment and response to acute illnesses (frequency of monitoring, when medical assessment and treatment is needed, when emergency assessment and intervention is needed, place of treatment (general ward or intensive care unit)).
SHK3.23	<p>How an early warning score is calculated and used:</p> <ul style="list-style-type: none"> ● Obtaining and recording physiological parameters: <ul style="list-style-type: none"> ○ respiration rate ○ oxygen saturation ○ blood pressure ○ pulse rate ○ level of consciousness or new confusion ○ temperature. ● Calculate the score for each parameter (a score of 0, 1, 2 or 3). ● Record the score (colour coded NEWS2 chart). ● Calculate the total NEWS2 score for a specified time of day. ● Understand the significance of the score and trend in scores for the individual. ● Identify any changes and risk factors such as triggers (score 5 or above sepsis if infection is suspected, score 7 or above emergency response needed). ● Report the score and escalate where appropriate. ● Recognise and understand cumulative errors and the effect that errors in measurement have on subsequent use of values in further processing. ● Understand the accuracy or precision that is required in measurement for a particular purpose.

SHK3.24	Procedures for taking and testing capillary blood and other specimens: <ul style="list-style-type: none">• Procedures for testing the following:<ul style="list-style-type: none">○ capillary blood○ other specimens○ urine○ stool○ sputum.
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Scheme of Assessment

There is a single synoptic assessment for this Occupational Specialism, which is an extended project. The synoptic element of the project is important to ensure students can demonstrate threshold competence and are able to evidence all the skills required by the Performance Outcomes.

The project consists of several activities grouped into three substantive tasks.

Each task is completed during a window set by Pearson, during which Providers schedule supervised assessment sessions. In some cases, tasks also include opportunities for unsupervised activities, where the requirements of the skills being assessed make this necessary.

Occupational Specialism project – Supporting healthcare
Internally assessed project: 3 hours 50 minutes 138 marks
Performance Outcomes In this project students will: PO1 – Assist with maintaining safe working practices and a safe environment PO2 – Assist with an individual’s overall care and needs to ensure comfort and wellbeing PO3 – Assist registered health professionals with a range of routine tasks
Assessment overview There are 3 parts to the assessment. <ul style="list-style-type: none">• Task 1: Assessing an individual’s Health and Wellbeing.• Task 2: Professional Discussion underpinned by a Portfolio of Evidence.• Task 3: Recognising changes in an individual’s condition. Students are assessed on their application of the skills listed for the Performance Outcomes. <ul style="list-style-type: none">• Task 1: Students respond to a given scenario to conduct a role play with a standardised patient.• Task 2: Students take part in a Professional Discussion drawing on the evidence they have compiled of skills mapped to the task demonstrated over their course of study.• Task 3: Students interpret data and information in relation to a given scenario. Students undertake the tasks under supervised conditions. The assessment takes place over multiple sessions, up to a combined duration of 3 supervised hours and 50 minutes. The project outcomes consist of a videoed role play, an audio recorded professional discussion and written evidence which is submitted electronically. The project is internally assessed and moderated by Pearson.

Administration

Providers must follow the guidance in the following:

- General Administrative Support Guide.
- Administration Support Guide for the specific Technical Qualification Employer Set Project (if applicable).

These are located on the [Training and Admin Support webpage](#).

Performance Outcome		Weighting	
		Raw marks	% of total marks
PO1	Assist with maintaining safe working practices and a safe environment	48	35%
PO2	Assist with an individual's overall care and needs to ensure comfort and wellbeing	51-57*	37-41%
PO3	Assist registered health professionals with a range of routine tasks	33-39*	24-28%

*The weighting of PO2 and PO3 will differ according to the skills being assessed in the Professional Discussion.

Resources for the delivery of Occupational Specialism: Supporting Healthcare

Providers are required to have the following resources to deliver this OS:

- IT suite with access to up-to-date PC or Mac with word/spreadsheet/slide deck software.
- Tutors with qualifications and/or experience in the healthcare sector.
- A curriculum team with experience and knowledge that span the breadth of the qualification content.

Assessment Task	Resource required
1	Space to conduct Task 1, likely to include but not limited to: <ul style="list-style-type: none"> • Someone to act as a standardised patient. • Two chairs. • A table. • A PC or laptop with word processing software, the SBAR template required for Task 1, should be pre-loaded and accessible. • Resources in the task booklet should be made available at all times to the student. • Note paper and a pen for the student to make notes for Activity 1a.
2	Facilities to conduct practical assessments mapped to the task over the course of the year; students may gather evidence either while on work placement or in the provider setting.

2. Supporting the adult nursing team

Performance Outcome 1: Assist the adult nursing team with clinical tasks

What skills do students need to demonstrate?

ANS1.1 Support the registered health care professionals in completing patient risk assessments and escalate where appropriate:

- Effectively assisting with any of the following risk assessments:
 - malnutrition screening tool (MST)
 - body mass index (BMI)
 - Braden scale
 - Waterlow score
 - wound
 - oral health assessment
 - continence
 - Bristol stool scale
 - fluid balance
 - nutrition assessment
 - pain assessment
 - mobility
 - falls risk assessment tool (FRAT)
 - EPUAP (European Pressure Ulcer Advisory Panel) Classification tool
 - body map skin integrity assessment.
- Identify the risks to the individual and others through completion of the assessment tools, care documents/records and gathering of information through conversation with the individual, their multi-disciplinary team, carers or family.
- Record and report findings to the relevant healthcare professional and support with actions to mitigate or reduce risk as delegated.
- Evaluate the risk and determine suitable precautions.
- Know when to escalate findings.
- Record findings.

E4, M1, M2

What underpinning knowledge do students need?

ANK1.1

How the collection of specimens and undertaking individual observations in adult nursing supports a range of risk assessments and clinical assessments undertaken by registered professionals:

- Malnutrition screening tool (MST):
 - assesses individuals who are malnourished, at risk of malnutrition, or obese
 - supported by height and weight measurements to calculate BMI.
- Braden scale:
 - assesses skin integrity in terms of likelihood of an individual developing a pressure ulcer
 - supported by the observation of skin moisture levels and response to mild pressure being applied.
- Waterlow score:
 - assesses risk of the development of a pressure sore in the individual
 - supported by observation of the skin, monitoring mobility and continence levels.
- Wound:
 - assesses state of wound to prescribe appropriate treatment
 - supported by skin integrity assessment.
- Oral health assessment:
 - assesses whether an individual has oral health problems and needs to be referred for dental treatment
 - supported by observation of how an individual manages their daily mouth care routine.
- Continence:
 - assesses the causes of, and factors contributing to, urinary and faecal symptoms
 - supported by appropriate dietary planning.
- Bristol stool scale:
 - assesses health in relation to stool type, using seven types of stools
 - supported by the collection of faecal samples and observations of individual bowel movements.
- Fluid balance:
 - assesses and interprets fluid and electrolyte balance
 - supported by fluid intake and output monitoring.
- Nutrition assessment/ malnutrition screening tool (MST):
 - assesses and identifies individuals who are at nutritional risk
 - supported by food chart and physiological measurements (BMI, weight).
- Pain assessment:
 - assesses pain levels to diagnose and determine suitable treatment

- supported by a range of pain assessment tools
- PAINAD (Pain Assessment in Advanced Dementia) scale
- Doloplus-2
- Abbey Pain Scale
- PainChek (electronic Pain Assessment Tool).
- **Mobility:**
 - assesses individual's physical function to determine appropriate handling and mobility aids
 - moving and handling risk assessment
 - supported by use of appropriate moving and handling techniques.
- **Falls risk assessment tool (FRAT):**
 - screens risk of falls in people aged 65 and over
 - supported by use of five questions – positive response to three or more indicates need for further assessment.
- **EPUAP (European Pressure Ulcer Advisory Panel) Classification tool:**
 - tool designed to assess and categorise the severity of pressure ulcers
 - recognise six different types of pressure ulcers.
- **Body map skin integrity assessment:**
 - documents the specific location of areas of skin damage or concern.

Performance Outcome 2: Support individuals to meet activities of daily living and to live as well as possible

What skills do students need to demonstrate?

ANS2.1 Overarching: Support or enable individuals with a range of activities for daily living:

- Maintain good nutrition and hydration and record details:
 - assess support required by the individual
 - promote current healthy nutrition and hydration initiatives to support individual to make healthy choices
 - encourage the individual's independence in planning, choosing, buying, preparing food, eating and drinking while recognising when assistance is required
 - take account of individual's nutrition and/or hydration needs
 - completing documentation with accuracy and precision:
 - food and drink chart
 - nutritional plan
 - demonstrating awareness of factors that may affect routine care plan
 - assess and respond appropriately to fluid/nutrition intake data and escalate/report concerns using SBAR (Situation, Background, Assessment and Recommendations).
- Maintain continence:
 - assess support required by the individual
 - encourage the individual's independence in toileting while recognising when assistance is required
 - maintain dignity, privacy and independence
 - ensure toilets are accessible
 - ensure appropriate toileting aids are available
 - give regular toileting prompts when necessary to maintain independence
 - provide appropriate mechanisms for communicating toileting needs.
- Maintain good personal hygiene:
 - assess support required by the individual
 - oral health assessment
 - encourage the individual's independence in washing, bathing and oral hygiene while recognising when assistance is required
 - promote developing good hygiene routines
 - support washing and bathing of the body and hair as appropriate
 - maintain dignity, privacy and independence
 - encourage active participation
 - clearly communicate own actions before undertaking them
 - offer toiletry choices
 - support teeth cleaning and oral hygiene as appropriate.

- Dress and undress:
 - assess support required by the individual
 - encourage the individual's independence in dressing and undressing while recognising when assistance is required
 - support dressing and undressing as appropriate:
 - maintain dignity, privacy and independence
 - encourage active participation
 - provide choice of clothing to align with individual's preferences and to enable independent toileting and control of temperature
 - consider personal appearance.
- Mobility:
 - assess support required by the individual
 - encourage the individual's independence in relation to their mobility
 - encourage the individual to be mobile
 - follow appropriate moving and handling techniques in accordance with their mobility assessment
 - ensure all necessary aids and equipment are available and appropriately measured for the individual.
- Rest and sleep:
 - assess support required by the individual
 - encourage individuals to have adequate rest and sleep
 - provide appropriate equipment for rest and sleep
 - maintain an appropriate environment for rest, sleep and safety.
- Express their identity:
 - assess support required by the individual
 - encourage and promote individual preferences regarding:
 - how the individual chooses to dress
 - how the individual chooses to identify
 - choice of pronouns
 - choice of intimate partners and relationships.

E2

ANS2.2 Support or enable individuals to participate in activities and hobbies

- Assess support required by the individual.
- Maintain privacy and dignity.
- Encourage active participation and independence.
- Encourage and promote activities and hobbies to meet needs:
 - intellectual
 - emotional
 - spiritual
 - social.
- Access to opportunities which support activities and hobbies.

What underpinning knowledge do students need?	
ANK2.1	<p>Importance of establishing what support is required for daily living tasks:</p> <ul style="list-style-type: none"> • Considering information about support required: <ul style="list-style-type: none"> ○ care plan, individual ○ others involved in individuals' care (informal carers, family, advocates). • Clarifying support requirements with the individual: <ul style="list-style-type: none"> ○ using appropriate aids ○ observing individual and helping only when assistance is required, or if unsafe ○ encouraging contributions from the individual (use of persuasive arguments to encourage) ○ where necessary, communicating with family members/carers to gain information on individual preferences. • Resolving difficulties or concerns: <ul style="list-style-type: none"> ○ discuss with individuals to resolve positively ○ report to line manager issues that fall outside scope of role ○ recognise changes in individual's condition that require reassessment to ensure level of support is appropriate.
ANK2.2	<p>The purpose and importance of supporting the individual with a range of activities for daily living:</p> <ul style="list-style-type: none"> • Maintaining nutrition and hydration: <ul style="list-style-type: none"> ○ the different types of diet (modified, high protein) ○ awareness of alternative forms of nutrition and hydration: <ul style="list-style-type: none"> – percutaneous endoscopic gastrostomy (PEG) feeding – percutaneous endoscopic jejunostomy (PEJ) feeding – nasogastric (NG) feeding – total parenteral nutritional (TPN) feeds – intravenous infusion fluids ○ methods of monitoring and recording nutrition and hydration intake: <ul style="list-style-type: none"> – food and drink record chart ○ signs and symptoms of poor nutrition and inadequate hydration, including when to escalate concerns ○ individual nutrition and/or hydration needs: <ul style="list-style-type: none"> – dietary requirements, cultural, ethical, medical – providing aids and specific adaptations – dietary planning – likes/dislikes/preferences – barriers (ability to swallow) – support needs ○ purpose and importance of good nutrition and hydration: <ul style="list-style-type: none"> – maintains physical health – prevents health complications

- malnutrition
- dehydration
- promotes independence and personal choice
- improves comfort and emotional wellbeing
- supports recovery and reduces hospital admissions
- prevents neglect and protects dignity.
- Maintaining continence:
 - impacts on maintaining continence:
 - diet (fluid intake, fibre intake)
 - aging
 - mobility
 - weight
 - medication side effects
 - pelvic floor weakening
 - use of aids and adaptations for continence (pads, bed pans, commode, urinary catheters)
 - ease of availability of aids/adaptions
 - the need to give reminders and prompts to use the toilet
 - mental and/or physical ability to use the toilet
 - purpose and importance:
 - maintains physical health, cognitive health and wellbeing and supports recovery
 - promotes dignity and respect
 - prevents health complications: urinary tract infection (UTIs), constipation, skin breakdown
 - supports independence and choice
 - improves comfort and wellbeing
 - enables routine and daily functioning
 - safeguards against neglect.
- Maintaining personal hygiene (washing/bathing/grooming):
 - infection prevention
 - intimate care
 - purpose and importance:
 - maintains physical health
 - enhances personal appearance
 - improves mental and emotional wellbeing
 - prevents health complications
 - supports dignity and confidence
 - encourages independence and routine
 - opportunity for checking and maintaining skin integrity
 - prevents neglect and safeguards vulnerable individuals
 - maintains routine.
- Maintaining oral care:
 - correct care and fit of dentures
 - promotion of dental hygiene:
 - effective tooth brushing

- flossing
 - o regular visits to the dentist
 - o oral health assessment
 - o purpose and importance:
 - prevents dental and health problems
 - supports nutrition and hydration
 - promotes dignity and comfort
 - encourages communication and social interaction
 - reduces risk of cross-infection in care settings
 - enhances personal appearance
 - maintains routine.
- Dressing/undressing and personal appearance:
 - o recognition of altered body image
 - o purpose and importance:
 - promotes dignity and respect
 - supports physical comfort and health
 - encourages independence and personal choice
 - enhances confidence and self-esteem
 - enhances personal appearance
 - maintains routine
 - safeguards against neglect and social isolation.
- Mobility:
 - o purpose and importance:
 - maintains physical health and prevents complications
 - promotes independence and confidence
 - reduces the risk of falls and injuries
 - improves mental health and emotional wellbeing
 - prevents social isolation
 - supports recovery and rehabilitation
 - safeguards against neglect and loss of function.
- Rest, sleep and safety:
 - o sleep aids (mask, ear plugs)
 - o sleeping environment (temperature, lighting, noise)
 - o relaxation aids (books, music, relaxation exercises)
 - o safety (bed rails, call bells, door security)
 - o impact of individuals' health and wellbeing on maintaining their safety
 - o purpose and importance:
 - promotes physical health and recovery
 - supports mental and emotional wellbeing
 - helps maintain daily functioning
 - reduces risks of accidents and falls
 - prevents worsening of health conditions
 - promotes routine and sense of control
 - supports dignity and comfort.

	<ul style="list-style-type: none"> • Expressing identity: <ul style="list-style-type: none"> ○ gender expression: <ul style="list-style-type: none"> – respecting individual’s style preferences (hairstyle, style of dress) ○ impact of cultural preferences (physical contact, preference on gender of health worker providing care) ○ importance of maintaining professional boundaries <ul style="list-style-type: none"> – purpose and importance: <ul style="list-style-type: none"> ▪ promotes identity and self-esteem ▪ supports emotional and mental wellbeing ▪ respects human rights and equality ▪ maintains relationships and intimacy ▪ encourages open communication and consent ▪ safeguards vulnerable individuals ▪ reduces shame and stigma. • Activities and hobbies: <ul style="list-style-type: none"> ○ purpose and importance: <ul style="list-style-type: none"> – provide enjoyment, creativity, and a sense of purpose – promotes identity and self-esteem – supports social, emotional and mental wellbeing – enhance social skills – improves physical health.
ANK2.3	<p>The different types of long-term conditions and their impact on activities of daily living:</p> <ul style="list-style-type: none"> • Physical conditions (chronic pain, chronic fatigue, obesity, injury, pressure sores/ulcers): <ul style="list-style-type: none"> ○ impact: <ul style="list-style-type: none"> – unable to complete activities of daily living without support • Mental health conditions: <ul style="list-style-type: none"> ○ impacts: <ul style="list-style-type: none"> – may lack capacity to understand the importance of undertaking daily living activities as described in Mental Capacity Act 2005/ Mental Capacity (Amendment) Act 2019 – may lack motivation or desire to undertake daily living activities – may lack cognition around personal safety when undertaking daily living activities. • Sensory impairment: <ul style="list-style-type: none"> ○ impact: <ul style="list-style-type: none"> – may be unable to complete activities of daily living without support.
ANK2.4	<p>How to support or enable individuals to complete activities of daily living in line with their care plan, using a person-centred and enabling approach:</p> <ul style="list-style-type: none"> • Individual has care/treatment that is personalised for them. • Factors that may affect routine care plan: <ul style="list-style-type: none"> ○ age group ○ environment

	<ul style="list-style-type: none"> ○ religion (religious holidays, foods that can/cannot be eaten) ○ individual needs and goals ○ individual preference. ● Implementing Health and Care Act 2022.
ANK2.5	<p>The possible roles of informal carers and the importance of working in partnership with them, when supporting individuals to meet activities of daily living:</p> <ul style="list-style-type: none"> ● Informal carer role may include: <ul style="list-style-type: none"> ○ providing personal care ○ advocacy ○ monitoring medication ○ undertaking practical care tasks ○ providing company and emotional support ○ acting as a power of attorney in property and financial affairs. ● Importance of working in partnership with informal carers: <ul style="list-style-type: none"> ○ need to recognise and value the support provided by the informal carer ○ ensure carers are involved in discussions about care being provided to the individual ○ develop a working relationship with the carer to ensure the best level of support possible is provided,

What skills do students need to demonstrate?
<p>ANS2.3 Provide appropriate care that helps individuals with advanced, progressive and life-limiting conditions and those in end-of-life care to live as well as possible:</p> <ul style="list-style-type: none"> ● Ensuring the individual is kept as comfortable as possible: <ul style="list-style-type: none"> ○ identifying signs of pain and communicating to registered professional ○ bed comfort ○ suitable environment. ● Maintaining individual's wellbeing: <ul style="list-style-type: none"> ○ applying person-centred approaches ○ providing social interaction (staff, visitors, engagement into meaningful activities suited to the individual's energy and interests) ○ providing access to media (social media, TV, phone) ○ providing appropriate nutrition and hydration ○ providing psychological/emotional support. ● Identifying religious and cultural beliefs and considering them where relevant. ● Discussing the care plan with the individual and/or carer/family and gaining consent. ● Adhering to the care plan. ● Updating electronic patient record/patient notes. <p style="text-align: right;">E1, E4, E6</p>

What underpinning knowledge do students need?

ANK2.6	<p>Understanding frailty and the considerations needed to support individuals with frailty to live as well as possible</p> <ul style="list-style-type: none">• What is meant by frailty:<ul style="list-style-type: none">○ frailty can result at any age from serious physical or mental illness or from injury or extreme lifestyles.• The symptoms and implications associated with frailty:<ul style="list-style-type: none">○ deconditioning:<ul style="list-style-type: none">– reduction in mobility– incontinence– increase in falls risk– dehydration/malnutrition– loss of bone density and muscle mass causing weakness and slow walking speed– dementia/cognitive decline– mental health conditions (depression)– higher risk of developing infections.• Considerations when supporting activities of daily living:<ul style="list-style-type: none">○ mobility:<ul style="list-style-type: none">– appropriate transfer aids and walking aids; monitoring endurance and fatigue before, after and during mobilisation○ personal hygiene and dressing:<ul style="list-style-type: none">– impact of ageing and frailty on choice and independence for washing, dressing, bathing and eating○ nutrition and fluids:<ul style="list-style-type: none">– reduced appetite and support to maintain balanced easy-to-eat food as appropriate for individual– increased choke risk may require specific positioning or diet modification○ emotional and social support:<ul style="list-style-type: none">– engaging in meaningful activities that are centred around individual ability and choice.
ANK2.7	<p>Understanding dementia and the considerations needed to support individuals with dementia to live as well as possible</p> <ul style="list-style-type: none">• Dementia – umbrella term for many conditions which cause a range of difficulties with memory, thinking and emotions:<ul style="list-style-type: none">○ types of dementia:<ul style="list-style-type: none">– Alzheimer's disease– Vascular dementia including Cerebral Vascular Accidents (CVA) and Transient Ischemic Attacks (TIA)– Frontotemporal dementia– Mixed dementia.• Why depression delirium and the normal ageing process may be mistaken for dementia<ul style="list-style-type: none">○ similarities between the symptoms of depression and delirium and dementia:

- hallucinations
- lethargy/withdrawal
- disturbed sleeping patterns
- reduced ability to retain information
- restlessness
- distinctive changes in behaviour
- differences between the symptoms of depression and delirium and dementia:
 - onset – depression is gradual (weeks or months) whereas delirium is sudden (hours or days)
 - attention and awareness – depression has unusually intact attention with reduced concentration levels whereas delirium has significant impairment on attention and awareness
 - orientation – depression is usually preserved whereas patients with delirium are often disorientated with time, place or person.
 - mood – depression usually shows persistent sadness, hopelessness and irritability whereas delirium shows anxiety, fear and being apathetic.
- Why the normal ageing process may be mistaken for dementia:
 - similarities between the characteristics of the normal ageing process and dementia:
 - disturbed sleeping patterns
 - reduced ability to retain information
 - reduction in mobility
 - reduced appetite
 - reduced sensory capacity.
- Differences between the characteristics of the normal aging process and dementia:
 - memory – normal ageing shows forgetting names or events at a point in time then remembering later. Dementia shows more frequent forgetting especially of recent events, conversations, names but not recalling them later
 - daily tasks – normal ageing requires more time to complete tasks including reminders whereas dementia shows difficulty in completing familiar tasks even with reminders or prompts
 - language and communication – normal ageing shows sometimes struggling to find the right word whereas dementia patients regularly lose the conversation purpose, repeating themselves or use inappropriate words in sentences.
- Why early diagnosis of dementia and other cognitive issues is important:
 - improves quality of life
 - appropriate medication may slow down the progress of the disease
 - early access to support services
 - legal documentation can be arranged (lasting power of attorney (LPOA), advanced directive).

	<ul style="list-style-type: none"> ● How other factors may contribute to early onset dementia: <ul style="list-style-type: none"> ○ stroke ○ lifestyle (alcoholism) ○ acquired brain injury ○ genetic conditions (Huntington’s disease).
	<ul style="list-style-type: none"> ● Considerations when supporting activities of daily living: <ul style="list-style-type: none"> ○ individuals may need specific communication support including clear, simple language and questions while allowing time for responses. Staff need to use visual cues, gestures and behaviours to support communication and support pre-emptive care ○ individuals may need additional considerations around personal care support including choice for hygiene and clothing decisions while maintaining socially acceptable standards ○ individuals may need support or consideration to issues of orientation and environmental factors including consistent routines daily or more often including signage, timings and events to encourage a calm, familiar and safe environment to reduce distress ○ staff may need to utilise pre-emptive care strategies around nutrition, hydration, continence and pain by monitoring non-verbal cues and behaviour to support quality care delivery.
ANK2.8	<p>The factors that impact on the care of the dying and the deceased to ensure most appropriate care is provided:</p> <ul style="list-style-type: none"> ● Pain management to relieve distress and discomfort. ● Awareness of physical body shut down and terminal cachexia and how this impacts bodily functions such as skin integrity, continence and nutrition. ● Following agreed care plan, with regular review in relation to individual’s changing needs. ● Recognition of the importance of oral care when the individual is end of life and possibly nil by mouth. ● Recognition of spiritual and cultural beliefs. ● Recognition of policies and procedures around death. ● Awareness of specialist support (hospice, specialist nurses) for the individual and those close to them, ● Support for advanced care planning and respect for end of life wishes regarding resuscitation, hospital admission and specific decisions such as organ donation, including awareness of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms. ● Recognition that care does not stop at point of death including care after death. ● Acknowledging the need for care and support to the carer and family including emotional and practical bereavement support.

Performance Outcome 3: Assist the adult nursing team with skin integrity assessments and with the care and treatment of skin conditions

What skills do students need to demonstrate?

ANS3.1 Assist with skin integrity assessments:

- Carry out skin integrity assessments using appropriate assessment tools:
 - Waterlow score risk assessment
 - Braden scale risk assessment
 - EPUAP (European Pressure Ulcer Advisory Panel) classification tool.
- Complete body map detailing the locations whereby skin damage is present.
- Accurately record and interpret findings and interventions using technical language.
- Inform others about the findings and escalate where appropriate.

E1, E4, M7

ANS3.2 Assist with the treatment and care of common skin conditions:

- Undertake interventions to appropriately treat and prevent common skin conditions:
 - skin conditions:
 - irritant reactions
 - rashes
 - dermatitis
 - cellulitis
 - acne
 - cuts, abrasions, blisters
 - psoriasis
 - eczema
 - burns
 - hyperkeratosis
 - dehydration-related conditions
 - interventions:
 - topical non-prescription treatments
 - skin breakdown prevention treatments
 - applying simple wound dressings (adhesive/non-adhesive non-impregnated dressings, foam, hydrocolloid).
- Accurately record and interpret findings and interventions using technical language.
- Inform others about the findings and escalate where appropriate.

E1, E4, M7

What underpinning knowledge do students need?

ANK3.1

The structure function of the skin:

- The skin structure is made up of three layers:
 - epidermis (waterproof barrier, contributes to skin tone and protection)
 - dermis (connective tissue, hair follicles, sweat glands, nerve endings)
 - subcutaneous tissue (hypodermis) (fat storage for insulation and cushioning).
- Skin functions:
 - protective barrier (microbes, environmental, mechanical, chemical)
 - regulation of body temperature and water/fluid loss
 - provides protection against penetration of mechanical, physical and hazardous substances
 - protection from harmful effects of the sun and radiation
 - excretes toxic substances with sweat
 - sensation (touch, pain, temperature, pressure)
 - synthesis of vitamin D
 - sensory detection for stimuli and pain
 - wound healing process and scar formation (key phases only, sector-standard language).

ANK3.2

The pathophysiology of the skin ageing process and the factors affecting skin integrity:

- Meaning of 'intact' vs. 'compromised' skin.
- Pathophysiology of skin ageing:
 - age-related changes:
 - loss of elasticity (reduced collagen and elastin)
 - thinning of the skin (epidermal and dermal atrophy)
 - slower regeneration (delayed wound healing)
 - reduction of subcutaneous fat (decreased insulation and padding)
 - reduced blood supply (impacting temperature regulation, healing and sensation)
 - diminished immune defence within the skin (more prone to infection).
- Clinical implications:
 - greater vulnerability to trauma, skin tears and pressure injury
 - slower healing and higher risk of infection and chronic wounds
 - reduced perception of pain, touch and temperature (may mask symptoms).
- Factors affecting skin integrity (adult-specific):
 - intrinsic factors:
 - age
 - gender and genetics
 - polypharmacy (medication effects on the skin)

	<ul style="list-style-type: none"> - frailty (hypodermis fat loss, muscle wasting) - medical comorbidities (diabetes, vascular disease, malnutrition, dehydration, immunosuppression, neurological impairment) o extrinsic factors: <ul style="list-style-type: none"> - pressure (prolonged immobility, medical devices) - friction and shear (transfer, repositioning activities) - moisture (due to incontinence, sweating, wound exudate) - poor hygiene or harsh personal care routines - lifestyle (smoking, alcohol, poor nutrition, dehydration) - environmental (humidity, temperature, allergens, pollutants).
ANK3.3	<p>How a skin integrity assessment is carried out and its importance:</p> <ul style="list-style-type: none"> • Factors that influence the level of risk associated with compromised skin integrity: <ul style="list-style-type: none"> o heightened risks for certain populations (elderly, those with disabilities, different skin pigmentation (darker skin tones), inequitable healthcare access). • Technical tools used in skin assessments: <ul style="list-style-type: none"> o when, why and how to use sector-approved assessment tools (Waterlow score, Braden scale, EPUAP (European Pressure Ulcer Advisory Panel) classification tool) o purpose and use of body mapping/clinical photography for documentation. • Assessment process: <ul style="list-style-type: none"> o what to examine on the skin: <ul style="list-style-type: none"> - colour (including changes, redness, pallor or bruising) - temperature (heat, cold) - moisture (dry/macerated/sweaty) - integrity (open areas, blisters, cracks, abrasions, wounds) - presence/type of skin damage o how to adapt examination (skin tone variation, cultural preferences in skin products, religious beliefs). • Interpreting and recording findings: <ul style="list-style-type: none"> o how signs of skin breakdown and aging may differ depending on skin tone o signs requiring immediate or routine escalation (non-blanching erythema, rapidly deteriorating wound, signs of infection, necrotic) o what different findings typically indicate for risk or current damage o recording of the assessment using appropriate documentation (Waterlow score, Braden scale and EPUAP (European Pressure Ulcer Advisory Panel) grading) o how intended/planned interventions based on findings and protocols are documented and shared with others. • Importance of carrying out skin integrity assessments: <ul style="list-style-type: none"> o enables monitoring/evaluation of treatment effectiveness of treatment plan

	<ul style="list-style-type: none"> ○ enables timely recognition of new/worsening skin damage, early intervention ○ provides the opportunity to grade severity of existing damage ○ provides clinical/legal evidence (for grading, audit, safeguarding and quality assurance) ○ reduces the risk of pressure injuries through proactive prevention ○ provides evidence (body mapping) of the results of the skin integrity assessment.
<p>ANK3.4</p>	<p>Common skin conditions seen in individuals and the possible causes:</p> <ul style="list-style-type: none"> ● Common skin conditions (may present differently on different skin tones and types): <ul style="list-style-type: none"> ○ irritant reactions ○ rashes ○ dermatitis ○ cellulitis ○ acne ○ cuts, abrasions, blisters ○ psoriasis ○ eczema ○ burns ○ hyperkeratosis ○ dehydration-related conditions. ● Possible causes: <ul style="list-style-type: none"> ○ healthcare acquired conditions (from prolonged hospital stay, medical devices, pressure injuries) ○ allergies (including reactions to medications or topical agents) ○ clinical conditions (psoriasis, eczema, diabetes, vascular disease) ○ trauma (burns, cuts, friction, shear) ○ genetic (hereditary skin disorders) ○ environmental (excessive sun, cold, humidity, exposure to chemicals/irritants) ○ infection (bacterial, viral, fungal, parasitic causes) ○ lifestyle factors (smoking, poor hygiene, limited mobility, nutrition, hydration status) ○ comorbidity (impact of chronic diseases, mobility issues, incontinence). ● Heightened prevalence or risk factors in certain adult populations (frail or immobile individuals, those with learning disabilities or cultural practices affecting skin care). ● Clinical implications: <ul style="list-style-type: none"> ○ understanding these conditions and their causes supports prevention, early recognition (assess/record/intervene, and effective advice for self-care and independence).

ANK3.5	<p>The types of treatment that can be used to care for skin and prevent or treat skin conditions:</p> <ul style="list-style-type: none"> • Topical non-prescription treatments: <ul style="list-style-type: none"> ○ moisturisers ○ emollients ○ barrier creams ○ non-prescription weak corticosteroid creams – only if directed, with escalation for reactions/infection ○ antibacterial creams/ointments – only if directed, escalate for infection ○ simple dressings (adhesive/non-adhesive non-impregnated dressings, foam, hydrocolloid). • Basic principles for safe application/removal: <ul style="list-style-type: none"> ○ in-line with manufacturer’s instructions ○ avoid infected/exuding/necrotic unless directed ○ frequency ○ check for allergy/reaction ○ document clearly. • Skin breakdown prevention treatments: <ul style="list-style-type: none"> ○ repositioning ○ pressure-relieving aids/supports ○ good hygiene/cleansing ○ avoiding moisture/dryness ○ optimising nutrition/hydration.
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What skills do students need to demonstrate?
<p>ANS3.3 Provide the appropriate care to reduce the risk of pressure injuries developing or deteriorating</p> <ul style="list-style-type: none"> • Follow the individual’s care plan and respond to factors identified on pressure injury risk assessment. • Identify and report the signs and symptoms of developing pressure injury(s). • Accurately assess the severity of pressure injury(s) using EPUAP (European Pressure Ulcer Advisory Panel) grading. • Use images and other tools to clarify complex information. • Carry out appropriate interventions to reduce risk of pressure injury(s) developing and/or deteriorating. • Provide the appropriate level of detail to reflect the recording of interventions accurately. • Inform others about the findings and escalate where appropriate. <p style="text-align: right;">E1, E3</p>

What underpinning knowledge do students need?

ANK3.6

How pressure injuries develop, the common sites, early symptoms and the preventative measures

- The mechanisms of pressure injury development (tissue damage due to unrelieved pressure, friction, shear or moisture; impaired blood flow).
- Common anatomical sites of pressure injuries:
 - bony prominences (heels, elbows, sacrum, shoulders, hips, back of head, buttocks, spine, ankles, knees, toes, ears).
- Early symptoms of pressure injuries (appear differently depending on skin tone):
 - persistent redness (erythema),
 - discolouration (redness in paler skin tones, blue/purple on darker skin tones)
 - blistering or skin breakdown
 - pain or itchiness in the area
 - patch of skin feels warmer or cooler than other areas.
- Techniques that can be used to prevent pressure injuries:
 - regular repositioning
 - use of pressure-relieving aids (mattresses, cushions)
 - frequent inspection
 - continence management (to prevent urine and faeces from coming into contact with the skin)
 - optimal nutrition and hydration
 - correct clothing/device fit
 - comprehensive risk assessment (Braden scale/Waterlow score/ Malnutrition Screening Tool (MST))
 - use of care planning
 - following National Institute for Health and Care Excellence (NICE) guidelines
 - application of barrier cream
 - signpost to appropriate services if a pressure injury is suspected.

What skills do students need to demonstrate?

ANS3.4 Advise both individuals and carers about how to prevent pressure injuries and/or the deterioration of skin conditions:

- Communicate effectively to the individual and/or carer:
 - signpost the individual/carer to appropriate services
 - use non-digital and digital tools and other aids to provide the appropriate level of detail to support the individual and/or carer
 - respond effectively to questions from the individual or carer
 - advise on pressure injuries:
 - which areas of the individual’s body they should be assessing for symptoms of pressure injuries
 - the signs of pressure injury on the individual’s body
 - techniques to prevent pressure injuries.
 - advise on skin conditions:
 - reducing further deterioration, maintaining general hygiene and specific skin care, including medication application.

E1, E2, E6

What underpinning knowledge do students need?

ANK3.7

Communicating to individuals and carers about how to prevent pressure injuries and/or deterioration of skin conditions:

- How non-digital and digital tools and other aids can assist in providing the appropriate level of detail to support the individual and/or carer.
- Services individuals/carers can be signposted to (GP, nurse, NHS resources, specialist nurses).

Scheme of Assessment

There is a single synoptic assessment for this Occupational Specialism, which is an extended project. The synoptic element of the project is important to ensure students can demonstrate threshold competence and are able to evidence all the skills required by the Performance Outcomes.

The project consists of several activities grouped into three substantive tasks.

Each task is completed during a window set by Pearson, during which Providers schedule supervised assessment sessions. In some cases, tasks also include opportunities for unsupervised activities, where the requirements of the skills being assessed make this necessary.

Occupational Specialism project – Supporting the Adult Nursing Team
Internally assessed project: 4 hours and 40 minutes 108 marks
Performance Outcomes In this project students will: PO1 – Assist the adult nursing team with clinical tasks PO2 – Support individuals to meet activities of daily living and to live as well as possible PO3 – Assist the adult nursing team with skin integrity assessments and with the care and treatment of skin conditions.
Assessment overview There are 3 parts to the assessment. <ul style="list-style-type: none">• Task 1: Supporting Individuals with Skin Integrity and Skin Conditions• Task 2: Supporting a Patient with the Activities of Daily Living• Practical Task: Patient Assessment and Support. Students respond to given scenarios to complete the tasks. They are assessed on their application of the skills listed for the Performance Outcomes. Students are not assessed against specific 'knowledge' outcomes but are expected to draw on and apply related knowledge to ensure appropriate outcomes when applying the skills in response to an assessment scenario. Students undertake the project under supervised conditions. The assessment takes place over multiple sessions, up to a combined duration of 4 supervised hours and 40 minutes. The project outcomes consist of written evidence and a videoed role play submitted electronically. This project is externally assessed by Pearson.

Administration

Providers must follow the guidance in the following:

- General Administrative Support Guide
- Administration Support Guide for the specific Technical Qualification Employer Set Project (if applicable).

These are located on the [Training and Admin Support webpage](#).

Performance Outcome		Weighting	
		Raw marks	% of total marks
PO1	Assist the adult nursing team with clinical tasks	27	25%
PO2	Support individuals to meet activities of daily living and to live as well as possible	51	47%
PO3	Assist the adult nursing team with skin integrity assessments and with the care and treatment of skin conditions	30	28%

Resources for the delivery of Occupational Specialism: Supporting the adult nursing team

Providers are required to have the following resources to deliver this OS:

- IT suite with access to up-to-date PC or Mac with word/spreadsheet/slide deck software.
- Tutors with qualifications and/or experience in the healthcare sector.
- A curriculum team with experience and knowledge that span the breadth of the qualification content.

Assessment Task	Resource required
Practical Task	Space to conduct the practical assessment, likely to include but not limited to: <ul style="list-style-type: none"> • Member of staff to act as standardised patient. • Hospital bed. • Blanket. • Pillow on the bed. • Additional pillow on a table/chair next to the patient. • Table. • Clock. • A PC or laptop with word processing software. • The editable templates required for the Practical Task, should be pre-loaded and accessible.

3. Supporting the midwifery team

Glossary

Continuity of care

A continuous relationship with a care provider or small group of care providers. Specifically, in maternity: care provided by practitioners for a woman and her newborn infant, partner and family throughout the continuum of her maternity journey.

Holistic care

Treating individuals as a whole; in healthcare addressing the physical, intellectual, emotional, psychological, social and spiritual needs as interdependent.

Partner

The person considered by an individual to be their life partner. In maternity this may include the biological father and other or same-sex partners.

Woman/mother

The person who is undergoing the childbearing process in relation to conceiving, being pregnant and giving birth. This may include a person whose sense of personal identity and gender does not correspond with their birth sex (for example sex assigned or registered at birth).

Woman-centred care

Care centred on an individual's needs, involving them in the decisions about their healthcare and support. Co-ordinating care as a collaborative process between the woman and those caring for her. This may include a person whose sense of personal identity and gender does not correspond with their birth sex (for example sex assigned or registered at birth).

Birthing partner

The person chosen by a woman giving birth to support them during the labour and birthing process.

Individualised care

Care based on person-centred values, i.e., individuality, rights, choice, privacy, independence, dignity, respect, partnership and an individual's needs, involving them and relevant persons in their support unit in the decisions about their care and support. Co-ordinating care as a collaborative process between the woman and those caring for her. This may include a person whose sense of personal identity and gender does not correspond with their birth sex (e.g., sex assigned or registered at birth).

Well neonate/infant

A neonate born in good health from 37 weeks' gestation (full-term) with no significant risk factors.

Performance Outcome 1: Assist the midwifery team/Multi-Disciplinary Team (MDT) with clinical tasks during the antenatal and intrapartum periods

What skills do students need to demonstrate?	
<p>MWS1.1 Support women by providing individualised care during pregnancy:</p> <ul style="list-style-type: none"> • Clarify current gestation of pregnancy. • Interpret physiological observations to identify deviations using a Modified Early Obstetric Warning Score (MEOWS) chart. • Recognise changes in the woman's physical, mental and emotional wellbeing. • Encourage healthy lifestyle choices and signpost to organised, reliable and quality health promotion advice and information. • Give individualised care and provide information/advice as needed. • Respond to questions from the woman. • Accurately record information discussed with the woman. • Escalate any deviations in physiological observations and/or mental and emotional wellbeing to the midwife/appropriate practitioner in the MDT. • Explain to the woman optimal birthing positions in active labour: <ul style="list-style-type: none"> ○ squatting ○ side lying ○ kneeling ○ kneeling on all fours ○ standing ○ use of birthing partner to support birthing positions. 	
E2, E4, E5	

What underpinning knowledge do students need?	
MWK1.1	<p>The agreed definition of terms used in maternity:</p> <ul style="list-style-type: none"> • Antenatal (during pregnancy). • Intrapartum (during labour). • Postnatal (following birth of baby and placenta up to six weeks after). • Primigravida (first pregnancy). • Multigravida (pregnancy more than once). • Multiparous (has given birth more than once). • Grand multigravida (a pregnant woman who has had four or more previous pregnancies). • Grand multipara (has given birth five times or more to a foetus over 24 weeks gestation). • Low risk (a woman with no complex/additional needs). • High risk (a woman with complex/additional needs). • Lochia (blood loss following birth).

	<ul style="list-style-type: none"> • Spontaneous rupture of membranes (SROM) (when the membranes or 'woman's waters' break spontaneously). • Prolonged rupture of membranes (PROM) (when the membranes or 'woman's waters' break equal to or over 24hrs). • Artificial rupture of membranes (ARM) (when the membranes or 'woman's waters' break artificially). • Prolonged labour (long labour). • Precipitate labour (quick labour). • Group b strep (GBS) (infection). • Reduced foetal movements (RFM).
MWK1.2	<p>The changes that occur to women and foetus during pregnancy:</p> <ul style="list-style-type: none"> • First trimester (0-12 weeks): <ul style="list-style-type: none"> ○ conception (around 0-2 weeks) ○ implantation (week 3) ○ fully formed foetus (week 12) • Second trimester (13-28 weeks): <ul style="list-style-type: none"> ○ development of the foetus: <ul style="list-style-type: none"> - neurological - limbs - heart • Third trimester (28-42 weeks): <ul style="list-style-type: none"> ○ development of the foetus: <ul style="list-style-type: none"> - weight gain - brown fat storage - foetal lung maturation - alignment of foetal position to the cervix. • Physiological changes to the woman: <ul style="list-style-type: none"> ○ lifestyle ○ wellbeing ○ hormonal changes.
MWK1.3	<p>The main physiological changes in pregnancy:</p> <ul style="list-style-type: none"> • Female reproductive system: <ul style="list-style-type: none"> ○ key hormones (oestrogen, progesterone, human chorionic gonadotropin (HCG)) and their role in pregnancy ○ the main reproductive organs (uterus, cervix, vagina). • Body temperature: <ul style="list-style-type: none"> ○ temperature may change. • Respiratory system: <ul style="list-style-type: none"> ○ respiratory rate may increase, and shortness of breath can occur. • Cardiovascular system: <ul style="list-style-type: none"> ○ changes in heart rate, blood pressure and blood volume. ○ risks such as hypertension, pre-eclampsia and diabetes. • Urinary system: <ul style="list-style-type: none"> ○ urinary output may increase.

MWK1.4

The differences between a low-risk and a high-risk pregnancy:

- Low risk:
 - No health issues impacting on pregnancy:
 - appears mentally and/or emotionally well (completing daily tasks, interest in hobbies, good self-care, expressing positive thoughts and language, signs of bonding with foetus)
 - physiological observations within the normal range
 - heart rate (pulse): sustained > 100bpm or <50bpm
 - blood pressure: systolic ≥ 140 or ≤ 90 mmHg; diastolic ≥ 90 or ≤ 50 mmHg
 - respiratory rate: > 20 breaths per minute (often considered an early/sensitive sign of deterioration)
 - temperature: > 38°C or < 36°C
 - oxygen saturation: (SpO₂(SpO₂). $\leq 94\%$ (requires referral/assessment)
 - urine output: minimum desired output is 0.5 ml/kg/hr (generally assessed over two hours)
 - no significant issues with previous obstetric history
 - normal foetal development:
 - foetal development follows expected milestones
 - no concerns with foetal movements.
- High-risk:
 - health issues impacting on pregnancy:
 - appears mentally and/or emotionally unwell (unable to complete daily tasks, loss of interest in hobbies, poor self-care, expressing negative thoughts and language, difficulty bonding with foetus)
 - physiological observations consistently outside the normal range
 - multiple pregnancies
 - significant issues with previous obstetric history
 - history of pre-existing medical, social or health conditions
 - maternal age
 - woman who has had in vitro fertilisation (IVF).
 - woman who has developed health issue unrelated to pregnancy.
 - woman who has developed health issue(s) directly related to pregnancy:
 - gestational diabetes
 - pregnancy induced hypertension (PIH)
 - pre-eclampsia
 - obstetric cholestasis
 - abnormal foetal development:
 - foetal development not following expected milestones
 - recurring reduced foetal movement (RFM).

MWK1.5	<p>The factors that can increase the risk of miscarriage and stillbirth:</p> <ul style="list-style-type: none"> • Miscarriage and stillbirth: <ul style="list-style-type: none"> ○ early miscarriage (up to 13 completed weeks of pregnancy) ○ late miscarriage (14 weeks to 23 completed weeks of pregnancy) ○ stillbirth (babies who are stillborn at 24 weeks or later). • Factors: <ul style="list-style-type: none"> ○ lifestyle (smoking, alcohol, substance misuse) ○ infection ○ physiological issues with cervix/uterus/placenta ○ pre-existing conditions ○ physical trauma. • Possible signs and symptoms of pregnancy loss at any stage of the pregnancy: <ul style="list-style-type: none"> ○ pain and/or vaginal bleeding may occur ○ absence of foetal heartbeat ○ reporting of absent/Reduced Fetal Movements (RFM).
MWK1.6	<p>Know where to direct women and their families for appropriate support services following a pregnancy loss:</p> <ul style="list-style-type: none"> • Importance of active sensitive, compassionate and respectful support during times of bereavement or loss. • Signpost to relevant services: <ul style="list-style-type: none"> ○ local and national support charities ○ charities that may support women who terminate pregnancy due to foetal abnormality. • Counselling services: <ul style="list-style-type: none"> ○ Stillbirth and Neonatal Death Society (SANDS) <ul style="list-style-type: none"> – a neonatal death is the loss of a baby under 28 days old ○ mental health services ○ bereavement support services.
MWK1.7	<p>The effects smoking, drugs and alcohol can have on the foetus and the newborn:</p> <ul style="list-style-type: none"> • Smoking, e-cigarettes and second-hand smoke: <ul style="list-style-type: none"> ○ increased risk of sudden infant death syndrome (SIDS) ○ risk of stillbirth ○ low birth weight of baby. • Drugs and alcohol use: <ul style="list-style-type: none"> ○ increased risk of: <ul style="list-style-type: none"> – miscarriage – premature birth – low birthweight – learning difficulties

	<ul style="list-style-type: none"> ○ behavioural problems: <ul style="list-style-type: none"> - foetal abnormalities - withdrawal symptoms. ● Risks specifically associated with alcohol use: <ul style="list-style-type: none"> ○ foetal alcohol syndrome (FAS).
MWK1.8	<p>Importance of a healthy diet and exercise for women during pregnancy:</p> <ul style="list-style-type: none"> ● Importance of vitamins and supplements: <ul style="list-style-type: none"> ○ folic acid: <ul style="list-style-type: none"> - recommended first 12 weeks - typically, 400 mcg (higher dose of 5mg may be needed depending on risk status) ○ pregnancy specific multivitamins ○ avoid taking supplements with vitamin A ● Foods/drinks that should be avoided during pregnancy: <ul style="list-style-type: none"> ○ uncooked mould ripened soft cheese ○ unpasteurised milk ○ raw, cured or undercooked meat ○ raw or partially cooked eggs ○ fish – cold, smoked or cured (swordfish, marlin, shark or raw shellfish) ○ raw enoki mushrooms ○ alcohol. ● Foods/drinks that should be limited during pregnancy: <ul style="list-style-type: none"> ○ oily fish (no more than two portions a week) ○ tuna (no more than two tuna steaks/four medium cans a week) ○ limit daily caffeine intake to 200 mg ○ herbal tea (one to two cups a day). ● Exercise: <ul style="list-style-type: none"> ○ keep up normal physical activity as long as comfortable ○ if not active, avoid starting strenuous exercise ○ pelvic floor exercises during pregnancy.
MWK1.9	<p>Possible signs of mental/emotional ill health relevant to pregnancy, labour and birth and when to escalate concerns:</p> <ul style="list-style-type: none"> ● Signs to consider: <ul style="list-style-type: none"> ○ anxiety about the pregnancy and birth: <ul style="list-style-type: none"> - extreme fear of giving birth - PTSD from previous pregnancy, labour and birth experiences ○ feelings of being unable to look after their baby ○ difficulty bonding with their baby. ● Contemporaneous record keeping (written at the time or shortly after the event occurs). ● Concerns should be escalated to the midwife.

MWK1.10	<p>Potential negative impacts of mental/emotional ill health on pregnancy, labour and birth:</p> <ul style="list-style-type: none"> • Antenatal care: <ul style="list-style-type: none"> ○ potential reduced engagement with antenatal care ○ missing appointments ○ delaying seeking help. • Increased risk of complications: <ul style="list-style-type: none"> ○ premature birth ○ low birth weight ○ difficulties during labour ○ creates a potential negative overall experience.
MWK1.11	<p>The potential impact that FGM has on pregnancy and childbirth:</p> <ul style="list-style-type: none"> • Physical: <ul style="list-style-type: none"> ○ increased pain ○ increased risk of requiring an assisted birth ○ increased risks of infection: <ul style="list-style-type: none"> - urinary tract infection (UTI). • Emotional: <ul style="list-style-type: none"> ○ psychological: <ul style="list-style-type: none"> - post-traumatic stress disorder (PTSD) - depression - anxiety • presenting behaviours: <ul style="list-style-type: none"> ○ reluctant to having an internal examination.
MWK1.12	<p>Considerations needed to support women in relation to religious beliefs, cultures and practices:</p> <ul style="list-style-type: none"> • Different religious beliefs, cultures and practices may influence: <ul style="list-style-type: none"> ○ the dietary preferences of a woman ○ practices that are carried out during and after birth ○ the request of female staff only ○ the acceptance/refusal of medical interventions.

What skills do students need to demonstrate?

MWS1.2 Assist the midwifery team/Multi-Disciplinary Team (MDT) with delegated clinical tasks:

- Prepare and maintain the clinical area, including resources and equipment.
- Maintain standards for infection prevention and control.
- Follow local policies and procedures.
- Ask and respond to questions in order to obtain information consent prior to any care given.
- Complete delegated tasks to an agreed timescale.
- Interpret and respond to non-verbal cues from the woman to provide reassurance throughout task.
- Ask and respond to questions throughout task.
- Record and document relevant information accurately.
- Maintain and store documentation relating to care, in accordance with local guidance.
- Maintain confidentiality and data protection, in accordance with legal requirements.
- Escalate any concerns to the appropriate practitioner in the MDT.

E1, E2, E4

What underpinning knowledge do students need?

MWK1.13 The relevance of current midwifery specific guidelines, standards, policies, frameworks to ensure core values of midwifery care are adhered to:

- Relevance of:
 - Better Births
 - Saving Babies' Lives: version 3.
- Relevance of Royal College of Midwives (RCM).
- Relevance:
 - ensures a consistent standard of safe, high-quality woman-centred care is provided.
 - ensures all those providing healthcare are trained and competent.
 - failure to follow could result in a charge of negligence.

MWK1.14 The different specialised roles and responsibilities within the midwifery team, Multi-Disciplinary Team (MDT) and external agencies:

- Obstetricians:
 - focus on high-risk pregnancies
 - medical emergencies and complications
 - advanced surgical procedures.
- Paediatricians:
 - focus on neonates

	<ul style="list-style-type: none"> ○ medical emergencies and complications when neonates need more intense care. ● Midwives: <ul style="list-style-type: none"> ○ experts in low-risk pregnancy and birth ○ provide emergency care ○ provide care to all women during the antenatal, intrapartum and in the postpartum period ○ provide care and support to neonates: <ul style="list-style-type: none"> - examination at birth - systematic examination of the newborn - infant feeding ○ education and health promotion. ● Neonatal nurse: <ul style="list-style-type: none"> ○ provides specialist care for neonates. ● Anaesthetists: <ul style="list-style-type: none"> ○ manage pain, provide anaesthesia and care for pregnant women during labour, birth and complications. ● Maternity support work (MSW): <ul style="list-style-type: none"> ○ support the midwifery team and the MDT with delegated clinical tasks. ● Midwife sonographer: <ul style="list-style-type: none"> ○ specialist in obstetric ultrasonic imaging. ● Health visitor: <ul style="list-style-type: none"> ○ specialist in monitoring the child's development from 0 to 5 years. ● Physiotherapist: <ul style="list-style-type: none"> ○ supports with the physical discomfort associated with pregnancy and following birth. ● Nursery nurses: <ul style="list-style-type: none"> ○ support babies with additional needs in the postnatal period ○ care for babies in the neonatal unit ○ provide advice and support for parents. ● Doulas (provide guidance and support to a pregnant woman). ● The importance of partnership working within the MDT.
MWK1.15	<p>Scope of role within the midwifery team and the MDT:</p> <ul style="list-style-type: none"> ● Support within the context of maternity care across all areas. ● Maintain and develop knowledge, skills and behaviours through training and education, including local mandatory training. ● Assist the midwife with taking measurements and obtaining samples. ● Carry out tasks under the supervision of registered healthcare professionals within the MDT: <ul style="list-style-type: none"> ○ provide routine (universal) care ○ ensure tasks directed by the MDT are in line with guidance, standard operating procedures, policy and protocols.

	<ul style="list-style-type: none"> • Support in emergency situations during labour and birth: <ul style="list-style-type: none"> ○ as directed by midwifery team, e.g. escalate, put out emergency calls or fetch equipment.
MWK1.16	<p>The different responsibilities/tasks within their scope of role that can be carried out by an MSW in the midwifery team:</p> <ul style="list-style-type: none"> • Preparation and cleaning of the clinical area. • Clinical observations. • Obtain specimen samples. • Obtain blood samples (further training required). • Re-stocking equipment, sterilising equipment, reporting faulty equipment. • Data entry: <ul style="list-style-type: none"> ○ contact details ○ discharge information. • Sharing information with the midwifery team about the condition of mothers and babies. • Supporting women towards self-care and independence. • Supporting and assisting women and families. • Care of baby. • Health promotion.
MWK1.17	<p>How to carry out clinical tasks within scope of role and responsibility:</p> <ul style="list-style-type: none"> • Preparation and cleaning of the clinical area: <ul style="list-style-type: none"> ○ ensuring that equipment required is clean and ready to use ○ cleaning and tidying clinical areas and making sure there is an adequate stock of supplies: <ul style="list-style-type: none"> - birthing pool - beds - bodily fluids. • Clinical observations using (MEOWS) chart: <ul style="list-style-type: none"> ○ temperature ○ heart rate ○ blood pressure ○ respiratory rate ○ oral fluid intake ○ urine output ○ pain score ○ AVPU (alert, voice, pain, unresponsive). • Obtaining specimen samples. • Obtaining blood samples (further training required).

MWK1.18	<p>The responsibilities of an MSW in antenatal and postnatal health education:</p> <ul style="list-style-type: none"> • Share information about antenatal and newborn screening services: <ul style="list-style-type: none"> ○ dating scan (11–14 weeks), anomaly scan (18–21 weeks). • Promoting the NHS apps to aid health promotion. • Antenatal: <ul style="list-style-type: none"> ○ public health promotion: <ul style="list-style-type: none"> – immunisation for mother and baby – vaccines ○ health promotion: <ul style="list-style-type: none"> – forming positive relationships and bonding – healthy lifestyle/diet – monitoring foetal movements (refer to guidelines in Saving Babies' Lives: version 3). • Postnatal: <ul style="list-style-type: none"> ○ postnatal exercises: <ul style="list-style-type: none"> – pelvic floor exercise ○ preparation for parenthood: <ul style="list-style-type: none"> – infant feeding in accordance with local and national guidance – Baby Friendly Initiative (BFI) – breastfeeding – preparing formula – sterilising equipment – physical, psychological and social needs – accessing care and support – antenatal classes to care for a newborn: <ul style="list-style-type: none"> ▪ parentcraft ▪ changing nappies – bathing.
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What skills do students need to demonstrate?

MWS1.3 Support the midwifery team as directed with the setting up of equipment for a low-risk birth:

- Set up equipment as directed by the midwife:
 - foetal doppler
 - pinard
 - pulse oximeter
 - blood pressure monitor
 - thermometer
 - birthing bean bag
 - birthing ball.
- Clean equipment ready for use.
- Calibrate relevant equipment before use.
- Identify any faulty equipment and follow escalation procedures.
- Maintaining equipment.
- Identifying and taking account of equipment that requires restocking and reordering.
- Use of birthing aids:
 - birthing ball
 - beanbag
 - birthing pool
- Use of birthing partner to support birthing positions.
- Use of active listening.
- Acting with sensitivity, compassion and respect.

What underpinning knowledge do students need?

MWK1.19 Different ways women can give birth:

- Vaginal birth.
- Assisted birth:
 - forceps
 - ventouse.
- Caesarean birth:
 - elective
 - emergency.

MWK1.20 The range of different birthing environments and their set up:

- Birthing environments:
 - standalone midwifery (community)
 - hospital-attached midwifery
 - hospital obstetric
 - home
 - different effects that can be used in birthing environments:
 - music

	<ul style="list-style-type: none"> - lighting - smells. • Types of birthing equipment available to use by the woman: <ul style="list-style-type: none"> ○ birthing bean bag ○ birthing ball ○ birthing pool: <ul style="list-style-type: none"> - birth pool kit - purpose built-in hospital. • Equipment used by midwifery team: <ul style="list-style-type: none"> ○ pulse oximeter ○ blood pressure monitor ○ thermometer ○ foetal doppler ○ pinard ○ cardiotocograph machine (CTG) (predominantly used for high-risk women). • Types of pain relief that can be made available to women by the midwife: <ul style="list-style-type: none"> ○ gas and air ○ pethidine injections ○ epidural.
MWK1.21	<p>Considerations when setting up a birthing pool:</p> <ul style="list-style-type: none"> • Filling: <ul style="list-style-type: none"> ○ depth of water: <ul style="list-style-type: none"> - approx. two thirds full (deep enough to cover abdomen when woman seated and allow sufficient mobility). • Temperature: <ul style="list-style-type: none"> ○ use the correct equipment: <ul style="list-style-type: none"> - reading temperature - importance of regularly checking the temperature ○ correct temperature: <ul style="list-style-type: none"> - between 36.5°C and 37.5°C ○ additional equipment that may be required: <ul style="list-style-type: none"> - sieve/strainer - mirror.

Performance Outcome 2: Assist the midwife to provide care for mothers and support to parents during the postnatal period

What skills do students need to demonstrate?	
<p>MWS2.1 Assist the midwife with supporting parents to interact with and meet the needs of babies and support the woman following a caesarean section:</p> <ul style="list-style-type: none"> • Support and assist parents with bathing the baby. • Support and assist parents with babies' nutrition needs and feeding choices. • Explain to parents how to reduce the risk of sudden infant death syndrome (SIDS). • Signpost parents to online and offline resources. • Interpret and respond to non-verbal cues from parents/baby to provide reassurance throughout task. • Give support and advice in accordance with local and national guidance. • Promote skin-to-skin contact between parent and baby. • Escalate any concerns to the appropriate practitioner within the MDT. • Support the woman following a caesarean section. • Ask and respond to questions in order to obtain informed consent prior to any care given. • Support the woman to mobilise within manual handling guidelines. • Support the woman with positioning to maximise comfort. • Measure and apply anti-embolic stockings (TED stockings). • Maintain standards for infection prevention and control. • Maintain the woman's dignity and privacy. • Interpret and respond to non-verbal cues to provide reassurance throughout the task. • Document relevant information accurately. • Maintain and store documentation relating to care, in accordance with local guidance. • Maintain confidentiality and data protection, in accordance with legal requirements. • Follow local policies and procedures. • Escalate any concerns to the appropriate practitioner in the MDT. 	
E1, E2, E4	

What underpinning knowledge do students need?	
MWK2.1	<p>How to support parents in meeting their baby's hygiene and nutritional needs:</p> <ul style="list-style-type: none"> • Changing and hygienic disposal of nappies. • Bathing: <ul style="list-style-type: none"> ○ avoid before 24hrs after birth (temperature regulation) ○ importance of cord care ○ use of top and tail method

- types of equipment:
 - bathing:
 - bowl/basin/sink/bath seat
 - towel, flannel wipes, cotton wool
- bathing safety:
 - safe position of baby during the bathing process:
 - never leave baby unattended
 - safe location and position of bathing equipment
 - checking water temperature
- bathing environment.
- Warm room (16-20 degrees).
- Eye care:
 - cleaning:
 - cooled boiled water or sterile water only
 - using separate cotton pads each eye
 - wipe direction (inner eye to outside)
 - looking for signs of infection:
 - redness
 - oozing.
- Oral hygiene:
 - signs of thrush.
- Feeding techniques:
 - breastfeeding:
 - follow the baby friendly initiative (BFI)
 - different breastfeeding positions to ensure:
 - comfort of mother
 - positioning and attachment of baby
 - use of aids
 - expression of breast milk (EBM):
 - hand expressing technique
 - use of a breast pump
 - syringe feeding
 - cup and bottle feeding
 - formula feeding:
 - signpost to resources on preparation of formula milk where necessary.
- Sterilisation of feeding equipment:
 - cold water
 - microwave
 - purpose built sterilising equipment.
- Responsive feeding:
 - feeding cues.

MWK2.2	<p>Reducing the risk of sudden infant death syndrome (SIDS):</p> <ul style="list-style-type: none"> • Sudden, unexpected and unexplained death of an apparently healthy baby (can affect babies up to 12 months old). • Recommendations to reduce the risks of SIDS: <ul style="list-style-type: none"> ○ safe sleeping position: <ul style="list-style-type: none"> – flat on back foot to foot – blanket safety ○ safe sleeping environment: <ul style="list-style-type: none"> – room temperature – keep a clear cot – co-sleeping – room share with baby for minimum six months – ensure baby is placed in safe sleeping environment following a feed ○ breastfeeding: <ul style="list-style-type: none"> – evidence suggests that breastfeeding reduces the risk of SIDS ○ car safety: <ul style="list-style-type: none"> – length of time in car seat when travelling – avoid sleeping in car seat for long periods of time.
MWK2.3	<p>Skin-to-skin contact with newborn babies and its importance:</p> <ul style="list-style-type: none"> • Positioning of baby for optimal skin contact, • Importance of skin-to-skin contact: <ul style="list-style-type: none"> ○ to initiate the feeding of the baby ○ to boost the mother’s milk supply ○ bonding (baby and parents) ○ baby self-regulation (heart rate, breathing, temperature) ○ encourage relation. • Kangaroo care (neonatal unit).
MWK2.4	<p>How to support and advise on health and wellbeing factors that can impact mothers and babies during the postnatal period:</p> <ul style="list-style-type: none"> • Physical: <ul style="list-style-type: none"> ○ post-birth bleeding (lochia): <ul style="list-style-type: none"> – how to recognise normal appearance and expected levels of bleeding post-birth – encourage a prompt report to the midwife if issues are suspected. ○ recognise signs and symptoms of infection and encourage a prompt report to the midwife if issues are suspected: <ul style="list-style-type: none"> – raised temperature – offensive discharge – reported pain/feeling unwell ○ pelvic floor exercises and their importance. • Mental and emotional wellbeing: <ul style="list-style-type: none"> ○ importance of mental health for mother and baby: <ul style="list-style-type: none"> – baby blues

	<ul style="list-style-type: none"> - post-natal depression o importance of escalating any mental and emotional wellbeing concerns to the appropriate practitioner in the MDT o make every contact count through actively encouraging women and their families to talk about their health and wellbeing.
MWK2.5	<p>Memory building for parents who have experienced pregnancy or neonatal loss, and the role of the MSW when assisting the midwife:</p> <ul style="list-style-type: none"> • Memory building: <ul style="list-style-type: none"> o photographic o hand/footprints o locks of hair o memory boxes. • Importance of maintaining privacy and dignity for parents. • Assisting the midwife: <ul style="list-style-type: none"> o importance of consent in memory building.
MWK2.6	<p>Caesarean section after care:</p> <ul style="list-style-type: none"> • Importance of mobilisation post caesarean section: <ul style="list-style-type: none"> o prevents risk of blood clots (DVT) o promotes healing of the wound o need to balance mobilisation with adequate rest. • Awareness of the physical recovery process for the woman post-caesarean section and the support they may need: <ul style="list-style-type: none"> o physical recovery: <ul style="list-style-type: none"> - tiredness/fatigue - pain - limited movement - wound healing. • Awareness of the emotional recovery process for the woman post-caesarean section and the support they may need: <ul style="list-style-type: none"> o possible emotions a woman may experience: <ul style="list-style-type: none"> - anxiety - disappointment. • Supporting the woman: <ul style="list-style-type: none"> o encouraging self-mobilisation o personal care: <ul style="list-style-type: none"> - bringing baby to the woman for breast feeding, skin-to-skin contact, nappy changing o ways the woman can be supported with positioning, so they are as comfortable as possible o wound observation and escalation if there are concerns o promoting self-care and prioritising own recovery o encouraging partner and family to support.

MWK2.7	<p>Use of anti-embolic stockings (TED stocking) pre/post birth:</p> <ul style="list-style-type: none"> • The importance of anti-embolic stockings pre/post birth: <ul style="list-style-type: none"> ○ reduce the risks of deep vein thrombosis (DVT) <ul style="list-style-type: none"> – risk factors and the venous thromboembolism (VTE) score: <ul style="list-style-type: none"> ▪ use of risk factors in determining VTE score ▪ use of a low molecular weight heparin (LMWH). • Providing assistance with anti-embolic stockings: <ul style="list-style-type: none"> ○ measuring the correct size: <ul style="list-style-type: none"> – manufacturer’s instructions ○ the application and removal of anti-embolic stockings: <ul style="list-style-type: none"> – stretch over knee – remove wrinkles – turn inside out – pull down to remove.
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What skills do students need to demonstrate?	
<p>MWS2.2 Provide support to women pre- and post-birth:</p> <ul style="list-style-type: none"> • Provide reassurance and maintain privacy and dignity to women. • Provide support to women with washing, dressing and elimination. • Prioritise the care required based on the context of the delegated care plan. • Ask and respond to questions in order to obtain informed consent prior to any care given. • Ask and respond to questions in order to meet the needs of the woman. • Interpret and respond to non-verbal cues to provide reassurance and maintain privacy and dignity. • Assist with monitoring wounds with dressings. <p style="text-align: right;">E1, E2, E4, E6</p>	

What underpinning knowledge do students need?	
MWK2.8	<p>Common activities in situations pre- and post-birth where a mother may require support:</p> <ul style="list-style-type: none"> • Reasons why a mother may need support: <ul style="list-style-type: none"> ○ c-section (elective/emergency) ○ perineal tears ○ exhaustion ○ PND. • Assisting with washing: <ul style="list-style-type: none"> ○ with bathing ○ using a bed pan. • Assisting with dressing: <ul style="list-style-type: none"> ○ physical assistance with dressing

	<ul style="list-style-type: none">○ giving advice on comfortable, practical clothing, such as nursing bras and high-waisted bottoms or maternity dresses:<ul style="list-style-type: none">- breathable- easy to move in- allow for feeding.● Elimination:<ul style="list-style-type: none">○ a woman may need assistance in using the bathroom○ using a bed pan for women who are bedbound○ catheter care.● Monitoring wounds with dressings:<ul style="list-style-type: none">○ wound drainage (for example appearance, amount of fluid)○ clean and dry○ securely attached.● Identifying signs and symptoms of infection with wound care:<ul style="list-style-type: none">○ sepsis.
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Performance Outcome 3: Assist with the care of newborn babies by undertaking observations and measurements

What skills do students need to demonstrate?	
<p>MWS3.1 Carry out routine observations (newborn checks) on well neonates as directed by the midwifery team</p> <ul style="list-style-type: none"> • Prepare to undertake the newborn check: <ul style="list-style-type: none"> ○ introduce self to parents and explain own role ○ maintain appropriate infection prevention and control measures ○ ask and respond to questions in order to obtain informed consent prior to any care given ○ confirm identification of the newborn ○ ensure the safety of the environment and prepare any equipment required. • During the newborn check: <ul style="list-style-type: none"> ○ communicate with parents/carers to discuss findings ○ answer relevant questions within scope of own role. • Post newborn check: <ul style="list-style-type: none"> ○ accurately record findings in line with local policies ○ report any deviation from normal expected outcomes to the appropriate practitioner. 	
E1, E2, M2	

What underpinning knowledge do students need?	
MWK3.1	<p>The routine observations carried out as part of the newborn check and their purpose:</p> <ul style="list-style-type: none"> • Cord care: <ul style="list-style-type: none"> ○ normal appearance: <ul style="list-style-type: none"> - cord clamp secure - clean - drying and shrinking - expected colour. ○ Observable signs that should be escalated: <ul style="list-style-type: none"> - oozing puss - redness - prolonged bleeding. ○ importance of ensuring cord clamp is secure. • Eye care: <ul style="list-style-type: none"> - normal appearance - clear sclera ○ observable signs that should be escalated: <ul style="list-style-type: none"> - discharge - redness - swelling - subconjunctival haemorrhages

	<ul style="list-style-type: none"> • Mouth care: <ul style="list-style-type: none"> ○ normal appearance: <ul style="list-style-type: none"> - pink, moist gums and mucosa ○ observable signs of thrush that should be escalated: <ul style="list-style-type: none"> - white coating on tongue - white spots • Urine and stools: <ul style="list-style-type: none"> ○ normal appearance: <ul style="list-style-type: none"> - expected pattern and frequency depending on feeding type - expected appearance ○ observable signs to escalate: <ul style="list-style-type: none"> - constipation/no stool passed - signs of dehydration – urates - blood in stools - discharge • Check for normal healthy weight using a scale as required. • Purpose of routine observations carried out as part of the newborn check: <ul style="list-style-type: none"> ○ to check general wellbeing of the baby ○ to identify signs of infection or jaundice as early as possible ○ to identify and escalate concerns to the appropriate practitioner ○ to identify whether any further tests are required ○ to enable any required treatment.
MWK3.2	<p>Potential signs of neonatal jaundice and when to escalate:</p> <ul style="list-style-type: none"> • Different types of neonatal jaundice: <ul style="list-style-type: none"> ○ physiological jaundice ○ pathological jaundice. • Signs and symptoms to escalate: <ul style="list-style-type: none"> ○ yellowing of: <ul style="list-style-type: none"> - face - trunk - eyes (sclera) - mouth and gums (mucous membranes) - limbs - awareness that presentation of jaundice can differ depending on the neonate’s skin tone ○ dark, yellow urine ○ pale-coloured stools. • Tests that can be carried out to confirm neonatal jaundice: <ul style="list-style-type: none"> ○ blood sampling ○ transcutaneous bilirubin (TB) measurement. • Types of treatment: <ul style="list-style-type: none"> ○ phototherapy (light therapy) ○ exchange transfusion.

	<ul style="list-style-type: none"> • When to escalate concerns that require intervention: <ul style="list-style-type: none"> ○ pathological jaundice within the first 24-hours from birth ○ appearance of yellow tinge in baby lasting longer than 14 days ○ worsening jaundice.
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What skills do students need to demonstrate?	
MWS3.2 Undertake routine physiological measurements and other observations on the well neonate, as directed by the midwifery team	
<ul style="list-style-type: none"> • Prepare to undertake routine physiological measurements: <ul style="list-style-type: none"> ○ introduce self to parents and explain own role ○ maintain appropriate infection prevention and control measures ○ ask and respond to questions in order to obtain informed consent prior to any care given ○ gain consent ○ confirm identification of the newborn ○ ensure the safety of the environment and prepare any equipment required. • Perform routine physiological measurements: <ul style="list-style-type: none"> ○ use suitable equipment to accurately record physiological measurements ○ identify any deviation from the expected, normal range ○ answer questions within scope of own role ○ communicate findings with parents and staff. • Follow up: <ul style="list-style-type: none"> ○ accurately record physiological measurements in line with local policy ○ report any deviation from normal expected outcomes to the appropriate practitioner. 	
E1, E2, M1, D1	

What underpinning knowledge do students need?	
MWK3.3	<p>Routine newborn physiological measurements and other observations taken, expected normal ranges and when to escalate:</p> <ul style="list-style-type: none"> • Neonatal early warning track and trigger (NEWTT): <ul style="list-style-type: none"> ○ purpose ○ application. • Body temperature: <ul style="list-style-type: none"> ○ normal range for well neonate between 36.5°C to 37.5°C ○ taken from armpit with correct positioning. • Respiratory rate: <ul style="list-style-type: none"> ○ normal range for well neonate between 30 to 60 breaths per minute ○ assess using observations/auscultation: <ul style="list-style-type: none"> – even rise and fall of chest to measure respiratory rate.

	<ul style="list-style-type: none"> ● Heart rate: <ul style="list-style-type: none"> ○ normal range for well neonate between 100 to 160 beats per minute ○ assess by auscultation or monitor. ● Other observations: <ul style="list-style-type: none"> ○ colour (central cyanosis) ○ muscle tone: <ul style="list-style-type: none"> - poor (for example floppy/limp) ○ behaviour – irritability, wakefulness, sleep periods. ● Escalate any observations outside the normal range to the midwifery team.
MWK3.4	<p>Equipment used for taking measurements of newborn babies and how it is maintained:</p> <ul style="list-style-type: none"> ● Equipment <ul style="list-style-type: none"> ○ infant scale to measure weight ○ thermometer for taking temperature ○ stethoscope or monitor for measuring heart rate ○ stethoscope or monitor for measuring respiratory rate. ● Maintenance: <ul style="list-style-type: none"> ○ any faulty equipment must be reported to appropriate department ○ manufacturer’s instructions must be followed ○ cleaning.
MWK3.5	<p>The screening tests carried out on newborn babies and their purpose:</p> <ul style="list-style-type: none"> ● Physical examination: <ul style="list-style-type: none"> ○ newborn and infant physical examination (NIPE) ○ time after birth: <ul style="list-style-type: none"> - examination within 72 hours - 6 to 8 weeks of age ○ parts of the body examined: <ul style="list-style-type: none"> - eyes - heart - hips - testes ○ purpose: <ul style="list-style-type: none"> - detect conditions that may need further testing or treatment - reduce morbidity and mortality of children born with congenital abnormalities - early referral ○ who can carry this out: <ul style="list-style-type: none"> - paediatricians - specially trained midwife.

	<ul style="list-style-type: none"> • Heel prick test (newborn blood spot test (NBS)): <ul style="list-style-type: none"> ○ purpose: <ul style="list-style-type: none"> - early treatment improves newborn health. ○ prevents severe disability or death ○ to determine if baby has rare but serious health conditions: <ul style="list-style-type: none"> - sickle cell disease - cystic fibrosis - congenital hypothyroidism - other inherited diseases. ○ who can carry this out: <ul style="list-style-type: none"> - midwife. • Hearing test: <ul style="list-style-type: none"> ○ time after birth: <ul style="list-style-type: none"> - soon after birth - within first few weeks. ○ purpose: <ul style="list-style-type: none"> - early treatment improves newborn health - identifies babies who have permanent hearing loss as early as possible ○ who can carry this out: <ul style="list-style-type: none"> - audiologist/hearing screeners.
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What skills do students need to demonstrate?	
MWS3.3 Adhere to steps for maintaining the safety and security of those in the maternity environment:	
<ul style="list-style-type: none"> • Following local policies and procedures in relation to the security and safety of those in the maternity environment. 	E5
MWS3.4 Raise concerns in response to any risks, threats or signs of abuse to ensure the safety of mothers and babies in the maternity environment:	
<ul style="list-style-type: none"> • Escalate to appropriate person any safeguarding concerns in a timely manner. • Follow local policies and procedures for reporting a disclosure. 	E4

What underpinning knowledge do students need?	
MWK3.6	Steps for maintaining the safety and security of those in the maternity environment: <ul style="list-style-type: none"> • Identification of babies: <ul style="list-style-type: none"> ○ printed identity bands: <ul style="list-style-type: none"> - mother's last name - male/female (registered at birth) - date of birth - time of birth

	<ul style="list-style-type: none"> - baby NHS or hospital number - multiple births labelled (for example twins/triplets) o handwritten labels prior to any transfers o bands must be regularly checked to ensure they are secure and correctly applied. • Importance of identity bands/labels: <ul style="list-style-type: none"> o ensures correct and accurate details of the baby o confirms accurate identification of baby before any transfers o reduces risk of threats: <ul style="list-style-type: none"> - incorrect removal from ward - incorrect treatment - incorrect formal discharge - abductions. • Local policies and procedures in relation to the safety and security of those in the maternity environment: <ul style="list-style-type: none"> o adequate staffing (level and range) o regular staff training o management of access to maternity environment (authorised staff, patients and visitors) o security systems o SOPs o reporting protocols. • The importance of following local policies and procedures in relation to the safety and security of those in the maternity environment: <ul style="list-style-type: none"> o incidents and emergencies o identification of those who are not staff or patients o data protection o safeguarding victims of abuse.
MWK3.7	<p>Awareness that women who are pregnant or have recently given birth are at a higher risk of:</p> <ul style="list-style-type: none"> • Domestic violence. • Modern slavery. • Forced marriages. • honour-based abuse. • Financial abuse. • Possible signs that a woman may be vulnerable to abuse: <ul style="list-style-type: none"> o frequent self-admissions/attenders o physical and/or mental signs of abuse.
MWK3.8	<p>Safeguarding women and babies in the maternity environment</p> <ul style="list-style-type: none"> • Monitoring and reporting: <ul style="list-style-type: none"> o routine enquiry for domestic abuse o process to follow for reporting a disclosure o escalate concerns to midwifery team and the MDT.

	<ul style="list-style-type: none">• The importance of:<ul style="list-style-type: none">○ emotional support in response to any disclosure○ maintaining privacy and confidentiality○ following organisational, local and national guidelines and policies:<ul style="list-style-type: none">- RCOG- NICE- RCM.
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Scheme of Assessment

There is a single synoptic assessment for this Occupational Specialism, which is an extended project. The synoptic element of the project is important to ensure students can demonstrate threshold competence and are able to evidence all the skills required by the Performance Outcomes.

The project consists of several activities grouped into three substantive tasks.

Each task is completed during a window set by Pearson, during which Providers schedule supervised assessment sessions. In some cases, tasks also include opportunities for unsupervised activities, where the requirements of the skills being assessed make this necessary.

Occupational Specialism project – Supporting the midwifery team
Internally assessed project: 4 hours 105 marks
Performance Outcomes In this project students will: PO1 – Assist the midwifery team Multi-Disciplinary Team (MDT) with clinical tasks during the antenatal and intrapartum periods. PO2 – Assist the midwife in providing care for mothers and support to parents during the postnatal period. PO3 – Assist with the care of newborn babies by undertaking observations and measurements.
Assessment overview There are 3 parts to the assessment. <ul style="list-style-type: none">• Task 1: Antenatal Individualised Care• Task 2: Postnatal Support and Safeguarding• Practical Task: Preparing for Birth and Providing Care for Neonates Students respond to given scenarios to complete the tasks. They are assessed on their application of the skills listed for the Performance Outcomes. Students are not assessed against specific ‘knowledge’ outcomes but are expected to draw on and apply related knowledge to ensure appropriate outcomes when applying the skills in response to an assessment scenario. Students undertake the project under supervised conditions. The assessment takes place over multiple sessions, up to a combined duration of 4 hours, 10 minutes. The project outcomes consist of a portfolio of written evidence and a filmed role play submitted electronically. This project is externally assessed by Pearson.

Administration

Providers must follow the guidance in the following:

- General Administrative Support Guide
- Administration Support Guide for the specific Technical Qualification Employer Set Project (if applicable).

These are located on the [Training and Admin Support webpage](#).

Performance Outcome		Weighting	
		Raw marks	% of total marks
PO1	Assist the midwifery team/Multi-Disciplinary Team (MDT) with clinical tasks during the antenatal and intrapartum periods	30	29%
PO2	Assist the midwife to provide care for mothers and support to parents during the postnatal period	33	31%
PO3	Assist with the care of newborn babies by undertaking observations and measurements	42	40%

Resources for the delivery of Occupational Specialism: Supporting the midwifery team

Providers are required to have the following resources to deliver this OS:

Assessment Task	Resource required
1	<ul style="list-style-type: none"> • MEOWS chart. • Computer with word processing software.
2	<ul style="list-style-type: none"> • Computer with word processing software.
Practical Task	<ul style="list-style-type: none"> • Member of staff to act as standardised patient. • Clock. • Equipment for birthing room setup and carrying out newborn checks. • A baby manikin or doll. • A computer with word processing software. • Patient notes file template.

4. Supporting the mental health team

Performance Outcome 1: Provide care and support to individuals with mental health conditions

What skills do students need to demonstrate?

MHS1.1 Assist the mental health team, working within scope of role, knowledge and responsibilities:

- Identify tasks appropriate for own role, including:
 - contributing to risk assessment documentation under supervision (MHS1.3)
 - recording observations accurately in care notes (MHS1.7)
 - escalating concerns promptly to the appropriate Multidisciplinary Team (MDT) member
 - facilitating access to named services, programmes or resources as specified in the care plan or by the practitioner (making referrals or signposting)
 - involving carers or family members, with the individual's consent, by sharing agreed actions and supporting their participation as appropriate.
- Apply knowledge of MDT roles and responsibilities when deciding who to report to.
- Comply with national guidance when assisting with care:
 - Mental Capacity Act 2005/2019 (amended 2019)
 - Mental Health Act 1983/2007 (amended 2007)
 - Deprivation of Liberty Safeguards (DoLS)
 - Liberty Protection Safeguards (LPS)
 - adapt actions to different care environments while maintaining safety and compliance
 - different care environments:
 - community
 - residential
 - away from home
 - specialist locations.
- Maintaining safety and compliance:
 - follow organisational policies and procedures
 - apply safeguarding principles
 - ensure actions are within scope of role and comply with legislation (Mental Capacity Act, Mental Health Act, DoLS/LPS).
- Escalation when assisting the mental health team:
 - escalate any concerns, risks or situations beyond their competence, authority or training to the appropriate supervisor or team member, in line with organisational policy
 - when risk of self-harm or suicide is present: (MHK1.5)
 - recognise, document and escalate in accordance with organisational policy
 - not instruct or coach harm-minimisation techniques
 - maintain boundaries, confidentiality and safeguarding at all times

- escalation of concerns is a universal requirement and should be demonstrated whenever appropriate, regardless of the specific task.

E1, E2, E4, D1, D2, D3

What underpinning knowledge do students need?

MHK1.1

The range of different environments that mental health workers may be required to work in:

- Community settings:
 - individual's home
 - GP practices
 - community mental health teams
 - leaving care services.
- Residential settings:
 - supported living
 - therapeutic communities
 - inpatient mental health units
 - adult day services.
- Settings away from home:
 - rehabilitation units
 - general hospitals.
- Specialist locations:
 - prisons
 - schools, colleges or universities
 - armed forces facilities.

MHK1.2

Organisational structures, roles and responsibilities in the mental health multidisciplinary team (MDT)

- Mental health nurse
 - builds therapeutic relationships
 - delivers therapeutic care
 - monitors and administers medication
 - carries out risk assessment and risk management
 - advocates for individuals
 - coordinates care
 - maintains accurate records
 - supports engagement in therapeutic activities.
- Psychiatrist
 - diagnoses mental health conditions
 - prescribes and advises on medication
 - makes treatment referrals
 - carries out Mental Health Act assessments (in line with legislation)
 - builds therapeutic relationships.

- General Practitioner (GP)
 - refers to mental health services
 - prescribes medication
 - provides advice, education and support
 - builds therapeutic relationships.
- Support worker
 - delivers therapeutic care under supervision
 - builds therapeutic relationships
 - supports individuals in interventions
 - advocates for individuals
 - carries out delegated risk assessments and supports risk management
 - maintains records.
- Psychologist
 - builds therapeutic relationships
 - completes psychological assessments and formulations
 - delivers talking therapies
 - carries out risk assessment and management
 - maintains records
 - participates in research/audit
 - delivers and receives clinical supervision.
- Psychological therapist
 - delivers talking therapies
 - builds therapeutic relationships
 - carries out risk assessment and management
 - maintains records
 - delivers and receives clinical supervision.
- Pharmacist
 - dispenses medication
 - educates and advises about medication.
- Forensic mental health team
 - supports individuals involved in the justice system due to their mental health.
- Other sources of specialist support available to individuals may include:
 - peer support networks and recovery colleges
 - Early Intervention in Psychosis (EIP) teams
 - Community Treatment Teams (CTT)
 - Child and Adolescent Mental Health Services (CAMHS)
 - drug and alcohol services
 - autism and learning disability services
 - talking therapies (CBT or counselling)
 - advocacy services

	<ul style="list-style-type: none"> ○ communication and accessibility support (interpreting, Makaton, PECS, communication boards).
MHK1.3	<p>Understand the limitations within the scope of their role when performing delegated tasks:</p> <ul style="list-style-type: none"> ● Duties and responsibilities: <ul style="list-style-type: none"> ○ to work within the boundaries of their role, responsibilities and competence at all times, recognising that these are defined by organisational policy, professional standards and relevant legislation. ○ the key legislation and regulatory standards that govern mental health support, including: <ul style="list-style-type: none"> – The Mental Health Act (1983 Amended 2007): understanding its purpose, who it applies to and how it affects the care and rights of individuals with mental health conditions. – The Mental Capacity Act (2005 plus Amendment 2019): understanding the principles of capacity, consent and best interests, and how to support individuals who may lack capacity to make decisions. ○ the importance of safeguarding both individuals and staff, including recognising and responding to abuse, neglect or exploitation, and acting in accordance with the Care Act 2014 and Health and Care Act 2022 as they relate to mental health ○ the requirement to seek advice from registered healthcare professionals when faced with situations or decisions beyond their competence, and to act on that advice appropriately ○ the need to maintain up-to-date knowledge of organisational policies, procedures and best practice guidelines relevant to mental health support. ● Scope of role and limitations: <ul style="list-style-type: none"> ○ to only carry out delegated tasks if: <ul style="list-style-type: none"> – they have received appropriate training for the task – they have sufficient experience or are under suitable supervision – they are permitted to do so by organisational policy and the supervising professional ○ to recognise and respect the boundaries of their role, including: <ul style="list-style-type: none"> – not making clinical decisions or diagnoses – not administering or altering medication unless specifically trained and authorised – not undertaking interventions or procedures outside their competence or authorisation – not sharing confidential information outside authorised channels ○ contribute to the multidisciplinary team by providing accurate observations, feedback and support within their remit.

- When to escalate when assisting the mental health team:
 - beyond their training, competence or authority
 - presenting a risk to the safety or wellbeing of the individual, others, or themselves
 - involving safeguarding concerns, suspected or actual abuse or neglect
 - requiring clinical decisions, changes to care plans or interventions outside their scope
 - involving persistent challenges to professional boundaries that cannot be managed within their remit
 - where organisational policy or professional guidelines require escalation.
- The types of tasks and scenarios where escalation is expected, including but not limited to:
 - significant changes in an individual's mental or physical health
 - evidence or suspicion of self-harm, suicidal ideation, aggression or rapid deterioration
 - disclosure of abuse, neglect or exploitation
 - incidents or behaviours that pose a risk to others
 - staff, service users, public
 - requests or expectations to perform tasks outside their competence or authorisation
 - communication barriers or breakdowns that prevent safe or effective care
 - any situation where they are unsure how to proceed safely or legally
 - when barriers to building or sustaining effective relationships cannot be overcome within the support worker's role.
- The correct procedures for escalation, including:
 - who to report to
 - supervisor, nurse-in-charge, safeguarding lead, crisis team
 - how to document and communicate concerns, actions taken, and rationale (MHS1.7)
 - the importance of prompt escalation and clear, factual reporting
 - acting quickly to protect the safety and wellbeing of individuals, others, and themselves, and to ensure that risks are managed without delay
 - delays can result in harm, missed opportunities for intervention, or breaches of legal and organisational responsibilities
 - appreciate that clear and factual reporting supports effective decision-making by senior staff, enables continuity of care and provides an accurate record for accountability and future reference
 - maintaining confidentiality and sharing information only with those who need to know, in line with policy and law.

MHK1.4	<p>Understand that, within the scope of the support worker role and as directed by the care plan or supervising practitioner, responsibilities may include:</p> <ul style="list-style-type: none"> • Facilitating access to named services, programmes or resources (making referrals or signposting as required). • Involving carers or family members, with the individual's consent, by sharing relevant information and supporting their participation in agreed actions. • These responsibilities should be applied where appropriate, in line with organisational policy, the individual's preferences and the requirements of the specific care context.
MHK1.5	<p>Recognition, safeguarding and escalation for self-harm or suicide</p> <ul style="list-style-type: none"> • Recognition: <ul style="list-style-type: none"> ○ self-harm behaviours ○ suicidal thoughts, plans, intent ○ rapid changes in mood/behaviour; statements of hopelessness; access to means. • Immediate actions within role: <ul style="list-style-type: none"> ○ ensure immediate safety as per centre policy (do not leave the individual if this increases danger) ○ document promptly and factually (date/time/context/actions/outcomes) using required tools ○ escalate to the appropriate registered practitioner and safeguarding lead. • Boundaries of role: <ul style="list-style-type: none"> ○ do not instruct, demonstrate or supply self-harm practices or materials ○ do not make clinical decisions, diagnoses or alter care plans ○ act only under direction of registered practitioners and organisational policy. • Ethical and legal requirements: <ul style="list-style-type: none"> ○ apply safeguarding, confidentiality, data protection and information-sharing rules ○ share information only with authorised personnel when safety requires it. • Support within care plan: <ul style="list-style-type: none"> ○ use approved coping strategies ○ provide non-judgemental, trauma-informed support ○ record any changes and update the care team.

MHK1.6	<p>The importance of team briefings and debriefings in reflective practice:</p> <ul style="list-style-type: none"> • Allows discussion of team concerns (e.g. health and safety risks, team stress levels, personal challenges, wellbeing, stress) • Keeps the wider team informed of changes (e.g. updates to an individual's treatment plan) • Enables the sharing of relevant information (e.g. best practice, changes in procedures) • Supports evaluation of treatment approaches (e.g. effectiveness of therapeutic or medication-based interventions) • Identifies training and development needs (e.g. de-escalation techniques, conflict management, updates to legislation or policies).
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What skills do students need to demonstrate?	
<p>MHS1.2 Assist with collaborative risk assessment and risk management with individuals with mental health needs:</p> <ul style="list-style-type: none"> • Support the development and completion of risk assessments, recognising risks (MHS1.7). • Follow established risk assessments to maintain safety for individuals, self and others. • Monitor and review risk assessments as situations change, recognising triggers and contributing factors. • Apply dynamic risk assessment techniques to respond to evolving risks. • Implement risk prevention and reduction strategies as directed, within scope of role. 	<p>E1, E2, E3, E4, D1, D2, D3</p>
<p>MHS1.3 Involve carers and family members appropriately in the risk assessment and management process ensuring they:</p> <ul style="list-style-type: none"> • Communicate sensitively and respectfully with carers and family members, recognising verbal and non-verbal cues. • Provide clear and accessible information to carers and family members, adapting explanations to their needs and experience. • Encourage carers and family members to share observations and concerns relevant to the individual's wellbeing. 	<p>E1, E2, E3, E4, D1, D2, D3</p>
<p>MHS1.4 Implement prevention and risk reduction strategies when providing care and support to individuals with mental health conditions:</p> <ul style="list-style-type: none"> • Monitor and report concerns regarding substance use, medication adherence and wellbeing. • Support individuals in following prescribed medication regimens, ensuring correct dose, timing and method. • Encourage and facilitate positive coping strategies and engagement in wellbeing activities. 	<p>E1, E2, E4, D1, D2, D3</p>

What underpinning knowledge do students need?

MHK1.7	<p>The impact national guidelines and policies have on interventions:</p> <ul style="list-style-type: none">• Ensure individuals' rights are upheld, including:<ul style="list-style-type: none">○ the right to appeal under the Mental Health Act 2007○ the right to consent or refuse treatment under the Mental Capacity Act 2005 and Amendment 2019○ the right to safeguarding and protection under the Care Act 2014 and Health and Care Act 2022○ the right to confidentiality and data protection under the Data Protection Act (GDPR).• Guide whether support should be formal or informal, including:<ul style="list-style-type: none">○ assessing mental capacity to give or withhold consent○ determining when formal legal processes (such as detention under the Mental Health Act) are required○ deciding when informal support, advice or advocacy is appropriate.• Highlight the role of advocacy, including:<ul style="list-style-type: none">○ access to an Independent Mental Capacity Advocate (IMCA)○ access to legal representation for appeals or reviews○ access to advocacy services for safeguarding, complaints or care planning.• Require compliance with organisational policies and procedures, including:<ul style="list-style-type: none">○ following protocols for risk assessment, reporting and escalation○ maintaining accurate records of interventions and decisions○ ensuring all actions are within the scope of role and professional boundaries.
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MHK1.8	<p>How the following risk factors and triggers could impact on health and safety in mental health settings:</p> <ul style="list-style-type: none">• Risk in mental health settings:<ul style="list-style-type: none">○ any factor, behaviour or situation that may cause harm to the individual, others (including staff, carers or other service users), or the wider environment○ may be immediate or long-term, and can arise from mental health symptoms, physical health, environmental factors or social circumstances.• Types of risk factors<ul style="list-style-type: none">○ risk to self:<ul style="list-style-type: none">- self-injurious behaviours or suicidal thoughts and behaviours (MHK1.5)- self-neglect○ risk to others:<ul style="list-style-type: none">- aggression or violence- arson
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	<ul style="list-style-type: none"> - harmful behaviour including abuse or exploitation. o risk of being harmed by others: <ul style="list-style-type: none"> - increased vulnerability due to mental health needs - susceptibility to abuse or exploitation. • Range of triggers that may increase risk: <ul style="list-style-type: none"> o change in circumstances: <ul style="list-style-type: none"> - relationship breakdown or conflict - increased isolation - loss - grief - change in sleep or physical health - financial change/concern o relapse: <ul style="list-style-type: none"> - substance misuse - physical health deterioration - mental health deterioration. • How these risks affect individuals, others and the environment: <ul style="list-style-type: none"> o physical injury, psychological distress, deterioration in health, breakdown of relationships, legal consequences o compromised safety and wellbeing of staff, carers or other service users o disruption of the therapeutic environment o may require changes to care plans, increased supervision or involvement of external agencies.
MHK1.9	<p>How identified risk factors are interpreted, monitored, reviewed and reported within mental health settings:</p> <ul style="list-style-type: none"> • Factors that may risk or exacerbate distress and require monitoring: <ul style="list-style-type: none"> o environmental: <ul style="list-style-type: none"> - overcrowding - lack of privacy - noise - unsafe or unstable living conditions - exposure to stressful or chaotic environments o background: <ul style="list-style-type: none"> - age, gender, cultural background - trauma history - substance misuse history - military or armed forces experience - discontinuation of medication - impulsivity - condition-related symptoms (psychosis, cognitive impairments, self-harm tendencies). • Protective factors and positive environmental or background factors that reduce risk or promote wellbeing: <ul style="list-style-type: none"> o stable housing and safe living conditions o access to healthcare and continuity of care

- supportive relationships and strong social networks
- engagement in meaningful activity (education, employment, hobbies)
- environments that promote privacy, dignity, and autonomy.
- Indicators of current, immediate or escalating risk:
 - psychotic symptoms (hallucinations, delusions)
 - high levels of distress, hopelessness, emotional overwhelm
 - recent stressors or life events (bereavement, financial crisis)
 - substance misuse or withdrawal symptoms
 - access to means for self-harm or harm to others
 - discontinuation of medication or poor engagement with services.
- Historical risk factors that inform ongoing risk monitoring:
 - previous self-harm or suicide attempts
 - previous hospital admissions for mental-health care
 - previous therapeutic interventions and their outcomes
 - criminal convictions or forensic history
 - history of abuse or neglect
 - family history of suicide or mental-health conditions.
- Dynamic nature of risk
 - risk is not static and may change over time
 - changes in circumstances, medication or support can alter risk levels
 - importance of regular observation, monitoring and review
 - documenting changes promptly and update care plans accordingly.
- Reporting and escalation of concerns about risk:
 - when to report concerns:
 - individual shows signs of imminent harm to self or others
 - disclosure of abuse, neglect or exploitation
 - significant change in risk factors (sudden withdrawal, discontinuation of medication and escalating distress)
 - when safeguarding thresholds are met or suspected
 - how to report concerns:
 - follow organisational policy for reporting and escalation
 - document the concern accurately and promptly (date, time and details of the observation or disclosure)
 - actions taken and who was informed
 - use the correct reporting tools: incident report forms, electronic systems
 - ensure reports are factual, objective and free from personal opinion.
 - reporting channels and escalation routes:
 - immediate supervisor or line manager for non-urgent concerns
 - designated safeguarding lead for safeguarding issues
 - mental health crisis team or emergency services for urgent or life-threatening situations

	<ul style="list-style-type: none"> - multi-disciplinary team (MDT) members when collaborative input is required - escalate to senior management if initial reporting does not resolve the risk o confidentiality requirements and information sharing for safety: <ul style="list-style-type: none"> - maintain confidentiality in line with Data Protection Act (GDPR) and organisational policy - share information only with those who need to know to protect the individual or others - understand exceptions to confidentiality: risk of serious harm to self or others and when required by law - explain to the individual why information may need to be shared for safety. • Adapt communication for carers and family members during risk assessment and management <ul style="list-style-type: none"> o use clear, accessible language and avoid jargon when explaining risk, care plans and procedures o provide information in formats suited to the carer’s or family member’s needs (verbal, written or visual) and check understanding o encourage carers and family members to share observations and concerns, responding supportively and respectfully o recognise and respect cultural, emotional and experiential differences and adapt approach accordingly o maintain professional boundaries and confidentiality, explaining these boundaries and the reasons for them o signpost carers and family members to further support or information when appropriate, in line with organisational policy. • Responding to additional changes in risk by adapting care and support plans <ul style="list-style-type: none"> o continue monitoring the individual and document any additional changes o cooperate with safeguarding investigations or crisis interventions o update care plans to reflect new risks o communicate changes clearly with all case professionals.
MHK1.10	<p>How to implement risk prevention and reduction strategies when providing care and support to individuals with mental-health conditions:</p> <ul style="list-style-type: none"> • Substance misuse: <ul style="list-style-type: none"> o awareness of harm reduction strategies (MHK3.7) o limit access to substances through monitoring, supervision and adherence to care plans. • Self-neglect: <ul style="list-style-type: none"> o support individuals to maintain daily living activities, including personal hygiene and nutrition o encourage and facilitate attendance at scheduled healthcare appointments.

	<ul style="list-style-type: none"> • Violence and aggression: <ul style="list-style-type: none"> ○ recognise and apply de-escalation strategies according to training and organisational procedures ○ identify and use authorised physical intervention techniques only when trained, permitted and in accordance with legal, ethical and organisational requirements.
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What skills do students need to demonstrate?	
MHS1.5 Overcome barriers to building and sustaining effective relationships with individuals with mental health needs:	
<ul style="list-style-type: none"> • Recognising and responding to barriers that may affect building and sustaining effective relationships: <ul style="list-style-type: none"> ○ emotional ○ behavioural ○ cognitive ○ cultural ○ communication-related barriers. • Acknowledging and sensitively addressing past negative experiences, supporting individuals to express fears or concerns. • Clarifying expectations and boundaries within the therapeutic relationship. • Promoting consistency and involving individuals in collaborative care planning. • Respecting and responding to cultural needs and preferences. • Remaining calm, providing reassurance and encouraging expression of thoughts and feelings linked to the individual's mental health condition. • Encouraging contributions from others involved in the individual's care, such as carers, advocates and professionals. • Making use of available resources to aid communication or engagement, such as visual tools or assistive technology, where appropriate. 	
E1, E4, D1, D3	

What underpinning knowledge do students need?	
MHK1.11	<p>The range of possible barriers which may exist to prevent building and sustaining effective relationships and associated strategies to overcome them:</p> <ul style="list-style-type: none"> • Emotional, behavioural or cognitive barriers: <ul style="list-style-type: none"> ○ fear, anxiety, paranoia or aggressive behaviour may affect engagement ○ use calm, reassuring communication ○ provide opportunities to discuss thoughts, feelings and behaviours ○ use open-ended questions to maintain dialogue ○ acknowledge and validate individual experiences. • Language barriers: <ul style="list-style-type: none"> ○ difficulty understanding spoken language, jargon or accents

- use interpreting or translation services where appropriate
- speak slowly and clearly
- regularly check for understanding.
- Cultural barriers:
 - differences in cultural expectations or values
 - show cultural sensitivity and adapt communication and care accordingly
 - promote collaboration and shared decision-making in care planning.
- Negative previous experiences of care:
 - individuals may lack trust due to past experiences
 - encourage open communication about past care and current concerns
 - acknowledge expectations and clearly define boundaries.
- Sensory or communication-related barriers:
 - speech, hearing or sight impairments may affect interaction
 - provide access to appropriate communication aids or tools
 - understand individual communication preferences and support needs.
- Strategies to overcome barriers to building and sustaining effective relationships in mental health settings
 - open-ended questions:
 - encourage the individual to express themselves freely
 - give space and time for the individual to talk at their own pace
 - creating the right environment for communication:
 - a quiet, non-judgemental space helps individuals feel safe
 - minimising distractions supports focus and emotional comfort
 - adequate lighting and ventilation can reduce anxiety or sensory overload
 - providing advice and guidance:
 - demonstrates respect and empathy
 - repeating or summarising helps show understanding and build trust
 - non-verbal communication strategies:
 - body language, facial expressions and physical proximity all influence how messages are received and interpreted
 - visual communication strategies:
 - use of signs, symbols, illustrations, pictures or web-based tools can support understanding, especially where verbal communication is limited.
- Attachment-related relational patterns, influencing the development of effective and sustained relationships when providing care and support to individuals with mental health conditions:
 - Attachment theory:
 - secure – individuals able to form and maintain trusting relationships

	<ul style="list-style-type: none"> - preoccupied – individuals appear emotionally dependent or seek high levels of reassurance - fearful/avoidant – individuals show low trust in themselves and others, and may withdraw when distressed - dismissive – individuals appear highly self-reliant and reluctant to accept support or trust professionals. • Physical layout of the environment can reduce barriers to communication: <ul style="list-style-type: none"> ○ arranging the space to be supportive, non-confrontational and safe by creating a calm private space: <ul style="list-style-type: none"> - maintaining appropriate personal space - avoiding blocking exits - positioning seats at an angle rather than directly opposite - minimising noise and visual distractions - adequate lighting.
MHK1.12	<p>How to set and maintain clear expectations and boundaries within therapeutic relationships:</p> <ul style="list-style-type: none"> • Explaining the limits of the support worker’s role to individuals and carers: <ul style="list-style-type: none"> ○ permitted tasks and responsibilities: <ul style="list-style-type: none"> - providing practical and emotional support to individuals with mental health needs - assisting with daily living activities, such as supporting personal care, nutrition and routine tasks - observing and recording changes in an individual’s condition or behaviour, and reporting these to the appropriate team member - supporting individuals to access services, resources and activities as directed by the care plan ○ tasks and responsibilities outside the scope of the role: <ul style="list-style-type: none"> - making clinical decisions or diagnoses - prescribing, administering or altering medication - providing medical, legal or financial advice - undertaking therapeutic interventions or procedures without appropriate training, authorisation or supervision - acting outside organisational policy or professional guidelines - sharing confidential information outside authorised channels. • Communicating boundaries in a respectful and transparent manner: <ul style="list-style-type: none"> ○ clearly stating the support worker’s role and responsibilities at the outset and as needed ○ using appropriate language and communication techniques to ensure understanding of boundaries by individuals and carers ○ reinforcing boundaries in response to questions, requests or behaviours that challenge or misunderstand the support worker’s remit. • Recognising when boundaries are being challenged or crossed, and responding appropriately: <ul style="list-style-type: none"> ○ identifying verbal, non-verbal or situational cues that indicate boundaries are not being respected

	<ul style="list-style-type: none"> ○ responding in accordance with organisational policy, which may include restating boundaries, seeking supervision, or escalating concerns ○ maintaining professionalism and objectivity when boundaries are tested. ● Maintaining professional boundaries to safeguard both the individual and the practitioner: <ul style="list-style-type: none"> ○ avoiding dual relationships, conflicts of interest and behaviours that could compromise professional integrity ○ adhering to organisational guidance on confidentiality, conduct and the nature of interactions with individuals and carers ○ documenting and reporting any concerns related to boundary issues in line with organisational procedures.
MHK1.13	<p>How mental health conditions may affect an individual’s emotions, thinking and behaviour:</p> <ul style="list-style-type: none"> ● Emotional impact: <ul style="list-style-type: none"> ○ mental health conditions can alter the full range of emotional responses, including the intensity, duration and appropriateness of emotions ○ could involve persistent changes in mood, affect or the ability to experience or regulate emotions. ● Impact on thinking: <ul style="list-style-type: none"> ○ mental health conditions can affect cognitive processes, including perception, reasoning, memory, attention, judgement and the ability to interpret information accurately ○ could result in persistent patterns of unhelpful or distorted thinking. ● Impact on behaviour: <ul style="list-style-type: none"> ○ mental health conditions can influence patterns of behaviour, including engagement with others, participation in daily activities, risk-related actions and the ability to adapt behaviour to different situations ○ changes that affect safety, relationships or social functioning.

What skills do students need to demonstrate?

MHS1.6 Use a range of communication strategies to build and sustain effective relationships with individuals with mental health needs, carers and other healthcare professionals, within the scope of role

- Select and use appropriate communication strategies (verbal, non-verbal, written and visual) to suit the needs, preferences and current mental state of individuals with mental health needs.
- Adapt communication strategies to ensure clarity, respect and understanding in interactions with individuals, carers and professionals.
- Proactively use communication strategies to manage behaviour that challenges or poses a risk.
- Demonstrate active listening, empathy and responsiveness to support engagement and trust.
- Recognise when additional support or resources are required to communicate effectively (interpreters, communication aids or escalation) and take appropriate action in line with organisational procedures.

E1, E2, E3, E4, E5, E6, D1, D2, D3

What underpinning knowledge do students need?

MHK1.14 The strengths and limitations of verbal and non-verbal communication when supporting individuals with mental health needs:

- How mental health conditions can affect an individual's ability to use or interpret verbal communication, including:
 - difficulty initiating, sustaining or organising spoken communication
 - challenges in expressing thoughts, feelings or needs clearly
 - difficulty processing, understanding or retaining spoken information
 - increased likelihood of misunderstanding language, tone or intent.
- How mental health conditions can affect an individual's ability to use or interpret non-verbal communication, including:
 - changes or limitations in facial expression, eye contact, gesture or posture
 - difficulty recognising, interpreting or responding to non-verbal cues from others
 - non-verbal behaviours that may be inconsistent with spoken communication or social expectations.
- The importance of adapting communication style to the individual's needs, preferences and current mental state, including:
 - recognising when an individual requires adjustments to communication due to their mental health presentation
 - modifying language, tone, pace and complexity to suit the individual's current abilities and preferences

	<ul style="list-style-type: none"> ○ being flexible and responsive to changes in the individual's engagement or understanding. ● The need to check understanding and avoid assumptions, as both verbal and non-verbal cues may be unreliable or ambiguous in mental health contexts, including: <ul style="list-style-type: none"> ○ using appropriate methods to confirm that information has been understood ○ avoiding reliance on a single cue or behaviour to judge understanding or agreement ○ being aware that mental health symptoms may mask or alter typical responses. ● The value of using multiple forms of communication (verbal, non-verbal, written, visual) to support understanding and engagement for individuals with mental health needs, including: <ul style="list-style-type: none"> ○ combining spoken words with written or visual materials to reinforce key messages ○ using alternative communication methods when verbal or non-verbal communication is limited or ineffective ○ selecting communication methods that best support the individual's participation and comprehension.
MHK1.15	<p>The impact of a range of barriers on communication in the mental health setting:</p> <ul style="list-style-type: none"> ● Conflicting opinions: <ul style="list-style-type: none"> ○ differences in insight, care planning decisions or views about hospital admission may affect trust and communication. ● Past experiences: <ul style="list-style-type: none"> ○ negative experiences, including breach of confidentiality, trauma, or coercive treatment, may lead to fear, mistrust or resistance ○ delusions may distort perceptions of reality. ● Hallucinations: <ul style="list-style-type: none"> ○ visual or auditory hallucinations (including command hallucinations) can distract, distress or confuse the individual. ● Confusion: <ul style="list-style-type: none"> ○ caused by physical health conditions, cognitive impairments, organic diagnoses or memory/concentration difficulties. ● Heightened emotions: <ul style="list-style-type: none"> ○ anxiety, distress or emotional overwhelm may affect the ability to process, retain or act on information. ● Stereotypes and assumptions: <ul style="list-style-type: none"> ○ stigma, racism, sexism, cultural misunderstanding, heteronormativity or other biases may create barriers or damage relationships. ● Medication-related issues: <ul style="list-style-type: none"> ○ side effects, beliefs about medication, or non-compliance can influence mood, behaviour and communication.

	<ul style="list-style-type: none"> ● Substance misuse: <ul style="list-style-type: none"> ○ intoxication, withdrawal or relapse can affect comprehension, awareness and response. ● Environmental factors: <ul style="list-style-type: none"> ○ noise, lack of privacy and frequent interruptions can reduce the quality and effectiveness of communication. ● Personality clashes: <ul style="list-style-type: none"> ○ overfamiliarity, extreme similarity or difference in communication styles can cause tension or misunderstanding. ● Unrealistic expectations: <ul style="list-style-type: none"> ○ misunderstanding of timescales, outcomes, roles or boundaries can create frustration or breakdowns in communication. ● Issues of power and control: <ul style="list-style-type: none"> ○ non-collaborative care, manipulation or negative past experiences with authority may impact openness and trust. ● Cultural differences: <ul style="list-style-type: none"> ○ beliefs about health, treatment and how symptoms are expressed may vary and need sensitive handling. ● Communication overload or overwhelm: <ul style="list-style-type: none"> ○ can occur with specific conditions (Post-Traumatic Stress disorder (PTSD), Autistic Spectrum Disorder (ASD)) or when too much information is provided at once. ● Organisational dynamics: <ul style="list-style-type: none"> ○ service pressures, availability of staff or resources may affect consistency, time for communication and continuity of care.
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MHK1.16	<p>How to implement proactive approaches to manage individuals who demonstrate challenging behaviour when providing care and support to individuals with mental health conditions:</p> <p>General Proactive Communication Strategies:</p> <ul style="list-style-type: none"> ● How to reduce confusion and distress through clear, calm and reassuring communication, including: <ul style="list-style-type: none"> ○ speaking in a steady, gentle tone of voice ○ maintaining a relaxed posture and open body language ○ providing clear explanations and instructions ○ offering reassurance about safety and support. ● How to address immediate physical, emotional and care needs through responsive interaction, including: <ul style="list-style-type: none"> ○ checking for pain, discomfort, hunger, thirst or fatigue ○ offering assistance with personal care or comfort measures ○ acknowledging and validating emotional states ○ ensuring the environment is safe and comfortable. ● The use of distraction techniques to redirect attention or de-escalate situations, including: <ul style="list-style-type: none"> ○ suggesting a change of activity ○ inviting the individual to move to a different location
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- engaging the individual in conversation about a neutral or positive topic
 - offering a drink or snack
 - providing sensory items such as stress balls, fidget tools or music
 - encouraging participation in a calming or enjoyable task such as drawing, listening to music or simple games.
 - The importance of remaining calm and composed in escalating or stressful circumstances, including:
 - regulating one's own breathing and tone
 - avoiding reactive or confrontational responses
 - pausing before responding to challenging statements or behaviours
 - modelling self-control and emotional regulation.
 - The use of simple, short sentences and adaptation of language to the individual's needs and current state, including:
 - using clear, concrete language
 - breaking information into small steps
 - repeating or rephrasing as needed
 - checking for understanding.
 - The selection and use of communication aids or alternative methods when required, including:
 - using written prompts or visual supports
 - employing communication boards or cards
 - using gestures, signs or technology-assisted communication.
 - How to provide the appropriate level of detail for the audience and purpose, including:
 - adjusting explanations based on the individual's cognitive and emotional state
 - avoiding unnecessary or overwhelming information
 - focusing on immediate and relevant details.
 - The safe and appropriate use of touch, in line with organisational policy and professional boundaries, including:
 - using touch only with consent and when it is necessary for reassurance or safety
 - being aware of individual preferences and cultural considerations
 - maintaining professional boundaries at all times.
- Application of proactive communication strategies to specified behaviours:
- Experience hallucinations or suspicious thoughts and beliefs:
 - use a calm, non-confrontational tone and manner at all times
 - validate the individual's experience without agreeing with or reinforcing delusional beliefs
 - maintain clear, consistent boundaries and reinforce the support worker's role
 - provide simple, factual information as appropriate to the situation

- seek supervision or escalate to a senior practitioner if the situation exceeds competence or safety is at risk.
- Display withdrawn behaviour or disengagement:
 - approach the individual gently and without pressure
 - offer opportunities for engagement and participation, allowing the individual to decline without negative consequence
 - maintain a consistent, supportive presence, checking in regularly
 - use communication aids or alternative methods if verbal engagement is limited
 - adapt language and approach to the individual's current level of engagement.
- Present with low mood or depression:
 - communicate with empathy and without judgement
 - offer practical support and encouragement to participate in activities of daily living
 - monitor for changes in mood, motivation or risk indicators
 - provide information in accessible formats, repeating or clarifying as needed
 - report concerns about wellbeing or risk promptly according to organisational policy.
- Exhibit escalating, aggressive or otherwise challenging behaviour:
 - maintain a safe distance and use non-threatening body language
 - speak in a calm, clear and steady voice
 - reduce environmental stimuli where possible
 - use distraction techniques as listed above
 - prioritise safety for all involved, following organisational procedures for summoning assistance or removing others from risk
 - do not use physical intervention unless trained and authorised, and only as a last resort.
- Demonstrate emotional distress, confusion or difficulty communicating needs:
 - use clear, simple language and repeat or rephrase information as necessary
 - offer reassurance and emotional support
 - use alternative communication methods, such as written prompts, visual supports or gestures, if verbal communication is not effective
 - allow extra time for responses and avoid rushing the interaction
 - monitor for escalation of distress and respond according to organisational policy.
- Are at risk of harm to self or others owing to their behaviour or mental state:
 - recognise and respond to warning signs of imminent risk, such as statements of intent, significant changes in behaviour or evidence of planning

	<ul style="list-style-type: none"> ○ follow safeguarding and escalation procedures without delay ○ maintain supervision and do not leave the individual alone if risk is present, unless this would increase danger ○ document and report all relevant observations, actions taken and communications according to organisational policy.
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What skills do students need to demonstrate?

MHS1.7 Observe, record and report changes in the mental health of individuals when providing care and support:

- Identify and document observations and risk behaviours:
 - self-harm/suicidal thoughts or intent (MHK1.5)
 - aggression
 - severe withdrawal
 - rapid changes in mood or behaviour.
- Accurately record details of de-escalation incidents, including actions taken and outcomes.
- Monitor for and report early warning signs of deterioration in mental health, ensuring prompt escalation according to organisational policy.
- Gather information from multiple sources, including the individual, carers and team members to inform risk assessment and care planning in mental health contexts.

E1, E2, E3, E4, E5, E6, D1, D2, D3

What underpinning knowledge do students need?

MHK1.17

Recording and reporting in mental health settings

- Identify the types of information that must be recorded:
 - observations, actions, concerns, incidents, communications from individuals/carers/family, interventions, changes in condition.
- Accurately complete and maintain the following forms and templates, as used in mental health services:
 - Daily Observation Record (including levels of observation: General, Intermittent, Constant)
 - ABC Behaviour Chart (Antecedent, Behaviour, Consequence)
 - Behavioural Frequency Chart
 - Datix Incident Report Form (for all incidents including self-harm, suicide attempts, aggression, violence, and near-misses) (MHK1.4)
 - De-escalation/Intervention Record (documenting triggers, interventions used, staff involved, and outcomes)
 - Mental Health Risk Assessment Form (including sections for self-harm, suicide risk, aggression, absconding, and vulnerability)
 - Handover Sheet using SBAR: Situation, Background, Assessment, Recommendation
 - Care Programme Approach (CPA) Review Template

- Safeguarding Concern/Referral Form
- recovery plan
- Abbreviated Mental Test Score, 10-item version (AMTS-10)
- Mini-Mental State Examination (MMSE)
- Patient Health Questionnaire (PHQ9)
- Generalised Anxiety Disorder, 7-item scale (GAD7)
- safety planning documents
- wellness action planning documents
- clinical notes (for recording observations, actions and concerns across all relevant contexts).
- Record and report all observations, actions, and concerns related to:
 - risk assessment and management (including risk behaviours, triggers and changes in risk)
 - prevention and reduction strategies
 - concerns raised by carers/family members
 - clinical and therapeutic interventions (MHS2.1)
 - escalation actions (including safeguarding, boundary issues and urgent concerns)
 - activities of daily living (ADLs) as relevant to mental health support.
- Follow these protocols:
 - record all observations, incidents and interventions promptly, using objective, factual and concise language
 - include date, time, context, actions taken, persons involved and outcomes in all records
 - escalate and report concerns about self-harm, suicide risk, aggression or rapid deterioration immediately to the nurse-in-charge or designated senior practitioner
 - store and share all records in accordance with confidentiality and data protection requirements
 - synthesise information from the individual, carers and team members to inform risk assessment and care planning.
- Synthesising Information for Risk Assessment and Care Planning:
 - gather information from multiple sources (the individual, carers, team members, records)
 - compare and cross-check information for consistency and completeness
 - identify discrepancies or gaps and seek clarification where necessary
 - integrate relevant information into a coherent summary to inform risk assessment and care planning

	<ul style="list-style-type: none"> ○ apply this synthesis to ensure that care plans and risk assessments reflect the most accurate and up-to-date understanding of the individual's needs and risks <ul style="list-style-type: none"> - updating or amending care plans and risk assessments to reflect new or changed needs, risks or circumstances - escalating promptly to a senior practitioner or appropriate team member if the information indicates a situation beyond their competence or authority - communicating relevant updates or concerns to the wider care team, ensuring all necessary staff are informed - adjusting their own support actions, within the boundaries of their role and care plan, to respond appropriately to the individual's current needs and risks - clearly documenting any updates, amendments, communications or escalation actions taken, including the rationale and sources of information.
MHK1.18	<p>The importance of developing effective and sustained relationships with individuals when providing care and support to individuals with mental health conditions to:</p> <ul style="list-style-type: none"> ● Promote access to appropriate care, support and services. ● Build trust between the individual, care providers and the wider community. ● Increase the likelihood of positive outcomes through consistent and person-centred support. ● Support the development of more effective, responsive and personalised services.
MHK1.19	<p>The range of strategies than can be used to develop and maintain effective and sustained relationships with individuals:</p> <ul style="list-style-type: none"> ● Key approaches that help build positive relationships and trust: <ul style="list-style-type: none"> ○ developing a therapeutic alliance based on mutual respect and shared goals ○ showing unconditional positive regard and valuing the individual without judgement ○ using reflective listening to demonstrate understanding and validation ○ displaying genuine empathy in communication and interactions ○ providing person-centred care that reflects the individual's needs, values and preferences ○ maintaining consistency in care, communication and approach ○ promoting transparency in actions, decisions and information sharing.

Performance Outcome 2: Assist the mental health team with mental health tasks and therapeutic interventions

What skills do students need to demonstrate?	
<p>MHS2.1 Deliver person-centred care and support to individuals with mental health conditions</p> <ul style="list-style-type: none"> • Gather and use information from the individual and, where appropriate, carers or advocates to understand their needs, preferences and circumstances. (MHS1.7). • Adapt support and interactions to reflect the individual's age, life stage and any learning disabilities or additional needs. • Involve the individual in making decisions about their care and support. • Facilitate the individual's participation in developing and reviewing their care plan. • Support the individual to carry out self-care and daily living activities, encouraging independence. • Respond appropriately to the individual's emotional needs using supportive communication and behaviour through active listening, questioning providing clear information to build a trusting relationship. <p style="text-align: right;">E1, E2, E3, E4, E5, E6, D1, D2, D3</p>	

What underpinning knowledge do students need?	
MHK2.1	<p>Adapting Person-Centred Care to Life Stage in Adult Mental Health Support</p> <ul style="list-style-type: none"> • Young Adults (typically 18–25) <ul style="list-style-type: none"> ○ developmental needs: <ul style="list-style-type: none"> – transition to independent living, establishing personal identity, forming and maintaining relationships, entering employment or further education ○ mental health presentation: <ul style="list-style-type: none"> – increased likelihood of first onset of severe mental health conditions, such as psychosis, bipolar disorder or emotionally unstable personality disorder ○ risk factors: <ul style="list-style-type: none"> – social isolation, substance misuse, self-harm, lack of support networks, financial instability ○ protective factors: <ul style="list-style-type: none"> – supportive relationships, engagement in education or employment, access to mental-health services, stable housing ○ support strategies: <ul style="list-style-type: none"> – facilitate engagement with services, encourage development of independent living skills, support relationship-building, promote participation in meaningful activity.

	<ul style="list-style-type: none"> ● Working-Age Adults (typically 26–64) <ul style="list-style-type: none"> ○ developmental needs: <ul style="list-style-type: none"> – managing employment, balancing family and caring responsibilities, maintaining relationships, coping with bereavement or significant life changes, managing long-term health conditions ○ mental health presentation: <ul style="list-style-type: none"> – higher prevalence of anxiety disorders, depression, stress-related conditions and substance misuse; possible ongoing or recurrent severe mental health conditions ○ risk factors: <ul style="list-style-type: none"> – work-related stress, unemployment, financial difficulties, relationship breakdown, chronic physical health problems, substance misuse ○ protective factors: <ul style="list-style-type: none"> – stable employment, supportive family and social networks, access to healthcare, financial security ○ support strategies: <ul style="list-style-type: none"> – support with employment and financial management, facilitate access to healthcare and social support, encourage self-management of health conditions, promote resilience and coping skills. ● Older Adults (typically 65+) <ul style="list-style-type: none"> ○ developmental needs: <ul style="list-style-type: none"> – adjusting to retirement, coping with loss of independence or mobility, managing physical health decline, maintaining social connections, dealing with bereavement ○ mental health presentation: <ul style="list-style-type: none"> – increased risk of depression, dementia, cognitive impairment and social isolation; possible late-onset psychosis or anxiety ○ risk factors: <ul style="list-style-type: none"> – physical illness, cognitive decline, isolation, elder abuse, bereavement, reduced access to services ○ protective factors: <ul style="list-style-type: none"> – strong social support, access to community resources, engagement in meaningful activity, continuity of care ○ support strategies: <ul style="list-style-type: none"> – facilitate access to community and healthcare resources, support maintenance of independence, promote social engagement, monitor for cognitive and physical health changes.
MHK2.2	<p>Unique considerations for adults with learning disabilities in mental health support:</p> <ul style="list-style-type: none"> ● Communication <ul style="list-style-type: none"> ○ adults with learning disabilities may: <ul style="list-style-type: none"> – rely on non-verbal communication (gestures, facial expressions, body language)

	<ul style="list-style-type: none"> - use communication aids (picture cards, boards, assistive technology) - have limited verbal ability or difficulty understanding complex language - experience sensory impairments (hearing, vision) - have literacy difficulties. • Daily living and independence <ul style="list-style-type: none"> ○ adults with learning disabilities may: <ul style="list-style-type: none"> - need support with personal care, nutrition, hygiene and daily routines - face challenges in managing money, accessing transport or using community resources. • Mental health presentation <ul style="list-style-type: none"> ○ mental health conditions may present differently in adults with learning disabilities, including: <ul style="list-style-type: none"> - changes in behaviour, mood or engagement - difficulty expressing emotional distress verbally - reduced ability to recognise or describe their own mental state. • Risk and protective factors <ul style="list-style-type: none"> ○ unique risk factors include: <ul style="list-style-type: none"> - social isolation - vulnerability to abuse, exploitation or neglect - difficulty accessing health and social care services - disruption of routines or environments - limited understanding of risk or safety. • Protective factors include: <ul style="list-style-type: none"> ○ stable routines ○ supportive relationships ○ access to specialist services ○ engagement in meaningful activity ○ advocacy and peer support. • Support strategies: <ul style="list-style-type: none"> ○ person-centred care planning for adults with learning disabilities must: <ul style="list-style-type: none"> - incorporate individual communication preferences and support needs - assess and respect capacity for decision-making - involve carers, family members or advocates in care planning and delivery, with consent - promote independence and self-determination, within the boundaries of own role and organisational policy.
MHK2.3	<p>Considerations for mental and physical wellbeing in adults with mental health conditions:</p> <ul style="list-style-type: none"> • Functional needs: <ul style="list-style-type: none"> ○ adults with mental health conditions may experience challenges in: <ul style="list-style-type: none"> - maintaining employment or engaging in meaningful activity

- living independently and managing daily routines
- accessing education, training or volunteering opportunities.
- Relationship needs:
 - adults may face difficulties in:
 - building and sustaining healthy relationships with family, friends, peers or professionals
 - managing changes in family structure, friendships or support networks
 - experiencing social withdrawal or avoidance of social situations due to low motivation, anxiety or mood changes.
- Daily living needs:
 - adults may require support to:
 - complete personal care tasks (hygiene, dressing, nutrition)
 - organise and attend appointments
 - manage household responsibilities
 - manage financial and housing responsibilities, including reduced income, additional costs or difficulties maintaining stable accommodation.
- Wellbeing and health needs:
 - adults with mental health conditions may be at increased risk of:
 - physical health problems (cardiovascular disease, diabetes, weakened immune system)
 - poor sleep, diet or exercise habits
 - substance misuse or self-harm
 - experiencing stigma, shame or discrimination, which may affect willingness to disclose their condition or seek support.
- Coping and resilience needs
 - adults may need support to:
 - develop and use effective coping strategies for stress, anxiety and emotional regulation
 - build confidence, self-esteem and a sense of purpose
 - maintain a healthy work–life balance and avoid burnout.
- Support strategies
 - person-centred care for adults with mental health conditions must:
 - promote independence and self-management of health and wellbeing
 - facilitate access to physical and mental health services
 - encourage engagement in meaningful activity and social participation
 - support the development of positive coping strategies and resilience
 - monitor for changes in physical or mental health and respond appropriately.

What skills do students need to demonstrate?

MHS2.2 Assist the mental health team with clinical and therapeutic interventions relating to mental health conditions working within scope of role, knowledge and responsibilities

- Prepare the environment for clinical and therapeutic interventions, ensuring safety, privacy and comfort for the individual.
- Confirm the intervention plan and instructions with the supervising practitioner before commencing any activity.
- Encourage and facilitate the individual's participation in planned interventions, including helping them access materials and supporting engagement.
- Provide practical assistance during clinical and therapeutic interventions (MHS1.1).
- Support the implementation of practitioner-led care and therapeutic support strategies for managing distress, such as anger management, relaxation or distraction techniques, as appropriate to the scenario and under supervision.
- Assist with preparation for treatment or therapy by helping the individual understand instructions, access resources and follow practitioner guidance.
- Signpost individuals to appropriate support programmes or resources.

E1, E2, E3, E4, E5, E6, D1, D2, D3

What underpinning knowledge do students need?

MHK2.4

The symptoms of the main types of mental health conditions and how these conditions may affect an individual both positively or negatively:

- Mood disorders:
 - depression and low mood:
 - reduced motivation
 - negative thinking style
 - feelings of hopelessness and helplessness
 - changes to diet and sleep
 - poor hygiene
 - mania:
 - high or euphoric mood for a prolonged period
 - impulsivity and risk-taking
 - reduced need for sleep
 - poor concentration
 - hallucinations or delusions
 - sexual disinhibition
 - postnatal depression:
 - reduced motivation
 - negative thinking style
 - feelings of hopelessness and helplessness.

- Personality disorders:
 - Emotionally Unstable Personality Disorder (EUPD)
 - dependent personality disorder
 - narcissistic personality disorder
 - avoidant personality disorder
 - antisocial personality disorder
 - histrionic personality disorder
 - schizotypal personality disorder
 - schizoid personality disorder.
- Anxiety disorders:
 - panic disorder:
 - acute physical responses
 - thoughts of dying or catastrophe
 - safety behaviours
 - avoidance of situations
 - Obsessive Compulsive Disorder (OCD)
 - preoccupation with obsessive thoughts
 - compulsive behaviours to manage anxiety beliefs that something bad will happen if a thought, action or feeling is not carried out
 - heightened sense of responsibility
 - safety-seeking behaviours and avoidance
 - social anxiety disorder:
 - fear of negative social evaluation
 - avoidance of situations that cause anxious feelings
 - safety behaviours
 - can occur with and without panic attacks.
- First episode psychosis (FEP):
 - first occasion an individual experiences psychotic symptom
 - may occur in conditions such as schizophrenia, bipolar disorder, depression or substance-induced psychosis
 - often begins in late adolescence or early adulthood
 - may include:
 - hallucinations (hearing voices, smells, fears, tastes, visual confusion)
 - delusional beliefs (paranoia, ideas of reference, irrational beliefs)
 - thought disorder (disorganised speech, confused thinking)
 - social withdrawal and reduced functioning
 - early intervention can improve long-term outcomes
 - commonly supported by Early Intervention in Psychosis (EIP) teams in mental health services.
- Psychosis:
 - hallucinations (auditory, visual, tactile, olfactory, gustatory)
 - delusional beliefs
 - paranoia

- disorganised or confused thoughts and communication
- thought broadcasting, thought insertion, ideas of reference
- reduction in overall functioning.
- Drug-induced psychosis:
 - psychotic symptoms triggered by substance use
 - can be resolved after stopping drug use.
- Eating disorders:
 - anorexia:
 - persistent focus on weight and appearance, significant restriction of food intake and associated physical and psychological effects
 - bulimia nervosa:
 - recurrent episodes of overeating followed by compensatory behaviours, with emotional and physical impacts
 - binge eating disorder:
 - repeated episodes of excessive eating, often accompanied by emotional distress and changes in physical health.
- Substance-related disorders:
 - addiction:
 - physical dependence and/or psychological dependence
 - inability to stop using the substance
 - failing to meet commitments due to use
 - withdrawal syndrome:
 - physical or psychological symptoms triggered by stopping substance use
 - symptoms are substance specific
 - in some cases can be life-threatening.
- Cognitive disorders:
 - dementia:
 - progressive neurological condition
 - memory loss, confusion and impaired cognitive abilities
 - may present with aggression.
- Developmental disorders:
 - Attention Deficit Hyperactivity Disorder (ADHD):
 - affects attention, organisation and functioning.
 - conduct disorder:
 - patterns of antisocial behaviour in individuals under 18 years.
- Trauma related conditions:
 - complicated grief:
 - symptoms of grief persist beyond two years
 - ongoing difficulties managing symptoms of grief or avoidance of grieving
 - Post-Traumatic Stress Disorder (PTSD):
 - follows a highly stressful or traumatic event where life or safety was threatened or perceived to be at risk
 - flashbacks

	<ul style="list-style-type: none"> - nightmares - hyperarousal and hypervigilance - mood disturbances - avoidance behaviours and safety seeking. - sleep difficulties.
MHK2.5	<p>The different classification systems used to understand mental health conditions:</p> <ul style="list-style-type: none"> • Diagnostic and Statistical Manual of Mental Disorders (DSM). • International Classification of Diseases (ICD).
MHK2.6	<p>The factors in choosing a particular treatment option for an individual:</p> <ul style="list-style-type: none"> • Diagnosis – the type of mental health condition identified. • Duration of condition – whether the issue is short-term, long-standing or recurrent. • Severity of symptoms – including impact on functioning and risk to self or others. • Previous treatments and their effectiveness – what has or has not worked in the past including medication and therapy.
MHK2.7	<p>The strengths and limitations of the main interventions that can be used in the treatments of mental health conditions:</p> <ul style="list-style-type: none"> • Therapeutic interventions (talking therapies – Cognitive Behavioural Therapy (CBT), Cognitive Analytic Therapy (CAT), guided self-help, counselling) <ul style="list-style-type: none"> ○ strengths: <ul style="list-style-type: none"> - highly person-centred and tailored to the individual's needs - flexible in how they are delivered (face to face, telephone, video, group settings, virtual reality or avatar-based) - can be delivered by trained non-medical professionals (counsellors, psychological therapists) ○ limitations: <ul style="list-style-type: none"> - requires the individual to be highly motivated and willing to engage - availability may depend on local workforce and practitioner skills - waiting times for access can be long. • Medication (anti-depressants, antipsychotics, mood stabilisers, minor tranquilisers): <ul style="list-style-type: none"> ○ strengths: <ul style="list-style-type: none"> - can be used alongside other therapies for combined benefit - available in a wide variety of forms - may produce rapid symptom relief in some individuals ○ limitations: <ul style="list-style-type: none"> - requires a qualified prescriber (doctor or non-medical) for initiation and monitoring - may cause side effects that vary between individuals - can carry risks – dependency, overdose or withdrawal symptoms.

	<ul style="list-style-type: none"> • Support from charitable and voluntary sector organisations: <ul style="list-style-type: none"> ○ strengths: <ul style="list-style-type: none"> - often accessible without referral - no formal diagnosis or prescription required ○ Potential limitations: <ul style="list-style-type: none"> - may not be governed by the same organisational policies and procedures - lack of confidentiality in a group setting - active participation may be required from the individual.
MHK2.8	<p>Their role supporting the mental health team, the benefits of early interventions when working with individuals:</p> <ul style="list-style-type: none"> • Their role: <ul style="list-style-type: none"> ○ observe, record and report concerns to registered practitioners promptly ○ support individuals to engage with care or treatment as early as possible ○ promote access to appropriate services and resources ○ provide emotional and practical support that encourages early help-seeking. • Benefits of early intervention: <ul style="list-style-type: none"> ○ improves long-term prognosis ○ reduces severity of symptoms or presentation ○ may shorten the length of treatment required ○ can prevent progression ○ helps individuals maintain social, occupational and relationship stability ○ reduces the likelihood of hospital admission ○ lowers risk of developing a chronic or long-standing mental health condition ○ promotes quicker recovery and return to daily life and responsibilities.

Performance Outcome 3: Promote mental wellbeing

What skills do students need to demonstrate?
<p>MHS3.1 Use and promote a recovery-based and holistic approach to support individuals and carers/families:</p> <ul style="list-style-type: none">• Apply a recovery-based, strengths-focused and person-centred approach when supporting individuals with mental health conditions.• Empower individuals and, where appropriate, carers/families to participate actively in care planning, goal setting and self-management.• Share accurate, relevant information in a clear and accessible way, adapting communication to the needs of the audience.• Encourage and support the development and use of personalised coping strategies and skills.• Make constructive contributions to discussions, adapting approach to audience and purpose, and moving conversations forward in a supportive, collaborative manner. <p style="text-align: right;">E1, E2, E3, D1, D2, D3</p>
<p>MHS3.2 Assist registered practitioners to implement individual strategies to promote mental and physical wellbeing:</p> <ul style="list-style-type: none">• Agree and set personal wellbeing goals and actions with the individual, as specified in their care plan and under practitioner direction.• Support the individual to recognise their own early warning signs (as detailed in their relapse prevention plan) and describe the agreed actions to take for each sign.• Coach the individual to practise and apply each specific coping strategy and routine detailed in their plan, checking for correct understanding and use. <p style="text-align: right;">E1, E2, E3, E4, E5, E6, D1, D2, D3</p>
<p>MHS3.3 Take an active approach in supporting and empowering the individual to actively participate in society and manage their condition, including during change and transitions, recognising the impact of mental ill health on themselves and/or carers/families:</p> <ul style="list-style-type: none">• Support the individual to identify and prepare for key life transitions, including:<ul style="list-style-type: none">○ bereavement or loss○ becoming a parent or changes in family relationships○ moving home, leaving care or changes to living arrangements○ starting or leaving education, training or employment○ changes to physical or emotional health○ entering or exiting the criminal justice system.• Encourage and enable the individual to participate in community, social or support networks, and to maintain or develop independence and coping skills.• Apply appropriate communication strategies to build trust, explore needs and offer reassurance during periods of change or transition (MHS1.7).• Communicate relevant and accurate information with the individual and, with consent, with carers or family members, supporting their understanding and participation in agreed next steps. <p style="text-align: right;">E1, E2, E3, E4, E5, E6, D1, D2, D3</p>

What underpinning knowledge do students need?

MHK3.1

Characteristics that make up an individual's mental wellbeing and the differences between them:

- Characteristics of positive mental wellbeing:
 - a strong sense of identity and self-worth
 - confidence and healthy self-esteem
 - emotional regulation and resilience
 - feeling safe and secure
 - a sense of purpose and meaning
 - the ability to form and maintain positive relationships
 - engagement in meaningful and purposeful activities
 - optimism and hopefulness about the future.
- Factors that support or strengthen mental wellbeing:
 - social:
 - supportive relationships with family, friends or community
 - opportunities for social connection and belonging
 - access to peer support or advocacy services
 - physical:
 - good physical health
 - regular exercise and balanced nutrition
 - access to appropriate healthcare
 - emotional and psychological:
 - positive coping strategies for managing stress
 - emotional expression and processing
 - past experiences that support growth or resilience
 - environmental and practical:
 - stable housing and safe environments
 - employment, education or structured activity
 - financial security and access to basic needs
 - emotional factors.
- Understand that mental wellbeing needs and priorities change at the following key life stages and transitions:
 - first onset of mental health problems:
 - needs include clear information about symptoms, access to early intervention services, emotional support and guidance for carers/families
 - admission to psychiatric care:
 - needs include orientation to the care environment, reassurance, involvement in care planning and support for carers/families
 - discharge from psychiatric care:
 - needs include continuity of care, relapse prevention planning, information about community resources and support for reintegration

	<ul style="list-style-type: none"> ○ long-term care: <ul style="list-style-type: none"> – needs include ongoing access to support services, regular review of care plans, opportunities for social participation and support for carers/families.
MHK3.2	<p>Approaches to protecting own mental health and wellbeing in the role of a mental health support worker:</p> <ul style="list-style-type: none"> ● Work strictly within the limits of your role, responsibilities and competence at all times. ● Access peer support by participating in team debriefings, sharing experiences with colleagues and seeking encouragement from the team. ● Utilise professional support networks, including clinical supervision, line management and occupational health services. ● Maintain up-to-date knowledge and skills by attending all required training and professional development activities. ● Maintain a healthy work-life balance by taking regular breaks, managing workload effectively and setting clear boundaries between work and personal life.
MHK3.3	<p>Different coping strategies and skills that can be used by the individual:</p> <ul style="list-style-type: none"> ● Emotional expression and reflection: <ul style="list-style-type: none"> ○ talking to others about thoughts and feelings ○ writing thoughts, feelings, or experiences in a journal or diary ○ challenging unhelpful thoughts by identifying negative thinking patterns and practising ways to replace them with more balanced or positive alternatives ○ reflecting on experiences to identify patterns and triggers. ● Self-soothing and mindfulness: <ul style="list-style-type: none"> ○ practising mindfulness techniques (mindful breathing and body scans) ○ using meditation techniques (including guided meditation and visualisation) ○ engaging in regular physical exercise (walking, running, swimming, cycling and yoga) ○ using sensory tools for self-soothing (weighted blankets, fidget toys, stress balls, and aromatherapy). ● Applying distress tolerance techniques (dialectical behaviour therapy (DBT), holding ice, splashing cold water and grounding exercises). ● Distraction and practical tools: <ul style="list-style-type: none"> ○ completing puzzles ○ drawing ○ painting ○ listening to music ○ reading ○ gardening

	<ul style="list-style-type: none"> ○ playing games ○ creating and using a buddy box containing comforting or meaningful items, including colouring books, herbal teas, photographs of loved ones or pets, CDs, and magazines ○ engaging in hobbies or activities that promote relaxation and enjoyment. ● Planning and prevention: <ul style="list-style-type: none"> ○ developing and using a personal prevention plan, which includes: <ul style="list-style-type: none"> – identifying triggers, including internal and external factors that impact mental health – recognising early warning signs of worsening symptoms – practising specific coping strategies and routines to manage distress or symptoms – outlining steps to manage a crisis or relapse, including self-care approaches, support network, professional contact information and emergency actions ○ accessing NHS-endorsed apps for mental wellbeing, including mood trackers, guided self-help and relaxation applications ○ using emotional regulation tools and strategies from recognised therapies, including CBT, DBT and ACT. ● Social and peer support: <ul style="list-style-type: none"> ○ participating in peer support groups ○ attending recovery colleges ○ seeking support from family, friends, carers or advocates ○ engaging with community resources and support services. ● Boundaries when supporting coping strategies: <ul style="list-style-type: none"> ○ provide support only for coping strategies that are within the care plan and the support worker’s role ○ do not instruct, demonstrate or supply any self-harm related practices or materials ○ if self-harm or suicide risk is identified during coping support, stop, document factually and escalate in line with organisational procedure ○ maintain professional boundaries, confidentiality and safeguarding requirements at all times.
MHK3.4	<p>What a recovery-based and holistic approach involves when supporting individuals, and its advantages:</p> <ul style="list-style-type: none"> ● Considers the needs of the person as a whole, including mental, physical, social, emotional, financial, environmental and spiritual factors. ● Individualised: <ul style="list-style-type: none"> ○ every person’s idea of recovery is different, and support should be tailored to meet their specific needs. ● Collaborative: <ul style="list-style-type: none"> ○ enables the individual and those involved in their care to set shared, meaningful goals.

	<ul style="list-style-type: none"> • Goal-focused: <ul style="list-style-type: none"> ○ progress is monitored and reviewed regularly to support recovery. • Recovery-oriented: <ul style="list-style-type: none"> ○ the emphasis is on enabling recovery from mental ill health, not just managing symptoms. • Responsive to relapse: <ul style="list-style-type: none"> ○ a clear, individualised management plan can help the person get back on track following a setback or relapse. • A recovery-based approach must consider the impact of the following life transitions and long-term care needs on both individuals and those supporting them: <ul style="list-style-type: none"> ○ first onset of mental health problems ○ admission to psychiatric care ○ discharge from psychiatric care ○ long-term care and support.
MHK3.5	<p>The importance of mental health awareness for the health and wellbeing of children and young people and how this can be promoted effectively:</p> <ul style="list-style-type: none"> • Importance of mental health awareness: <ul style="list-style-type: none"> ○ increases the chances of early intervention ○ awareness reduces stigma, meaning child or young person is more willing to talk about their feelings • Strategies to promote: <ul style="list-style-type: none"> ○ educate family on how to develop positive self-esteem in the child or young person ○ encourage child or young person to talk about their feelings ○ educate on awareness campaigns ○ educate family on signs of mental ill health ○ know where and how to escalate concerns ○ knowledge of safeguarding policy and setting’s procedure ○ knowledge of relevant services to signpost family to if they have concerns about their child or young person

Scheme of Assessment

There is a single synoptic assessment for this Occupational Specialism, which is an extended project. The synoptic element of the project is important to ensure students can demonstrate threshold competence and are able to evidence all the skills required by the Performance Outcomes.

The project consists of several activities grouped into three substantive tasks.

Each task is completed during a window set by Pearson, during which Providers schedule supervised assessment sessions. In some cases, tasks also include opportunities for unsupervised activities, where the requirements of the skills being assessed make this necessary.

Occupational Specialism project – Supporting the mental health team
Internally assessed project: 4 hours 10 minutes (including reading time) 96 marks
Performance Outcomes In this project students will: PO1 – Provide care and support to individuals with mental health conditions PO2 – Assist the mental health team with mental health tasks and therapeutic interventions PO3 – Promote mental wellbeing
Assessment overview There are 3 parts to the assessment. <ul style="list-style-type: none">• Task 1: Planning Patient Care• Task 2: Evaluating Patient Care• Practical Task: Implementing Patient Care Students respond to a given scenarios to complete the tasks. They are assessed on their application of the skills listed for the Performance Outcomes. Students are not assessed against specific ‘knowledge’ outcomes but are expected to draw on and apply related knowledge to ensure appropriate outcomes when applying the skills in response to an assessment scenario. Students undertake the project under supervised conditions. The assessment takes place over multiple sessions, up to a combined duration of 4 hours, 10 minutes. The project outcomes consist of written evidence and a videoed role play submitted electronically. This project is externally assessed by Pearson.
Administration Providers must follow the guidance in the following: <ul style="list-style-type: none">• General Administrative Support Guide• Administration Support Guide for the specific Technical Qualification Employer Set Project (if applicable) These are located on the Training and Admin Support webpage .

Performance Outcome		Weighting	
		Raw marks	% of total marks
PO1	Provide care and support to individuals with mental health conditions	42	44%
PO2	Assist the mental health team with mental health tasks and therapeutic interventions	24	25%
PO3	Promote mental wellbeing	30	31%

Resources for the delivery of Occupational Specialism: Supporting the mental health team

Providers are required to have the following resources to deliver this OS:

- IT suite with access to up-to-date PC or Mac with word/spreadsheet/slide deck software.
- Tutors with qualifications and/or experience in the healthcare sector, including the mental health sector.
- A curriculum team with experience and knowledge that span the breadth of the qualification content.

Assessment Task	Resource required
1	<ul style="list-style-type: none"> • Editable templates as per task
2	<ul style="list-style-type: none"> • Editable templates as per task • Internet access
Practical Task	<ul style="list-style-type: none"> • Editable templates as per task <p>Space to conduct the practical assessment, likely to include but not limited to:</p> <ul style="list-style-type: none"> • Two tutors, one to role play standardised patient and another to invigilate/act as a nurse for the assessment. • Two chairs. • Table • Clock/watch.

5. Supporting the care of children and young people

Performance Outcome 1: Assist with clinical tasks and treatment for children and young people

What skills do students need to demonstrate?

CYPS1.1 Adhere to current legal policy and service frameworks when assisting health professionals with clinical tasks for children and young people:

- Assist health professionals with clinical tasks for children and young people.
- Carry out clinical tasks with adherence to current legal policies and service frameworks to ensure safety and high-quality care.
 - Children Act 1989/2004
 - legal policy on consent
 - child's best interests within the scope of parental responsibility and proxy consent.

E3, E4, E5

What underpinning knowledge do students need?

CYPK1.1 The purpose of guidelines, legal policies and service frameworks and how they relate to assisting with clinical tasks and treatment for children and young people:

- The Children Act 1989/2004:
 - purpose:
 - to provide parameters for local authorities to have improved official controls over any interventions in the best interest of children and young people
 - its relevance when assisting with clinical tasks:
 - the duty of safeguarding children and young people
 - importance of early intervention to protect children and young people
 - safeguarding is the responsibility of all practitioners involved in the care of children and young people
 - update:
 - clear guidelines on how a child should be protected and taken care of by law
 - clarification on parental responsibility
 - encouragement to services and organisations to work in partnership with parents
 - reinforcement that all people and organisations involved with children have safeguarding responsibilities.

	<ul style="list-style-type: none"> • The Mental Capacity Act 2005 plus Amendment 2019 (in relation to children and young people aged 16 and over) <ul style="list-style-type: none"> ○ the rights of children and young people at different ages: <ul style="list-style-type: none"> – the act only applies to young people aged 16 or over as it is assumed from this age that young people have capacity to make decisions about their health and wellbeing <ul style="list-style-type: none"> ▪ some young people, such as those with mental health issues, learning difficulties or brain injury, are considered to be lacking capacity ▪ appropriate staff that are able to determine capacity ○ its relevance when supporting clinical tasks: <ul style="list-style-type: none"> – from the age of 16, unless they lack capacity, young people have the right to consent to, or refuse, clinical treatment. • Gillick test of competence and Fraser guidelines for children and young people under the age of 16 <ul style="list-style-type: none"> ○ refuse parents the right to access their medical record ○ deny a clinician consent to share information with their parents ○ the importance of gaining valid consent: <ul style="list-style-type: none"> – protects the child or young person’s rights against unwanted medical interventions – safeguards the child or young person’s rights to autonomous decision making around medical interventions and clinical tasks ○ removes the risk of patient violation ○ when is it appropriate to gain proxy consent ○ when a parent or guardian has considered what the child or young person would consent to if they were able to.
CYPK1.2	<p>What is meant by parental responsibility and how this relates to supporting clinical tasks:</p> <ul style="list-style-type: none"> • Meaning of parental responsibility: <ul style="list-style-type: none"> ○ the legal term for the rights, responsibilities and authority a parent has for a child or young person. • How parental responsibility relates to supporting clinical tasks: <ul style="list-style-type: none"> ○ responsibility to decide whether or not a child has medical treatment ○ parents have a statutory right to access the health records of their child, but children who are mature enough need to be asked prior to parents seeing their record ○ not all parents have parental responsibility.
CYPK1.3	<p>What is meant by ‘acting in the best interests’ of children and young people and how this relates to supporting clinical tasks:</p> <ul style="list-style-type: none"> • Principle of acting in the child or young person’s best interests: <ul style="list-style-type: none"> ○ all decisions are made with the aim of encouraging the child’s happiness, security, mental health and emotional development.

	<ul style="list-style-type: none"> • How acting in the child’s best interest relates to supporting clinical tasks: <ul style="list-style-type: none"> ○ may influence a parent’s decision in whether or not a clinical assessment or medical intervention takes place ○ ensures the parent considers the long- term positive and negative impact of any medical interventions on the child or young person’s development.
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What skills do students need to demonstrate?	
CYPS1.2 Interpret health data and communicate it effectively to children and young people, their families or carers	
<ul style="list-style-type: none"> • Interpret health data for a range of assessments in relation to: <ul style="list-style-type: none"> ○ weight ○ height ○ temperature ○ blood pressure ○ width measurement ○ respiration rate ○ heart rate ○ oxygen saturation. • Procedures to escalate if measures are not in the normal range. • Communicating complex information to children and young people, their families and carers. 	
E2, E4, E6, M2	

What underpinning knowledge do students need?	
CYPK1.4	<p>The purpose of physiological measurements and care practices to help identify and monitor children and young people’s health needs:</p> <ul style="list-style-type: none"> • Purpose of physiological measurements: <ul style="list-style-type: none"> ○ track the child and young person’s health against norms ○ identify child and young person development growth stages: <ul style="list-style-type: none"> – completing growth charts – paediatric early warning system (PEWS). • The range of physiological measurements commonly measured by the healthcare support worker and the approximate expected normal ranges for healthy children’s by age group: <ul style="list-style-type: none"> ○ blood pressure – typical ranges for age groups; blood pressure varies depending on age, height and gender: <ul style="list-style-type: none"> – toddlers (1-2 years) – 95 to 105 mmHg/53 to 66 mmHg – pre-school children (3-5 years) – 95-110 mmHg/56 to 70 mmHg

- school-age children (6-12 years) – 97 to 112 mmHg/57 to 71 mmHg
- adolescents (13-18 years) – 112 to 128 mmHg/66 to 80 mmHg
- body temperature
 - 36-37°C
 - fever – anything above 38°C is considered to be high.
- respiration rate: typical ranges for age groups:
 - toddlers – 25-37 breaths per minute
 - pre-school children – 20- 28 breaths per minute
 - school-age children – 18-25 breaths per minute
 - adolescents – 12-20 breaths per minute
 - rates may vary with fever, distress, activity or pain
- heart rate: typical ranges for age groups:
 - toddlers – 100-150 beats per minute
 - pre-school children – 95-140 beats per minute
 - school-age children – 80-120 beats per minute
 - adolescents – 60-100 beats per minute
- weight/height (BMI)
 - healthy weight – 2nd-91st centile
 - overweight – 91st-98th centile
 - obese – above 98th centile
- oxygen saturation:
 - healthy children and young people – 95%-100%.
- Bowel and bladder care and assessment:
 - bowel care and assessment:
 - collection of faecal samples to check for signs of ill health
 - bladder care and assessment:
 - collection of urine samples to indicate signs of dehydrations or ill health.
- Condition of skin:
 - visual observations and test of skin condition:
 - appears a healthy uniform colour
 - check for lesions and abrasions
 - check for rashes including blanching test.
- Condition of nails:
 - visual observation:
 - uniform texture
 - check they have not become brittle, thickness or thinning of nails
 - check for signs of bleeding or swelling.
- Condition of hair:
 - visual observation.
- Distribution purpose of patient's personal care equipment:
 - walking aids
 - hearing aids.

CYPK1.5	<p>How to use effective communication skills and techniques, when carrying out clinical tasks to support the overall care and wellbeing of children and young people in a range of different settings:</p> <ul style="list-style-type: none"> • Listening skills: <ul style="list-style-type: none"> ○ display appropriate listening skills. • Non-verbal communication skills: <ul style="list-style-type: none"> ○ use appropriate body language ○ use appropriate facial expressions ○ use appropriate gestures. • Verbal communication skills: <ul style="list-style-type: none"> ○ provide clear explanations and the opportunity for the child or young person to ask questions ○ adapt communication style where required ○ discuss one topic at a time to aid understanding and digestion of information ○ use simple language to ensure understanding ○ maintain appropriate boundaries. • Written communication skills: <ul style="list-style-type: none"> ○ provide age-appropriate written brochure/documents/books. • Visual communication skills. • Picture exchange communication, using appropriate images to convey the message.
CYPK1.6	<p>The purpose of reasonable adjustments and a range of ways they can be applied for children and young people in the health setting:</p> <ul style="list-style-type: none"> • Purpose of reasonable adjustment: <ul style="list-style-type: none"> ○ removes barriers to ensure clinical tasks can be carried out with ease ○ reduces the barriers to receiving effective care ○ enables the clinical task to be carried out effectively. • Application of reasonable adjustment for children and young people: <ul style="list-style-type: none"> ○ verbal and non-verbal communication ○ physical.

Performance Outcome 2: Provide care and support to children and young people before, during and after clinical or therapeutic procedures

What skills do students need to demonstrate?
<p>CYPS2.1 Show adherence to current legal policy and service frameworks when providing care or support for children and young people by:</p> <ul style="list-style-type: none"> • Demonstrating how to work as part of a children and young people’s multidisciplinary team when providing care or support. • Ensuring issues are appropriately escalated between the children and young people multidisciplinary teams to access wider supportive networks. <p style="text-align: right;">E1, E2, E4</p>

What underpinning knowledge do students need?	
CYPK2.1	<p>How the role of the children and young people’s practitioner works with the wider network of professionals to support the care of children and young people:</p> <ul style="list-style-type: none"> • Adherence to current legal policies and service frameworks in relation to child safety: <ul style="list-style-type: none"> ○ maintain duty of care at all times ○ participate in multi-agency shared communication ○ adhere to child protection guidance and regulation ○ develop care and assessment plans ○ escalate issues as appropriate to children and young people’s practitioners ○ gain consent from child, young person, parent or carer to share appropriate information with other multidisciplinary teams ○ follow safeguarding procedures. • The role of professionals involved in supporting the care of children and young people: <ul style="list-style-type: none"> ○ GP ○ registered nurse ○ social worker ○ health visitor ○ school staff/designated safeguarding lead ○ child protection services ○ mental health services.
CYPK2.2	<p>The range of issues that must be escalated when support is required from the wider network of multidisciplinary teams:</p> <ul style="list-style-type: none"> • The range of issues that must be escalated by a qualified professional when working in a multidisciplinary team: <ul style="list-style-type: none"> ○ change in child or young person’s wellbeing or condition ○ disclosure from anyone regarding potential child abuse

	<ul style="list-style-type: none"> ○ unusual change in the child or young person's behaviour ○ issues with child or young person's mobility ○ physiological measurements outside of normal range ○ change to child or young person's physical condition ○ referral/advice relating to an ongoing condition ○ more information about child or young person's medical history ○ to have something added to medical record.
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What skills do students need to demonstrate?	
CYPS2.2 Provide support and therapeutic play to care for children and young people before, during and after clinical procedures	
<ul style="list-style-type: none"> ● Supporting the child or young person using a therapeutic play activity. ● Selecting appropriate support tool from a variety of resources to clarify complex information. ● Encouraging contribution from the child or young person. ● Listening actively to the child or young person and recording concerns accurately and concisely. ● Adapting discussion with the child or young person appropriately, taking into account relevant factors: <ul style="list-style-type: none"> ○ age ○ mental capacity ○ any reasonable adjustments ○ communication abilities and any potential barriers. 	
E2, E4	

What underpinning knowledge do students need?	
CYPK2.3	<p>A range of therapeutic play and distraction techniques and the purpose of their use with children and young people in the health setting:</p> <ul style="list-style-type: none"> ● A range of therapeutic play/distraction techniques: <ul style="list-style-type: none"> ○ role play ○ puppetry ○ music ○ performance/dance ○ crafts or art ○ building blocks ○ stories ○ messy play ○ guided imagery. ● The purpose of therapeutic play: <ul style="list-style-type: none"> ○ to comfort and/or relax the child or young person ○ to aid self-expression

	<ul style="list-style-type: none"> ○ to support child from birth to their transition into adulthood ○ to understand their medical condition, treatment and its impact on their daily life. ● The purpose of distraction techniques: <ul style="list-style-type: none"> ○ to direct the child or young person's attention away from pain or discomfort ○ to lessen the child or young person's anxiety.
CYPK2.4	<p>The positive impact of therapeutic play and distraction techniques on the child or young person:</p> <ul style="list-style-type: none"> ● Supports the child or young person's wellbeing. ● Reduces the risks of psychological trauma. ● Makes the child or young person more co-operative during procedures. ● Builds a positive and trusting relationship between the child or young person and healthcare professionals. ● Reduces the need for drugs and sedation.
CYPK2.5	<p>The range of ways to promote and empower independence and self-help before, during and after the child or young person's clinical procedure:</p> <ul style="list-style-type: none"> ● Provide knowledge to the child or young person around the procedure. ● Make the child or young person feel involved in decision making. ● Reach agreement. ● Maintain the self-esteem of child or young person. ● Encourage involvement in the procedure. ● Provide knowledge of current and any future procedures. ● Therapeutic touch and supportive holding encourage co-operation. ● Encourage and introduce self- management of aftercare or ongoing treatment. ● Positive reinforcement. ● Encourage ongoing support from multidisciplinary teams.

What skills do students need to demonstrate?

CYPS2.3 Demonstrate the use of appropriate communication techniques, and strategies to overcome barriers when working with children and young people:

- Giving explanations to the child or young person, in a clear and unambiguous way taking into account their age and level of understanding.
- Speaking clearly and confidently using an appropriate tone and register that reflects the child or young person.
- Actively listening to responses and building on what the child/young person says.
- Expressing ideas clearly and concisely, orally or in writing using communication aids where appropriate.
- Using appropriate expressions, body language, gestures.
- Adapting communication strategy to suit the barrier.
- Interpreting and responding to non-verbal cues from the child or young person.
- Repeating information patiently where necessary and summing up the key points of discussion.

E2 E4

What underpinning knowledge do students need?

CYPK2.6 A range of possible communication barriers in providing care for children and young people:

- A language barrier.
- Emotional barrier.
- Hearing loss.
- Speech difficulties.
- Age of the child.
- The communication techniques and strategies used to overcome barriers, when caring for children and young people:
 - verbal communication techniques and strategies:
 - discuss one topic at a time
 - provide a clear explanation
 - use simple repetitive language
 - provide opportunities for the child or young person to ask questions
 - ask questions to test their understanding
 - build on the child or young person's responses
 - use positive re-enforcement
 - non-verbal communication techniques/strategies:
 - use a full range of appropriate expressions, body language and gestures
 - visual communication techniques/strategies:
 - use of imagery, storyboards and pictures to convey a message
 - written communication techniques/strategies:

	<ul style="list-style-type: none"> - use appropriate children and young people written brochures/documents/books - use digital tools suitable for children and young people. • The importance of adapting the communication strategy or technique to ensure it is age appropriate for the child or young person: <ul style="list-style-type: none"> ○ to meet the varied needs of children and young people at different ages and different stages of development ○ to increase the engagement of the child ○ to make the child feel more relaxed ○ to make the child or young person feel more satisfied with the interaction.
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What skills do students need to demonstrate?	
CYPS2.4 Demonstrate the ability to develop positive relationships with children and young people when providing care and support:	
<ul style="list-style-type: none"> • Asking questions for clarification. • Listening actively and recording appropriate information accurately and concisely. • Encouraging contributions from child or young person. • Adapting contribution to discussion to suit child or young person. • Providing positive reinforcement. • Using communication, digital and play aids where appropriate. 	
E1, E2, E6	

What underpinning knowledge do students need?	
CYPK2.7	<p>The importance of developing positive relationships with children and young people and the benefits this can have in the healthcare setting:</p> <ul style="list-style-type: none"> • Importance of listening to the voice of the child or young person: <ul style="list-style-type: none"> ○ more likely the child or young person will feel comfortable and respond appropriately ○ child or young person is more engaged in the process and has an improved experience ○ increased chance of positive treatment outcome for the child or young person ○ facilitates the development of more accurate care plans ○ positive relationships ensure secure attachment and the child or young person is better able to manage their own feelings and behaviours. • Importance of listening to the voice of the parent or carer: <ul style="list-style-type: none"> ○ to establish positive partnership working with parents/carers ○ to benefit from parents/carers knowledge and experience related to the child or young person

	<ul style="list-style-type: none"> ○ the parent/carer is an advocate for the child or young person ○ to ensure person-centred practice.
CYPK2.8	<p>The importance of supporting children and young people in the context of their social and educational needs:</p> <ul style="list-style-type: none"> ● Social needs: <ul style="list-style-type: none"> ○ development of physical and mental wellbeing ○ enables social interaction ○ supports self-awareness ○ develops emotional maturity ○ develops empathy ○ encourages positive social skills ○ supports motivation. ● Educational needs: <ul style="list-style-type: none"> ○ ensures the child or young person has appropriate access to educational provision in line with the national curriculum ○ ensures progression against national benchmarks ○ raises child or young person’s self-esteem ○ reassessment of the child’s educational needs.
CYPK2.9	<p>The barriers that exist to building and maintaining relationships with children and young people:</p> <ul style="list-style-type: none"> ● Insufficient staffing levels. ● Lack of information. ● Lack of communication. ● Workload pressures on healthcare team. ● The risk of passing on personal opinion/own experiences with child or young person to colleagues. ● Lack of privacy.
CYPK2.10	<p>The internal and external factors that contribute to barriers when dealing with children and young people:</p> <ul style="list-style-type: none"> ● Internal factors: <ul style="list-style-type: none"> ○ physical conditions ○ mental conditions ○ personality conflicts ○ previous trauma. ● External factors: <ul style="list-style-type: none"> ○ environment ○ cultural beliefs/norms/values ○ impact of parents/carers ○ lifestyle.
CYPK2.11	<p>Different strategies that can be used to overcome barriers:</p> <ul style="list-style-type: none"> ● Ensure there is enough time for the task. ● Ensure the correct information is in place to support any clinical tasks or therapeutic procedures.

	<ul style="list-style-type: none"> • Help to alleviate stress: <ul style="list-style-type: none"> ○ reassure ○ split of large tasks ○ have a clear plan in place. • Ensure clear and good communication: <ul style="list-style-type: none"> ○ breakdown complicated sentences ○ avoid medical terminology. • Make use of communication aids where applicable: <ul style="list-style-type: none"> ○ hearing aids ○ communication boards. • Ensure the dignity and privacy of the child or young person is maintained: <ul style="list-style-type: none"> ○ select treatment environment carefully ○ knock before entering treatment room. • Ensure that empathy is shown to child or young person: <ul style="list-style-type: none"> ○ listen ○ validate their feelings ○ be aware of conflicts.
CYPK2.12	<p>How a range of conditions and treatments may negatively impact the development of positive relationships with children or young people:</p> <ul style="list-style-type: none"> • Conditions: <ul style="list-style-type: none"> ○ physical ○ mental conditions. • Treatments: <ul style="list-style-type: none"> ○ chemotherapy ○ invasive procedures ○ surgery ○ medication. • Impact of conditions on relationships: <ul style="list-style-type: none"> ○ behaviour that challenges ○ lack of understanding ○ anxiety and fear. • Impact of treatments on relationships: <ul style="list-style-type: none"> ○ no desire to communicate/feeling too tired or ill to communicate ○ feeling violated due to invasive procedures ○ anxiety and fear of being alone ○ fear of becoming addicted.

What skills do students need to demonstrate?

CYPS2.5 Support children and young people to recover from a common childhood illness working within scope of role, knowledge and responsibilities:

- Interpreting information in relation to a child's or young person's health condition
- Selecting strategies to aid the treatment and recovery of a child or young person.
- Advising children and young people on strategies to aid treatment.

E2, E3, E6

What underpinning knowledge do students need?

CYPK2.13

The effects of sickness on a child's and young person's development compared to that of a 'well child/young person':

- A well child typically meets developmental milestones within expected age ranges.
- The effects of sickness:
 - regression in development
 - mental health may be negatively impacted
 - disruption to sleep pattern
 - friendships affected
 - impact on school attendance due to illness
 - physical limitations due to the child or young person being in chronic pain
 - incontinence.
- Musculoskeletal injuries and diseases can damage physical and emotional development.
- Sexually transmitted diseases can lead to chronic pain and infertility.
- Injuries or scars that have a cosmetic effect.
- Hormonal imbalance can cause a wide range of diseases and developmental issues.
- Medication and radiation can impact brain development and mental health.
- Chronic illness and pain can impact on adolescent's mental and social development.
- Mental health illness can make adolescents vulnerable to educational difficulties, discrimination and risk-taking behaviours.
- Immunosuppressants to prevent organ rejection can slow down puberty.
- Chemotherapy treatment can impact on growth.

CYPK2.14	<p>The concept of development milestones and how they may be impacted by illness:</p> <ul style="list-style-type: none"> • Development milestones: <ul style="list-style-type: none"> ○ birth to 2 years ○ 3 to 8 years ○ 9 to 18 years. • How development milestones are impacted by illness: <ul style="list-style-type: none"> ○ regression due to emotional changes ○ neural pathways interruption due to pain, resulting in cognitive delay or interruption ○ behavioural difficulties due to anxiety, fear or uncertainty ○ social changes ○ long periods of hospitalisation can affect social development, through lack of interaction with peers ○ long periods of hospitalisation can affect learning potential ○ psychological distress, resulting in emotional difficulties.
CYPK2.15	<p>The various impacts that illness or treatment can have on adolescence development:</p> <ul style="list-style-type: none"> • Musculoskeletal injuries and diseases can damage physical and emotional development. • Injuries or scars that have a cosmetic effect. • Hormonal imbalances can cause a wide range of diseases and developmental issues. • Medication and radiation can impact brain development and mental health. • Chronic illness and pain can impact on adolescent’s mental and social development. • Mental health illness can make adolescents vulnerable to educational difficulties, discrimination and risk-taking behaviours. • Immunosuppressants to prevent organ rejection can slow down puberty.
CYPK2.16	<p>Strategies that can be used to support children and young people to develop, maintain and recover from a range of common childhood illnesses/conditions:</p> <ul style="list-style-type: none"> • Common childhood illnesses/conditions: <ul style="list-style-type: none"> ○ asthma ○ eczema ○ croup ○ coughs/colds/ear infections ○ gastrointestinal conditions: <ul style="list-style-type: none"> – Crohns disease – coeliac disease – irritable bowel syndrome – diarrheal disease

	<ul style="list-style-type: none"> ○ measles ○ mumps ○ rubella ○ chicken pox. ● Strategies to help develop, maintain and recover: <ul style="list-style-type: none"> ○ control of temperature with paracetamol, tepid water baths, appropriate clothing ○ keep hydrated ○ keep comfortable with pain relief ○ encourage good nutrition ○ help combat spread of infection, through ventilation, cleaning and handwashing ○ keep the child stimulated with activities that can be done in bed.
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What skills do students need to demonstrate?	
CYPS2.6 Support children and young people with a physical or learning disability, working within scope of role, knowledge and responsibilities:	
<ul style="list-style-type: none"> ● Physical disability: <ul style="list-style-type: none"> ○ encouraging child or young person to be as independent as possible ○ making use of appropriate aids and adaptations ○ supporting with any therapeutic activity ○ use of effective aids and equipment. ● Learning disability: <ul style="list-style-type: none"> ○ speaking to the child or young person in a clear and unambiguous way, taking into account the level of understanding ○ encouraging independence and inclusion ○ liaising with other professionals for guidance on specific support available for child or young person. ● Using knowledge of anatomy, physiology and pathophysiology when supporting children and young people with a physical or learning disability. 	

What underpinning knowledge do students need?	
CYPK2.17	Strategies that can be used to support children and young people suffering from physical or learning disability: <ul style="list-style-type: none"> ● Physical: <ul style="list-style-type: none"> ○ encourage child or young person to be independent ○ consider physical access needs ○ make use of appropriate aids and adaptations ○ support with any therapeutic activity ○ liaise with other professionals for guidance on specific support available for child or young person.

	<ul style="list-style-type: none"> • Types of physical disability: <ul style="list-style-type: none"> ○ cerebral palsy ○ arthrogyrosis ○ heart condition ○ spinal cord Injury. • Learning disability: <ul style="list-style-type: none"> ○ make any reasonable adjustments ○ encourage independence and inclusion ○ ensure communication is on the child's level of understanding ○ liaise with other professionals for guidance on specific support available for child or young person. • Types of learning disability: <ul style="list-style-type: none"> ○ attention deficit disorder (ADHD) ○ auditory processing disorder (APD) ○ visual processing disorder (VPD) ○ language processing disorder (LPD).
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What skills do students need to demonstrate?	
CYPS2.7 Support or enable children to meet activities of daily living:	
<ul style="list-style-type: none"> • Promoting healthy nutrition and hydration: <ul style="list-style-type: none"> ○ initiatives to support child or young person to make healthy choices ○ identifying specific nutritional needs of a child or young person ○ using a food and drink record chart. • Promoting strategies to maintain continence and personal hygiene: <ul style="list-style-type: none"> ○ using appropriate aids and equipment ○ respecting privacy where possible. • Promoting the importance of oral hygiene: <ul style="list-style-type: none"> ○ demonstrating and supervising correct brushing and flossing technique ○ completing oral health assessment. 	
E2, E6	

What underpinning knowledge do students need?	
CYPK2.18	<p>Supporting the child or young person to maintain good nutrition and hydration including strategies to support:</p> <ul style="list-style-type: none"> • Strategies to support: <ul style="list-style-type: none"> ○ ensure appropriate diet is adhered to appropriate to the child or young persons needs ○ ensure symptoms of poor nutrition and inadequate hydration are acted on accordingly. • Promote good nutrition and hydration strategies to children using appropriate levels of information: <ul style="list-style-type: none"> ○ health promotion and healthy option campaigns

	<ul style="list-style-type: none"> ○ current child and young person government guidelines ○ understand nutritional labelling.
CYPK2.19	<p>Strategies for supporting the child or young person to maintain continence and personal hygiene:</p> <ul style="list-style-type: none"> ● Strategies to maintain: <ul style="list-style-type: none"> ○ reminders and prompts to use the toilet: <ul style="list-style-type: none"> – support younger children and their families with toilet training – use of aid and adaptations ○ reminders and prompts to bathe: <ul style="list-style-type: none"> – educate on correct bathing techniques including the importance of drying skin to avoid breakdown from moisture. ● Purpose of personal care equipment: <ul style="list-style-type: none"> ○ commodes ○ pressure relieving devices ○ incontinence pads/nappies ○ catheter/stoma ○ nocturnal enuresis alarms.
CYPK2.20	<p>Strategies for supporting the child or young person to maintain good oral health:</p> <ul style="list-style-type: none"> ● Importance: <ul style="list-style-type: none"> ○ prevention of tooth decay and gum disease ○ prevent oral thrush and mouth ulcers. ● Strategies to support: <ul style="list-style-type: none"> ○ demonstration and promotion of correct technique for the brushing of teeth ○ demonstration and promotion of correct technique for the flossing of teeth ○ encourage regular visits to the dentist ○ provide oral health assessments.

What skills do students need to demonstrate?

CYPS2.8 Support children and young people through transitions such as between services or leaving care:

- Emotional support skills.
- Advocacy and empowerment.
- Practical transition planning.
- Sensitivity to cultural and developmental needs.
- Following good practice and guidance to support child or young person through transitions:
 - National Institute for Health and Care Excellence (NICE) guidance.
- Providing appropriate information, advice and guidance to child or young person to support shared or independent decision making.
- Adhering to primary care clinician plan and ensuring they are communicated logically and coherently.
- Selecting main information from plan and summarising concisely in style appropriate to the child or young person.
- Responding to questions/feedback from members of the multidisciplinary team.

E2, E3

What underpinning knowledge do students need?

CYPK2.21

The difference between expected and unexpected transitions:

- Expected transitions:
 - moving from child to adult care
 - missing parent during a hospital stays
 - intellectual: moving between key educational stages.
- Unexpected transitions:
 - physiological change linked to medication
 - adapting to life changing conditions
 - emotional – separation or bereavement.
- Impact of transitions:
 - emotional (changes in child or young person's behaviour)
 - mental health issues
 - fear of the unknown
 - sense of loneliness
 - missing peers
 - depression
 - feeling insecure
 - long-lasting negative impact on life.

CYPK2.22	<p>The strategies that can be used to support children and young people through transitions:</p> <ul style="list-style-type: none">• Care plan in place to effectively support communication:<ul style="list-style-type: none">○ ensure care plan clearly details child or young person’s needs or preferences○ provide appropriate information, advice and guidance.• Ensure appropriate resources are in place for the child or young person to use.• Direct questioning to encourage child or young person towards independent decision making.
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Performance Outcome 3: Support parents, families and carers to meet the needs of the children and young people

What skills do students need to demonstrate?	
<p>CYPS3.1 Provide clinical support to the multidisciplinary team by collaborating effectively with families and carers, while assisting with interventions in the care of children and young people:</p> <ul style="list-style-type: none"> • Supporting and listening to the family’s choices. • Encouraging where possible the child or young person’s active involvement and contribution to discussions and the delivery of their care. • Working in collaboration with the family to reach medically appropriate decisions which meet the needs of all involved. • Making joint decisions using the SHARE approach (seek, help, assess, reach, evaluate). • Expressing opinions and supporting these with relevant and persuasive arguments. • Acting on the wishes of the family or carer wherever possible. • Signposting to the relevant services. <p style="text-align: right;">E1, E2, E3</p>	

What underpinning knowledge do students need?	
CYPK3.1	<p>The importance and appropriate strategies to achieve a partnership with families and carers to deliver holistic family-centred care:</p> <ul style="list-style-type: none"> • Importance: <ul style="list-style-type: none"> ○ improves communication between families and carers ○ improves engagement between families and carers ○ can improve patient and family outcomes ○ increases patient and family satisfaction ○ builds on child and family strengths ○ increases professional satisfaction ○ can decrease future healthcare costs through getting families and carers on board with treatment plan ○ leads to more effective use of healthcare resources. • Strategies: <ul style="list-style-type: none"> ○ support and listen to the family’s choices ○ work in collaboration with the family to reach medically appropriate decisions which meet the needs of all involved ○ respect the diversity of the family ○ encourage family participation in the delivery of the child or young person’s care ○ encourage where possible the child or young person’s active involvement in discussions and the delivery of their care.

CYPK3.2	<p>The principal considerations that must be given to the child or young person and their family when there are alternative living arrangements:</p> <ul style="list-style-type: none"> • Alternative living arrangements: <ul style="list-style-type: none"> ○ foster care ○ supported living ○ different family structures/blended families ○ displaced family ○ residential care.
CYPK3.3	<p>The importance of family-centred care when making shared decisions to deliver the child or young person’s healthcare needs and the key approaches that can be used to achieve this:</p> <ul style="list-style-type: none"> • Importance: <ul style="list-style-type: none"> ○ helps the child or young person and their family feel supported and in control of the situation ○ decreases the risk of misunderstandings and frustrations ○ child or young person and their family feels empowered to make informed choices and reach a collaborative decision about the best care plan ○ enables care to be tailored to the needs of the child or young person. • Key approaches: <ul style="list-style-type: none"> ○ ensure decision making is always family-centred and caters to their specific needs ○ use the SHARE approach (seek, help, assess, reach, evaluate): <ul style="list-style-type: none"> - seek participation from child or young person and their family - help them explore treatment options - assess their values and preferences - reach a mutual decision - evaluate the decision ○ follow NICE guidelines.

What skills do students need to demonstrate?

CYPS3.2 Assist parents and carers with managing learning and behaviour:

- Support the parent/carer to understand their child's needs by:
 - giving explanations in a clear and unambiguous way
 - successfully using a variety of information, collaborative elements as part of digital communication
 - moderating expectations on development and behaviour
 - being approachable
 - showing affection and appreciation
 - acknowledging their feelings
 - treating the child or young person with respect
 - giving the child or young person your full attention when with them
 - acknowledging their feelings
 - setting consistent boundaries
 - reminding the child or young person that they are loved unconditionally.

E2, E3, E4

CYPS3.3 Promote awareness among families of how to ensure bonding and attachment with children and young people:

- Encouraging parent/guardian to spend time with the child.
- Responding to any questions from the family.
- Signposting parent to appropriate educational provision.
- Working with parent/guardian to build confidence and empower them to parent effectively.

E2, E4

What underpinning knowledge do students need?

CYPK3.4 The importance of the parent/child bond and the key principles and the stages of attachment:

- Importance of the parent/child or young person bond:
 - key to developing the child or young person's mental health and resilience.
- Attachment theory:
 - stages of attachment
 - stranger anxiety
 - separation anxiety
 - social referencing.
- Key principles:
 - safe-haven
 - secure base
 - proximity maintenance (the child's need to be near the primary caregiver)
 - separation distress.

CYPK3.5	<p>The strategies that can be used to promote the parent/child or young person bond:</p> <ul style="list-style-type: none"> • Encourage parent/carer to spend time with the child. • Signpost parent to appropriate educational provision. • Work with parent/guardian to build confidence and empower them to parent effectively.
CYPK3.6	<p>The principles of a range of parenting skills that can be used to strengthen the parent/child/young person bond:</p> <ul style="list-style-type: none"> • Parents to moderate their expectations of development or behaviour. • Be approachable. • Show affection and appreciation. • Treat the child or young person with respect. • Give the child or young person your full attention when with them. • Acknowledge their feelings. • Set consistent boundaries. • Remind them that they are loved unconditionally.

What skills do students need to demonstrate?

CYPS3.4 Promote awareness with families and carers on how to maintain and contribute to health and wellbeing of children and young people:

- Encouraging the use of public health strategies in relation to:
 - immunisation
 - physical activity
 - oral care
 - mental health
 - nutrition
 - healthy lifestyle.

E2, E6

What underpinning knowledge do students need?

CYPK3.7 The importance of national and global immunisation programmes for the health and wellbeing of children and young people and how they can be promoted effectively:

- Purpose:
 - protects against illness
 - prevents spread of disease
 - prevents mass epidemics/pandemics.
- Strategies to promote:
 - actively encourage immunisation
 - talk through any concerns
 - educate about the benefits

	<ul style="list-style-type: none"> ○ signpost to additional sources ○ consider religious or cultural needs of families.
CYPK3.8	<p>The importance of physical activity on the health and wellbeing of children and young people and how this can be promoted effectively:</p> <ul style="list-style-type: none"> ● Importance: <ul style="list-style-type: none"> ○ strengthens musculoskeletal system ○ strengthens the heart ○ can combat obesity ○ ability to raise child or young person’s self-esteem ○ enables social interaction with other children and young people. ● Strategies to promote: <ul style="list-style-type: none"> ○ work with the child or young person and their family to find an appropriate form of exercise that suits their preferences ○ where appropriate, share ideas with the family on what they can do at home to support the child or young person’s physical development ○ encourage but do not force child or young person’s participation.
CYPK3.9	<p>The importance of oral care on the health and wellbeing of children and young people and how this can be promoted effectively:</p> <ul style="list-style-type: none"> ● Importance: <ul style="list-style-type: none"> ○ prevents tooth decay ○ prevents gum disease ○ prevents tooth loss ○ creates positive self-esteem. ● Strategies to promote: <ul style="list-style-type: none"> ○ advise family about benefits of good oral hygiene ○ advise the family about appropriate strategies they can use to maintain child or young person’s oral health: <ul style="list-style-type: none"> – reminders and prompts to practice good oral hygiene for the child and young person – talk about oral hygiene with the child or young person after meals ○ educate child or young person on the best techniques to use.
CYPK3.10	<p>The importance of mental health awareness for the health and wellbeing of children and young people and how this can be promoted effectively:</p> <ul style="list-style-type: none"> ● Importance of mental health awareness: <ul style="list-style-type: none"> ○ increases the chances of early intervention ○ awareness reduces stigma, meaning child or young person is more willing to talk about their feelings. ● Indicators of mental health and wellbeing in children and young people: <ul style="list-style-type: none"> ○ interact with the child or young person

	<ul style="list-style-type: none"> ○ assesses levels of engagement ○ escalate any signs of mental ill health ○ acknowledge potential neurodivergence and how this may impact communication and adaptations required. ● Mental health wellbeing: ● Strategies to promote: <ul style="list-style-type: none"> ○ encourage participation ○ signpost child, young person, their parent or carer to community projects/groups or services that have positive impacts on mental wellbeing ○ educate family on how to develop positive self-esteem in the child or young person ○ encourage child or young person to talk about their feelings ○ educate on awareness campaigns ○ educate family on signs of mental ill health ○ know where and how to escalate concerns ○ knowledge of safeguarding policy and setting's procedure ○ knowledge of relevant services to signpost family to if they have concerns about their child or young person.
CYPK3.11	<ul style="list-style-type: none"> ● Purpose of promoting good nutrition and a healthy diet: <ul style="list-style-type: none"> ○ a nutrient-dense diet supports health, immunity and development. ● Methods of promoting good nutrition and a healthy diet: <ul style="list-style-type: none"> ○ educate about healthy options: ○ balanced diet (for example adequate fibre in diet) ○ signpost to appropriate resources: ○ healthy eating workshops ○ leaflets ○ books ○ useful websites ○ dietitian ○ talks ○ educate on the benefits of good nutrition ○ inform about the relevant schemes (for example free meals and vouchers for eligible children and young people) ○ recognise and promote food diaries as an important assessment tool in tracking that child or young person is eating a balanced diet.
CYPK3.12	<p>The importance of public health strategies and how to effectively promote them:</p> <ul style="list-style-type: none"> ● Importance: <ul style="list-style-type: none"> ○ public health strategies have a positive impact on the reduction of preventable disease and death, aiding and prolonging life ○ reduces future costs and strain on healthcare services

	<ul style="list-style-type: none"> ○ they can be used to promote: <ul style="list-style-type: none"> – healthy choices and living – disease outbreak prevention – measures to ensure public safety. ● Strategies to promote: <ul style="list-style-type: none"> ○ educate child or young person and family on relevant campaigns (Healthier Families and Five a Day).
CYPK3.13	<p>The importance of promoting the services offered by extended health and social care services and the strategies used to effectively do this:</p> <ul style="list-style-type: none"> ● Importance: <ul style="list-style-type: none"> ○ services offered can put children, young people and their families in touch with beneficial support resources that sit outside of the clinical remit. ● Strategies to promote: <ul style="list-style-type: none"> ○ education and discussion on the variety of services available (educating on substance misuse, smoking cessation services and education on viruses such as HIV/hepatitis) ○ encourage self-referral through signposting.

Scheme of Assessment

There is a single synoptic assessment for this Occupational Specialism, which is an extended project. The synoptic element of the project is important to ensure students can demonstrate threshold competence and are able to evidence all the skills required by the Performance Outcomes.

The project consists of several activities grouped into three substantive tasks.

Each task is completed during a window set by Pearson, during which Providers schedule supervised assessment sessions. In some cases, tasks also include opportunities for unsupervised activities, where the requirements of the skills being assessed make this necessary.

Occupational Specialism project – Provide care and support to children and young people
Internally assessed project: 4 hours 10 minutes 102 marks
Performance Outcomes In this project students will: PO1 – Assist with clinical tasks and treatment for children and young people PO2 – Provide care and support to children and young people before, during and after clinical or therapeutic procedures PO3 – Support parents, families and carers to meet the needs of the children and young people
Assessment overview There are 3 parts to the assessment. <ul style="list-style-type: none">• Task 1: Building relationships and managing behaviour• Task 2: Safeguarding children and young people• Practical Task: Supporting the health and wellbeing of a child Students respond to given scenarios to complete the tasks. They are assessed on their application of the skills listed for the Performance Outcomes. Students are not assessed against specific 'knowledge' outcomes but are expected to draw on and apply related knowledge to ensure appropriate outcomes when applying the skills in response to an assessment scenario. Students undertake the project under supervised conditions. The assessment takes place over multiple sessions, all supervised up to a combined duration of 4 hours 10 minutes. The project outcomes consist of written evidence and a videoed role play submitted electronically. This project is externally assessed by Pearson.

Administration

Providers must follow the guidance in the following:

- General Administrative Support Guide
- Administration Support Guide for the specific Technical Qualification Employer Set Project (if applicable).

These are located on the [Training and Admin Support webpage](#).

Performance Outcome		Weighting	
		Raw marks	% of total marks
PO1	Assist with clinical tasks and treatment for children and young people	30	29%
PO2	Provide care and support to children and young people before, during and after clinical or therapeutic procedures	48	47%
PO3	Support parents, families and carers to meet the needs of the children and young people	24	24%

Resources for the delivery of Occupational Specialism: Provide care and support to children and young people

Providers are required to have the following resources to deliver this Occupational Specialism:

- IT suite with access to up-to-date PC or Mac with word/spreadsheet/slide deck software.
- tutors with qualifications and/or experience in the healthcare sector
- a curriculum team with experience and knowledge that span the breadth of the qualification content.

Assessment Task	Resource required
Practical Task	<ul style="list-style-type: none"> • Accessibility for the collection of and/or analysis of health data: • Prepopulated physiological assessment data. • Member of staff to act as standardised actor. • Two chairs. • Table. • Clock/watch. • A PC or laptop with uploaded assessment information.

6. Supporting the therapy teams

Performance Outcome 1: Carry out a range of therapeutic techniques to support allied health professionals

What skills do students need to demonstrate?	
<p>THS1.1 Assist allied health professionals and the wider therapy team with therapeutic assessments, tasks and interventions, working within own scope of role, knowledge and responsibilities</p> <ul style="list-style-type: none"> • Provide therapeutic support to assist with mobility. • Provide therapeutic support activities to promote independent living. • Ask and respond to questions for clarification. • Assist individuals with speech, language and communication difficulties. <p style="text-align: right;">E1, E2</p>	
<p>THS1.2 Assist with delegated therapeutic tasks, or interventions, as appropriate to the role:</p> <ul style="list-style-type: none"> • Promoting healthy eating. • Organise and lead a structured exercise session as delegated by a physiotherapist or occupational therapist. • Perform delegated tasks: <ul style="list-style-type: none"> ○ communicating clearly and confidently adapting language to suite the audience ○ responding appropriately to feedback and questions from individuals and colleagues. <p style="text-align: right;">E1, E2</p>	
What underpinning knowledge do students need?	
<p>THK1.1</p>	<p>Senior healthcare therapy support workers in supporting a range of allied health professionals</p> <ul style="list-style-type: none"> • Physiotherapists: <ul style="list-style-type: none"> ○ assess and treat movement and physical function issues and illnesses caused by injury, illness or disability. • Occupational therapists: <ul style="list-style-type: none"> ○ promote both physical and mental independence for daily living. • Dietitians: <ul style="list-style-type: none"> ○ support with dietary and nutritional intake. • Speech and language therapists: <ul style="list-style-type: none"> ○ help individuals with speech, language, voice, fluency and social communication needs. • Other key professionals that therapy support workers may work with: <ul style="list-style-type: none"> ○ nurses

	<ul style="list-style-type: none"> ○ mental health nurse ○ psychiatrist ○ social workers ○ GP ○ art, music and drama therapists ○ prosthetists ○ orthotists.
THK1.2	<p>The diverse range of therapeutic tasks and interventions a therapy support worker may routinely be expected to carry out:</p> <ul style="list-style-type: none"> ● Support an individual to complete mobility and stretching exercises or strengthening routines prescribed by therapists. ● Conducting therapy activities using assistive technology equipment: <ul style="list-style-type: none"> ○ bed rails ○ bath steps ○ hoists ○ communication aids. ● Support individuals with communication needs using communication aids, picture cards or Makaton. ● Supporting speech and language techniques prescribed by SLT's support individuals experiencing mental health difficulties or relapses by: <ul style="list-style-type: none"> ○ referring to the appropriate specialist team ○ encouraging engagement in therapeutic activities ○ providing reassurance and structured support. ● Supporting individuals with cognitive or memory difficulties through: <ul style="list-style-type: none"> ○ use of visual prompts ○ assistive technology ○ adapting communication and task instructions.
THK1.3	<p>How a number of different therapy support interventions are used to support physical and mental wellbeing:</p> <ul style="list-style-type: none"> ● Providing targeted support to help individuals participate in communication, mobility or rehabilitation therapy programmes. ● Sharing information about healthy eating and hydration under the guidance of the therapy team. ● Promoting safe and effective use of therapy equipment to build confidence and independence. ● Encouraging engagement with physical activities to improve mood, motivation or daily functioning.

What skills do students need to demonstrate?

THS1.3 Assist with clinical and therapeutic intervention techniques, adapting approaches as appropriate in response to their impact

- Observing changes in posture, comfort or ability during the activity.
- Making minor equipment adjustments as guided.
- Recognising when an individual is distressed, confused or fatigued, and adapting communication or pace.
- Simplifying instructions or steps for individuals with cognitive impairments.
- Escalate concerns or request further guidance when adaptations are not effective or may present a risk.
- Adjusting communication style or pace to suit learning, sensory or emotional needs.
- Changing the timing, environment or structure of a session based on fatigue or anxiety.
- Adapting equipment setup with guidance from the therapy team.
- Offering reassurance and encouragement to reduce distress or disengagement.

E1, E2, M1, M2

What underpinning knowledge do students need?

THK1.4

When using particular therapeutic interventions, there are precautions that need to be considered to ensure the safety of the individual

- Using the correct equipment for the task, such as appropriate hoists or walking aids.
- Checking that equipment is well maintained and used according to local policy and manufacturer's guidance.
- Planning ahead to ensure the treatment setting is suitable, accessible and free from hazards.
- Carrying out or contributing to risk assessments to identify and manage potential dangers related to the environment, equipment or individual needs.
- Following lone working policies and procedures to protect both the individual and the support worker.
- Keeping care or therapy plans up to date to reflect changes in mobility, communication or health status.
- Assessing the environment for safety, accessibility and appropriateness before and during the intervention.
- Being aware of pre-existing physical or mental health conditions that may affect the individual's response to therapy.

THK1.5	<p>Factors that would indicate the need to escalate concerns to the relevant supervisor</p> <ul style="list-style-type: none"> • Noticing changes in an individual's physical or mental health that may affect therapy delivery. • Identifying issues or concerns with equipment, assistive devices or therapeutic resources. • Recognising potential safeguarding concerns that may impact the individual's safety or wellbeing. • Identifying inaccurate, incomplete or delayed record keeping that could affect continuity of care. • Reporting changes in risk that may require review of the care or therapy plan.
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What skills do students need to demonstrate?	
THS1.4	<p>Follow standard approaches to manage, rehabilitate or maximise an individual's function</p> <ul style="list-style-type: none"> • Using appropriate technical language when communicating about therapeutic tasks. • Engaging actively and documenting information clearly and accurately. • Requesting clarification when unsure to ensure safe and effective practice. <p style="text-align: right;">E1, E2, E4</p>
THS1.5	<p>Use therapy techniques to enable individuals to meet optimum potential in relation to either or both physical and mental wellbeing</p> <ul style="list-style-type: none"> • Working with the therapy team to understand individual goals. • Encouraging participation in structured activities that support mobility, communication or emotional regulation. • Using therapy equipment or communication aids as directed. • Observing and recording progress for review by the therapist. • Promoting independence through repetition, reassurance and practical support. • Adapting support based on the individual's response, within the scope of the role and training. <p style="text-align: right;">E1, E2</p>

What underpinning knowledge do students need?	
THK1.6	<p>Different approaches available across therapy interventions</p> <ul style="list-style-type: none"> • Medical approach: <ul style="list-style-type: none"> ○ diagnostic and treatment of disease or disability ○ uses screening, medication, surgery or medical procedures. • Behavioural change approach: <ul style="list-style-type: none"> ○ assists to change individual behaviour and attitudes to improve healthier habits

	<ul style="list-style-type: none"> ○ encourages actions such as stopping smoking, exercising, healthy eating or good dental care. ● Educational approach: <ul style="list-style-type: none"> ○ assists individuals with information and resources to understand health issues ○ supports with decision-making and may involve signposting to services such as stop smoking clinics or dietitians. ● Person-centred approach: <ul style="list-style-type: none"> ○ supports autonomy and decision-making based on what matters most to the person ○ promotes independence and encourages individuals to take ownership of their health. ● Societal change approach: <ul style="list-style-type: none"> ○ uses public health campaigns and initiatives such as screening programmes, immunisations or awareness campaigns ○ places health improvement on the wider political and social agenda.
THK1.7	<p>The requirement of therapy support for individuals to meet their optimum potential during rehabilitation</p> <ul style="list-style-type: none"> ● Developing skills to promote independence to assist with recovery. ● Assisting individuals manage their condition. ● Monitoring the individual to promote their progress throughout the recovery process. ● Reviewing the effectiveness of therapeutic treatment.
THK1.8	<p>When and why there may be a need to adapt techniques to meet the needs of individuals and promote participation:</p> <ul style="list-style-type: none"> ● Adapting techniques based on the individual's age, ability, communication needs or sensory preferences. ● Adjusting the environment to support accessibility and comfort. ● Supporting engagement and interaction through personalised approaches: <ul style="list-style-type: none"> ○ changing the location, time or structure of sessions to support individuals with anxiety or fatigue ○ simplifying language, pacing or instructions for individuals with cognitive impairments. ● The aim is to promote inclusion, interaction, learning, independence and therapeutic progress.

What skills do students need to demonstrate?

THS1.6 Select appropriate equipment, kit or devices for a specific therapeutic task or intervention:

- Consider the purpose and requirements of the therapeutic task.
- Take into account external factors such as environment, space and safety.
- Select equipment appropriate to the individual's needs, such as:
 - mobility aids
 - assistive technology
 - hoists, transfer aids or raisers to support safe movement.
- Demonstrating the use of equipment, kit or devices for everyday living, such as:
 - lifting heavy items in the home, such as a kettle moving furniture
 - opening jars, lids and screw tops
 - participating in leisure pastimes, such as gardening and/or physical/sporting activities.

E1, E2

What underpinning knowledge do students need?

THK1.9

The function of a range of equipment, kit and devices available across therapy support

- Mobility aids
 - support individuals with reduced mobility to move independently and safely.
- Orthotic equipment
 - support and correct conditions of the foot, ankle or lower limbs.
- Raisers and hoists
 - assist individuals with transfers and repositioning.
- Hand therapy equipment
 - aid recovery and rehabilitation following hand injuries or surgery.
- Assistive technology
 - enhance or support communication, hearing, movement or daily living.

What skills do students need to demonstrate?

THS1.7 Demonstrate how to select, fit and use specific equipment safely and effectively to meet an individual's needs, ensuring they check understanding and report concerns as required

- Select and fit mobility aids, adjusting height and grip as appropriate.
- Ensure adaptations support independence, comfort and participation.
- Check that equipment is used safely, reporting any issues or concerns.
- Explaining and demonstrating equipment use in clear, accessible language appropriate to the individual's communication needs.
- Encouraging the individual to ask questions and actively engage with the equipment.
- Checking the individual's understanding through observation, discussion or repetition of key steps.
- Supporting the safe use of:
 - a communication aid: using speech input, adding personalised vocabulary
 - a walking frame: holding, positioning and assessing the environment for hazards
 - bed rail bumpers: raising and lowering safely.
- Reporting any signs of difficulty or concern to the therapy team.

E1, E2, E6, M1, M2

THS1.8 Identify when equipment or its use is unsafe or not suitable for individuals using visual checks and routine safety checks, in line with local procedures

- Identifying visible wear and tear that may make equipment unsafe.
- Recognising physical equipment damage.
- Completing routine checks on clinical equipment in accordance with relevant standard operating procedures (pre-use safety checks rather than full servicing).
- Being aware of the risks and limitations associated with the use of digital devices or assistive technology.
- Observing changes in the individual's condition, such as reduced or increased mobility, that may affect the suitability of equipment.
- Reporting concerns promptly and clearly to the therapy team or appropriate supervisor.

E4, E5, M2

What underpinning knowledge do students need?

THK1.10

How equipment can be adapted to meet individual's needs.

- Adjusting mobility aids to suit the individual's physical measurements, such as adapting crutches or walking sticks to the correct height.
- Securing safety accessories, such as cushioned bumpers on bed rails to prevent contact with hard surfaces or gaps.
- Enhancing visibility and orientation by applying visual markers, such as coloured tape on bath steps for individuals with visual impairments.
- Personalising communication aids by adding relevant words, phrases or dialect terms that are specific and meaningful to the individual.

THK1.11

The range of equipment available and factors that would dictate its suitability for use, including key limitations, benefits and associated risks:

- Mobile hoists
 - use when:
 - the individual is non-weight bearing and needs full support during transfers
 - avoid when:
 - the individual can safely weight bear
 - weight limits of the hoist may be exceeded
- Limitations, benefits and risks:
 - limitations:
 - reduces independent movement
 - large and difficult to store, especially in domestic environments
 - benefits:
 - enables safe transfers for immobile individuals
 - supports access to different areas of home and community
 - risks:
 - serious harm or injury if used incorrectly
 - equipment failure if not maintained or checked
 - requires correct sling selection and safe operation.
- Wheeled mobility aids
 - use when:
 - the individual requires support with mobility or transportation
 - avoid when:
 - the environment is unsuitable (uneven surfaces, obstacles or restricted space)
 - the individual has severe involuntary movements or extensor tone, increasing risk of injury.
- Limitations, benefits and risks:
 - limitations
 - unsuitable in narrow spaces
 - uneven ground or stairs

- may be inappropriate above the safe weight limit
- benefits
 - promotes independence and mobility
 - reduces risk of falls when used properly
- risks
 - potential for trips or falls if used incorrectly or in unsafe environments
 - misuse can result in strain or injury.
- Bed rails
 - use when:
 - the individual needs support to remain safely in bed
 - avoid when:
 - the individual's behaviour poses a risk.
- Bath seats
 - use when:
 - the individual requires support to maintain personal hygiene during bathing
 - avoid when:
 - the individual is unable to use the seat safely due to reduced balance, awareness or cooperation.
- Assistive technology
 - limitations:
 - may cause individuals to feel monitored or lose privacy
 - access can be limited by cost or eligibility for funding
 - benefits:
 - supports daily routines
 - allows early intervention from telecare without needing emergency services
 - reduces unnecessary hospital admissions
 - risks:
 - risk of over-reliance or inappropriate use
 - can reduce personal interaction if used without balance.
- Communication aids
 - limitations:
 - require careful assessment to match individual needs
 - may be misused or underused if pitched at the wrong level
 - need regular review and updating
 - benefits:
 - enable individuals to communicate more effectively
 - can be used across various settings and support wider engagement
 - enhance participation in assessments and therapy
 - risks:
 - if poorly matched, may feel patronising and damage engagement
 - may unintentionally replace human interaction if not balanced properly.

THK1.12	<p>Who to approach to gain authorisation for the use of specialist equipment in line with local policies and procedures when completing delegated tasks:</p> <ul style="list-style-type: none"> • Lead therapist responsible for the individual’s care or treatment. • Line manager overseeing the support worker’s daily role. • Team leader responsible for operational decisions in the therapy setting. • Supervisor providing direct clinical guidance. • Other designated senior staff authorised to approve equipment use under organisational protocols.
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What skills do students need to demonstrate?	
<p>THS1.9 Assist with risk assessments for therapeutic activities and environments, identifying therapy specific hazards and contributing to agreed control measures</p> <ul style="list-style-type: none"> • Identifying potential hazards related to equipment, environment or activities during therapeutic sessions (uneven floors during mobility exercises, trip hazards around walking frames, positioning of therapy plinths). • Determining who might be harmed and in what way, with attention to individuals’ functional, sensory or cognitive needs in therapy. • Evaluating the level of risk in discussion with the therapy team and suggesting or applying appropriate precautions (adjusting the task, selecting alternative equipment, changing the environment). • Recording the findings clearly and accurately on relevant therapy documentation or risk assessment tools and supporting their implementation in practice. • Reviewing and updating risk assessments when individuals’ needs, goals or therapy settings change, and escalating concerns where risks cannot be controlled. <p style="text-align: right;">E3, E4</p>	

What underpinning knowledge do students need?	
THK1.13	<p>How to assist with the completion of a risk assessment and their relevance to the associated therapeutic task and setting:</p> <ul style="list-style-type: none"> • How to assist: <ul style="list-style-type: none"> ○ provide accurate and up-to-date information about the individual and the environment ○ carry out delegated tasks appropriately, such as updating care or therapy plans ○ recognise the boundaries of your own role and escalate concerns when required. • Why it is relevant: <ul style="list-style-type: none"> ○ identify potential hazards related to the task, equipment or environment ○ determine who may be harmed and how

	<ul style="list-style-type: none">○ contribute to evaluating the risks and suggesting or applying appropriate control measures○ record findings clearly in line with local procedures○ support the review and updating of risk assessments when circumstances change.
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Performance Outcome 2: Assist therapeutic support and enable independence in daily living

What skills do students need to demonstrate?	
<p>THS2.1 Encourage individuals to be independent and self-reliant, promoting self-management and skills for everyday life ensuring they:</p> <ul style="list-style-type: none"> • Give guidance on the requirements of the therapeutic task or intervention, using resources such as help sheets, videos or instructions. • Offer positive feedback to reinforce effort and progress. • Maintain a non-judgemental and supportive attitude. • Discuss and agree on realistic goals using a structured approach such as SMART (Specific, Measurable, Achievable, Relevant, Time-bound), where appropriate. 	<p>E1, E2, E6</p>
<p>THS2.2 Promote the development of skills for everyday life using appropriate tone and register that reflects audience and purpose:</p> <ul style="list-style-type: none"> • Supporting individuals to access or return to employment following injury, illness or long-term treatment. • Assisting individuals with reintegration into their home environment after a hospital stay or therapeutic intervention. • Encouraging positive social interaction to support confidence and engagement. • Helping individuals return to hobbies and meaningful activities. 	<p>E2, E6</p>

What underpinning knowledge do students need?	
<p>THK2.1</p>	<p>Encouraging individuals to be self-reliant and independent:</p> <ul style="list-style-type: none"> • Supporting self-management <ul style="list-style-type: none"> ○ encouraging healthy routines ○ supporting use of strategies to manage discomfort, fatigue or breathlessness ○ promoting engagement in meaningful activities and routines. • Building confidence and independence <ul style="list-style-type: none"> ○ helping individuals adapt to change or manage new challenges ○ encouraging goal-setting in collaboration with the therapy team ○ supporting individuals to take increasing responsibility for their own care. • Promoting wellbeing <ul style="list-style-type: none"> ○ reinforcing positive habits developed through therapy ○ recognising and celebrating progress to boost motivation ○ supporting individuals to re-engage in roles, hobbies or social activities.

THK2.2	<p>The different techniques used to avoid relapses during the therapy support process</p> <ul style="list-style-type: none"> • Supporting individuals to work towards realistic and achievable therapy goals. • Encouraging consistency with therapy routines and exercises. • Reinforcing coping or self-management strategies provided by the therapy team. • Recognising early signs that goals may need to be adapted to prevent frustration or disengagement. • Reporting concerns to the therapy team where individuals may be struggling to maintain progress.
THK2.3	<p>Ways in which patients can be supported with skills for everyday living:</p> <ul style="list-style-type: none"> • Involvement in therapy-led activities <ul style="list-style-type: none"> ○ practising kitchen and cooking skills ○ supporting with washing, dressing and personal care routines ○ travel training or mobility route planning ○ practising stairs, transfers or walking with supervision ○ using communication aids as part of therapy goals. • Use of equipment or assistive devices <ul style="list-style-type: none"> ○ mobility aids ○ communication aids ○ toileting equipment or aids to promote independence. • Participation in therapy or skills groups <ul style="list-style-type: none"> ○ encouraging attendance at daily living skills groups or workshops. • Providing therapy-informed advice and support <ul style="list-style-type: none"> ○ sharing tailored advice and exercise plans as guided by the therapy team ○ encouraging ongoing practice at home where appropriate.

What skills do students need to demonstrate?

THS2.3 Support or facilitate individual or group sessions to promote independence, social integration and recovery, ensuring that at all times they organise ideas and information logically

- Contributing to group therapy activities, including physiotherapy, communication or mindfulness sessions, and assisting with relaxation techniques such as guided breathing or chair-based yoga.
- Supporting therapy-led group discussions within supervision and professional boundaries.
- Facilitating practical skills sessions such as cooking, budgeting or personal care.
- Supporting individuals to take part in community or social events linked to their therapy or recovery goals.

E1, E2

THS2.4 Demonstrate knowledge of group dynamics and effective use of oneself and interpret and respond to non-verbal cues while working

- Recognising and respecting the diversity of individuals within a group, including factors such as age, gender and beliefs.
- Collaborating effectively towards a common objective, such as enhancing overall fitness.
- Interpreting nonverbal cues and assessing each individual's readiness and willingness to participate.

E1, E2

What underpinning knowledge do students need?

THK2.4

The links between social integration and recovery, as part of the therapy support process and ways to enable the individual to achieve social goals:

- Social engagement boosts physical and emotional wellbeing.
- Activities like exercise, hobbies and routines aid recovery and foster independence.
- Encourage group participation as part of therapy and recovery to build confidence, skills and social inclusion.
- Identify activities that align with personal goals.
- Signpost individuals to relevant social opportunities as advised by the therapy team.

THK2.5

The benefits of encouraging individuals to engage in the community and access activities as part of the therapy support process:

- Promote the therapy team's recommendations for group and individual activities.
- Help with the individual and group activities that benefit their physical and mental wellbeing.
- Encourage participation in confidence-building, communication and independence-focused activities.

	<ul style="list-style-type: none"> • Stay aware of local groups or resources aligned with therapy goals. • Report any interests or concerns about community involvement to the therapy team. • Support activity routines that include social or leisure activities where suitable.
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What skills do students need to demonstrate?	
<p>THS2.5 Reinforce therapist advice and guidance, providing suitable assistance in line with care plans and contributing observations to discussions with the therapy team and registered professionals</p> <ul style="list-style-type: none"> • Follow the agreed stages of the therapy support process, as directed by the registered therapist. • Identify areas requiring extra support. • Note factors affecting the wellbeing of the individual. • Flag to the registered therapist when input from other support services (social care, mental health or voluntary sector services) may be helpful. • Refer concerns to a registered professional for follow-up. <p style="text-align: right;">E1, E2</p>	

What underpinning knowledge do students need?	
THK2.6	<p>Know the stages of the therapy support process and how they contribute to individual progress and outcomes</p> <ul style="list-style-type: none"> • Assessment <ul style="list-style-type: none"> ○ establishes a baseline for person-centred, individualised care planning. • Advice <ul style="list-style-type: none"> ○ delivery of standardised advice provided by the service. • Intervention / therapy sessions <ul style="list-style-type: none"> ○ developed to meet the individual's identified goals ○ practical goals and therapy activities in a clinical or home setting. • Progress review <ul style="list-style-type: none"> ○ conducted throughout the therapy process to determine re-evaluate sessions, goals and progression. • Outcome measurement <ul style="list-style-type: none"> ○ assesses change and inform decision-making. • Discharge or referral <ul style="list-style-type: none"> ○ includes advice on maintaining progress and identifying areas for future development or support with agreed outcomes.

THK2.7	<p>The use and importance of care plans for the therapy support process:</p> <ul style="list-style-type: none"> • To record any changes in the individual's needs or condition. • To develop and track therapy goals. • To monitor progress against agreed outcomes. • To identify and respond to any barriers to progress. • Why care plans are important: <ul style="list-style-type: none"> ○ provide a clear and up-to-date record of the individual's therapy and support history ○ ensure consistent and standardised care across teams ○ serve as a legal document to demonstrate accountability and compliance with professional standards.
THK2.8	<p>The importance of providing appropriate advice in line with care plans and their role in supplying this advice</p> <ul style="list-style-type: none"> • Recognising that advice must be consistent with the therapy plan and provided under the direction of registered professionals. • Understanding how reinforcing agreed advice can support collaboration, engagement and adherence to therapy. • Knowing when and how to share honest, respectful observations with the therapy team to support goal setting and care planning. • Understanding the boundaries of their role, including when to escalate questions or concerns to a registered member of the team.
THK2.9	<p>The different types of advice that may be provided as part of the therapy support process:</p> <ul style="list-style-type: none"> • Recognising that advice is given by registered professionals and that the therapy support worker may reinforce or support it. • Being aware of the types of advice that might be shared across different therapy settings: <ul style="list-style-type: none"> ○ food choices or meal adjustments when supporting dietitians ○ communication strategies when supporting speech and language therapists ○ basic exercises or movement techniques to support mobility when assisting physiotherapists ○ safe use of minor aids for daily living when supporting occupational therapists ○ modified texture diets when supporting speech and language therapy.

What skills do students need to demonstrate?

THS2.6 Measure and record the progress individuals make against defined outcomes

- Supporting the collection of outcome data as directed by the therapy team.
- Accurately recording information on progress using approved documentation systems.
- Being aware of commonly used outcome measures in NHS settings:
 - Therapy Outcome Measure (TOM)
 - Barthel Index
 - BERG balance scale
 - Visual Analogue Scale
 - Goal Attainment Scaling (GAS)
 - NHS Pain Scale
 - Generalised anxiety disorder assessment (GAD-7).
- Communicating any concerns or significant observations about an individual's therapy progress to a supervisor.

M1, M2, E1, E2, E6

THS2.7 Analyse and evaluate the effectiveness of therapy support provided to individuals, with the individual with carers and family and with the therapy team and registered professionals ensuring they:

- Engage with feedback from individuals, carers (where appropriate) and colleagues, using it to inform reflection on the effectiveness of therapy support.
- Record observations and feedback clearly, accurately and concisely.
- Identify relevant sources of information to contribute to care reviews or therapy evaluations.
- Share observations with the therapy team in a respectful and professional manner.
- Recognise the boundaries of the support role and seek guidance from registered professionals when needed.

E1, E2, E6

What underpinning knowledge do students need?

THK2.10

The purpose of baseline measurements at the start of intervention:

- Supporting the development of person-centred treatment plans.
- Providing a reference point to measure individual progress and outcomes.
- Informing realistic and achievable goal setting.
- Enabling evaluation of the effectiveness of therapy support over time.

THK2.11	<p>Anticipated outcomes following a specific intervention:</p> <ul style="list-style-type: none"> • Improvements in mobility. • Increased independence in daily living. • Better management of symptoms or conditions. • Progress towards personal goals set in collaboration with the therapy team.
THK2.12	<p>The purpose of the different defined outcome measures in their role:</p> <ul style="list-style-type: none"> • Recognising that outcome measures are used to evaluate the effectiveness of therapy interventions. • Understanding that these tools are used by registered professionals, not independently by support staff. • Being aware of examples of outcome measures used in therapy settings: <ul style="list-style-type: none"> ○ Therapy Outcome Measure (TOM) – evaluates function, activity participation and wellbeing ○ Barthel Index – assesses ability to carry out activities of daily living. ○ BERG balance scale: evaluates an individual’s mobility, physical ability to predict the risks of trips and falls. ○ Visual Analogue Scale (VAS): measures subjective experiences such as pain, mood and other sensations that effect daily living. ○ Goal Attainment Scaling (GAS) – measures personalised progress against agreed goals ○ NHS Pain Scale: a numerical assessment of pain severity reported by the patient. Rating given 0-10. ○ Generalised anxiety disorder assessment (GAD-7): a screening questionnaire used to establish the severity of generalised anxiety. • Understanding how support workers may contribute through: <ul style="list-style-type: none"> ○ providing accurate observations and feedback ○ assisting with data collection ○ following confidentiality and information governance requirements.
THK2.13	<p>The different ways to monitor and report progress of the individual and evaluate the effectiveness of the intervention</p> <ul style="list-style-type: none"> • Participating in informal discussions with individuals to understand their perspective on progress. • Supporting formal reviews using agreed outcome measures under supervision. • Observing and reflecting on the individual’s engagement, function and wellbeing. • Using activity analysis to identify progress or barriers. • Accurately recording and reporting findings to the therapy team.

Performance Outcome 3: Prepare and maintain the therapeutic environment, equipment and resources for safe and effective use

What skills do students need to demonstrate?	
<p>THS3.1 Assess whether an environment is suitable for the undertaking a specific therapy support task or intervention, considering a range of factors:</p> <ul style="list-style-type: none"> • Assessing whether the space is appropriate for a planned therapeutic task. • Checking if the environment meets privacy standards for discussions or personal care linked to therapy. • Ensuring appropriate equipment is available. <p style="text-align: right;">M1</p>	
<p>THS3.2 Monitor and maintain the environment to ensure it is suitable for the undertaking of therapy support tasks or interventions including facilitating any cleaning requirements in line with local policies and procedures or setting up of specialist equipment:</p> <ul style="list-style-type: none"> • Cleaning and preparing the environment before and after therapy sessions. • Setting up and adjusting specialist equipment. • Ensuring the environment is comfortable and appropriate. • Monitoring equipment for maintenance needs or visible damage. • Identifying and addressing health and safety concerns. <p style="text-align: right;">M1</p>	
What underpinning knowledge do students need?	
THK3.1	<p>How to assess an environment to ensure it is suitable for the undertaking of therapeutic tasks</p> <ul style="list-style-type: none"> • Evaluate if the space meets the requirements to carry out the therapeutic task. • Ensure the environmental setting provides necessary support, privacy and dignity when carrying out a therapeutic task. • Confirm appropriate equipment is available, accessible and safe to use.
THK3.2	<p>How to prepare, monitor and maintain the environment for use to ensure it is suitable for undertaking of therapy support including:</p> <ul style="list-style-type: none"> • Cleaning the environment in line with infection prevention and control policies. • Setting up and checking the safety and functionality of required equipment. • Ensuring the temperature, lighting and layout of the space are appropriate for the intervention. • Identifying and reporting any equipment maintenance needs or faults. • Recognising and addressing health and safety risks in the environment.

What skills do students need to demonstrate?

THS3.3 Carry out safety checks on equipment using appropriate technical terms and understand issues concerning the calibration of instruments:

- Follow manufacturer's usage instructions.
- Ensure personal training remains current and relevant.
- Complete visual safety checks.
- Perform standard checks according to local or national clinical protocols.
- Calibrate equipment following established procedures to verify accuracy, precision and proper function.
- Refer equipment for inspection by a registered professional when necessary.
- Complete relevant documentation before, during or after use.

E4, M1

THS3.4 Ensure adequate stocks of equipment and resources are available to allow therapy support to be provided and where applicable to provide supporting documentation in different formats:

- Completing and maintaining regular inventory records (paper-based or digital).
- Take responsibility for identifying low stock and initiating reordering.
- Communicating with the wider team to coordinate stock control.

E1, M2

THS3.5 Immediately report faults with equipment appropriately, including escalating any concerns with the relevant supervisor:

- Completing relevant fault reporting documentation (digital or paper-based).
- Escalating concerns to a supervisor or senior colleague.
- Informing carers or family members if equipment is used outside of the clinical setting.
- Reporting directly to the manufacturer where required.

E3, E4

What underpinning knowledge do students need?

THK3.3

How to maintain and monitor equipment, kit and devices to ensure they are always suitable for use:

- Use all equipment according to the manufacturer's guidance.
- Carry out maintenance following a manufacturer's instructions and established service schedules.
- Clean equipment in accordance with local infection prevention and control policies.
- Store equipment properly to prevent contamination or damage.
- Conduct routine functional and safety testing.
- Liaise with the equipment stores or relevant services for equipment replacement, repair or tracking.

THK3.4	<p>The impacts of not maintaining adequate stock of equipment and resources in line with local policies and procedures:</p> <ul style="list-style-type: none"> • Delays to therapy sessions, affecting individual progress. • Increased risk of incorrect or unsuitable equipment being used. • Compromised health and safety for individuals and staff.
THK3.5	<p>Why equipment must be checked for faults and the associated fault reports completed:</p> <ul style="list-style-type: none"> • Ensures equipment is working effectively and safely. • Confirms all equipment is available and stored correctly. • Prevents harm to the individual or the support worker. • Ensures faulty or damaged equipment is not reused. • Guarantees faults are reported and recorded in line with local policies and procedures.
THK3.6	<p>How to escalate that equipment is required in line with local policies and procedures and who to inform if it does not meet the need:</p> <ul style="list-style-type: none"> • Update the assessment and clearly record clinical reasoning. • Inform a supervisor or senior staff member, who may place the equipment order. • Report stock concerns to the appropriate person in line with organisational procedures. • Record all concerns or requests accurately, following local reporting systems.
THK3.7	<p>How to escalate that equipment is not required or does not meet need of the individual:</p> <ul style="list-style-type: none"> • Update the assessment and record clinical reasoning to support the decision. • Inform a supervisor or senior staff member who may authorise the removal or replacement of equipment. • Report concerns to the appropriate person in line with organisational policies and procedures. • Accurately record all concerns using the required documentation systems.
THK3.8	<p>The importance of management of equipment, kit and devices in line with local policies and procedures</p> <p>This understanding must include potential implications of incorrect usage:</p> <ul style="list-style-type: none"> • Cleaning and storing equipment properly to prevent equipment malfunction or failure. • Carrying out maintenance and safety checks to identify and address faults early. • Ensuring all handling, cleaning and reporting procedures are followed to reduce risk of harm. • Understanding that incorrect use or poor maintenance may lead to safety issues, service disruption or harm to the individual.

THK3.9	<p>The local policy and procedures for ordering and accessing equipment and resources:</p> <ul style="list-style-type: none">• Documentation required to request, approve or record equipment use.• Roles and responsibilities: who is authorised to order equipment.• Who is permitted to access and use specific equipment or resources, in line with training and role boundaries.
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Scheme of Assessment

There is a single synoptic assessment for this Occupational Specialism, which is an extended project. The synoptic element of the project is important to ensure students can demonstrate threshold competence and are able to evidence all the skills required by the Performance Outcomes.

The project consists of several activities grouped into three substantive tasks.

Each task is completed during a window set by Pearson, during which Providers schedule supervised assessment sessions. In some cases, tasks also include opportunities for unsupervised activities, where the requirements of the skills being assessed make this necessary.

Occupational Specialism project – Supporting the therapy teams
Internally assessed project: 4 hours 10 minutes 108 marks
Performance Outcomes In this project students will: PO1 – Carry out a range of therapeutic techniques to support allied health professionals PO2 – Assist therapeutic support and enable independence in daily living PO3 – Prepare and maintain the therapeutic environment, equipment and resources for safe and effective use.
Assessment overview There are 3 parts to the assessment. <ul style="list-style-type: none">• Task 1: Processing a therapy referral and planning therapy support with escalation• Task 2: Supporting individuals to regain independence• Practical Task: Ensuring a safe environment for therapy services Students respond to given scenarios to complete the tasks. They are assessed on their application of the skills listed for the Performance Outcomes. Students are not assessed against specific ‘knowledge’ outcomes but are expected to draw on and apply related knowledge to ensure appropriate outcomes when applying the skills in response to an assessment scenario. Students undertake the project under supervised conditions. The assessment takes place over multiple sessions up to a combined duration of 4 hours 10 minutes. The project outcomes consist of written evidence and a videoed role play submitted electronically. This project is externally assessed by Pearson.

Administration

Providers must follow the guidance in the following:

- General Administrative Support Guide
- Administration Support Guide for the specific Technical Qualification Employer Set Project (if applicable)

These are located on the [Training and Admin Support webpage](#).

Performance Outcome		Weighting	
		Raw marks	% of total marks
PO1	Carry out a range of therapeutic techniques to support allied health professionals	36	33%
PO2	Assist therapeutic support and enable independence in daily living	54	50%
PO3	Prepare and maintain the therapeutic environment, equipment and resources for safe and effective use	18	17%

Resources for the delivery of Occupational Specialism: Supporting the therapy teams

Providers are required to have the following resources to deliver this OS:

- IT suite with access to up-to-date PC or Mac with MS Word/spreadsheet/slide deck software.
- Tutors with qualifications and/or experience in the healthcare sector, including the mental health sector.
- A curriculum team with experience and knowledge that span the breadth of the qualification content.
- A simulated healthcare environment.

Assessment Task	Resource required
1	<ul style="list-style-type: none"> • A completed therapy referral form. • A completed session plan. • Information about therapy/exercise environment. • An activity tracking log. • Equipment specification.
2	<ul style="list-style-type: none"> • A completed referral/assessment form. • A completed communication/escalation log. • A completed progress log.
Practical Task	<ul style="list-style-type: none"> • A risk assessment form template. • A checklist for equipment template. • An appropriate simulated healthcare space with appropriate equipment. • Member of staff to act as a standardised patient.

5 Command Word Taxonomy

Command word taxonomy list

The following table shows the command words that will be used consistently in our assessments to ensure students are rewarded for demonstrating the necessary skills. The list below will not necessarily be used in every paper and is provided for guidance only.

Command word	Definition	Mark tariffs
Assess	Consider the factors that apply in relation to a specific context. Give careful consideration to which are the most significant, important or relevant, leading to a reasoned judgement/conclusion.	9-mark extended open response.
Discuss	Consider the factors that apply in relation to a specific context. Give careful consideration to the aspects of an issue, situation or a problem. Does not require a conclusion.	6-mark extended open response.
Evaluate	Consider the factors that apply in relation to a specific context. Give careful consideration to characteristics such as strengths and weaknesses, advantages and disadvantages, pros and cons, leading to a reasoned judgement/conclusion.	9-mark extended open response.
Describe	Provide responses that are linked in an appropriate logical order.	2 marks
Explain	Requires identification of a point and linked justification of that point. The answer must contain some linked reasoning.	2 or 4 marks. Max 2 marks per response.
Identify	Select the correct answer from the given context or stimulus.	2 marks.
State/Give/Name	All these command words are synonyms. They generally all require recall of one or more pieces of information.	1 mark per item.

6 General Competency Frameworks for T Levels

English, maths and digital competencies

The General Competency Framework for T Levels articulates English, maths and digital competencies that students are required to develop over the course of the qualification. The tables below list the competencies from the framework that are relevant to the *T Level Technical Qualification in Health*.

Competencies that can be developed in relation to a specification element of content are referenced in the Occupational Specialism content. These competencies should be delivered through the content of this qualification and tutors should seek opportunities to allow students to develop the relevant skills to enable them to reach threshold competence in the specialism.

The English, maths and digital competencies are embedded in both the Core Component and the Occupational Specialist Component of the *T Level Technical Qualification in Health*. This is so that students can demonstrate their knowledge and understanding of these skills over the course of the qualification.

General English competencies

E1	Convey technical information to different audiences
E2	Present information and ideas
E3	Create texts for different purposes and audiences
E4	Summarise information/ideas
E5	Synthesise information
E6	Take part in/leading discussions

General maths competencies

M1	Measure with precision
M2	Estimate, calculate and spot errors
M3	Work with proportion
M4	Use rules and formulae
M5	Process data
M6	Understand data and risk
M7	Interpret and represent with mathematical diagrams
M8	Communicate using mathematics

M9	Cost a project
M10	Optimise work processes

General digital competencies

Students should be supported to develop the digital knowledge and skills needed in order to:

D1	Use digital technology and media effectively
D2	Design, create and edit documents and digital media
D3	Communicate and collaborate
D4	Process and analyse numerical data
D5	Be safe and responsible online



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