

Pearson BTEC Level 4 Award in General Practice Assistant (SRF)

Specification

Customised qualification on Pearson's Self Regulated Framework
for Sysco Business Skills Academy

First registration October 2023

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1 Introducing the qualification

What are Pearson Self Regulated Framework qualifications?

Pearson's Self Regulated Framework (SRF) is for customised qualifications to meet the needs of a particular range of learners and stakeholders.

Pearson designs SRF qualifications in collaboration with the centre that wishes to deliver and certificate learners.

These qualifications are not accredited or regulated by any UK regulatory body and are certificated by Pearson. For further information, please see *Pearson's Self Regulated Framework policy*, on our website, qualifications.pearson.com.

Collaborative development

This qualification has been developed with Sysco Business Skills Academy. NHS England as sector experts provided the specialist content for this qualification.

Qualification(s) purpose

This qualification has been developed for Sysco Business Skills Academy.

Pearson BTEC Level 4 Award in General Practice Assistant (SRF) is suitable for:

- supporting the development of knowledge and/or understanding related to the role of a General Practice Assistant
- developing skills related to the role of a General Practice Assistant
- developing learners' personal growth and engagement in learning
- learners employed in the role of a General Practice Assistant.

A General Practice Assistant will support GPs in the smooth running of the surgery by handling routine administrative tasks and some basic clinical duties, helping to free up the GP's time. They work with the direction of a GP, who has overall responsibility for medical care. Depending on the practice's needs, a GP Assistant can be trained to help with:

- Sorting all clinical post and prioritising
- Extracting all information from clinical letters that needs coding
- Dealing with all routine clinical post directly e.g., DNA letters, 2WW etc.

- Arranging appointments, referrals and follow up appointments of patients
- Preparing patients prior to going in to see the GP, taking a brief history and basic readings in readiness for the GP appointment.
- Dipping urine, taking blood pressure, ECGs & phlebotomy
- Completing basic (non-opinion) forms for the GP to approve and sign such as insurance forms, mortgage forms e.g., ESA113 etc.
- Explaining treatment procedures to patients including arranging follow up appointments
- Helping the GP liaise with outside agencies i.e., getting an on-call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s)
- Support the GP with immunisations/wound care.

While there is no requirement for the General Practice Assistant to have any practice experience, they would ideally have some experience and already be considered competent in good patient care in a GP practice. They must be DBS enhanced level checked.

The qualification gives learners the opportunity to:

- develop the fundamental technical skills and underpinning knowledge and understanding required to become competent in the job role. These cover the following areas: administration; care; clinical; communications; and managing health records. For details of the units included in this qualification, please see Section 3 Qualification structure.
- develop appropriate professional attitudes and behaviours that will support personal success in their job role and the long-term success of their organisation.
- develop a range of interpersonal and intrapersonal skills to support progression to, and success in, further study and career advancement.
- achieve a recognised Level 4 qualification.

2 Qualification summary and key information

Qualification title	Pearson BTEC Level 4 Award in General Practice Assistant (SRF)
SRF qualification code	27041
First registration date	01/10/2023
Total notional learning hours (NLH)	100 hours
Qualification value (NLH/10)	10
Assessment	This qualification is assessed via portfolio of evidence (internal assessment)
Approved age ranges	This qualification is suitable for learners aged 16 and above.
Grading information	The qualification and units are graded Pass/Fail.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification. However, a learner must be DBS enhanced level checked.

3 Qualification structure

Pearson BTEC Level 4 Award in General Practice Assistant (SRF)

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

Minimum number of units that must be achieved	5
Minimum number of Notional Learning Hours (NLH) that must be achieved	100

Unit number	Mandatory units	Level	Notional Learning Hours	Unit value (NLH/10)
1	Providing Administrative Support	4	10	1
2	Providing Person-centred Care	4	30	3
3	Providing Clinical Support	4	40	4
4	Communicating with Patients	4	10	1
5	Managing Health Records	4	10	1

4 Assessment requirements

The units in this qualification are all internally assessed.

Language of assessment

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

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

Internal assessment

Each unit has specified learning outcomes and assessment criteria. To pass a 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.

To give learners the opportunity to meet the learning outcomes and assessment criteria, the centre will need to devise appropriate and relevant assessment methods.

For guidance, please refer to the *Pearson's Self Regulated Framework (SRF) quality assurance handbook* on our website.

5 Centre recognition and approval

Centres must have approval prior to delivering and assessing customised qualifications on Pearson's Self Regulated Framework.

Centres that have not previously been approved will need to apply for, and be granted, centre recognition as part of the process for approval to offer this qualifications.

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

Approvals agreement

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

Centre resource requirements

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

- appropriate physical resources (for example IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification
- centres must meet any specific human resources. Staff involved in the assessment process must have fit-for-purpose and relevant expertise
- systems to ensure continuing professional development (CPD) for staff delivering, assessing and internally verifying the qualification
- health and safety policies that relate to the use of equipment by learners
- any unit-specific resources stated in individual units.

6 Access to qualifications

Access to qualifications for learners with disabilities or specific needs

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

We are committed to making sure that:

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

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

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

Reasonable adjustments and special consideration

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

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

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

7 Quality assurance of centres

The centre internally assesses this customised qualification and, to ensure consistency and validity of the assessment process, is responsible for making sure that all assessors and internal verifiers adhere to their internal verification processes.

Pearson quality assures its qualifications to check that all centres are working to the agreed standard. It gives us the opportunity to identify and provide support, if needed, to safeguard certification. This specification will be used by Pearson to externally verify and certificate the approved qualification(s).

For guidance, please refer to *Pearson's Self Regulated Framework (SRF) quality assurance handbook*, available on our website.

8 Units

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

For explanation of the terms within the units, please refer to *Section 12 Glossary*.

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

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

Unit 1: Providing Administrative Support

Level:	4
Notional learning hours:	10
Unit value (NLH/10):	1
SRF unit code:	51181S

Unit introduction

Providing administrative support to the practice GP is a vital role for the General Practice Assistant. By providing effective administration, the General Practice Assistant will be reducing the burden on the GP, allowing them to focus their time on patient health.

In this unit, you will learn how to handle confidential information in a practice setting with an understanding of key legal and codes of practice applicable to this role.

You will learn how to support individuals by providing appropriate information regarding a range of services and facilities to support patients to make informed decisions about their healthcare.

You will also learn how to extract key information from hospital, out of hours and other communications and how to support the GP with a range of common administrative tasks.

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 requirements for handling information in health and social care settings	1.1. Identify legislation and codes of practice that relate to handling information in health and social care i.e., confidentiality and information governance
		1.2. Summarise the main points of legal requirements and codes of practice for handling information in health and social care
2	Be able to implement good practice in handling information	2.1. Describe features of manual and electronic information storage systems that help ensure security
		2.2. Demonstrate practices that ensure security when storing and accessing information
		2.3. Give an example of where you have maintained records that are up to date, complete, accurate and legible
		2.4. Demonstrate an understanding of given consent by an individual to share information with another person or body
		2.5. Demonstrate an understanding of consenting where mental capacity is in doubt or not present
3	Know ways to support individuals to access information on services and facilities	3.1. Identify the types of services and facilities which patients may require access to and give examples where you have actively signposted them. Demonstrate a good knowledge of local service options
		3.2. Identify possible barriers to <u>accessing</u> and <u>understanding</u> information
		3.3. Describe ways to overcome barriers to <u>accessing</u> information
		3.4. Identify a range of formats, translations and technology that could make information more <u>accessible</u> for individuals
		3.5. Describe types of support individuals may need to enable them to <u>understand</u> information

Learning outcomes		Assessment criteria
4	Be able to work with individuals to select and obtain information about services and facilities	4.1. Give an example where you have helped an individual to communicate their needs, wishes, preferences and choices about the information they require to access services and facilities
		4.2. Work with an individual to identify relevant and up to date information on services and facilities that meet assessed needs and wishes
		4.3. Give an example where you have helped a patient to obtain selected information in their preferred format and language
5	Be able to work with individuals to access and use information about services and facilities	5.1. Demonstrate ways to check an individual's understanding of the information (for example if there is illiteracy of foreign language as 1st language)
		5.2. Share an example where you have worked with an individual to access a service or facility using the information, in ways that promote active participation
		5.3. Give an example where you have supported patients to deal with any issues or concerns that may arise from the content of information
		5.4. Understanding when to gain consent from the patient to share information with other services and facilities both in consultation and out of consultation (3rd party requests)
6	Understand hospital, out of hours and other communications, and key information to be extracted	6.1. Demonstrate an understanding of information sharing through outpatient letters
		6.2. Demonstrate an understanding of the information contained within AED and admission/discharge letters
		6.3. Describe the key information needed within medication requests from patients
		6.4. Demonstrate an understanding of Out of Hours, extended hours and other GP to GP communication letters
		6.5. Give examples of care home correspondence
		6.6. Outline other relevant communications that might be received in practices

Learning outcomes		Assessment criteria
7	Be able to support the GP to complete common administrative tasks	7.1. Give examples of forms linked to benefits – IB113, HAAS etc.
		7.2. Give examples of mortgage & holiday insurance forms
		7.3. Give examples of private letters and short reports
		7.4. Give examples of referral templates
		7.5. Give examples of investigation forms – x-ray, blood forms, ECG etc
		7.6. Demonstrate an understanding of the need for the GP to “sign off” such requests for individual patients

Unit content

What needs to be learned
Learning outcome 1: Understand requirements for handling information in health and social care settings
Legal requirements and current legislation <ul style="list-style-type: none">• Data Protection Act 1998.• Confidentiality, consent and sharing of information.• Freedom of Information Act 2000.• Governance framework.• Regulatory guidance.• Care Quality Commission.• Equality law and anti-discrimination practice, e.g. in the UK: Human Rights Act 1998, Mental Health Act 2007, Mental Capacity Act 2005.• Consent and sharing of information.• Own responsibilities and those of others when recording information and producing reports
Learning outcome 2: Be able to implement good practice in handling information
Good practice in handling information <p>Features of both manual and electronic information storage systems to ensure security:</p> <ul style="list-style-type: none">• manual information storage, e.g., locked drawers or cupboards• electronic information storage, e.g., password protected files, encryption, electronic• audit trails, secured IT networks• access is only given to those who need to know• identity checks• consent and mental capacity• ensuring security when storing and accessing information according to workplace procedures• practising strict security measures according to workplace procedures• ensuring the security of access to records and reports according to legal and organisational procedures, ethical codes or professional standards

What needs to be learned

- importance of keeping legible, accurate, complete and up-to-date records that are signed and dated, specifying individual needs and preferences, indicating any changes in condition or care needs
- ensuring audit processes are supported in line with own role and responsibilities.

Learning outcome 3: Know ways to support individuals to access information on services and facilities

Services and facilities

- Including community facilities such as education and health; services provided within the individual's home such as meals on wheels; services to meet the individual's personal care needs; therapeutic services; services that meet the individual's social care needs; third-sector organisations.

Benefits of accessing services and facilities

- Physical benefits, e.g. help to mobilise and to maintain or regain mobility after a stroke.
- Social benefits, e.g. getting out and seeing friends.
- Emotional benefits, e.g. avoiding depression.
- Psychological benefits, e.g. feeling valued, having an increased sense of wellbeing.

Barriers

- Environmental, e.g. lack of lifts, lack of ramps, no accessible toilet facilities.
- Financial, e.g. cost, travel.
- Communication, e.g. format of information, translators, loop system availability.
- Psychological, e.g. lack of confidence, fear, anxiety.
- Conditions e.g. dementia, frailty, harm or abuse, injury, learning disability, chronic or acute medical conditions, mental health, physical disability, physical ill health, profound or complex needs, sensory needs, substance misuse.
- Social, e.g. family circumstances, social deprivation

Overcoming barriers

- Ensuring appropriate travel arrangements, appropriate access arrangements, appropriate format in which individuals can access information.

Support to challenge information

- Information to be challenged may include information that is misleading, inaccurate, discriminatory, inaccessible, excluding individuals.

What needs to be learned
<ul style="list-style-type: none"> Support through: <ul style="list-style-type: none"> acting as an advocate sharing concerns with appropriate internal and external professionals using mechanisms to challenge misleading, inaccurate and discriminatory information.
Learning outcome 4: Be able to work with individuals to select and obtain information about services and facilities
<p>Assessed needs</p> <ul style="list-style-type: none"> Prompting, listening skills. Expectations identified by the individual. Benefits associated with accessing services and facilities. Appropriate levels of support. <p>Preferred options</p> <ul style="list-style-type: none"> Consideration of accessing facilities; 1:1, small group, large group. Timings of service. <p>Select services or facilities</p> <ul style="list-style-type: none"> Considering the accuracy of information; e.g. information found within leaflets, promotional material, forums, websites that provide information on the service or facility.
Learning outcome 5: Be able to work with individuals to access and use information about services and facilities
<p>Resources, support and assistance</p> <ul style="list-style-type: none"> Local support, special interest groups. Resources, e.g. financial, time, staff availability. <p>Agreed responsibilities</p> <ul style="list-style-type: none"> In line with job description, agreed ways of working (includes policies and procedures where they exist). Detail provided within the individual's care plan. Staff members duty of care – 6Cs (care, compassion, courage, communication, commitment and competence). Adhering to key legislation: the Care Act 2014 and codes of conduct, Code of Conduct for Healthcare Support Workers and Adult Care Workers in England.

What needs to be learned
Individual's rights <ul style="list-style-type: none"> • Choice, promoting independence, promoting decision making. • Active participation of the individual.
Learning outcome 6: Understand hospital, out of hours and other communications, and key information to be extracted
Communication to be demonstrated for: <ul style="list-style-type: none"> • Outpatient letters • AED and admission/discharge letters • Medication requests • Out of hours, extended hours and GP to GP communication • Care home correspondence • Other communications.
Learning outcome 7: Be able to support the GP to complete common administrative tasks
Demonstrate supporting the GP with common administration tasks for: <ul style="list-style-type: none"> • Forms linked to benefits • Mortgage & holidays insurance forms • Private letters and short reports • Referral templates • Investigation forms.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the 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.

Unit 2: Providing Person-centred Care

Level:	4
Notional learning hours:	30
Unit value (NLH/10):	3
SRF unit code:	51182S

Unit introduction

Providing care is an essential element in the role for the General Practice Assistant. By providing person-centred care, the General Practice Assistant will supplement the services provided by the GP and enable patients to receive timely treatment.

In this unit, you will learn how to work in a person-centred manner to promote a patient's well-being. You will learn how to support, monitor, and review person-centred care plans.

You will gain an appreciation of infection control and learn how to reduce the risk of infection in a healthcare setting.

You will also learn how to develop mental well-being and mental health strategies to support patients.

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 application of person-centred approaches in health and social care but specifically in general practice	1.1. Explain how and why person-centred values must influence all aspects of health and social care work
		1.2. Evaluate the use of care plans in applying person-centred values
2	Be able to work in a person-centred way	2.1. Work with an individual and others to find out the individual's history, preferences, wishes and needs
		2.2. Give examples of ways to put person-centred values into practice in a complex or sensitive case
		2.3. Describe how actions and approaches may need to be adapted in response to an individual's changing needs or preferences
3	Be able to promote individual's well-being	3.1. Explain the links between identity, self-image and self-esteem for an individual
		3.2. Analyse factors that contribute to the well-being of individuals
		3.3. Give an example of where you have supported an individual in a way that promotes their sense of identity, self-image and self-esteem
		3.4. Describe ways to contribute to an environment that promotes well-being
4	Understand the role of risk assessment in enabling a person-centred approach	4.1. Compare different uses of risk assessment in health and social care
		4.2. Explain how risk-taking and risk assessment relate to rights and responsibilities
		4.3. Explain why risk assessments need to be regularly revised
5	Be able to support the implementation of care plans	5.1. Carry out assigned aspects of a care plan generated by the practice or wider team
		5.2. Support others to carry out aspects of a care plan for which they are responsible

Learning outcomes		Assessment criteria
		5.3. Give an example of where the practice has had to adjust the plan in response to changing needs or circumstances
6	Be able to monitor a care plan	6.1. Agree methods for monitoring the way a care plan is delivered
		6.2. Collate monitoring information from agreed sources
		6.3. Record changes that affect the delivery of the care plan
7	Be able to facilitate a review of care plans and their implementation	7.1. Seek agreement with the individual and others about: <ul style="list-style-type: none"> Who should be involved in the review process Criteria to judge effectiveness of the care plan
		7.2. Seek feedback from the individual and others about how the plan is working
		7.3. Use feedback and monitoring/other information to evaluate whether the plan has achieved its objectives
		7.4. Work with the individual and others to agree any revisions to the plan or an action plan
		7.5. Document the review process and revisions as required
8	Understand roles and responsibilities in the prevention and control of infections	8.1. Explain employees' roles and responsibilities in relation to the prevention and control of infection
		8.2. Explain employers' responsibilities in relation to the prevention and control of infection
9	Understand legislation and policies relating to prevention and control of infections	9.1. Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection
		9.2. Describe local and organisational policies relevant to the prevention and control of infection including COVID-19

Learning outcomes		Assessment criteria
10	Understand systems and procedures relating to the prevention and control of infections	10.1. Describe procedures and systems relevant to the prevention and control of infection
		10.2. Explain the potential impact of an outbreak of infection on the individual and the organisation
11	Understand the importance of risk assessment in relation to the prevention and control of infections	11.1. Define the term risk
		11.2. Outline potential risks of infection within the workplace
		11.3. Describe the process of and importance of carrying out a risk assessment
12	Understand the different views on the nature of mental well-being and mental health and the factors that may influence both during a patient's life	12.1. Evaluate two different views on the nature of mental well-being and mental health
		12.2. Explain the range of factors that may influence mental well-being and mental health problems across the life span, including: <ul style="list-style-type: none"> • Biological factors • Social factors • Psychological factors
		12.3. Explain how the following types of risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental well-being and mental health: <ul style="list-style-type: none"> • Risk factors including inequalities, poor quality social relationships, substance misuse • Protective factors including socially valued roles, social support and contact

Learning outcomes		Assessment criteria
13	Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups	13.1. Explain the steps that an individual may take to promote their mental well-being and mental health
		13.2. Explain how to support an individual in promoting their mental well-being and mental health
		13.3. Describe a strategy for supporting a particular patient in promoting their mental well-being and mental health

Unit content

What needs to be learned
Learning outcome 1: Understand the application of person-centred approaches in health and social care but specifically in general practice
Person centred values, including: <ul style="list-style-type: none">• individuality• rights• choice• privacy• independence• dignity• respect• partnership• The six Cs (communication, compassion, competence, courage, care and commitment).
Learning outcome 2: Be able to work in a person-centred way
Work in a person-centred way <ul style="list-style-type: none">• working towards person-centred outcomes, e.g., involvement with care, feeling of wellbeing• using person-centred values as a foundation for daily practice• promoting personalised care by communicating with individual and others, e.g., team members, advocates, relatives• sharing decision making with the individual• working in a non-judgemental way, ensuring equality and inclusive practice• promoting empowerment, self-management and autonomy of individuals• building on individuals' existing strengths and potential, developing new knowledge, skills and experiences• reviewing information relevant to the individual's choices, e.g., medical records, care plan, risk assessments. <p>Individual: A person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p>

What needs to be learned
<p>Others: Others may include team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates.</p> <p>History, preferences, wishes, strengths and needs: These may be based on experiences, desires, values, beliefs or culture and may change over time.</p>
Learning outcome 3: Be able to promote individual's well-being
<p>Promote and support an individual's own sense of identity, their self-esteem and their wellbeing:</p> <ul style="list-style-type: none"> attitudes, behaviours and approaches that promote well-being contribute to an environment that promotes well-being support and encourage a sense of identity and self-esteem reporting concerns. <p>Supporting individuals' health and wellbeing:</p> <ul style="list-style-type: none"> working in partnership to set realistic and achievable goals empowering individuals to develop confidence creating and maintaining a positive environment to promote wellbeing, e.g., attitudes, activity, surroundings fostering positive relationships by encouraging open communication supporting agreed ways of working that contribute to the wellbeing of individuals, e.g., facilitating discussion using agreed ways of working that contribute to the promotion of dignity and self-respect providing varied and interesting activities to meet the holistic needs of the individual.
Learning outcome 4: Understand the role of risk assessment in enabling a person-centred approach
<p>Risk assessment methods: In line with organisational policies, procedures and practices.</p> <p>Managing risks:</p> <ul style="list-style-type: none"> risk assessment processes to support individuals in making choices, e.g., health and lifestyle choices, decisions about treatment or care awareness of actual or likely danger or harm arising from choices made, e.g., increased vulnerability, impact on treatment or recovery

What needs to be learned

- empowering and supporting individuals to question or challenge the decisions made by others but which concern them.

Learning outcome 5: Be able to support the implementation of care plans

Use of care plans: A care plan may be known by other names e.g., support plan, individual plan. It is the document where day to day requirements and preferences for care and support are detailed. Learners should consider how they use care plans when providing person centred care, but importantly should consider how care plans are used to create and enable person centred care. They should consider how the individuals' needs, wishes and preferences are included and reflected in the care plan.

Individual

- An individual is someone requiring care or support.
- Others may include:
 - the individual
 - family members
 - advocate
 - line manager
 - other professionals.

Sources of information about the individual and specific care plan activities

- Active use of person-centred approaches.
- Reference to the individual's care plan.
- Involving and communicating with individuals throughout the care planning implementation process.
- Involving friends and family as appropriate.
- Understanding preferences, wishes, choices, abilities and dislikes.
- Recognise communication needs and adapt approaches as necessary.

Establishing the individual's preferences about carrying out care plan activities

- Encourage active participation.
- Person-centred approaches.
- Using preferred methods of communication.
- Establishing consent.
- Ability to state preferences.

What needs to be learned
<ul style="list-style-type: none"> Supporting independence. Respect and dignity. Acknowledging the religious, cultural and ethnic needs of individuals. Focusing on positive outcomes and wellbeing. <p>Confirming own understanding of the support required for care plan activities</p> <ul style="list-style-type: none"> Confirming with others. Following agreed ways of working. Collaboration. Using appropriate recording mechanisms. Multidisciplinary approach. Clarification of individual's needs, wishes and abilities.
Learning outcome 6: Be able to monitor a care plan
<p>Adapting actions to reflect the individual's needs or preferences</p> <ul style="list-style-type: none"> Monitoring behaviour changes. Monitoring and observing individuals for signs of distress or anxiety. Adapting actions according to agreed ways of working. Following care plan. Risk assessment as necessary. Person-centred approaches in relation to individual's involvement and participation. Seek advice and guidance for issues beyond own role.
Learning outcome 7: Be able to facilitate a review of care plans and their implementation
<p>Own role and roles of others in reviewing care plan activities</p> <ul style="list-style-type: none"> Providing daily support. Safeguarding. Monitoring and observation of activities. Promoting independence, inclusion and active participation. Supporting activities of daily living. Implementing risk assessments and managing risk taking.

What needs to be learned

- Promoting and implementing person-centred approaches.
- Facilitating communication.
- Record and monitor service provision.
- Problem solving and decision making.
- Working in partnership with individual and others.

Seeking feedback from the individual and others

- How well specific care plan activities meet the individual's needs and preferences.
- Use of appropriate methods of communication.
- Recording feedback.
- Passing on issues of concern.
- Advocacy support and involvement.

Contributing to review of specific care plan activities

- How well specific care plan activities meet the individual's needs and preferences.
- Level of involvement in relation to own role and responsibilities.
- Involvement of others as appropriate.
- Person-centred approaches to ensure individual's involvement in review.
- Identifying priorities.

Contributing to agreement on changes that may need to be made to the care plan

- Involvement of individual.
- Signposting.
- Referral.
- Identification of and access to necessary resources.
- Target setting using SMART (specific, measurable, achievable, realistic, timely) targets.
- Risk assessment, risk management and risk taking.
- Agreed outcomes.
- Focusing on positive outcomes and achievement.

What needs to be learned
<p>Learning outcome 8: Understand roles and responsibilities in the prevention and control of infections</p> <p>Employees' roles and responsibilities</p> <ul style="list-style-type: none"> • Comply with all legislation, organisational policies and procedures to promote safety (to individual, self and others, e.g. visitors). • Follow risk assessments and care plan when delivering individual care. • Take precautionary measures to prevent cross-infection (hand washing, using personal protective equipment, e.g. aprons, gloves). • Promptly report and record any concerns to supervisor. • Attend all training provided by employer to ensure best practice. <p>Employers' roles and responsibilities</p> <ul style="list-style-type: none"> • Comply with relevant legislation and codes of practice (lead employee with responsibility and accountability). • Management systems in place to ensure safe practice (implementation of organisational policies and procedures). • Carry out risk assessment to prevent, detect and control the spread of infection. • Take appropriate and proportionate action to identified risk (providing personal protective equipment). • Provide relevant information (policies and procedure) and training to all staff who directly or indirectly provide care.
<p>Learning outcome 9: Understand legislation and policies relating to prevention and control of infections</p> <p>Health and safety legislation relating to infection prevention and control</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974. • Management of Health and Safety at Work Regulations 1999. • The Food Safety and Hygiene (England) Regulations 2013. • Control of Substances Hazardous to Health (COSHH) Regulations 2002. • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. • Hazardous Waste (England and Wales) Regulations 2005. • Public Health (Infectious Diseases) Regulations 1988. <p>Regulatory body standards specific to infection prevention and control</p>

What needs to be learned

- The Health and Social Care Act 2008: code of practice on prevention and control of infections and related guidance.
- NICE Quality Standard (QS61) Infection prevention and control (2014).
- NICE Clinical Guideline (CG139) Healthcare-associated infections: prevention and control in primary and community care (updated 2017).
- Care Quality Commission Standards for Infection Prevention Control (IPC).

Key areas in prevention and control of infection in local and organisational policies

- Standard precautions (underpin the prevention and control of infection).
- Hand hygiene (hand washing technique, use of alcohol gels, etc.).
- Use of appropriate personal protective equipment (PPE).
- Cleaning and disinfection.
- Safe use of sharps.
- Waste management.
- Occupational health (immunisation/vaccination).
- Education and training (recorded).

Learning outcome 10: Understand systems and procedures relating to the prevention and control of infections

Evidence-based procedures and system relevant to the control and spread of infection • Standard precautions (including aseptic technique procedures).

- Managing outbreaks of communicable infection and isolation procedures.
- Prevention and management of occupational exposure (blood-borne viruses).
- Disinfection and decontamination of reusable medical devices and equipment.
- Environmental cleaning procedures (for clean clinical environment).
- Personal hygiene and dress code procedures (uniform).

Potential impact of an outbreak of infection on the individual and organisation

- Individual:
 - causes ill health (possible fatality)
 - emotional distress
 - isolation

What needs to be learned

- stigma.
- Organisational:
 - staff sickness absence
 - financial costs incurred (sickness pay)
 - legal action for non-compliance with law
 - fines and compensation costs
 - loss of reputation.

Learning outcome 11: Understand the importance of risk assessment in relation to the prevention and control of infections

Define the term 'risk'

- Risk: likelihood a person will be harmed or suffer adverse health effects.
- Hazard: potential source of harm or adverse health effects to a person.

Potential risks of infection within the workplace

- Using shared equipment (hoists, mobility aids, etc.).
- Disposing of clinical waste (exposure to body fluids).
- Unclean shared environments (toilets, bathrooms).

Risk assessment process to identify and control risk

- Identify the hazard (exposure to infectious waste).
- Evaluate the risk (who may be harmed and how).
- Take precautions to reduce/remove risk (use of PPE).
- Review the risk (effectiveness of precautions).
- Report and record outcome (recording findings).

Importance of carrying out risk assessment

- Promote safety (individuals, employees, others, e.g. visitors).
- Reduce business risks (staff sickness absence, loss of organisation's reputation).
- Legal reasons (criminal proceedings, fines or compensation).
- Moral and ethical reasons (best practices, ethical considerations).

Learning outcome 12: Understand the different views on the nature of mental well-being and mental health and the factors that may influence both during a patient's life

What needs to be learned

Individual

- Someone requiring care or support; it will usually mean the person or people supported by the learner.

The nature of mental wellbeing and mental health

- A positive concept of mental health is a view that being healthy is a state achieved only by continuous effort, e.g., active steps take to maintain mental health and wellbeing, e.g., managing stress, anxiety.
- A negative concept of mental health is a view that being mentally healthy is an absence of mental ill health, e.g., no signs stress, anxiety means you are mentally healthy and good mental health is normal.
- Mental health and wellbeing are affected by restrictions or freedoms imposed/allowed by society; poverty and disadvantage reduce wellbeing.

Factors that influence mental wellbeing and mental health problems

- Lifespan- How factors arising from individuals' early lives may influence their wellbeing as adults, and the potential impact of levels of wellbeing in later life.
- Lifespan covers individuals from birth to later adulthood.
- Biological – physical illness, effects of genetic inheritance, chemical in balance; social – deprivation, poverty, marginalisation; psychological – caused by trauma, bullying, abuse.
- Social – deprivation, poverty, marginalisation.
- Emotional/psychological – life events, e.g., bereavement, loss of job, affect people emotionally, which can lead to physiological issues, e.g., depression, anxiety.

Risk factors

- Effects of inequality, poor quality social relationships, financial worries, trauma, previous mental health history, substance and alcohol abuse, stress at work/home, relationships and social networks, low self-esteem, low self-image, depression, withdrawal, isolation.

Protective factors

- Socially valued roles, social support and contact, temperament, inclusion, positive self-esteem, positive self-image, sense of belonging, social and emotional competence, family and social support networks, positive role models, physical and psychologically safe environment, economic security.

Resilience

- Self-esteem, confidence, sense of self-identity, sense of self-efficacy, ability to set goals, can feel a range of emotions, can engage with the world confidently, can live

What needs to be learned
and work productively, can cope with stress and can adapt and manage change and uncertainty.
Learning outcome 13: Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups
<p>Steps taken by individuals.</p> <ul style="list-style-type: none"> • Seeking professional help, involving family and friends, community involvement. <p>Supporting individuals</p> <ul style="list-style-type: none"> • Developing a professional relationship with individuals, supporting choice, enabling independence, use of active listening skills, taking a non-judgemental approach, demonstrating empathy, promote social inclusion, promote creative activities, maintain safety and safeguarding. <p>Evaluating strategies</p> <ul style="list-style-type: none"> • Planning support in conjunction with an individual, monitoring and reviewing the plan and making necessary changes.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the 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.

Unit 3: Providing Clinical Support

Level:	4
Notional learning hours:	40
Unit value (NLH/10):	4
SRF unit code:	51183S

Unit introduction

Providing clinical support to patients is a vital role for the General Practice Assistant. By providing effective clinical activities, the General Practice Assistant will be reducing the burden on the GP, allowing them to focus their time on patient health.

In this unit, you will gain an understanding of the key legislation, policy and good practice relating to the obtaining, carrying, testing and storing of specimens. Additionally, you will learn how to obtain and test a variety of specimens from individuals using appropriate processes and procedures.

You will learn how to prepare and manage environments, resources, medical equipment and devices to ensure they are ready for the healthcare activity.

You will also learn how to prepare and support individuals undergoing healthcare activities. Furthermore, you understand how to reduce the risk of infection through the use of effective infection control.

You will learn how to report the outcomes of any testing and any significant events or incidents.

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 relevant legislation, policy and good practice in relation to obtaining, carrying, testing and storing specimens	1.1. Explain current legislation, national guidelines, organisational policies and protocols which affect working practice
		1.2. Describe current legislation, national guidelines, local policies, protocols and good practice guidelines which relate to obtaining venous blood samples
2	Understand how to prepare and manage environments and resources for use during healthcare activities	2.1. Explain how the environment is prepared, maintained and cleaned to ensure it is ready for the healthcare activity
		2.2. Describe the roles and responsibilities of team members in the preparation and management of the environment and resources
		2.3. Explain how to investigate, make the necessary adjustments to and report problems with the environment
		2.4. Describe the impact of environmental changes on resources including their storage and use
3	Be able to prepare environments, medical equipment, devices and resources for use during healthcare activities	3.1. Apply health and safety measures relevant to the healthcare activity and environment
		3.2. Apply standard precautions for infection prevention and control
		3.3. Ensure conditions within the immediate environment are set at levels which maintain individual comfort
		3.4. Ensure that all essential resources are available in advance of planned healthcare activities
		3.5. Ensure all medical equipment, devices and resources are in a suitable, safe condition for the activity to be carried out
		3.6. Report any problems with medical equipment, devices and resources as required

Learning outcomes		Assessment criteria
		3.7. Demonstrate the relevant equipment and medical devices are selected, prepared and functioning within the agreed parameters prior to use
		3.8. Prepare resources for the activity in line with clinical governance
		3.9. Demonstrate an understanding of the storage of vaccines and other drugs for use by health care professionals and the need to audit compliance with storage guidance, e.g., fridge cold chain audit
4	Be able to ensure that environments and resources are ready for their next intended use	4.1. Describe the importance of ensuring that environments are ready for their next use
		4.2. Outline the factors that influence the readiness of environments for use in health care activities
		4.3. Clean and make safe re-useable items prior to storage in accordance with agreed policies
		4.4. Dispose of used, damaged or out of date items safely
		4.5. Return un-opened, unused and surplus resources to the correct location for storage
		4.6. Monitor the available levels of consumable materials used in healthcare activities – such as stock check
		4.7. Replenish consumable materials used in healthcare activities in accordance with protocols
		4.8. Ensure all information is accurately recorded as specified in local policies
5	Be able to prepare individuals to undergo healthcare activities	5.1. Confirm the individual's identity and gain valid consent
		5.2. Describe any concerns and worries that an individual may have in relation to healthcare activities
		5.3. Describe ways of responding to these concerns
		5.4. Explain the procedure to the individual
		5.5. Agree the support needed with the individual in a way that is sensitive to their personal beliefs and preferences
		5.6. Refer any concerns or questions to others if unable to answer

Learning outcomes		Assessment criteria
		5.7. Support an individual to prepare and position for the procedure ensuring that privacy and dignity is maintained at all times
		5.8. Understand the practice chaperoning policy, guidance and implementation within the practice, including record keeping where appropriate
		5.9. Give three examples of where you have acted as a chaperone
6	Be able to support individuals undergoing healthcare activities	6.1. Inform and reassure individuals
		6.2. Apply standard precautions for infection prevention and control
		6.3. Apply health and safety measures relevant to the healthcare activity and environment
		6.4. Recognise any ill effects or adverse reactions
		6.5. Take actions in response to any ill effects or adverse reactions
		6.6. Ensure that an individual's privacy and dignity is maintained at all times
7	Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections including COVID-19	7.1. Demonstrate correct use of PPE
		7.2. Describe different types of PPE
		7.3. Explain the reasons for use of PPE
		7.4. State current relevant regulations and legislation relating to PPE
		7.5. Describe employees' responsibilities regarding the use of PPE
		7.6. Describe employers' responsibilities regarding the use of PPE
		7.7. Describe the correct practice in the application and removal of PPE
		7.8. Describe the correct procedure for disposal of used PPE

Learning outcomes		Assessment criteria
8	Understand the importance of good personal hygiene in the prevention and control of infections	8.1. Describe the key principles of good personal hygiene
		8.2. Demonstrate good hand washing technique
		8.3. Describe the correct sequence for hand washing
		8.4. Explain when and why hand washing should be carried out
		8.5. Describe the types of products that should be used for hand washing
		8.6. Describe correct procedures that relate to skincare
9	Understand the causes of infection	9.1. Identify the differences between bacteria, viruses, fungi and parasites
		9.2. Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites
		9.3. Describe what is meant by “infection” and “colonisation”
		9.4. Explain what is meant by “systemic infection” and “localised infection”
		9.5. Identify poor practices that may lead to the spread of infection
		9.6. Describe what is meant by pandemic and relate this to COVID-19 and its impact upon general practice
10	Understand the transmission of infection	10.1. Explain the conditions needed for the growth of micro-organisms
		10.2. Explain the ways an infective agent might enter the body
		10.3. Identify common sources of infection
		10.4. Explain how infective agents can be transmitted to a person
		10.5. Identify the key factors that will make it more likely that infection will occur

Learning outcomes		Assessment criteria
11	Be able to establish consent when providing care or support to a patient	11.1. Analyse factors that influence the capacity of an individual to express consent
		11.2. Establish consent for an activity or action
		11.3. Explain what steps to take if consent cannot be readily established
12	Understand the processes involved in obtaining and testing specimens from individuals	12.1. Identify the different types of specimens that may be obtained
		12.2. Describe the tests and investigations that may be carried out upon the specimens
		12.3. Identify the correct equipment and materials used in the collection and transport of specimens
13	Be able to prepare for obtaining specimens from individuals	13.1. Confirm the individual's identity and obtain valid consent
		13.2. Ensure the individual's privacy and dignity is maintained at all times
		13.3. Identify any aspects of the individual's ethnic and religious background which might affect the procedure
		13.4. Communicate with the individual in a medium appropriate to their needs and preferences
		13.5. Demonstrate that the required preparations have been completed, including materials and equipment
14	Be able to obtain specimens from individuals	14.1. Provide the correct container for the individual to be able to provide the specimen for themselves
		14.2. Collect the specimen where the individual cannot provide the specimen for themselves
		14.3. Describe possible problems in collecting specimens and how and when these should be reported
		14.4. Demonstrate the correct collection, labelling, transport and storage of specimens
		14.5. Complete and attach relevant documentation
		14.6. Identify the potential hazards and other consequences related to incorrect labelling of specimens

Learning outcomes		Assessment criteria
15	Be able to test specimens from individuals	15.1. Demonstrate the appropriate tests for a range of specimens obtained
		15.2. Demonstrate appropriate health and safety measures relevant to the procedure and environment to include: <ul style="list-style-type: none"> • standard precautions for infection prevention and control • use of personal protective equipment
16	Be able to report on the outcomes of the test of specimens to the GP and patient	16.1. Show the correct process for reporting and recording test results
		16.2. Describe the actions to be taken when the results are outside the normal range
		16.3. Communicate test results in accordance with agreed ways of working
		16.4. Describe why it is important to understand the implications the test results may have on the individual
17	Understand the anatomy and physiology relating to obtaining venous blood samples	17.1. Describe the structure of venous blood vessels
		17.2. Explain blood clotting processes and the factors that influence blood clotting
		17.3. Describe the position of venous blood vessels in relation to arteries, nerves and other structures
18	Be able to prepare for obtaining venous blood samples	18.1. Confirm the individual's identity and obtain valid consent
		18.2. Communicate with the individual in a manner which: <ul style="list-style-type: none"> • provides relevant information • provides support and reassurance • addresses needs and concerns • is respectful of personal beliefs and preferences
		18.3. Select and prepare appropriate equipment for obtaining the venous blood sample

Learning outcomes		Assessment criteria
19	Be able to obtain venous blood samples	19.1. Apply health and safety measures relevant to the procedure and environment
		19.2. Apply standard precautions for infection prevention and control
		19.3. Use the selected blood collection equipment correctly, in a manner which will cause minimum discomfort to the individual
		19.4. Use the agreed procedure to obtain the venous blood sample, to include: <ul style="list-style-type: none"> • utilisation of containers • required volume of blood • correct sequence when obtaining multiple samples • application and use of tourniquets at appropriate stages • stimulation of blood flow or selection of alternative site where necessary • utilisation of anti-coagulant with sample when necessary
		19.5. Respond to any indication of adverse reaction, complication or problem during the procedure
		19.6. Explain the correct procedure to deal with arterial puncture when it occurs, and any escalation to the GP or GPN
		19.7. Terminate the blood collection procedure following guidelines and/or protocols to include: <ul style="list-style-type: none"> • removal of blood collection equipment • stopping blood flow • stopping bleeding • application of suitable dressing • personal care advice to the individual

Learning outcomes		Assessment criteria
20	Be able to prepare venous blood samples for transportation	20.1. Label, package, transport and store blood samples correctly and use appropriate attached documentation ensuring: <ul style="list-style-type: none"> • legibility of labelling and documentation • temperature control of storage • immediacy of transportation
21	Be able to carry out common examination procedures	21.1. Undertake a series of blood pressure tests
		21.2. Complete pulse rate and character tests
		21.3. Measure height, weight and BMI
		21.4. Measure temperature
		21.5. Take peak flow measurements
		21.6. Undertake Oxygen level tests
		21.7. Complete urine dip stick tests and MSU
		21.8. Undertake ECG tests
		21.9. Complete blood sugar finger prick tests
		21.10. Take 24-hour blood pressure monitor tests or other tests performed by the practice as appropriate
		21.11. Swabs
		21.12. Other tests in your practice
22	Understand significant events and incident reporting	22.1. Demonstrate an understanding of the practice's significant events and incident reporting policies

Unit content

What needs to be learned
Learning outcome 1: Understand relevant legislation, policy and good practice in relation to obtaining, carrying, testing and storing specimens
Legislation <ul style="list-style-type: none">• Health and Safety at Work etc. Act 1974.• Control of Substances Hazardous to Health (COSHH) Regulations 2002.• The Carriage of Dangerous Substances by Road and Rail (Classification of Packaging and Labelling) Regulations 1994.• The Health and Safety (Dangerous Pathogens) Regulations 1981. Protocols, policy and good practice <ul style="list-style-type: none">• Risk Assessment for the Prevention and Control of Healthcare Associated Infections (HCAI) Guidance.• Use of personal protective equipment (PPE).• Prevention and Management of Healthcare Associated Infections (including Hepatitis B and C) Policy.
Learning outcome 2: Understand how to prepare and manage environments and resources for use during healthcare activities
Monitoring environment <ul style="list-style-type: none">• Healthcare activities, e.g. clinical or therapeutic activities.• Light, ventilation and temperature.• Comfort, privacy and dignity.• Cleanliness.• Appropriateness.• Health and safety requirements. Resources <ul style="list-style-type: none">• Equipment and aids, e.g. fixed and portable items, consumables and disposable items, individual positioning aids.• Care plans or other healthcare notes. Procedures for reporting <ul style="list-style-type: none">• Workplace policies and procedures.

What needs to be learned

Hazards and risks

- Hazard:
 - someone or something that may cause danger or risk of harm, e.g. incorrect use of equipment.
- Risk:
 - possibility of suffering from harm, e.g. injury to users of services.
- Infections and cross-contamination, e.g. from contact with bodily fluids.
- Appropriateness of equipment and resources used for the activity.
- Appropriateness of activities.
- Safe use of equipment.

Learning outcome 3: Be able to prepare environments. Medical equipment, devices and resources for use during healthcare activities

Importance of equipment being safe to use

- Health and safety requirements.
- Reliability.

Standard precautions for infection prevention and control

- Legal requirements.
- Hand hygiene, i.e. washing, use of soap, single-use clean towels.
- Protective clothing, e.g. disposable gloves and aprons.
- Workplace procedures for disposal of waste, e.g. general waste, clinical waste or sharps.

Health and safety measures

- Equipment fit for purpose.
- Suitable training.
- Appropriate and compatible equipment
- Following manufacturers' specific instructions.
- Own scope of practice, e.g. following risk assessments, training.
- In line with own workplace policies and procedures, e.g. staff ratio for moving and handling.

What needs to be learned

Learning outcome 4: Be able to ensure that environments and resources are ready for their next intended use

Environmental conditions

- Light, ventilation and temperature.
- Cleanliness.
- Health and safety in line with risk assessments.

Replenishing and replacing resources

- Consumables or disposable items.
- Adequate quantity for future activities.
- In line with agreed ways of working.

Importance of checking resource quality and quantity

- Fitness for purpose.
- Availability.

Correct storage locations

- Secure storage.
- Temperature control.
- Single use or reusable.

Agreed ways of working

Includes policies and procedures where these exist.

Learning outcome 5: Be able to prepare individuals to undergo healthcare activities

Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.

Valid consent (must be in line with agreed UK country definition) may include:

- The individual must have the mental capacity to make the decision
- The individual must have sufficient non-bias information to make an informed choice
- The individual must not be pressured into making a decision and must give consent freely.

Preferences may be based on:

- Beliefs

What needs to be learned

- Values
- Culture
- Wishes
- Aspirations.

Others may include:

- Team members
- Line manager
- Other colleagues
- Those who use or commission their own health or social care services
- Families, carers and advocates
- Outside services and organisations
- Those with power of attorney
- Other professionals
- Others who are important to the individual's wellbeing.

Prepare the individual ensuring:

- Optimal position of the individual
- Optimal position of medical equipment
- Secure storage of personal articles.

Learning outcome 6: Be able to support individuals undergoing healthcare activities

Individual

- Someone requiring care or support; it will usually mean the person or people supported by the learner.

Treatments

- Actions and activities that need to be undertaken to promote an individual's health, e.g. use of insulin injections, asthma pumps.

Equipment preparation

- Appropriate for activity.
- Health and safety.

What needs to be learned

- Standard precautions for infection control, e.g. hand washing, personal protective equipment (PPE).
- Checking function of equipment in line with manufacturers' instructions.

Environment preparation

- Temperature, ventilation and light.
- Safety, dignity, privacy.
- Personal choice and preference.

Information

- Clear explanations of procedures.
- Normal parameters, e.g., normal blood glucose level.
- Reasons for healthcare procedures.
- Written material and verbal instructions.

Correct procedures

- Timings.
- Hygiene.
- Safe use of equipment.
- Safe disposal.
- Recording.

Check individual understanding

- Ascertain information:
 - using closed questions
 - inviting individual to provide more information
 - checking information provided.

Possible adverse reactions

- Changes in physiological responses, e.g. blood-sugar level.
- Site damage, e.g. skin blistering, redness.
- Possible infections, e.g. ineffective technique for urine sample.

What needs to be learned

Learning outcome 7: Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections including COVID-19

Correct use of PPE as appropriate

- Pre-procedure: hand washing.
- Following recommended procedure: step by step as identified.
- Post-procedure: safe disposal in hazardous waste, wash hands.
- Avoid touching or adjusting (risking of cross-contamination).
- Remove and replace if torn or damaged.
- Do not tamper with PPE.

Different types of PPE worn in care settings

- Uniforms (not worn outside care setting and laundered regularly).
- Disposable aprons (single use, plastic).
- Gowns (maximum protection for skin).
- Disposable gloves (single use, plastic).
- Sterile gloves (latex and latex free).
- Goggles and face shields (facial protection).
- Hats (preparing and serving food).

Reasons for use of PPE to reduce spread of infectious organisms (pathogen)

- PPE must provide adequate protection:
 - aprons – protect clothing (e.g. uniform)
 - gloves – protect hands from exposure to blood/body fluids
 - full gowns – protection during invasive procedures, risk of extensive splashing
 - masks/respirators – protect from infectious airborne organisms/droplets
 - goggles protect the eye from splashing blood/body fluids
 - face shields protect full face from splashing blood/body fluids.

Relevant regulations and legislation relating to PPE

- Health and Safety at Work etc. Act 1974 (section 7 general duties of employees at work).
- Management of Health and Safety at Work Regulations 1999:
 - Regulation 3 – risk assessment

What needs to be learned

- Regulation 4 – principles of prevention to be applied
- Regulation 14 – employees' duties.
- Control of Substances Hazardous to Health (COSHH) Regulations 2002:
 - requirement for specific risk assessment and controls.
- Personal Protective Equipment at Work Regulations 1992 and amendments:
 - Regulation 4 – Provision of PPE
 - Regulation 6 – Assessment of PPE for the task
 - Regulation 9 – Information, instruction and training
 - Regulation 10 – Use of PPE.

Employee responsibilities regarding the use of PPE

- Take reasonable care of own and others' health/safety, assessing likelihood of exposure.
- Cooperate with employer to ensure health and safety by using PPE.
- Participate in training (using all PPE provided as trained and instructed).
- Use PPE in accordance with manufacturer's instructions.
- Report any concerns or shortcomings in health and safety PPE arrangements.

Employer responsibilities regarding the use of PPE

- Duty to eliminate or reduce risk to employees (undertaking risk assessment).
- Control risks at source, preventing the need for PPE if possible (safe systems).
- Provide suitable PPE for the task, if no other way of protecting employees (hierarchy of control).
- Provide information, instruction and training relating to use of PPE.
- PPE provided free of charge, maintained and stored correctly (to be available when needed).

Correct practice in the application and removal of PPE

- Application:
 - wash and dry hands
 - use correct technique to position and apply
 - avoiding contaminating surface (gloves, apron, etc.)
 - fasten securely (avoid touching or readjusting).
- Removal:

What needs to be learned

- avoid touching any other surfaces (cross-contamination)
- remove PPE before moving on to next patient
- place in hazardous waste bin (yellow bags incinerated)
- wash and dry hands.

Correct procedure for disposal of used PPE

- Apply gloves and apron.
- Place used PPE in correct plastic bag (yellow for clinical waste).
- Secure firmly to prevent leakage.
- If waste touches skin or clothes (wash thoroughly without unnecessary delay).
- Place in appropriate workplace receptacles (marked biohazardous waste).
- Dispose of gloves and apron as per policy.

Wash hands thoroughly after procedure.

Learning outcome 8: Understand the importance of good personal hygiene in the prevention and control of infections

Principles of good personal hygiene for work

- Shower/bathe every day (use deodorant/antiperspirant).
- Good oral hygiene and maintain fresh breath.
- Hair kept clean and tidy (if necessary cover or secure in place).
- Shave regularly (keep any facial hair clean and tidy).
- Nails kept clean (don't wear nail polish or artificial nails).
- Cover cuts/abrasions with blue waterproof dressings/plasters.
- Don't wear jewellery or wrist watches (can transport pathogens).
- Uniform washed regularly and fresh smelling.

Hand washing technique

- Pre-procedure:
 - remove rings, bracelet, wrist watch
 - cover cuts and abrasions with waterproof dressing
 - remove nail varnish or false nails.
- During procedure:
 - adhere to evidence-based procedure
 - follow correct sequence (step-by-step).

What needs to be learned

- Post-procedure:
 - wash and dry hands
 - dispose of single-use towel (foot-operated bin).

Correct sequence for hand washing

- Remove any jewellery, cover cuts, etc.
- Turn water on and wet hands (both hands under tap at 'hand-hot' temperature).
- Apply liquid soap (to all surfaces of hand).
- Rub hands together to form lather.
- Rubbing each hand over the back of the other (palm over hand).
- Interlocking fingers.
- Rub between fingers, finger tips and thumbs (of both hands).
- Also rub palms together.
- Rinse soap away with clean water.
- Turn taps off with wrist or elbow (if not lever taps use paper hand towel).
- Dry hands thoroughly (with disposable towel or air dryer).
- Dispose of paper towel.

Learning outcome 9: Understand the causes of infection

Bacteria, viruses, fungi and parasites

- Micro-organisms (microbes) (microscopic living organisms).
- Pathogens are micro-organisms that cause infection e.g. bacteria, viruses, fungi, parasites.
- Pathogenic and non-pathogenic.
- Differences, e.g. cell structure, shape, size, effects of changes in cell structure.

Common illnesses and infections

- Viruses, e.g. influenza, common cold, norovirus.
- Bacteria, e.g. MRSA, E. coli, salmonella.
- Parasites, e.g. fleas, ringworm, lice.
- Fungal infections, e.g. thrush, ringworm, athletes foot
- Infection:

What needs to be learned

- cause of disease, passed from person to person, causes, signs and symptoms.
- Colonisation:
 - how micro-organisms can establish themselves in their ideal environment but not necessarily cause disease.
- Systemic infection:
 - spreads throughout the body.
- Localised infection:
 - limited to a specific part of the body
 - localised can become systemic.

Poor practices that may lead to infection

- Poor practice, e.g. coughing and sneezing without covering mouth, poor personal hygiene, not washing hands between contact with individuals.
- Soiled linen:
 - storage (should be in labelled bags), not separating infected and noninfected linen, not washing at correct temperatures.
- Clinical waste, e.g. infected matter, dressings, used plasters, needles:
 - storage (should be in colour-coded bags).

Learning outcome 10: Understand the transmission of infection

Conditions needed for the growth of micro-organisms

- Temperature.
- Humidity.
- Nutrients.
- Time.

How infective agents might enter the body

- Inhalation, e.g. breathing in airborne bacteria from coughs and sneezes.
- Ingestion e.g. from eating contaminated food.
- Direct contact, e.g. breaks in skin due to injury, skin conditions, poor hand drying.
- Physical contact with infected matter from wounds and bodily fluids.
- Fomites – objects capable of transmitting organisms from one individual to another, e.g. facecloths, towels, bed linen.

What needs to be learned

- The chain of infection – organism, reservoir, portal of exit, transmission, portal of entry, vulnerable hosts.

Common sources of infection

- Sources, e.g. airborne, blood borne, sexually transmitted, fecal, oral, environment, stagnant water, warm-water systems, animals.
- Cross-infection due to poor personal hygiene such as:
 - not washing hands after using the toilet
 - not washing hands before eating
 - not washing hands before and after delivering personal care
 - poor hygiene practices when changing dressings
 - not washing regularly
 - not changing clothes/uniform regularly
 - inadequate hygiene routines in settings, including trolleys and work surfaces.
- Non-use/inaccurate use of personal protective equipment (PPE) such as:
 - not using gloves/aprons
 - not changing gloves and aprons between different users of service.
- Lowered immunity due to existing illness, e.g. acquired Immune Deficiency Syndrome (AIDS), influenza in older users of services.
- Suppressed immunity due to organ transplants or chemotherapy Improper storage of food such as:
 - infective agents transmitted by improper storage of food
 - leaving cooked food uncovered
 - storing raw food next to cooked food
 - not maintaining refrigerators at appropriate temperatures.
- Improper preparation and cooking of food, including reheating food.
- Improper disposal of waste, including:
 - Use of colour-coded bags for biological waste
 - kitchen waste
 - infected dressings from wounds.
- Ineffective management of laundry:
 - storage of soiled linen

What needs to be learned
<ul style="list-style-type: none"> ○ use of personal protective equipment (PPE) when dealing with infected linen ○ not washing linen at recommended temperatures.
Learning outcome 11: Be able to establish consent when providing care or support to a patient
<p>Consent</p> <ul style="list-style-type: none"> ● Informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent ('mental capacity'). ● Relevant legislation covering consent. <p>Establishing consent</p> <ul style="list-style-type: none"> ● Access to the appropriate information, provided in a way that the individual can understand. ● Importance of a consultation that respects the individual's choices. ● Communication skills, e.g. verbal, non-verbal, written, and including active listening. ● Listening and responding appropriately to any questions and concerns. ● Seeking advice where necessary, e.g. an advocate such as a relative, primary caregiver, lasting power of attorney, another professional. ● Complies with relevant legislation, e.g. Mental Capacity Act 2005, Human Rights Act 1998. ● Ongoing consent issues, e.g. duration, withdrawal and/or refusal of consent. <p>If consent cannot be readily established</p> <ul style="list-style-type: none"> ● Seeking extra assistance if necessary, e.g. an Independent Mental Capacity Advocates (IMCA). ● Timely reporting and recording of any difficulties involving establishing individual consent to a supervisor and/or manager.
Learning outcome 12: Understand the processes involved in obtaining and testing specimens from individuals
<p>Individual</p> <ul style="list-style-type: none"> ● Someone requiring care or support; it will usually mean the person or people supported by the learner. <p>Different types of specimen</p> <ul style="list-style-type: none"> ● Urine, including via catheter and mid-stream specimens. ● Faeces.

What needs to be learned

- Sputum.
- Saliva.
- Skin scraping.

Specimen tests and investigations

- Urine:
 - urinalysis
 - urine culture
 - 24-hour urine collection.
- Faeces:
 - faecal occult blood test
 - stool culture.
- Sputum:
 - routine sputum culture.
- Saliva.
- Skin scraping:
 - fungal culture.

Equipment and materials used in the collection and transportation of specimens

- Personal protective equipment (PPE):
 - apron
 - gloves
 - mask.
- Sterile container.
- Plastic bag.
- Spoon/spatula/scrapper.
- Cotton swab.
- Labels.
- Fridge.
- Box.
- Cleansing wipes.

What needs to be learned
<p>Learning outcome 13: Be able to prepare for obtaining specimens from individuals</p> <p>Preparatory actions before obtaining specimens</p> <ul style="list-style-type: none"> • Worker and individual communication: <ul style="list-style-type: none"> ◦ check identity of individual ◦ explain procedure ◦ obtain valid consent-must be in line with agreed UK country definition ◦ ensure the individual's background and preferences are considered. • Environment: <ul style="list-style-type: none"> ◦ privacy ◦ comfort. • Equipment: <ul style="list-style-type: none"> ◦ ensure all required equipment and materials are ready. • Hygiene: <ul style="list-style-type: none"> ◦ wash hands following WHO guidelines ◦ cleaning of site.
<p>Learning outcome 14: Be able to obtain specimens from individuals</p> <p>Process of obtaining specimens</p> <ul style="list-style-type: none"> • Use of correct container for specimen. • Completion of labels accurately, e.g. name, date of birth, time and date of specimen. • Use the correct procedure for collecting the specimen. • Correct storage of specimen, e.g. fridge. • Completion of relevant documentation. <p>Problems in obtaining specimens</p> <ul style="list-style-type: none"> • Non-co-operation of individual. • Contamination of specimen. • Prolonged storage of specimen. • Delay in transportation of specimen. <p>Incorrect labelling of specimens and associated hazards</p> <ul style="list-style-type: none"> • Incorrect treatment – medical or surgical.

What needs to be learned

- Incorrect drugs.
- Upset/stress/distress.
- Required treatment delayed or not given.
- Possible risk of death.

Learning outcome 15: Be able to test specimens from individuals

Specimen tests

- Urinalysis:
 - physical appearance (colour, cloudiness, odour, clarity)
 - macroscopic analysis
 - analysis based on chemical and molecular properties or microscopic assessment.
- Urine culture, e.g.:
 - midstream urine sample to check for bacteria.
- 24-hour urine collection to test kidney function.
- Faecal occult blood test:
 - test healthy people for possible bowel cancer, blood in the faeces.
- Stool culture:
 - identify bacteria and parasites that might cause problems like diarrhoea, stomach ulcers and stomach cancer.
- Routine sputum culture:
 - sample of sputum to see if bacteria or fungi might be growing in an individual's lungs and causing the production of the sputum.
- Saliva:
 - identify markers of endocrine, immunologic, inflammatory, infectious and other types of conditions.
- Fungal culture to check for micro-organisms on the body.

Health and safety relevant to the environment

- Standard precautions for infection prevention and control
- Use of PPE

What needs to be learned
<p>Agreed ways of working</p> <ul style="list-style-type: none"> Agreed ways of working will include policies and procedures for testing specimens, where these exist.
<p>Learning outcome 16: Be able to report on the outcomes of the test of specimens to the GP and patient</p>
<p>Recording and reporting required indicators</p> <ul style="list-style-type: none"> Use of correct documentation. Accurate completion of records. Confidentiality of records, e.g., storage and sharing. <p>Results are outside the normal range</p> <ul style="list-style-type: none"> Refer to general practitioner for further tests, medical advice. <p>Agreed ways of working</p> <ul style="list-style-type: none"> Policies and procedures for reporting, where they exist. Communicating results to individuals. <p>Implications of test results for individual</p> <ul style="list-style-type: none"> Concerns about health, e.g., impact of test results, medical conditions. Changes in lifestyle, e.g., prevention of illnesses, diet, exercise
<p>Learning outcome 17: Understand the anatomy and physiology relating to obtaining venous blood samples</p>
<p>Anatomy and physiology</p> <ul style="list-style-type: none"> Sites for blood sampling: finger (the most popular), heel or earlobe (rarely). Structure and purpose of capillary blood vessels. <p>Blood clotting</p> <ul style="list-style-type: none"> Processes: <ul style="list-style-type: none"> coagulation hemostasis blood vessel repair. Factors influencing blood clotting.
<p>Learning outcome 18: Be able to prepare for obtaining venous blood samples</p>
<p>Individual</p>

What needs to be learned

- Someone requiring a capillary blood sample, care or support; it will usually mean the person or people supported by the learner.

Preparatory actions before obtaining blood samples

- Drink and diet before taking sample where appropriate, e.g., fasting, blood sugar.
- Check which blood tests are to be completed on the test request form with all appropriate equipment ready, e.g., capillary blood tubes.
- Confirm individual's identity and valid consent in line with UK policy:
 - full name
 - date of birth
 - check information against the paper or electronic details of the individual.
- Position the individual appropriately.
- Clean area as per local policy or agreed ways of working.
- Select and prepare an appropriate site.
- Request individual to adjust clothing, if necessary, e.g., rolling sleeves, loosening of tight clothes, excess clothing.
- Select lancet with micro-collection device.
- Taking into account preferences, e.g., beliefs, values, culture.

Supporting and reassuring the individual

- Appropriate method of communication, e.g., verbal and non-verbal.
- Confidentiality agreements.
- Individual additional support, e.g., translators, advocates.

Learning outcome 19: Be able to obtain venous blood samples

Health and safety factors

- Infection control:
 - hand hygiene – washing, alcohol rub
 - personal protective equipment (PPE) – gloves, apron
 - skin antisepsis
 - sterile, single-use blood sampling devices, e.g., glucometers and single use of lancets
 - disposal of sharps
 - disinfection of surfaces

What needs to be learned

- transportation of blood samples in labelled, washable containers.
- Staff, e.g., training and competence of staff.
- Individual, e.g., anxiety, fear, hydration, temperature – cold hands etc.

Reasons for obtaining capillary blood samples

- May include: blood sugar determination, haemoglobin levels tests, blood typing, haemoglobin iron deficiency, cholesterol, prothrombin time test/INR for measuring clotting time.

Obtaining blood samples process

WHO recommends the following process:

- Apply alcohol to the entry site and allow to air dry.
- Puncture the skin with one quick, continuous and deliberate stroke, to achieve a good flow of blood and to prevent the need to repeat the puncture.
- Wipe away the first drop of blood (because it may be contaminated) with tissue fluid or debris (sloughing skin).
- Avoid squeezing the finger or heel too tightly because this dilutes the specimen with tissue fluid (plasma) and increases the probability of haemolysis.
- When the blood collection procedure is complete, apply firm pressure to the site to stop the bleeding.

Labelling of blood samples

- Clear, accurate and legible, using computer-prepared labels where appropriate.
- Appropriate packaging used.
- Correct forms are attached and put in the appropriate place for transport or storage, if required.
- Timing of transport depending on urgency.

Problems and complications

- Faulty equipment.
- Transmission of infectious diseases, e.g., hepatitis B.
- Sharps injury.
- Scarring.
- Localised or generalised necrosis (a long-term effect).
- Haemolysis.

What needs to be learned
<ul style="list-style-type: none"> • Inaccurate test results.
Learning outcome 20: Be able to prepare venous blood samples for transportation
<ul style="list-style-type: none"> • Legibility of labelling and documentation. • Temperature control of storage. • Immediacy of transportation.
Learning outcome 21: Be able to carry out common examination procedures
<ul style="list-style-type: none"> • Blood pressure tests • Pulse rate and character tests • Height, weight & BMI • Temperature • Peak flow measurements • Oxygen level tests • Urine dip stick tests and MSU. • ECG tests • Blood sugar finger prick tests • Blood pressure monitor tests or other tests performed by the practice as appropriate • Swabs • Other tests in your practice.
Learning outcome 22: Understand significant events and incident reporting
<ul style="list-style-type: none"> • Significant events • Incident reporting • Policies and procedures for practice.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the 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.

Assessment decisions for learning outcomes 14, 15, 18, 19, 20 and 21 (competence) must be made based on evidence generated during the learner's normal work activity.

Simulation cannot be used as an assessment method for these learning outcomes.

Unit 4: Communicating with Patients

Level:	4
Notional learning hours:	10
Unit value (NLH/10):	1
SRF unit code:	51184S

Unit introduction

Patient communication is a key role for the General Practice Assistant. It is essential that you are able to both listen and communicate with patients to ensure you can undertake your role effectively.

In this unit, you will gain an understanding of a variety of consultation modalities. You will also learn how to undertake basic consultation using common key lines of enquiry.

You will learn how to implement and promote active participation to enable patients to make informed decisions about their own health, using a variety of resources.

You will also learn about your practice complaints policy and system.

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 consultation modalities	1.1. Describe the different types of consultation used in clinical practice: <ul style="list-style-type: none"> • Face to face in surgery • Face to face at home/care home • Telephone • Video • Email • Text • Group • Supported consultation with translator or signer • Consultations supported by photographs sent by patient to aid diagnosis by the GP
		1.2. Identify which types of patient might benefit from the different modalities
		1.3. Discuss which clinical scenarios might be optimally delivered by each modality
		1.4. Provide evidence of use of patient interaction using each modality
		1.5. Discuss the value of home visiting consultation
		1.6. Demonstrate awareness of personal safety issues for home visiting
2	Be able to carry out the basic consultation	2.1. Record identity
		2.2. Provide an introduction of self and role
		2.3. Present complaint
		2.4. Past history, family history and drug history
		2.5. Undertake basic clinical observations
		2.6. Prepare for GP assessment
		2.7. Provide post assessment actions to support GP management
		2.8. Provide signposting services

Learning outcomes		Assessment criteria
		2.9. Provide chaperoning services
3	Understand common key lines of enquiry	3.1. Demonstrate an understanding of the history of the presenting complaint
		3.2. Demonstrate an understanding of smoking, alcohol and exercise and other lifestyle factors, e.g., drug misuse
		3.3. Explain the impact of past medical history on the presenting complaint
		3.4. Give an example where family history was relevant
		3.5. Share two cases where a drug/medication history has been of benefit to the case
		3.6. Explain how social history can impact upon a case
		3.7. Give examples where open and closed questions help understand the patient history
4	Be able to implement and promote active participation	4.1. Describe different ways of applying active participation to meet a patient's needs
		4.2. Work with an individual and others to agree how active participation will be implemented
		4.3. Give an example of a patient taking responsibility for their own health after your intervention
		4.4. Demonstrate ways to promote understanding and use of active participation
5	Be able to support the individual's right to make choices	5.1. Support an individual to make informed choices - give an example where a patient made a positive choice to change, and an example where a patient declined appropriate care
		5.2. Describe how you can manage risk in a way that maintains the individual's right to make choices
		5.3. Describe how to support an individual to question or challenge decisions concerning them that are made by others – promoting 'with me' not 'about me'

Learning outcomes		Assessment criteria
6	Be able to demonstrate the use of resources to support communication	6.1. Understand the need for appropriate consent to obtain further information from third parties e.g. Carers or families
		6.2. Know how to obtain translation services for patients whose first language is not English or is not able to understand English
		6.3. Demonstrate an understanding of how to record and utilise information provided by a third party
		6.4. Explain the importance of maintaining confidentiality when dealing with a third party
		6.5. Describe the additional resources available to patients with hearing and visual impairment in your practice
		6.6. Describe additional resources needed in patients with speech impairments e.g. stroke patients
		6.7. Demonstrate awareness of mental capacity issues and their impact upon consultations
		6.8. Understand the value of avoiding use of complex medical terminology and acronyms
		6.9. Demonstrate an awareness of literacy problems in your practice and how the practice supports patients with illiteracy
7	Be able to carry out consultations with patients	7.1. Provide evidence of carrying out five consultations, from entries on the clinical system, as validated by the GP
8	Understand communication within the practice	8.1. Describe the importance of communications within the practice team
		8.2. Explain how your practice ensures important information is shared between staff members
		8.3. Record examples of your practice meetings and their purposes (both clinical and non-clinical meetings)
		8.4. Describe how you work with your educational supervisor/mentor in terms of protected sessions and supervision

Learning outcomes		Assessment criteria
		8.5. Describe how other members of the practice team have supported you through this process
9	Know how complaints are handled within the practice	9.1. Confirm your familiarisation with your practices complaints policy and system

Unit content

What needs to be learned
Learning outcome 1: Understand consultation modalities
<ul style="list-style-type: none">• Face to face in surgery• Face to face at home/care home• Telephone• Video• Email• Text• Group• Supported consultation with translator or signer• Consultations supported by photographs sent by patient to aid diagnosis by the GP. Personal safety issues for home visiting. <ul style="list-style-type: none">• Practice policy• Resources• Training
Learning outcome 2: Be able to carry out the basic consultation
Identity <ul style="list-style-type: none">• There are three approved methods for checking a patient's identity. It is likely that a practice will need to use all three, but may have a preferred method for most patients.<ul style="list-style-type: none">○ Vouching○ Vouching with confirmation○ Identity documents Family health history <ul style="list-style-type: none">• Record of health information about a person and his or her close relatives. A complete record includes information from three generations of relatives, including children, brothers and sisters, parents, aunts and uncles, nieces and nephews, grandparents, and cousins. Basic Clinical Observations <ul style="list-style-type: none">• Temperature.• Respirations.

What needs to be learned

- Blood Pressure.
- Pulse/heart rate.
- Oxygen saturation.

Chaperoning

- A chaperone is a person who acts as a witness for a patient and a health professional during a medical examination or procedure. A chaperone should stand in a location where he or she is able to assist as needed and observe the examination, therapy or procedure.

Learning outcome 3: Understand common key lines of enquiry

Lifestyle risk factors including:

- Unhealthy diet
- Not enough exercise
- Unhealthy weight
- Smoking
- Too much alcohol
- Birth control and hormone replacement therapy (HRT)
- Recreational drug use
- Stress

Family health history

- Record of health information about a person and his or her close relatives. A complete record includes information from three generations of relatives, including children, brothers and sisters, parents, aunts and uncles, nieces and nephews, grandparents, and cousins.

Social history:

- smoking
- alcohol
- recreational drugs
- accommodation and living arrangements
- marital status
- baseline functioning
- occupation

What needs to be learned
<p>Open-ended questions</p> <ul style="list-style-type: none"> • questions that require a participant to answer in their own words. <p>Close ended questions</p> <ul style="list-style-type: none"> • question types that ask respondents to choose from a distinct set of pre-defined responses, such as “yes/no” or among set multiple choice questions.
Learning outcome 4: Be able to implement and promote active participation
<p>Active participation</p> <ul style="list-style-type: none"> • Way of working that recognises an individual’s right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than as a passive recipient. • Empowering individuals to participate in the activities and relationships of everyday life and in their own care as independently as possible. • Explaining the benefits of active participation to individuals, e.g., physical benefits, increased independence, autonomy and wellbeing. • Engaging with the individual as an active partner in their own care or support, not as a passive recipient. • Assess possible barriers to active participation, e.g., learning disabilities, physical disability or language barriers. • Employ ways that reduce any barriers to active participation, e.g., use of physical, communication or visual aids. <p>Implement and promote</p> <ul style="list-style-type: none"> • Different ways of applying active participation to meet individual needs. • Working with individuals and others, e.g., team members, other professionals. • Active participation – addressing the holistic needs of an individual. • Using incentives, e.g., highlighting advantages and benefits of active participation. • Related models and theories specific to service user group, e.g., active support model for individuals with learning disabilities to promote their engagement.
Learning outcome 5: Be able to support the individual’s right to make choices
<p>Right to make choices</p> <ul style="list-style-type: none"> • Importance of empowerment, independence and autonomy of individuals. • Importance of inclusive practice.

What needs to be learned

- Awareness of relevant legislation and agreed ways of working that influence individuals' rights, e.g., equality and human rights.

Support the individual

- Developing respectful relationships.
- The importance of non-judgemental communication and inclusive information.
- Respecting individuals' choices.

Managing risks

- Risk assessment processes to support individuals in making choices, e.g., health and lifestyle choices, decisions about treatment or care.
- Awareness of actual or likely danger or harm arising from choices made, e.g., increased vulnerability, impact on treatment or recovery.
- Empowering and supporting individuals to question or challenge the decisions made by others but which concern them.
- Using own role and authority to support the individual's right to make choices, e.g., being confident and assertive, knowledge of relevant legislation and agreed ways of working, being an advocate in supporting an individual's right to choose.
- Importance of inclusive practice and awareness of discrimination issues.

Questioning and challenging decisions

- Support and empower the individual, building their confidence and promoting assertiveness to challenge decisions made by others.
- Use relevant legislation, organisational policies and procedures, to support the individual, e.g., using the complaints procedure.
- Act as the individual's advocate if required, referring to support services if necessary.

Learning outcome 6: Be able to demonstrate the use of resources to support communication

Accessing support services

- Interpreting services.
- Speech and language services.
- Translation services.
- Advocacy services.
- Third-sector organisations, e.g. Stroke Association, Action on Hearing Loss

What needs to be learned

Capacity

- Determined by a two-stage test: stage one – proof of impairment that affects the way their mind or brain works, e.g. physical or medical conditions that cause confusion, drowsiness or loss of consciousness.
- Stage two – whether the person is able to make a specific decision when required by understanding and retaining relevant information, using that information to make a decision, and communicating their decision (by any means).
- Assessment of capacity by a person directly concerned with the individual at the time that the decision needs to be made, e.g. care worker assessing if the person can agree to being fed.

Methods of communication

- Methods used by people with full or partial sight loss:
 - Braille
 - Moon
 - large print
 - use of high contrast
 - appropriate fonts
 - magnifiers.
- Methods used by people with hearing loss:
 - British Sign Language
 - lip-reading/lip-speaking
 - text messaging
 - hearing loop systems/hearing aids.
- Methods used by people with deaf-blindness:
 - deaf-blind sign language.

Adapt the environment to facilitate effective communication

- Staff training.
- Use of colour/contrast.
- Reduced background noise.
- Lighting.
- Specialist equipment, e.g. tactile phone buttons, Braille keyboard/signage.
- Tactile flooring.

What needs to be learned
Learning outcome 7: Be able to carry out consultations with patients
5 consultation entries from any of the following: <ul style="list-style-type: none"> • Face to face in surgery • Face to face at home/care home • Telephone • Video • Email • Text • Group • Supported consultation with translator or signer • Consultations supported by photographs sent by patient to aid diagnosis by the GP
Learning outcome 8: Understand communication within the practice
Factors to be taken into consideration <ul style="list-style-type: none"> • Communication requirements: purpose, appropriate communication methods (formal, informal, verbal, written), language, organisational standards and protocols, customer expectations, timing/deadlines. • Intended audience for communications, including internal, e.g. team members, managers, other internal stakeholders; external, e.g. customers, suppliers, authorities, other external stakeholders. Factors that affect choice of communication channels <ul style="list-style-type: none"> • Communication channels: <ul style="list-style-type: none"> ○ verbal, e.g. face to face, telephone, online applications ○ written, e.g. business letters, reports, emails, blogs, minutes of meetings, instructions, GP IT system. • Factors that affect communication channel choice: audience; purpose, cost, speed of communication, subject matter of information, how much information is to be communicated, whether a permanent record of the information is required, intrusiveness of communication method, safety and information security.
Learning outcome 9: Know how complaints are handled within the practice
Responding to complaints <ul style="list-style-type: none"> • Listening to complainant. • Referring complainant to complaints policy.

What needs to be learned

- Suggesting that complaints are made in writing.
- Reporting complaints to line manager.

Handling complaints

- Acknowledgement of complaints.
- Stages within procedure.
- Report and recommendations.
- Review and appeals.
- Policies and procedures.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the 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.

Unit 5: Managing Health Records

Level:	4
Notional learning hours:	10
Unit value (NLH/10):	1
SRF unit code:	51185S

Unit introduction

Managing health records is a vital role for the General Practice Assistant. By documenting clinical history through effective health records, the General Practice Assistant will be reducing the burden on the GP, allowing them to focus their time on patient health.

In this unit, you will learn how to utilise clinical records and add appropriate information. You will also learn how to record key clinical details, record patient encounters and take information from medical records.

You will also learn how to understand drug history and recognise allergies.

You will learn how to obtain results from common tests and how to navigate the population manager facility.

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	Be able to utilise GP clinical records to gain and add appropriate information	1.1. Reading and understanding key health entries
		1.2. Demonstrate the ability to navigate the practice clinical IT system
		1.3. Make entries for appointments
		1.4. Make clinical entries
		1.5. Adding key information to the summary

Learning outcomes		Assessment criteria
2	Be able to summarise patient details	2.1. Detail major, minor, current and past problems
		2.2. Record carer details
		2.3. Record allergies
3	Be able to record patient encounters	3.1. Recording clinical history into the clinical system
		3.2. Recording the clinical examination findings and tests into the clinical system
		3.3. Demonstrate an understanding of practice protocols and when to highlight a clinical examination or test finding that lies outside accepted limits, and who to escalate this to in an appropriately timely fashion
		3.4. Demonstrate the appropriate recording of chaperoning activity in the records
4	Be able to harvest information from letters	4.1. Identify actions
		4.2. Understand diagnosis and identify new diagnoses
		4.3. Understand the requirement for further tests
		4.4. Provide appropriate follow up
		4.5. Escalate important information to the GP
5	Understand drug history of patients	5.1. Identify current medications lists
		5.2. Recognise allergies and their recording including adverse drug reactions
6	Be able to obtain results of common tests on behalf of GP	6.1. Blood tests and other laboratory results
		6.2. Radiology tests such as MRI, Xray, CT
		6.3. Test results obtained during consultation examinations such as BP, O2, BM
		6.4. Reporting normal and escalating abnormal results

Learning outcomes		Assessment criteria
7	Be able to navigate the population manager facility within the clinical system to support chronic disease	7.1. Give an example of 5 patients you have followed up with a long-term condition to support QOF
		7.2. Describe how you identify patients who have not yet been reviewed with a long-term condition
		7.3. Demonstrate an understanding of specific QOF codes

Unit content

What needs to be learned
Learning outcome 1: Be able to utilise GP clinical records to gain and add appropriate information
<ul style="list-style-type: none">• Practice IT system• Making appointments• Making clinical entries• Other key information
Learning outcome 2: Be able to summarise patient details
Summary Care Record <ul style="list-style-type: none">• Major, minor, current and past problems• Carer details• Allergies
Learning outcome 3: Be able to record patient encounters
Clinical History including <ul style="list-style-type: none">• Introduction• Presenting complaint• History of presenting complaint• Past surgical history• Past medical history• Drugs/Allergies• Social history• Family history• Ideas, concerns and expectations Practice Systems and Protocols <p>How does your practice make sure:</p> <ul style="list-style-type: none">• All tests requested are documented in the clinical system.• There are no delays in dealing with results that require prompt action. For example, regularly tracking and reconciling tests requested against results received.• Clinicians, and non-clinicians where appropriate, who review results have:<ul style="list-style-type: none">○ access to the medical record and

What needs to be learned

- training to understand the significance of the results.
- Results are reviewed in a timely manner. This includes when:
 - clinicians are absent and
 - you receive results following requests made by short-term locums.
- That all test results are seen and actioned if a patient has had multiple tests and you get results at different times.
- That everyone is aware of their responsibilities for managing test results. This includes clinicians and administrative staff.

Chaperoning

- A chaperone is a person who acts as a witness for a patient and a health professional during a medical examination or procedure. A chaperone should stand in a location where he or she is able to assist as needed and observe the examination, therapy or procedure.

Learning outcome 4: Be able to harvest information from letters

Harvesting information from letters

- Identify actions.
- Understand diagnosis and identify new diagnoses
- Understand the requirement for further tests
- Provide appropriate follow up
- Escalate important information to the GP

Learning outcome 5: Understand drug history of patients

Common types of medication and their uses

- Antibiotics used to fight infection.
- Analgesics used to relieve pain.
- Antihistamines used to relieve allergy symptoms, e.g. hay fever.
- Antacids used to relieve indigestion.
- Anticoagulants used to prevent blood clotting, e.g. following heart attack, thrombosis, some surgical procedures.
- Psychotropic medicine used to treat depression.
- Diuretics used to get rid of excess fluids in the body.
- Laxatives used to alleviate constipation.

What needs to be learned
<ul style="list-style-type: none"> Hormones, e.g. insulin, contraceptives, steroids, hormone replacement therapy (HRT). Cytotoxic medicines used to treat some forms of cancer. <p>The common adverse reactions to medication</p> <ul style="list-style-type: none"> Adverse reactions, e.g. rashes, breathing difficulties, allergic skin reaction, Tachycardia/bradycardia, anaphylaxis, hypertension/hypotension, swellings, nausea, vomiting, diarrhoea, stiffness, shaking, headaches, drowsiness, constipation, weight gain. Whether changes are the result of medication.
Learning outcome 6: Be able to obtain results of common tests on behalf of GP
<p>Obtain results of common tests on behalf of GP</p> <ul style="list-style-type: none"> Blood tests other laboratory results MRI Xray CT scan Blood Pressure Oxygen saturation.
Learning outcome 7: Be able to navigate the population manager facility within the clinical system to support chronic disease
<p>Long Term Physical Health Condition</p> <ul style="list-style-type: none"> A Long-Term Physical Health Condition (also known as a Chronic Condition) is a health problem that requires ongoing management over a period of years or decades and is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies. <p>Examples of Long Term Physical Health Conditions</p> <ul style="list-style-type: none"> Diabetes Cardiovascular (e.g. Hypertension, Angina) Chronic Respiratory (e.g. Asthma, Chronic Obstructive Pulmonary Disease (COPD)) Chronic Neurological (e.g. Multiple Sclerosis) Chronic Pain (e.g. Arthritis)

What needs to be learned

- Post-COVID-19 syndrome (Long COVID)
- Other Long-Term Conditions (e.g. Chronic Fatigue Syndrome, Irritable Bowel Syndrome (IBS), Cancer) etc.
- **QOF**
- Quality and Outcomes Framework
 - Clinical domain codes
 - Public health domain codes.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the 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.

9 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.

10 Malpractice

Dealing with malpractice in assessment

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

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

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

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

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

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

Learner malpractice

The head of centre is required to report incidents of suspected learner malpractice that occur during the delivery of Pearson qualifications. We ask centres to complete JCQ Form M1 (www.jcq.org.uk/malpractice) and email it with any supporting documents

(signed statements from the learner, invigilator, copies of evidence, etc) to the Investigations Processing team at candidatemalpractice@pearson.com. The responsibility for determining any appropriate sanctions on learners lies with Pearson.

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

Failure to report malpractice constitutes staff or centre malpractice.

Teacher/centre malpractice

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

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

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

Sanctions and appeals

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

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

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

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

The centre will be notified if any of these apply.

Pearson has established procedures for considering appeals against sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from the head of centre (on behalf of learners and/or members or staff) and from

individual members (in respect of a decision taken against them personally). Further information on appeals can be found in the *JCQ Appeals booklet* (<https://www.jcq.org.uk/exams-office/appeals>).

11 Further information and publications

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

Further documents that support the information in this specification:

- *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)

12 Glossary

Part A – General terminology used in specification	
Self Regulated Framework	Qualifications that Pearson makes available to centres that are regulated and certificated by Pearson. These are not regulated by any UK regulatory body.
Level	Units and qualifications have a level assigned to them. The level assigned is in line with our regulated provision and informed by the level descriptors defined by Ofqual.
Notional learning hours	The total number of hours that the average learner would take to complete the qualification. It includes contact time, non-contact time and assessment time.
Learning outcomes	The learning outcomes for 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.

Part B – Terms used in knowledge and understanding criteria	
Analyse	Examine methodically and in detail, typically in order to interpret.
Compare	Identify the main factors relating to two or more items/situations, explaining the similarities and differences or advantages and disadvantages, and in some cases say which is best and why.
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.
Evaluate	Bring together all information and review it to form a supported conclusion, drawing on evidence, including strengths, weaknesses, alternative actions, relevant data or information.
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.
State	Express information in clear and precise terms.

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