Pearson
BTEC

Pearson BTEC Level 2 Certificate in Understanding the Safe Use of Medicines

Specification

BTEC Specialist qualification

First registration August 2011

Issue 3

About Pearson

We are the world's learning company operating in 70 countries around the world with more than 22,500 employees. We provide content, assessment and digital services to schools, colleges and universities, as well as professional and vocational education to learners to help increase their skills and lifelong employability prospects. We believe that wherever learning flourishes so do people.

This specification is Issue 3. Key changes are summarised on the next page. We will inform centres of any changes to this issue. The latest issue can be found on our website.

References to third-party material made in this specification are made in good faith. Pearson does not endorse, approve or accept responsibility for the content of materials, which may be subject to change, or any opinions expressed therein. (Material may include textbooks, journals, magazines and other publications and websites.)

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

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Summary of changes to Pearson BTEC Level 2 Certificate in Understanding the Safe Use of Medicines specification Issue 3

Summary of changes made between previous issue and this issue	Page number
Qualification specification template updated.	N/A
Unit 1 unit aim amended.	14
Unit 1 unit content amended for learning outcomes 1–5.	16–18
Unit 1 minor amendment to delivery guidance. Amended assessment guidance for AC1.1 and AC4.3.	19–21
Unit 2 unit introduction amended.	22
Unit 2 unit content amended for learning outcomes 1–3.	24–26
Unit 3 unit content amended for learning outcomes 1–5.	34–39
Unit 3 assessment guidance amended for AC5.5.	43
Unit 4 unit content amended for learning outcome 2.	47–48
Unit 4 assessment guidance amended for AC2.4 and AC3.3.	51–52
Indicative resource materials now under '10 Suggested teaching resources'.	53
Removed Annexe A: The Pearson/BTEC qualification framework for the health and social care sector	–
Removed Annexe B: Wider Curriculum mapping	–
Removed Annexe C: Mapping to National Occupational Standards	–
Annexe D (now Annexe A): Skills for Health Assessment Principles updated to latest version.	61

Earlier issue(s) show(s) previous changes.

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

Contents

1 Introducing the qualification

What are BTEC Specialist qualifications?

BTEC Specialist qualifications are work-related qualifications available from Entry to Level 3. The qualifications put learning into the context of the world of work, giving students the opportunity to apply their research, skills and knowledge in relevant and realistic work contexts. This applied, practical approach means learners build the knowledge, understanding and skills they need for career progression or further study.

Qualification(s) purpose

The Pearson BTEC Level 2 Certificate in Understanding the Safe Use of Medicines is for learners who are working in, or who are intending to work in, the health and social care sector.

The Pearson BTEC Level 2 Certificate in Understanding the Safe Use of Medicines is suitable for learners to:

- develop knowledge related to different types of medication and their uses, the procedures for obtaining storing, administering and disposing of medicines, and of the legislation and audit process related to medication and issues of responsibility and accountability.
- achieve a qualification to prepare for employment
- achieve a nationally recognised Level 2 qualification
- develop own personal growth and engagement in learning
- progress to related vocational qualifications.

Industry support and recognition

This qualification is supported by the Sector Skills Council for this sector, Skills for Health.

Where relevant and/or appropriate, unit content is informed by the underpinning knowledge and understanding requirements of related National Occupational Standards (NOS).

Funding

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

2 Qualification summary and key information

Qualification title	Pearson BTEC Level 2 Certificate in Understanding the Safe Use of Medicines
Qualification Number (QN)	600/2632/7
Regulation start date	18/07/2011
Operational start date	01/08/2011
Approved age ranges	18+
Total qualification time (TQT)	130 hours.
Guided learning hours (GLH)	110.
Credit value	13.
Assessment	Internal assessment.
Grading information	The qualification and units are graded Pass/Fail.

Qualification title	Pearson BTEC Level 2 Certificate in Understanding the Safe Use of Medicines
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification.
Progression	Learners who achieve the Pearson BTEC Level 2 Certificate in Understanding the Safe Use of Medicines can progress in employment in a particular vocational sector and onto related vocational qualifications.

3 Qualification structure

Pearson BTEC Level 2 Certificate in Understanding the Safe Use of Medicines

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

Number of credits that must be achieved	13

Unit number	Mandatory units	Level	Credit	Guided learning hours
1	Understand Medication and Prescriptions	2	3	23
2	Supply, Storage and Disposal of Medication	2	3	24
3	Understand the Requirements for the Safe Administration of Medication	2	4	39
4	Record-keeping and Audit Processes for Medication Administration and Storage	2	3	24

4 Assessment requirements

The table below gives a summary of the assessment methods used in the qualification.

Units	Assessment method
All units	Internal assessment (centre-devised assessments).

Language of assessment

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

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

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

Internal assessment

Internally assessed units are subject to standards verification. This means that centres set and mark the final summative assessment for each unit, using the examples and support that Pearson provides.

To pass each internally assessed unit, learners must:

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

Centres must ensure:

- assessment is carried out by assessors with relevant expertise in both the occupational area and assessment. For the occupational area, this can be evidenced by a relevant qualification or current (within three years) occupational experience that is at an equivalent level or higher than this qualification. Assessment expertise can be evidenced by qualification in teaching or assessing and/or internal quality assurance or current (within three years) experience of assessing or internal verification
- internal verification systems are in place to ensure the quality and authenticity of learners' work, as well as the accuracy and consistency of assessment.

Learners who do not successfully pass an assignment, are allowed to resubmit evidence for the assignment or to retake another assignment.

Assessment of knowledge units

To pass each knowledge unit, learners must independently complete assessments that show that the learning outcomes and assessment criteria for the unit have been met.

Format of assessments for knowledge units:

- all learning outcomes and assessment criteria must be covered
- assessments can include both practical and written tasks
- assessments are independently completed as a distinct activity after the required teaching has taken place
- the brief is issued to learners with a defined start date, a completion date and clear requirements for the evidence they are required to produce
- all or parts of units can be combined into a single assessment. Learning outcomes must not be split into more than one assessment.

Each unit contains suggested tasks that centres can use to form the basis of assessments for learners to complete. It is expected that centres will contextualise these and ensure that the final version is checked by their internal verifier.

5 Centre recognition and approval

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

Centres that have not previously offered BTEC Specialist qualifications need to apply for, and be granted, centre recognition as part of the process for approval to offer individual qualifications.

Guidance on seeking approval to deliver BTEC qualifications is given on our website.

Approvals agreement

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

Centre resource requirements

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

- appropriate physical resources (for example IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification
- suitable staff for delivering and assessing the qualification (see *Section 4 Assessment requirements*)
- systems to ensure continuing professional development (CPD) for staff delivering and assessing the qualification
- health and safety policies that relate to the use of equipment by learners
- internal verification systems and procedures (see *Section 4 Assessment requirements*)
- any unit-specific resources stated in individual units.

6 Access to qualifications

Access to qualifications for learners with disabilities or specific needs.

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

We are committed to making sure that:

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

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

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

Reasonable adjustments and special consideration

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

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

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

7 Recognising prior learning and achievement

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

Pearson encourages centres to recognise learners' previous achievements and experiences in and outside the workplace, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

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

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

8 Quality assurance of centres

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

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

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

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

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

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

9 Units

This section of the specification contains the units that form the assessment for the qualification.

For explanation of the terms within the units, please refer to *Section 14 Glossary.*

It is compulsory for learners to meet the learning outcomes and the assessment criteria to achieve a Pass. Content is compulsory unless it is provided as an example and is therefore marked 'e.g.,'. All compulsory content must be delivered, but assessments may not cover all content.

Where legislation is included in delivery and assessment, centres must ensure that it is current and up to date. Much of the content of the qualification applies throughout Europe, even though the delivery is in a UK context.

Unit 1: Understand Medication and Prescriptions

Level: 2

Credit value: 3

Guided learning hours: 23

Unit aim

This unit provides an introduction to the many types of medication learners are likely to encounter in a work environment. It introduces legislation about medication, sources of information and guidance, the roles of self and others in the medication process and where to access information about medication.

Unit introduction

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

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

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

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the use of different types of medication	1.1	Identify the different types of medicine available and why they are used
		1.2	Describe the different routes by which medicines can be administered
2	Understand how medicines are classified	2.1	Describe the following classifications of medication • General Sales List (GSL) • Pharmacy (P) • Prescription Only Medicines (POM) • controlled drugs
3	Understand legislation and guidelines related to medication	3.1	Outline the key points of current legislation and guidance relating to medication
		3.2	Outline the consequences of not following relevant legislation and guidance
4	Understand the roles of self and others in the medication process	4.1	Outline the roles of self and others in the process of: • prescribing medication • dispensing medication • obtaining and receiving medication • administering medication
		4.2	Identify the limitations of own role in relation to the medication process
		4.3	Identify ways to get support and information in the workplace related to medication
5	Know how to access information about medication	5.1	Identify the key approved national sources of information about medication
		5.2	Describe the information which should be supplied with medication
		5.3	Describe why it is important to seek information from the individual about their medication and condition

Unit content

What needs to be learned
Learning outcome 1: Understand the use of different types of medication
1A Different types of medicines • antibiotics, analgesics, anti-inflammatory, antihistamines, hormones, cardiovascular, diuretics, anticoagulants, psychotropic, cytotoxic, antacids, laxatives **1B Different administration routes** • by mouth (tablets, capsules, liquids) • inhalation (nasal, oral) • injected (intravenous, subcutaneous, intramuscular, epidural) • topical (creams, ointments, lotions) • drops to ear, nose, eyes • per rectum (suppositories, enemas) • per vagina (pessaries, creams)
Learning outcome 2: Understand how medicines are classified
2A Classification of medicine • General Sales List (GSL) available on general sale • Pharmacy (P) available in a pharmacy without prescription, under the supervision of a pharmacist • Prescription Only Medicines (POM) require a prescription issued by a qualified health professional including doctors, dentists, nurse independent prescribers, pharmacist independent prescribers • Controlled drugs (strict legal controls over storage, production, supply, prescription, misuse of drugs legislation)
Learning outcome 3: Understand legislation and guidelines related to medication
3A Legislation and guidance relating to medication • legislation and guidance relating to medication supply, storage, use and administration and disposal should be current and up to date. Centres should ensure that delivery of content is kept up to date. In particular with reference to regulation, legislation, policies, and regulatory/standards organisations. This is designed to provide guidance on breadth and depth of coverage and may be adjusted to update content and to reflect variations within the UK.

What needs to be learned
3B Consequences of not following legislation and guidance • risk to life/health/wellbeing of individuals • risk to health/wellbeing of carer • disciplinary proceedings • legal proceedings
Learning outcome 4: Understand the roles of self and others in the medication process
4A Those involved in the process • prescribers, dispensers, managers, social care staff, clerical staff/administrators, family members, individuals **4B Care contexts** • care homes, day services, individual's own home, sheltered accommodation, supported housing, schools, other networks and services for individuals e.g., education, religious establishments, voluntary agencies, activities and entertainment **4C Roles of self and others** • prescribing medication e.g., POM by doctors, dentists, nurse independent prescribers, pharmacist independent prescribers • dispensing medication e.g., pharmacist • obtaining and receiving medication e.g., check that medicine received matches the individual's name, record receipt on appropriate documentation, follow storage instructions • need for confidentiality • administering medication e.g., individuals to manage their own medications as far as they are able, consent of individual, follow instructions in care/support plan and Medication Administration Record (MAR), record administration • concerns about medication reported to the manager/supervisor who will seek advice from GP, pharmacist or nurse **4D Limitations of own role** • training required to assess knowledge and competence required to give oral medicines (tablets, capsules, liquids), ear, nose and eye drops, inhalers, topical medicines • person-specific specialised training e.g., for suppositories, enemas and injections • follow agreed organisational ways of working

What needs to be learned
• assistance with medication/administration only of medicines written in the care/support plan • decisions about providing 'take as required/PRN' medication beyond scope of role • administer or assist with medication only when it is stored in the original container sold or supplied by the pharmacist or manufacturer, or in a multi-compartment compliance aid filled by pharmacist • specific training e.g., for an administration technique **4E Support and information in the workplace** • care plan, Medication Administration Record (MAR), patient information leaflet, manager/supervisor, pharmacist, policies, procedures and agreed ways of working documentation
Learning outcome 5: Know how to access information about medication
5A Key approved national sources of information • prescriber, pharmacist, publications e.g., British National Formulary, online e.g., Medical Information Management System (MIMS), National Electronic Library for Medicines, NHS website, Medicines and Healthcare products Regulatory Agency (MHRA) **5B Information which should be supplied with medication** • name of individual, date, storage, dose, number of doses a day, method of administration, timing e.g., before meals, with food **5C Importance of seeking information from an individual about their medication and condition** • individual may have self-administered (POM, P medicines, GSL medicines), change in condition of individual, possible adverse side effects of medication

Essential information for tutors and assessors

Essential resources

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

Delivery

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

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

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

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

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

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

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

Assessment

This unit is internally assessed. To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

The assessment for this unit should be set in a specific organisational context, it should draw on learning from the unit and be designed in a way that enables learners to meet all the assessment criteria.

A recommended assessment approach is given below. Centres are free to create their own assessment as long as they are confident it enables learners to provide valid, relevant and sufficient evidence to meet the stated standard of the assessment criteria and achieve the learning outcomes.

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

For AC1.1, the learner needs to identify all common types of medication as identified in unit content section 1A and give one reason why each is used. The evidence could be provided through a short answer paper or responses to oral questioning by the tutor.

To meet AC1.2, the learner will need to describe clearly the different routes by which medication can be administered. They can give examples to support their description, and evidence may be presented in the form of a short report.

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

To meet AC2.1, learners need to describe clearly how medicines are classified including General Sales List (GSL), Pharmacy (P), Prescription Only Medicines (POM) and controlled drugs. They can give you examples to support their description.

For AC3.1, the learner needs to outline the key points in current legislation and guidance relating to prescribing and administering medication.

To meet AC3.2, the learner will need to outline the results of not following relevant legislation or guidance.

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

For AC4.1, the learner needs to provide clear information identifying who is responsible for prescribing, dispensing, obtaining, receiving and administering medication, including their own role in the setting.

AC4.2 requires the learner to identify the limitations relating to their role in the medication process to include training requirements and following written instructions in the care/support plan and MAR.

For AC4.3, the learner must identify the different ways to get support and information relating to medication in the workplace.

For AC5.1, the learner will need to give the key approved national sources of official information about medication.

To meet AC5.2, the learner must describe all the information that should be supplied with medication.

For AC5.3, the learner will need to describe why it is important to seek information from the individual about their medication. They can give examples to support their description.

Unit 2: Supply, Storage and Disposal of Medication

Level: 2

Credit value: 3

Guided learning hours: 24

Unit aim

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

Unit introduction

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

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

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

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

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand how medicines are supplied and stored	1.1 Identify the purpose of a prescription 1.2 List the information that has to be checked and recorded once medication has been received 1.3 Describe the procedure for: • transferring medication from one setting to another • obtaining medication in an emergency situation • obtaining medication 'as and when required' (PRN) • renewal of prescription
2 Know the requirements for storing medication	2.1 Describe the requirements of medication storage within the following settings: • clinical settings • residential care • day services • domiciliary care • non-care settings 2.2 Explain how controlled drugs should be stored within the settings listed in 2.1 2.3 Outline how to support individuals to store medication securely for self-administration 2.4 Give examples of the types of medication that have specific storage requirements
3 Understand the requirements for the safe disposal of medication	3.1 Give examples of why drugs need to be disposed of 3.2 Outline the procedures for the safe and secure disposal of medication and equipment for: • nursing care settings • care settings • domiciliary care settings • controlled drugs 3.3 Explain why it is important to dispose of medication and equipment in line with agreed procedures

Unit content

What needs to be learned
Learning outcome 1: Understand how medicines are supplied and stored
1A The purpose of a prescription • instructions for the care plan of an individual e.g., medicines, spectacles, surgical appliances, for the supply of Prescription Only Medicine (POM) by doctors, dentists, nurse independent prescribers or pharmacist independent prescribers, for the supply of controlled drugs, to give information about dosage, frequency, route of administration, repeat prescriptions for ongoing conditions **1B Information that has to be checked and recorded once medication has been received** • checks and recording required in line with agreed ways of working, the medicine received matches the medication and dosage prescribed by the prescriber, information includes the individual's name, date of prescription, expiry date, dosage, frequency, route of administration, storage details e.g., temperature **1C Procedure for transferring medication from one setting to another** • in line with agreed ways of working/transfer policy, transfer to e.g., day care, respite care, residential care, medication to accompany transfer of individual, medication in original container, copy of the record of administration, audit trail e.g., recording **1D Procedure for obtaining medication in an emergency situation** • in line with agreed ways of working for obtaining, receiving and recording, medication for a new health problem e.g., antibiotics for a chest infection, separate process to deal with prescriptions for acute medication, clear audit trail e.g., recording **1E Procedure for obtaining medication 'as and when required' (PRN)** • in line with agreed ways of working, renewal of prescription procedures, audit trail e.g., recording, stock control e.g., check frequency of usage, expiry date, reduce over ordering **1F Procedure for renewal of a prescription** • in line with agreed ways of working, repeat prescription from the GP surgery, repeat prescription through pharmacy collection service, time required to process renewal, check any changes to prescription, clear audit trail e.g., recording
Learning outcome 2: Know the requirements for storing medication
2A Storage requirements • in line with agreed ways of working, medicines in the original containers supplied and labelled by the pharmacist or dispensing GP practice

What needs to be learned

- at temperature stated on patient information leaflet e.g., refrigerated, cool, dry conditions
- within clinical settings e.g., central storage of medicines in locked cupboard, accessible only to staff who administer medicines, key security system
- within residential care e.g., risk assessment, personal lockable cupboard for individuals in their own rooms to administer own medication and/or central storage of medicines in locked cupboard accessible only to staff who administer medicines, key security system
- within day services e.g., individuals keep their own medicines with them, day care may accept responsibility for giving medicines, provide storage facilities, may arrange for a specially dispensed supply just for use while in the service or brought into the service each time the individual visits
- within domiciliary care individual's decision about how they will store medication
- within non-care settings e.g., education, religious establishments, voluntary agencies

2B Storage of controlled drugs

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

2C How to support individuals to store medication securely for self-medication

- advise on safe storage e.g., to ensure children who visit cannot access, ensure they are not accidentally mixed up with medicines belonging to other people, to prevent them being stolen, ensure others cannot help themselves

2D Types of medication that have specific storage requirements

- types e.g., some antibiotics, vaccines, insulin, eye drops, compromised medication awaiting disposal

What needs to be learned
Learning outcome 3: Understand the requirements for the safe disposal of medication
3A Why drugs need to be disposed of • medication changed or discontinued, medication out of date, compromised, death of individual **3B Procedures for the safe and secure disposal of medication and equipment** • organisational procedures (local, national), recording of disposal, equipment e.g., syringes, needles • in nursing care settings return to pharmacy • care settings must arrange for the collection of waste medication and clinical waste products with a licensed waste disposal company • domiciliary care settings return to supplier • Controlled Drugs in care homes registered to provide nursing care e.g., if supplied for a named person make unsuitable for use using a kit designed for this purpose (denatured) and then use licensed waste disposal company, if supplied as 'stock' for the care home an authorised person must witness the disposal • in all other settings Controlled Drugs must be returned to the supplier **3C Importance of disposing of medication and equipment in line with agreed procedures** • to meet legal requirements, to protect individuals e.g., to ensure medication is not taken accidentally by others, to prevent infection from needles, to prevent theft, to prevent misuse, protect the environment

Essential information for tutors and assessors

Essential resources

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

Delivery

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

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

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

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

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

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

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

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

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

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

Assessment

This unit is internally assessed. To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

The assessment for this unit should be set in a specific organisational context, it should draw on learning from the unit and be designed in a way that enables learners to meet all the assessment criteria.

A recommended assessment approach is given below. Centres are free to create their own assessment as long as they are confident it enables learners to provide valid, relevant and sufficient evidence to meet the stated standard of the assessment criteria and achieve the learning outcomes.

This unit must be assessed in accordance with the Skills for Health Assessment Principles. See *Annexe A* for details.

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

For AC1.1 the learner will need to identify the purpose of a prescription including why prescriptions are produced and what is included.

To meet AC1.2, the learner needs to list all essential information that has to be checked and recorded on receipt of medication (individual's name, date of prescription, expiry date, dosage, frequency, route of administration, any storage details for example temperature). An example using the recording documentation of a specific setting may be used to provide the evidence.

For AC1.3, all the relevant aspects of the setting's procedures in relation to transferring medication from one setting to another, obtaining medication in an emergency situation and 'as and when required' (PRN) and renewing prescriptions need to be described clearly.

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

For AC2.1, all the necessary, current requirements for storing medication in a clinical setting, residential care, day services, domiciliary care and non-care settings need to be described. Reference to working in line with agreed ways of working need to be included.

To meet AC2.2, the learner needs to explain how controlled drugs must be stored in each of the settings (clinical, residential care, day services, domiciliary care, non-care settings). They need to include the reasons for these additional safety precautions and requirements.

For AC2.3, the learner needs to outline the different ways to support individuals to store medication. Examples may be given to support the response.

To meet AC2.4 examples of medication with specific storage requirements need to be given.

For AC3.1, the learner needs to give different examples of why drugs need to be disposed of.

To meet AC3.2, the learner needs to outline the current procedures for the safe disposal of medication and equipment in nursing care, care and domiciliary care settings. The particular procedures for disposing of controlled drugs in care homes registered to provide nursing care, and other settings, will need to be included. Reference needs to be made to local, national and organisational procedures and recording.

For AC3.3, the learner needs to explain why it is important to follow agreed procedures when disposing of medication and equipment.

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

Level: 2

Credit value: 4

Guided learning hours: 39

Unit aim

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

Unit introduction

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

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

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the preparations to be taken prior to administering medication	1.1 Describe the roles and responsibilities of staff involved in: • supporting individuals to take medication • administering medication • using specialised techniques to administer medication 1.2 Explain why it is important to follow instructions on the preparation of and use of medication and the method of administration from the: • individual • manufacturer • pharmacist • organisation 1.3 Explain why it is important to gain the individual's consent prior to administering medication 1.4 Identify the information that should be given to individuals to enable them to give valid consent 1.5 Explain why it is important to agree with the individual: • the medication to be taken • the support to be provided in relation to their own needs and preferences 1.6 Describe how and why the following should be checked prior to administering medication: • identity of individual • Medication Administration Record (MAR) • medication • equipment • environment 1.7 Describe the hygiene precautions that should be taken when preparing to administer medication in relation to: • the individual receiving medication • self and others who may be affected

Learning outcomes		Assessment criteria	
		1.8	Explain why it is important to ensure that the correct dose, of the correct medication, is given to the correct person at the correct time, by the correct route or method
2	Understand how medication is administered safely and in a way that meets individual needs	2.1	Describe a range of aids and equipment available for administering medicine
		2.2	Give positive and negative points of using drug administration systems
		2.3	Give examples of special instructions that might need to be followed when giving medication
		2.4	Describe how to support individuals to take medication whilst promoting privacy, dignity, hygiene, safety, and active participation
		2.5	Explain how to record the outcomes following administration of medication
		2.6	Give examples of when it may be necessary to seek additional support and guidance and who should provide it
		2.7	Identify the key requirements of legislation and guidance in relation to the administration of medicine
3	Understand how to support individuals to administer their own medication	3.1	Explain why it is important to support an individual to administer their own medication
		3.2	Identify key aspects of legislation and guidelines related to self-administration of medication
		3.3	Explain how to carry out a risk assessment for an individual who prefers to administer their own medication
		3.4	Outline the conditions that must be in place when a client self-medicates
		3.5	Describe the records that must be kept in relation to self-medication

Learning outcomes		Assessment criteria	
4	Understand the procedures to follow when there are problems with the administration of medication	4.1	Describe the actions to be taken in line with agreed ways of working in relation to the following situations: • errors administering medication • individual declines prescribed medication • medication is compromised • discrepancies in records • administering controlled drugs
		4.2	Outline how to support an individual who has difficulty taking medication in the form it has been prescribed
		4.3	Explain how to support the best interests of individuals who are unable to consent to prescribed medication
5	Understand how the effects of medication are monitored	5.1	Describe how to monitor the effects of medication on the individual and the condition it has been prescribed for
		5.2	Identify side effects of widely used medicines
		5.3	Explain what is meant by an adverse reaction
		5.4	Describe the actions to be taken if side effects or an adverse reaction to medication are suspected
		5.5	Outline how medication reviews should be carried out in line with national guidelines
		5.6	Explain how the outcomes of monitoring should be recorded and reported

Unit content

What needs to be learned
Learning outcome 1: Understand the preparation to be taken prior to administering medication
1A Roles and responsibilities of staff • in line with agreed ways of working, supporting individuals to take medication e.g., recognise freedom of choice, encouraging independence, administering medication and using specialised techniques to administer medication e.g., injections, rectal administration, medication via PEG tube, calculate dose and to consider informed consent, only if specified in the care plan/support plan, appropriate training/competent to administer, safety, hygiene, dignity, personal and cultural preferences **1B Importance of following instructions on the preparation and use of medication** • to prevent harm to the individual, to maximise benefits of medication, information from individuals e.g., reporting side effects, previous adverse reactions, personal preference, information from the manufacturer and pharmacist e.g., storage, contraindications, specific timings, side effects, adverse reactions, information about precautions needed by care worker, from organisation e.g., agreed ways of working **1C Importance of gaining the individual's consent before administering medication** • in line with agreed ways of working, promote the rights of the individual, informed consent, when an individual does not give consent, acting in the best interests of the individual where informed consent is not possible **1D Information that should be given to individuals to enable them to give valid consent** • reason for medication, method of administration, possible side effects, risk of adverse reactions, implications of not taking medication, length of course of medication **1E Importance of agreeing with the individual the medication to be taken and the support to be provided in relation to their own needs and preferences** • regarding the individual as an active partner in their own care and support, individual may have self-administered, reactions since last dose, changes to condition, changes to support needs

What needs to be learned

1F Checks before administering medication

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

1G Hygiene precautions that should be taken when preparing to administer medication

- in line with agreed ways of working, standard precautions to minimise or prevent infection and cross infection e.g., hand hygiene, use of personal protective equipment, disposal arrangement e.g., bags, sharps disposal, aseptic non touch technique

1H Importance of ensuring that the correct dose, of the correct medication, is given to the correct person at the correct time, by the correct route or method

- protect individuals from harm e.g., serious, or life-threatening consequences, maximise benefits of medication

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

2A Range of aids and equipment available for administering medicine

- medicine pots, measuring spoons, oral syringe, nebuliser, Monitored Dosage Systems (MDS)

2B Positive and negative points of using drug administration systems

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

2C Special instructions which might need to be followed when giving medication

- PRN, before food, with food, after food, swallowed whole, dependent on test results/condition of individual e.g., blood test, pulse rate

What needs to be learned
2D Supporting individuals to take medicine whilst promoting privacy, dignity, hygiene, safety and active participation • maintaining confidentiality according to agreed ways of working, reference to care/support plan, tactful and sensitive to personal/cultural preferences, use prompts as reminders, providing (MDS) or compliance aids **2E Recording the outcomes following administration of medication** • in line with agreed ways of working e.g., using MAR, outcomes e.g., individual has taken medication, individual's decision not to take medication, individuals having difficulty taking medication, vomiting after taking medication, adverse reactions **2F When it may be necessary to seek additional support and guidance and who should provide it** • individual will not or cannot take the medication, adverse reactions, confusing or incomplete instructions, lost/spilt medication, who to contact e.g., manager, nurse, senior staff, prescriber, pharmacist **2G Key requirements of legislation and guidance in relation to the administration of medication** • legislation and guidance relating to medication supply, storage, use and administration and disposal should be current and up to date. Centres should ensure that delivery of content is kept up to date. In particular with reference to regulation, legislation, policies and regulatory/standards organisations. This is designed to provide guidance on breadth and depth of coverage and may be adjusted to update content and to reflect variations within the UK.
Learning outcome 3: Understand how to support individuals to administer their own medication
3A Importance of supporting an individual to administer their own medication • regards the individual as an active partner in their own care and support, maintaining dignity, encourages independence, supports freedom of choice **3B Key aspects of legislation and guidelines related to self-administration of medication** • legislation and guidance relating to medication supply, storage, use and administration and disposal should be current and up to date. Centres should ensure that delivery of content is kept up to date. In particular with reference to regulation, legislation, policies and regulatory/standards organisations. This is designed to provide guidance on breadth and depth of coverage and may be adjusted to update content and to reflect variations within the UK.

What needs to be learned
3C How to carry out a risk assessment for an individual who prefers to administer their own medication • identify hazards, who may be harmed, existing precautions to control risk, evaluate risk, levels of required support recorded in care plan, timescale for review **3D Conditions that must be in place when a client self-medicates** • risk assessment, client consents to self-administration, client understands responsibilities for storage of medication, client has information about medication e.g., name of the medicine, why they are taking it, dose and frequency, common side effects and what to do if they occur, any special instructions, duration of the course/how to obtain further supplies, client will need to be able to open the medicine containers, compliance aids e.g., reminder chart, large labels, eye drop dispenser, alarm clock, safe storage, regular assessment of risk **3E Records that must be kept in relation to self-medication** • in line with agreed ways of working, records of date and quantity of medication given to an individual, any prompting required, changes to individual's condition, regular monitoring, review and reassessment
Learning outcome 4: Understand the procedures to follow when there are problems with the administration of medication
4A Actions to be taken in line with agreed ways of working in relation to errors in administering medication • errors e.g., wrong dose, not given, given to the wrong individual, immediately report to line manager, record incident e.g., MAR, incident report form **4B Actions to be taken in line with agreed ways of working in relation to individual declining prescribed medication** • follow written procedure, go back to individual and offer again, record on MAR, seek advice (manager, nurse, senior staff) **4C Actions to be taken in line with agreed ways of working in relation to compromised medication** • compromised e.g., out of date, damaged, stored incorrectly, seek advice (manager, nurse, senior staff), do not administer medication/assist with the medication until problem resolved, record actions **4D Actions to be taken in line with agreed ways of working in relation to discrepancies in records** • discrepancies e.g., does not have label attached by the pharmacist or dispensing GP, unclear instructions on MAR, seek advice (manager, nurse, senior staff), do not administer medication/assist with the medication until problem resolved, record actions

What needs to be learned

4E Actions to be taken in line with agreed ways of working in relation to administering controlled drugs

- follow procedures for administration of all medication e.g., to ensure correct individual, correct medication, correct dose, correct time, correct route/method, administration recorded both on the MAR and Controlled Drug (CD) record book (bound book with numbered pages, separate page for each CD for each person), record balance remaining for each product, in residential settings a second, appropriately trained member of staff should witness process

4F How to support an individual who has difficulty taking medication in the form it has been prescribed

- refer to care/support plan, ensure good position e.g., upright (sitting or standing), offer/provide water, crushing/splitting tablets (only with written instructions from prescriber or pharmacist), seek advice (manager, nurse, senior staff, prescriber)

4G How to support the best interests of individuals who are unable to consent to prescribed medication

- in line with agreed ways of working, in relation to Mental Capacity Act 2005, all practical and appropriate steps are taken to enable a person to make the decision themselves, healthcare professional should assess the capacity of the individual to make the decision, consider individual's past and present wishes and feelings, beliefs and religious, cultural or moral values, decisions of assessment of capacity recorded

Learning outcome 5: Understand how the effects of medication are monitored

5A How to monitor the effects of medication on the individual and the condition it has been prescribed for

- observations e.g., pulse, respiratory rate, verbal reporting by individual, follow agreed ways of working regarding recording

5B Common side effects of widely used medicines

- widely used medicines e.g., aspirin, non-steroidal anti-inflammatory drugs, antibiotics, antihistamines, diuretics, antidepressants (tricylics, Selective Serotonin Reuptake Inhibitors), anti-epileptic drugs, anticoagulants

5C What is meant by an adverse reaction

- unpredictable, only occur in certain people, unexpected side effect, medication intolerance, allergic reaction

5D Actions to be taken if side effects or an adverse reaction to medication are suspected

- in line with agreed ways of working, seek advice (manager, nurse, senior staff, prescriber), record actions

What needs to be learned

5E How medication reviews should be carried out in line with national guidelines

- Structured Medication Review e.g., regular review, annual review for over 75s, anyone regularly taking prescription medicines or medicines for a long-term illness, with doctor or nurse, confidential, opportunity for individual to discuss worries or concerns, outcomes of review recorded in medical records

5F How the outcomes of monitoring should be recorded and reported

- changes to medication recorded in line with agreed ways of working e.g., on MAR, care/support plan

Essential information for tutors and assessors

Essential resources

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

Delivery

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

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

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

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

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

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

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

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

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

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

Assessment

This unit is internally assessed. To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

The assessment for this unit should be set in a specific organisational context, it should draw on learning from the unit and be designed in a way that enables learners to meet all the assessment criteria.

A recommended assessment approach is given below. Centres are free to create their own assessment as long as they are confident it enables learners to provide valid, relevant and sufficient evidence to meet the stated standard of the assessment criteria and achieve the learning outcomes.

This unit must be assessed in accordance with the Skills for Health Assessment Principles. See *Annexe A* for details.

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

For AC1.1 and 1.2, learners could prepare a report which explains the roles and responsibilities of staff and the importance of following the correct procedures for administering medication.

A leaflet about consent for medication to inform clients and their families could be prepared to meet AC1.3, 1.4 and 1.5.

Evidence for AC1.6 and 1.7 could be presented as guidance for workers in a care setting preparing to administer medication in care settings.

For AC1.1, the learner will need to describe the roles and responsibilities of staff supporting individuals to take medication, administering medication, and using specialised techniques. Reference needs to be made to the importance of relevant training.

AC1.2 requires the learner to explain why it is important to follow instructions on the preparation and use of medication and method of administration from the individual, manufacturer, pharmacist, and the organisation standpoints. They can give examples to support the explanations.

To meet AC1.3, the explanation needs to include reference to the rights of the individual to give consent to medication.

AC1.4 requires the learner to list all the essential information required by individuals to enable them to give valid consent.

For AC1.5, the learner must give reasons why it is important to agree the medication and support needs with the individual. This needs to include reference to the individual as an active partner in their own care and support.

For AC1.6, the learner needs to describe clearly and accurately the method of making checks before administering medications and the reasons for these checks with regards to the identity of the individual, the MAR, medication, equipment and the environment.

To meet AC1.7, the learner needs to describe the hygiene procedures to follow before administering medication to protect the individual receiving medication and self and others. Reference needs to be made to agreed ways of working and standard precautions to minimise or prevent infection and cross infection.

For AC1.8, the reasons for ensuring the correct dose, correct medication correct individual, correct time and correct route may be evidenced by responses to case studies.

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

For AC2.1, the learner will need to give a brief description of different aids and equipment available for administering medication.

To meet AC2.2, some advantages and disadvantages of drug administration systems need to be given.

For AC2.3, the learner needs to give examples of different instructions which may need to be followed before administering medication.

For AC2.4, learners can give a brief description of different ways to support individuals, that may be given in response to case studies, referring to agreed ways of working and the individual's care/support plan.

For AC2.5, the learner needs to explain how to record different outcomes. Examples of recordings on MARs may be given to support their response.

To meet AC2.6, the learner will need to give different examples of when additional support will be needed and who to refer to.

For AC2.7, the main points of relevant current legislation and guidance in relation to administration of medicine need to be identified.

To meet AC3.1, the learner needs to explain why it is important that individuals are supported in administering their own medication. This needs to include a reference to the individual as an active partner in their own care and support.

For AC3.2, the learner will need to include brief information about the key aspects of current, relevant legislation and guidance in relation to self-administration of medication.

To meet AC3.3, the learner will need to explain how to carry out a risk assessment for an individual to self-medicate. They can support their evidence with examples.

For AC3.4, the learner needs to outline what needs to be in place for a client to self-medicate.

For AC3.5, the learner needs to describe how to keep records of self-medication, including reference to agreed ways of working.

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

For AC4.1, the learner will need to describe accurately the actions to be taken in all the following situations, if there are errors in administering medication, the individual declines prescribed medication, medication is compromised, there are discrepancies in records and administering controlled drugs. The importance of working to agreed ways of working, working within limits of own responsibilities, recording actions, and seeking advice need to be included.

To meet AC4.2, brief information about how to support an individual who has difficulty taking medication needs to be given. Evidence may be in response to a case study.

For AC4.3, the learner needs to explain how individuals who are unable to give consent are supported. This will need to include how healthcare professionals assess the capacity of the individual to make the decision in relation to the Mental Capacity Act 2005.

For AC5.1, the learner needs to describe the different ways to check the effects of medication. Examples may be given to support their description.

To meet AC5.2, a list of widely used medications and accurate information about their side effects will need to be given.

For AC5.3, the learner needs to explain what is meant by an adverse reaction and they can give examples to support their explanation.

For AC5.4, the learner will need to describe the actions to take if side effects or adverse reactions are suspected. This needs to include a reference to agreed ways of working, recording actions and seeking advice.

To meet AC5.5, the learner will need to outline how medication reviews should be carried out with reference to the Structured Medication Review.

For AC5.6, the learner needs to explain how outcomes of monitoring and review are recorded on the care/support plan and MAR with reference to agreed ways of working.

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

Level: 2

Credit value: 3

Guided learning hours: 24

Unit aim

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

Unit introduction

Poor records are a potential cause of preventable medication errors. Robust systems for recordkeeping and auditing to support the receipt, administration and disposal of medication are essential and mitigate against mistakes, and protect the safety, health and wellbeing of individuals who use the services. All those involved in medication transactions need to be aware of the need for accountability and not, most importantly, the parameters of their own responsibilities and those of others. In this unit learners will develop knowledge and understanding in these key areas.

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

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

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the audit process in relation to medication transactions and stock levels	1.1 Describe the requirements for medication transactions and stock levels in relation to: • the role of the pharmacist • manufacturer's instructions • organisational policies • inspection and internal audit • legal requirements 1.2 Explain how medication is recorded on: • receipt • administration • disposal
2 Understand how information is recorded and confidentiality maintained	2.1 Describe the key aspects of record keeping in an environment where medication is used in relation to: • documentation • correct recording • signatures 2.2 Outline the requirements of the regulatory authorities in relation to medication record keeping 2.3 Identify what information needs to be recorded when compiling a medicine profile for a client 2.4 Explain why all records relating to medicines must be kept up to date 2.5 Outline the key points of legislation relating to confidentiality in relation to: • who records what, where and when • who has access to records • individual rights • maintaining confidentiality 2.6 Identify own role in maintaining confidentiality and keeping information secure

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

Unit content

What needs to be learned
Learning outcome 1: Understand the audit process in relation to medication transactions and stock levels
1A Requirements for medication transactions and stock levels • role of pharmacist e.g., dispensing following receipt of prescription, arrangements for repeat prescription, synchronised supply, pharmacy collection service • manufacturer's instructions e.g., storage, expiry date, patient information leaflet, side effects, contraindications • organisational policies e.g., national and local guidelines, agreed ways of working for recording transactions and stock levels • policy and guidance relating to record keeping, quality checks, quality improvement should be current and up to date. Centres should ensure that delivery of content is kept up to date. In particular with reference to regulation, legislation, policies and regulatory/standards organisations. This is designed to provide guidance on breadth and depth of coverage and may be adjusted to update content and to reflect variations within the UK. • inspection and internal audit e.g., Care Quality Commission Standards, recording in line with agreed ways of working, Medication Administration Records (MAR) • legal requirements e.g., Care Standards Act 2000, Medicines Act 1968 **1B How medication is recorded** • on MAR/records required by an organisation, on receipt (date, name of individual matches name on medication, medication received is as prescribed, storage, dose, when medication should be given, route of administration, expiry date, date further supplies will be required) • administration (date, time, refusals, reminders, assistance provided, signature) • disposal (name of medication, date of disposal, disposal route)
Learning outcome 2: Understand how information is recorded and confidentiality maintained
2A Key aspects of record keeping in an environment where medication is used • in line with agreed ways of working, keeping account of all medication requested, received, administered, disposed of • documentation e.g., MAR, clear, legible, current, unambiguous • correct recording e.g., accurate, no omissions, written in black ink

What needs to be learned
• signatures e.g., dated, on receipt, on administration, on disposal, second signatures for Controlled Drugs (CD) **2B Requirements of the regulatory authorities in relation to medication record keeping** • Care Quality Commission Regulations, National Institute for Clinical Excellence (NICE) **2C Information to be recorded when compiling a medicine profile for a client** • full name, age, weight, allergies, adverse reactions, GP, all medication prescribed dose, any special instructions, method of administration, frequency, duration of the course, 'when required' (PRN) medication, any assistance required in administration **2D Why all records relating to medicines must be kept up to date** • regulatory requirements, ensure that the correct dose, of the correct medication is given to the correct person at the correct time, by the correct route or method, take account of changes to medication, records of adverse reactions and allergies to medication, prevent misunderstandings, ensure continuity of medication, to keep account of stocks **2E Key points of legislation relating to confidentiality in relation to who records what, where and when, who has access to records, individual rights, maintaining confidentiality** • relevant sections from current legislation e.g., Data Protection Act 2018 (set of standards for obtaining, holding, using or disposing of personal data), Human Rights Act 1998 (enshrines a right to respect for individual private lives), Access to Health Records Act 1990 **2F Own role in maintaining confidentiality and keeping information secure** • in line with agreed ways of working, demonstrate respect for rights of individual, storage of records e.g., MAR
Learning outcome 3: Understand own role in relation to accountability and responsibility
3A Accountability and responsibility • accountability (liability to be called on to provide an explanation, account for one's conduct), responsibility (ability to act independently, make decisions) **3B Importance of accountability in relation to medication** • supports safe practice, medication transactions are audited to ensure correct dose, of the correct medication, is given to the correct person at the correct time, by the correct route or method, requirement to account for discrepancies in records of receiving, administering and disposing of medication, changes can be made to working practices to reduce errors, training needs identified

What needs to be learned

3C Responsibilities of different people involved with the storage or administration of medication

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

3D Potential consequences of not following agreed ways of working as set out by an employer

- serious or life-threatening consequences for clients, maximum benefits of medication not achieved, disciplinary action, legal action, organisation fails to meet Care Quality Commission Standards

Essential information for tutors and assessors

Essential resources

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

Delivery

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

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

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

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

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

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

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

Assessment

This unit is internally assessed. To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

The assessment for this unit should be set in a specific organisational context, it should draw on learning from the unit and be designed in a way that enables learners to meet all the assessment criteria.

A recommended assessment approach is given below. Centres are free to create their own assessment as long as they are confident it enables learners to provide valid, relevant and sufficient evidence to meet the stated standard of the assessment criteria and achieve the learning outcomes.

This unit must be assessed in accordance with the Skills for Health Assessment Principles. See *Annexe A* for details.

For AC1.1, the learner will need to describe clearly what is required for medication transactions and stock levels relating to the role of the pharmacist, manufacturer instructions, organisational policies, inspection and internal audit and legal requirements.

For AC1.2, learners could use an example of a completed MAR or organisational record showing medication receipt, administration and disposal with annotations which explain the reasons for these recordings.

For AC2.1, the key aspects required for recording medication need to be described. The learner needs to refer to the need for clarity, legibility accuracy, dates, signatures in ink, in relation to receiving, administering, and disposing of medication.

For AC2.2, the learner needs to outline only the requirements of the regulatory authorities for medication record keeping.

To meet AC2.3, the learner needs to list the information needed to complete a medicine profile for an individual. This must include essential information about the individual, including name, allergies, all medication, dose/s, route of administration and frequency.

For AC2.4, explanations of reasons why records relating to medicines need to be up to date could be presented in response to case studies. The learner will need to refer to regulatory requirements and the need to prevent errors in the administration of medication.

AC2.5 requires the learner to outline the key features only of the legislation relating to confidentiality. This will need to include reference to data protection and human rights.

For AC2.6, the learner needs to provide information about what they must do to maintain confidentiality and keep information secure. Reference is needed to working in line with agreed ways of working and how they will respect individual rights.

To meet AC3.1, the learner needs to define both accountability and responsibility.

For AC3.2, the learner needs to explain why accountability is important in relation to medication including supporting safe practice and the requirement to account for discrepancies in records of receiving, administering, and disposing of medication.

Evidence for AC3.3 needs to include and describe the responsibilities of different people involved with the storage or administration of medication and must include reference to all working in line with agreed ways of working and within agreed responsibilities/level of competence. Supporting examples may be given.

The potential consequences of not following agreed ways of working for AC3.4 may be evidenced in response to case studies.

10 Suggested teaching resources

This section lists resource materials that can be used to support the delivery of the qualification.

Textbooks

Dorling Kindersley – *New Guide to Medicine and Drugs: The Complete Home Reference to Over 3,000 Medicines 11th Edition* (Dorling Kindersley, 2021) ISBN 9780241471029

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

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

Journals

Nursing Times

Websites

www.bnf.org	British National Formulary
www.cwc.org.uk	Care Quality Commission
www.medicines.org.uk	Electronic Medicines Compendium
www.mims.co.uk	MIMS – database of prescription and generic drugs, clinical guidelines and patient advice
www.nmc.org.uk	Nursing and Midwifery Council
www.rpsgb.org.uk	Royal Pharmaceutical Society of Great Britain
www.skillsforcare.org.uk	Sector Skills Council for Care
www.skillsforhealth.org.uk	Sector Skills Council for the UK Health Sector
www.nice.org.uk	Guidance, advice and information services for health, public health and social care professionals
www.nhs.uk	NHS website

11 Appeals

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

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

12 Malpractice

Dealing with malpractice in assessment

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

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

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

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

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

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

Learner malpractice

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

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

Failure to report malpractice constitutes staff or centre malpractice.

Teacher/centre malpractice

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

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

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

Sanctions and appeals

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

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

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

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

The centre will be notified if any of these apply.

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

13 Further information and publications

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

All centres offering external assessments must comply with the Joint Council for Qualifications (JCQ) document *Instructions for conducting examinations.*

Further documents that support the information in this specification:

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

Publisher information

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

14 Glossary

Part A – General terminology used in specification

Term	Description
Level	Units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.
Credit value	All unit(s) in this qualification have a credit value/The unit in this qualification has a credit value. The minimum credit value is 1 and credits can be awarded in whole numbers only.
Guided learning hours (GLH)	This indicates the number of hours of activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study. Units may vary in size.
Total qualification time (TQT)	This indicates the total number of hours that a typical learner will take to complete the qualification. This is in terms of both guided learning hours but also unguided learning, for example private study, time spent in the workplace to master skills.
Learning outcomes	The learning outcomes of a unit set out what a learner knows, understands or is able to do as the result of a process of learning.
Assessment criteria	The assessment criteria specify the standard the learner is required to meet to achieve a learning outcome.
Unit content	This section sets out the required teaching content of the unit and specifies the knowledge, skills and understanding required for achievement of the unit. It enables centres to design and deliver a programme of learning that will enable learners to achieve each learning outcome and to meet the standard determined by the assessment criteria.
Summative assessment	Assessment that takes place after the programme of learning has taken place.
Valid assessment	The assessment assesses the skills or knowledge/understanding in the most sensible, direct way to measure what it is intended to measure.

Term	Description
Reliable assessment	The assessment is consistent and the agreed approach delivers the correct results on different days for the same learners and different cohorts of learners.

Part B – Terms used in knowledge and understanding criteria

Term	Description
Describe	Give a clear account in their own words, including all the relevant information (e.g. qualities, characteristics or events, etc.). Description shows recall and in some cases application.
Explain	Provide details and give reasons and/or evidence to support an opinion, view or argument. **OR** Provide details and give relevant examples to clarify and extend a point. This would usually be in the context of learners showing their understanding of a technical concept or principle.
Identify	Shows the main features or purpose of something. Can recognise it and/or name characteristics or facts that relate to it.
Outline	Provide a summary or overview or brief description.

Annexe A

Assessment Principles

Assessment Principles for Qualifications that Assess Occupational Competence

Version 4

November 2017

1. Introduction

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

1.2 This document sets out principles and approaches to the assessment of regulated qualifications not already described by the qualifications regulators in England, Wales and Northern Ireland. This information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the sector and should be read alongside these. It should also be read alongside individual unit assessment requirements.

1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence.

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

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

2. Assessment principles

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

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

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

2.3 Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. Where the Awarding Organisation requires that the assessor holds, or is working toward, a formal assessor qualification, that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working toward a formal qualification, we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the Learning and Development National Occupational Standard 09 Assess learner achievement.

2.4 Competence based units must include direct observation[2] in the workplace as the primary source of evidence.

2.5 Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Where this may be the case the use of simulation in the unit assessment strategy will be agreed with Skills for Health.

2.6 Expert witnesses can be used for direct observation where they have occupational expertise for specialist areas, or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.7 Assessment decisions for knowledge only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy.

3. Internal Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

3.2 Skills for Health would expect that where the Awarding Organisation requires those responsible for internal quality assurance to hold formal internal quality assurance qualifications that these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as

[2] Direct observation is face to face observation and must take place in the learner's workplace.

appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect those responsible for internal quality assurance to hold or be working toward a formal internal quality assurance qualification, we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meet the standard of practice set out in the Learning and Development National Occupational Standard 11 Internally monitor and maintain the quality of assessment.

4. Definitions

4.1 Occupationally competent

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

4.2 Occupationally knowledgeable

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

4.3 Qualified to make assessment decisions

This means that each assessor must hold a relevant qualification or be assessing to the standard specified in the unit/qualification assessment strategy.

4.4 Qualified to make quality assurance decisions

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

4.5 Expert witness

An expert witness must:

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

November 2021

For information about Pearson qualifications, including Pearson Edexcel, BTEC and LCCI qualifications visit qualifications.pearson.com