NCFE CACHE

Qualification specification

NCFE CACHE Level 5 Diploma for Assistant Practitioners in Healthcare
QN: 603/3810/6
This qualification is now withdrawn

Contents

Theme 4: Safe ways of working **74**

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Theme 6: Professional development **143**

Summary of changes

This section summarises the changes to this qualification specification since the last version (February 2019)

Version	Publication Date	Summary of amendments
v1.1	February 2020	Information regarding the safeguarding and wellbeing of learners added to Resources.
v1.2	June 2022	Further information added to the qualification summary – assessment requirements section to confirm that unless otherwise stated in this specification, all learners taking this qualification must be assessed in English and all assessment evidence presented for external quality assurance must be in English. Information added to the qualification summary - entry requirements/ recommendations section to advise that registration is at the discretion of the centre, in accordance with equality legislation and should be made on the Portal. Information added to the mandatory documents section about how to access support handbooks. Information added to guidance for unit APH 8: Safeguarding and protection in healthcare. Serious Case Reviews have been superseded by Child Safeguarding Practice Reviews and Safeguarding Adults Reviews. Reference to Public Health England in unit APH 1: Principles and philosophy for healthcare replaced by UK Health Security Agency and Office for Health Improvement and Disparities. Reference to General Data Protection Regulation 2018 changed to UK General Data Protection Regulation (UK GDPR) in unit APH 3: Partnership working in healthcare.

Section 1: General introduction

About this Qualification Specification

This Qualification Specification contains details of all the units and assessments you will be required to complete to gain this qualification. It also contains extra information for Tutors and/or Assessors.

How the qualification works

This qualification is made up of units each representing a small step of learning. This allows the qualification to be completed at your own pace.

Each unit has:

- a **level** – shows how difficult the unit is
- a cre**dit value** – one credit represents about 10 hours' work
- a **unit aim** – explains what is covered in the unit
- **learning outcomes** – cover what you need to do (skills) or understand (knowledge). Additional guidance is included below the main learning outcome
- **content requirements** – cover skills and knowledge that must be developed in each unit. This will provide information about what will need to be delivered/studied alongside the learning outcomes
- **assessment of learning** – identifies how learner work will meet the requirements of each unit. There are examples of what could be included as portfolio evidence. This list is not exhaustive or mandatory.

Total Qualification Time/Guided Learning: Definitions

Total Qualification Time is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Total Qualification Time (TQT) is comprised of the following two elements:

- the number of hours which we have allocated to a qualification for guided learning
- an estimated number of hours a learner will reasonably be likely to spend in preparation, study, or any other form of participation in education or training, but not under the immediate supervision of a Tutor or Assessor.

Guided Learning (GL)

- GL and TQT apply to the qualification as a whole.
- We use GL to refer to the estimated guided learning hours at unit level.

Recognition of Prior Learning (RPL)

Centres may recognise prior learning at their discretion if they are satisfied that the evidence provided meets the requirements of a qualification. Where RPL is to be used extensively (for a whole unit or more), advice must be given by your External Quality Assurer.

Qualification dates

Regulated qualifications have operational end dates and certification end dates.

We review qualifications regularly, working with sector representatives, vocational experts and stakeholders to make any changes necessary to meet sector needs and to reflect recent developments.

If a decision is made to withdraw a qualification, we will set an operational end date and provide reasonable notice to our Centres. We will also take all reasonable steps to protect the interest of learners.

An operational end date will only show on the Ofqual Register of Regulated Qualifications register.ofqual.gov.uk and on our website if a decision has been made to withdraw a qualification. After this date we can no longer accept learner registrations. However, certification is allowed until the certification end date so that learners have time to complete any programmes of study. The certification end date will only show on the Ofqual Register once an operational end date has been set. After this date we can no longer process certification claims.

Understanding learning outcomes

There are two main types of learning outcome:

- **Skills** that can be performed
- **Knowledge** that can be learnt.

Sometimes they can cover a combination of the two.

Competence/Skills-based learning outcomes:

- The assessment criteria usually show that the evidence could be observable within a real work environment. Other methods may be applied please see chart in Assessment Guidance section. All evidence must be based on the learner's experience in a real work environment.

Knowledge-based learning outcomes:

- Begin with 'Know', 'Understand' or 'Know how to'.

☆ For your convenience, knowledge-only units are indicated by a star in both the Unit Achievement Log and at the top of the units.

If a unit is not marked with a star, it is a skills unit or contains a mix of knowledge and skills.

Making use of our websites

The most recent version of our qualification specification and supporting documents can be found on the NCFE website. To ensure that you're using the most up-to-date version, please check the version number in the page footers against that of the qualification specification.

The website also contains information about all our qualification, including a qualification factsheet and other support materials.

The Public Website

Our public website address is: www.ncfe.org.uk. The website contains information about all our qualifications, which contains:

- Key Facts
- Qualification Specifications

There are also some other key documents that can be referred to when required. For example:

- Complaints Policy
- Enquiries and Appeals Policy
- Diversity and Equality Policy.

It also contains regular news updates and case studies and links to websites from other organisations that might be of interest.

The Centre Secure Website

More specific information to support Centre delivery can be found on our secure website.

To access the secure website, click on the link on the NCFE website and log in using the details provided by the Centre administrator.

Plagiarism

Plagiarism means claiming work that has been copied from someone or somewhere else to be your own. All the work you submit must be your own and not copied from anyone else unless you clearly reference the source of your information. Your Tutor will explain how to provide a reference list that shows where you found your information. If your Centre discovers evidence that your work is copied from elsewhere, it will not be accepted and you may be subject to your Centre's disciplinary procedure or ours. If this happens you will have to submit an additional piece of work for assessment.

Buying and selling assignments

Offering to buy or sell assignments is not allowed. This includes using sites such as eBay. If this happens we reserve the right not to accept future entries from you.

Equal opportunities

We fully support the principle of equal opportunities and oppose all unlawful or unfair discrimination on the grounds of ability, age, colour, culture, disability, domestic circumstances, employment status, gender, marital status, nationality, political orientation, racial origin, religious beliefs, sexual orientation and social background. We aim to ensure that equality of opportunity is promoted and that unlawful or unfair discrimination, whether direct or indirect, is eliminated both in its own employment practices and in access to its qualifications. A copy of our Diversity and Equality policy is available on the NCFE website.

Diversity, access and inclusion

Our qualifications and associated assessments are designed to be accessible, inclusive and non-discriminatory. We regularly evaluate and monitor the six diversity strands (gender, age, race, disability, religion, sexual orientation) throughout the development process as well as the delivery, external moderation and external assessment processes of live qualifications. This ensures that positive attitudes and good relations are promoted, discriminatory language is not used and our assessment procedures are fully inclusive.

Learners who require reasonable adjustments or special consideration should discuss their requirements with their Tutor, who should refer to our Reasonable Adjustments and Special Considerations policy for guidance. For more information on the Reasonable Adjustments and Special Considerations Policy, please see the NCFE website.

Section 2: About this qualification

Qualification summary	
Title	NCFE CACHE Level 5 Diploma for Assistant Practitioners in Healthcare
Qualification number	603/3810/6
Aim	As part of the wider health and social care team delivering high-quality and compassionate care, Assistant Practitioners have direct contact with patients, service users and clients. Working at a level above that of Healthcare Support Workers, they have a more in-depth understanding about factors such as anatomy and physiology that influence health and ill health. The Level 5 Diploma for Assistant Practitioners in Healthcare provides learners with the knowledge, understanding and skills to work as an Assistant Practitioner. The qualification also maps to the Assistant Practitioner (Health) Apprenticeship Standard, where the Level 5 Diploma for Assistant Practitioners in Healthcare is a mandated qualification.
Regulatory purpose code	D. Confirm occupational competence and/or 'licence to practice'. D1: Confirm competence in an occupational role to the standards required.
Total Qualification Time (hours)	1200
Guided Learning (hours)	900
Credit value	120
Minimum age of learner	Learners must be at least 19 years of age. Centres may apply additional entry requirements for learners at their own discretion.
Age ranges covered by the qualification	Prenatal to end of life
Real work environment (RWE) requirement / recommendation	To be able to show competence in both knowledge and skills, learners will need to be working in an assistant/practitioner role in an appropriate setting to be able to study for the qualification.

Rules of combination	Learners will need to achieve **120 credits** from **20 mandatory units** that equate to 900 guided learning hours and 1200 total qualification hours. All units will be internally assessed and graded Achieved/Not Yet Achieved. For Apprenticeships, the latest standards document should be consulted to ensure that all mandatory qualifications, units, on-the-job hours and Apprenticeship conditions are achieved and evidenced.
Apprenticeship standard	Apprenticeship Standard: Assistant Practitioner (Health) For Apprenticeships, the latest document, available from www.instituteforapprenticeships.org, should always be consulted to ensure that all mandatory qualifications, units, on and off-the-job hours and Apprenticeship conditions are achieved and evidenced. Further information can also be found on the Skills for Health webpage: haso.skillsforhealth.org.uk
Progression	Upon completion, learners will have acquired the knowledge, skills, values and behaviours to become an Assistant Practitioner in a range of areas. These include: • Cancer Services • Mental Health • Social Care • Learning Disabilities • Hospice Care • Physiotherapy • Genito-Urinary Medicine • Orthopaedics • Occupational Therapy The qualification could also provide evidence for a personal statement to enable learners to enter Higher Education in a related area.
Assessment type	Internal
Assessment requirements	All units will be internally assessed using an Assessment of Learning. A range of methods can be applied which could include: direct observation of practice, professional discussion, work product or a portfolio of evidence. Unless stated otherwise in this qualification specification, all learners taking this qualification must be assessed in English and all assessment evidence presented for external quality assurance must be in English.

Additional unit guidance	Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.
How is the qualification graded?	Achieved/Not Yet Achieved
How long will it take to complete?	The qualification can usually be completed within 18–24 months.
Entry requirements / recommendations	There are no formal entry requirements for this qualification, but learners will need to be at least 19 years of age. It is also recommended that they hold a Level 3 or above qualification in a related area. We do not set any other entry requirements, but Centres may have their own guidelines. For Apprenticeships, the latest Standards document should be consulted to ensure that all Apprenticeship conditions are achieved and evidenced. Registration is at the discretion of the centre, in accordance with equality legislation, and should be made on the Portal.
Regulation information	This is a regulated qualification. The regulated number for this qualification is 603/3810/6.

Qualification structure

This qualification offers opportunity for holistic delivery and assessment. We have structured the mandatory units around the following six themes:

Theme 1: Principles and philosophy for healthcare
Theme 2: Working with others
Theme 3: Person-centred practice for positive outcomes
Theme 4: Safe ways of working
Theme 5: Clinical activities and interventions
Theme 6: Professional development

Please see the unit achievement log for details of which units are grouped under each theme.

Learners must achieve **120 credits** from **20 mandatory units.**

Section 3: Units

This section includes mandatory assessments of learning. These identify how learner work will meet the requirements of each unit. There are examples of what could be included as portfolio evidence. This list is not exhaustive or mandatory.

Unit achievement log – Level 5 Diploma for Assistant Practitioners in Healthcare

Unit ref.	Unit no.	Unit title	Unit type	Level	Credit	GL	Notes
Theme 1: Principles and philosophy for healthcare							
J/617/2818	APH 1	Principles and philosophy for healthcare	Knowledge	5	10	65	
Theme 2: Working with others							
L/617/2819	APH 2	Communication and information management in health care	Knowledge/ Skills	5	4	35	
F/617/2820	APH 3	Partnership working in healthcare	Knowledge/ Skills	5	4	35	
J/617/2821	APH 4	Team leadership and management in healthcare	Knowledge/ Skills	5	8	55	
Theme 3: Person-centred practice for positive outcomes							
L/617/2822	APH 5	Equality, diversity and inclusion in healthcare	Knowledge/ Skills	5	2	15	
R/617/2823	APH 6	Outcomes-based person-centred practice in healthcare	Knowledge/ Skills	5	4	35	

Unit ref.	Unit no.	Unit title	Unit type	Level	Credit	GL	Notes
Y/617/2824	APH 7	Specialist areas of healthcare	Knowledge/ Skills	5	5	40	
Theme 4: Safe ways of working							
R/617/2837	APH 8	Safeguarding and protection in healthcare	Knowledge/ Skills	5	5	40	
D/617/2825	APH 9	Health and safety in healthcare	Knowledge/ Skills	5	2	15	
H/617/2826	APH 10	Manage infection prevention and control	Knowledge/ Skills	5	7	50	
K/617/2827	APH 11	Risk-taking and risk management in healthcare	Knowledge/ Skills	5	4	35	
Theme 5: Clinical activities and interventions							
M/617/2828	APH 12	Human development and healthcare needs through the lifespan	Knowledge	5	11	80	
T/617/2829	APH 13	Human anatomy and physiology	Knowledge	5	12	85	
K/617/2830	APH 14	Clinical skills in healthcare	Knowledge/ Skills	5	4	35	

Unit ref.	Unit no.	Unit title	Unit type	Level	Credit	GL	Notes
M/617/2831	APH 15	Provision and support for nutrition and hydration	Knowledge/ Skills	5	9	65	
T/617/2832	APH 16	Monitor health and well-being through physiological measurements	Knowledge/ Skills	5	9	60	
Theme 6: Professional development							
A/617/2833	APH 17	Professional development in healthcare	Knowledge	5	3	25	
F/617/2834	APH 18	Manage self in healthcare	Knowledge/ Skills	5	4	35	
J/617/2835	APH 19	Continuous improvement in healthcare	Knowledge/ Skills	5	5	40	
L/617/2836	APH 20	Research in healthcare	Knowledge/ Skills	5	8	55	

Theme 1: Principles and philosophy for healthcare

APH 1: Principles and philosophy for healthcare

Unit reference	J/617/2818	**Unit level**	5
Credit value	10		
Guided learning	65		
Unit aim	The aim of this unit is to provide learners with knowledge and understanding in relation to the principles and philosophy for healthcare.		

Learning Outcome 1: Understand the purpose of healthcare provision
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.

1.1. Functions of healthcare provision:
- promote health and **well-being**
- ensure provision of high-quality, cost-effective care, support and treatment

1.2. Organisational roles within healthcare provision of:
- NHS England
- Health Education England (HEE)
- National Institute for Health and Care Excellence (NICE)
- UK Health Security Agency and Office for Health Improvement and Disparities
- Healthwatch England
- Health and Well-being boards (HWBs)

Learning Outcome 2: Understand the impact of drivers on healthcare provision
Content requirements for Learning Outcome 2: Knowledge that learners must develop in this unit.

2.1. Impact of strategic drivers on healthcare provision:
- demographics
- personalisation
- **co-production**
- integration
- community capacity
- whole-systems approach
- information management
- prevention
- early intervention and reduction
- reablement
- rehabilitation
- well-being
- values-based

Learning Outcome 3: Understand the role of technology in healthcare
Content requirements for Learning Outcome 3: Knowledge that learners must develop in this unit.

3.1. Technology applications:
- medical: diagnostic technology, X-rays, electrocardiogram (ECG), scans, invasive/surgical technology, blood analysis, temperature and blood pressure monitors, life support systems, lasers, cautery, pacemakers, drug administration system, care planning
- assistive: alarms, detectors, mobility aids, communication aids, posture management, pressure management, moving and handling systems, hospital and community beds, therapy equipment, telecare, rehabilitation devices

3.2. Benefits of medical and assistive technology:
- medical technology: diagnosis, reliability, monitoring, research, resourcing,, access, consistency, communication, security, audit
- assistive technology: independence, autonomy, mobility, access, risk management, safety, security

3.3. Role of advancing technology in healthcare:
- advancing technology: mobile apps, artificial intelligence, portable diagnostic devices, drug delivery, teletherapy, robotics, genome sequencing, precision medication, networking
- role: health data, medical processes and practice, care delivery, innovation in disease identification and management; access; improved **outcomes**, public health, resource management

Learning Outcome 4: Understand models of health and well-being
Content requirements for Learning Outcome 4: Knowledge that learners must develop in this unit.

4.1. Models of health and well-being:
- medical model: focus on biological/physical aspects, diagnosis, treatment, impacts on independence, choice and control, reliance on medical experts
- social model: **individual** experience, social perception, equality, inclusion, participation
- ecological model: broader influences on health, community approach, social policy, education, health promotion, social change

Learning Outcome 5: Understand ethical principles in healthcare
Content requirements for Learning Outcome 5: Knowledge that learners must develop in this unit.

5.1. Core principles of care ethics:
- dignity
- informed **consent**
- confidentiality
- privacy
- truth telling
- autonomy
- beneficence
- non-maleficence

5.2. Ethical theories:
- Virtue ethics
- Deontology
- Consequentialism

5.3. Professional codes of practice in relation to ethics:
- regulatory impact
- guidance
- best practice
- benchmarking
- evidence-based

5.4. Impact of ethical practice on individuals and organisations:
- individuals: behaviour, decision-making, morality, behaviour
- organisations: teams, structure, culture, policies, procedure, governance, reputation

Unit glossary of terms

Consent: Informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent.

Co-production: Regarding people who use healthcare, their families and carers as equal partners in decision-making, recognising that people who use support services and their families have expertise that can be used to help make services better, not only for themselves but for others too.

Individual: The person using the care or support service.

Outcomes: Aims or objectives that an individual would like to achieve or which need to happen; for example, continuing to live at home, or being able to go out and about.

Well-being: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 1: Principles and philosophy for healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record eg page number and method
1.1. Explain two (2) functions of healthcare provision.	
1.2. Summarise three (3) specific organisational healthcare roles.	
2.1. Evaluate one (1) strategic driver in relation to own healthcare provision.	
3.1. Describe two (2) technical applications in each of the following areas of healthcare: • medical • assistive.	
3.2. Use examples to analyse benefits of one (1) medical technology and one (1) assistive technology to healthcare provision.	
3.3. Evaluate advancing technology for healthcare provision.	
4.1. Summarise the impact of each of the following models on an individual's health and well-being: • medical • social • ecological.	
5.1. Discuss own role and responsibility with regard to modelling core principles of care ethics.	
5.2. Compare and contrast ethical theories.	

| 5.3. Explain how professional codes of practice are implemented in own practice. | |
| 5.4. Discuss the impact of ethical practice on individuals and organisations. | |

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- own research documentation
- policy development as a result of strategic driver
- evaluation including regulatory inspection/audit
- examples of individual care plans, as appropriate
- policy and procedure to show alignment with regulatory requirements and statutory guidance
- core care principles in practice: personal and peer reflections
- feedback from individuals accessing healthcare provision, peers and colleagues
- reflections from training and updated professional development, as appropriate.

Learner and Assessor sign-off: APH 1: Principles and philosophy for healthcare

Learner name:	**Learner declaration of authenticity of unit: APH 1**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 1**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:
For e-portfolio a signature is not required, providing the learner has a personalised and secure login.	

Theme 2: Working with others

APH 2: Communication and information management in healthcare

Unit reference	L/617/2819	Unit level	5
Credit value	4		
Guided learning	35		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to lead and manage communication systems and practices in healthcare.		

Learning Outcome 1: Understand models of communication
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.

1.1. Theoretical models of communication:
- theoretical models of communication, eg Barnlund Transactional model (1970), Argyle's stages of the communication cycle (1972), Tuckman's stages of group development (1965), Shannon and Weaver (1949)

1.2. The purpose of different models and systems of communication used in healthcare settings:
- models and systems of communication
- cycle of communication
- **partnership working**
- **active participation**
- person-centred
- continuity of care
- needs and preferences
- technology
- assistive technology
- information management
- different contexts
- outcomes of evaluation and review

1.3. How communication underpins:
- sustainable relationships
  - active participation and **co-production**
  - equality, diversity and inclusion
- positive **outcomes** for **individuals** and **others**:
  - duty of candour
  - promote individuals' rights
  - safeguarding
- leadership and management of teams:
  - positive culture
  - shared vision
  - delegation
  - team working
- conflict resolution:
  - professional boundaries
  - negotiation skills
- multi-agency/partnership working:
  - philosophies, principles, priorities and codes of practice
  - continuity of care
- information sharing:
  - confidentiality
  - recording and reporting
  - internal and external communication
  - legal and ethical tensions

Learning Outcome 2: Develop communication systems and practices that support positive outcomes

Content requirements for Learning Outcome 2:

Skills that learners must develop in this unit.

2.1. Monitor and evaluate the effectiveness of the communication systems and practices used in own workplace

2.2. Propose improvements to communication systems and practices and lead the implementation of these improvements

Learning Outcome 3: Implement systems for effective information management

Content requirements for Learning Outcome 3:

Skills that learners must develop in this unit.

3.1. Lead the implementation of systems for effective information management to meet legal and ethical requirements

3.2. Lead practice to address legal and/or ethical conflicts that arise between maintaining confidentiality and sharing information

Unit glossary of terms
Active participation: A 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 a passive recipient. **Co-production**: Regarding people who use healthcare, their families and carers as equal partners in decision-making, recognising that people who use support services and their families have expertise that can be used to help make services better, not only for themselves but for others too. **Individual**: The person using the care or support service. **Others** may include: • individuals • carers, family members and friends • advocates • paid workers • other professionals. **Outcomes**: Aims or objectives that an individual would like to achieve or which need to happen; for example, continuing to live at home, or being able to go out and about. **Partnership working**: Working effectively together with professionals, agencies and organisations to enhance well-being and support positive and improved outcomes.
Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 2: Communication and information management in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record eg page number and method
1.1. Discuss two theoretical models of communication. Evidence **must** include: • research of two theoretical models of communication.	
1.2. Explain the purpose of different models and systems of communication used in healthcare settings. The explanation must include: • the purpose of different models of communication used in the work setting • why different systems of communication are required in healthcare services.	
1.3. Analyse how communication underpins: • sustainable relationships • positive outcomes for individuals and others • leadership and management of teams • conflict resolution • multi-agency/partnership working • information sharing.	
2.1. Monitor and evaluate the effectiveness of the communication systems and practices used in own workplace.	
2.2. Propose improvements to communication systems and practices and lead the implementation of these improvements.	
3.1. Lead the implementation of systems for effective information management to meet legal and ethical requirements.	

3.2. Lead practice to address legal and/or ethical conflicts that arise between maintaining confidentiality and sharing information.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- adaptations of information and communication for different contexts and audiences
- care planning cycle
- development of systems of communication
- information governance
- inspection reports and audits
- internal/external audits
- leadership and management styles
- models of communication used in setting
- networking activity
- partnership activity
- partnership protocols
- peer evaluation
- policy and procedural development
- quality-improvement plans
- report on information exchange, local protocols and ethical considerations
- review and development of communication systems as a result of legal lessons learned and ethical requirements
- risk assessments, including use of technology
- role-modelling
- safeguarding protocols
- self-assessment
- service level agreements
- supervision and appraisal
- team meetings
- workforce development.

Learner and Assessor sign-off: APH 2: Communication and information management in healthcare	

Learner name:	**Learner declaration of authenticity of unit: APH 2**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 2**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 3: Partnership working in healthcare

Unit reference	F/617/2820	Unit level	5
Credit value	4		
Guided learning	35		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to lead and manage working relationships and partnerships in healthcare.		

Learning Outcome 1: Understand the context of relationships and partnership working
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.

1.1. How legislation and regulation influence working relationships with **others**:
- Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- UK General Data Protection Regulation (UK GDPR)
- Equality Act 2010
- Freedom of Information Act 2000
- Public Interest Disclosure Act 1998
- Human Rights Act 1998
- Caldicott principles
- service, local authority and partner agencies' statutory responsibilities

1.2. How relationships with **individuals** and **carers** underpin **person-centred practice** and affect the achievement of positive **outcomes** for individuals and their families:
- principles of person-centred care
- **co-production**
- communication
- **partnership working**
- values and behaviours
- equality, diversity and inclusion
- risk management

1.3. How networking with other agencies and community groups benefits individuals and the sustainability of the organisation:
- inter-professional and inter-agency
- strengthening and building relationships
- customer and stakeholder focus
- marketing and promotion opportunities
- formal and informal support
- knowledge sharing and expertise
- development

1.4. How **systems leadership** and **integrated working** with other agencies deliver better outcomes for individuals:
- statutory responsibilities and accountabilities of partner organisations
- service design, quality-improvement and capacity planning
- coordinated services
- efficiency, flexibility and breadth of services available
- collaboration
- personalisation
- **co-production**
- systems and collective leadership skills
- evidence-based practice
- innovation
- continuous improvement

1.5. The features of effective partnership working across agencies and ways to overcome barriers:
- priorities, values and cultures
- shared agendas, objectives and values
- common purpose
- personalisation
- best-interest agenda
- role of partnership forums and networks
- roles and responsibilities
- utilise expertise
- problem-solving
- communication
- data protection and information sharing

1.6. Own role and responsibilities in establishing positive relationships within and beyond the organisation:
- strategic network and partnership participation
- other modes of service delivery (eg domiciliary, residential, supported accommodation/extra care, telecare/remote, and community services)
- collaborative working relationships
- leadership and management styles
- communication and interpersonal skills
- identifying and challenging discrimination
- conflict resolution

Learning Outcome 2: Lead effective relationships with individuals, carers and families
Content requirements for Learning Outcome 2: Skills that learners must develop in this unit.
2.1. Model open, respectful and supportive relationships with individuals and others
2.2. Support others to recognise the value of co-production and the contribution and expertise of individuals, carers and families
2.3. Ensure individuals and carers are aware of their statutory rights
2.4. Implement systems that engage individuals and those important to them in decision-making and review
Learning Outcome 3: Manage working relationships with colleagues in the organisation to achieve positive outcomes for individuals
Content requirements for Learning Outcome 3: Skills that learners must develop in this unit.
3.1. Develop procedures to facilitate effective working relationships with colleagues
3.2. Develop and agree common objectives when working with colleagues
3.3. Implement systems and practices that allow colleagues to make appropriate contributions using their expertise
3.4. Deal constructively with conflicts or dilemmas that arise
3.5. Evaluate own working relationships with colleagues

Learning Outcome 4: Work in partnership with professionals in other agencies
Content requirements for Learning Outcome 4: Skills that learners must develop in this unit.

4.1. Negotiate with professionals in other agencies to agree objectives, roles and responsibilities, procedures and ways of working for a specific task or area of work

4.2. Use agreed ways of working to carry out own role and support **others** to carry out their responsibilities

4.3. Manage challenges constructively

4.4. Implement communication and recording systems that comply with current legislation for information sharing between agencies

4.5. Challenge poor practice in ways that promote change

4.6. Evaluate and seek agreement for improvements in the effectiveness of partnership work and the underpinning processes

Unit glossary of terms

Carer: A person who provides unpaid support to a partner, family member, friend or neighbour who could not manage without this help.

Co-production: Regarding people who use healthcare, their families and carers as equal partners in decision-making, recognising that people who use support services and their families have expertise that can be used to help make services better not only for themselves but for others too.

Individual: The person using the care or support service.

Integrated working: Coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carers and family. Integration may extend to other services, eg housing, that can offer holistic approaches to address individual circumstances.

Others may include:
- individuals
- carers, family members and friends
- advocates
- paid workers
- other professionals.

Outcomes: Aims or objectives that an individual would like to achieve or which need to happen; for example, continuing to live at home, or being able to go out and about.

Partnership working: Working effectively together with professionals, agencies and organisations to enhance well-being and support positive and improved outcomes.

Person-centred practice: An approach that puts the person receiving care and support at the centre, treating the individual as an equal partner and ensuring the service fits the person, rather than making the person fit the service.

Systems Leadership: Systems leadership seeks to affect change for good across interconnecting systems, eg health and social care, through leadership and collaboration that extends the usual limits of resources and responsibility.

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 3: Partnership working in healthcare

Evidence must meet the assessment requirements as detailed below.					
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.					
Learner name:		**Centre number:**		**PIN:**	

Assessment requirements	**Evidence record** eg page number and method
1.1. Explain how legislation and regulation influence working relationships with others.	
1.2. Discuss how relationships with individuals and carers underpin person-centred practice and affect the achievement of positive outcomes for individuals and their families.	
1.3. Evaluate how networking with other agencies and community groups benefits: • individuals • the sustainability of the organisation.	
1.4. Analyse how systems leadership and integrated working with other agencies deliver better outcomes for individuals.	
1.5. Describe: • effective partnership working across agencies • barriers to effective partnership working across agencies and how they can be overcome.	
1.6. Describe own role and responsibilities in establishing positive relationships within and beyond the organisation.	
2.1. Model open, respectful and supportive relationships with individuals and others.	
2.2. Support others to recognise the value of co-production and the contribution and expertise of individuals, carers and families.	

2.3. Ensure individuals and carers are aware of their statutory rights.	
2.4. Implement systems that engage individuals and those important to them in decision-making and review.	
3.1. Develop procedures to facilitate effective working relationships with colleagues.	
3.2. Develop and agree common objectives when working with colleagues.	
3.3. Implement systems and practices that allow colleagues to make appropriate contributions using their expertise.	
3.4. Deal constructively with conflicts or dilemmas that arise.	
3.5. Evaluate own working relationships with colleagues.	
4.1. Negotiate with professionals in other agencies to agree objectives, roles and responsibilities, procedures, and ways of working for a specific task or area of work.	
4.2. Use agreed ways of working to carry out own role and support others to carry out their responsibilities.	
4.3. Manage challenges constructively.	
4.4. Implement communication and recording systems that comply with current legislation for information sharing between agencies.	
4.5. Challenge poor practice in ways that promote change.	
4.6. Evaluate and seek agreement for improvements in the effectiveness of partnership work and the underpinning processes.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care-plan monitoring and audit
- care planning cycle
- coaching and mentoring activity
- feedback and evaluation
- focus-group meetings
- inspection reports and audits
- integrated or care coordination meetings
- internal/external audits and reports
- local strategies eg well-being, linking to service and practice
- objective setting processes
- networking activity
- partnership activity
- performance management
- performance plans and indicators
- policy and procedural development
- protocols for working with others
- quality-improvement plan
- referrals and representation activity
- resources and signposting
- review and development of communication systems as a result of legal and ethical requirements and lessons learned
- risk assessments
- role-modelling
- securing resources and related outcomes
- self and peer evaluation
- service integration
- service level agreements and contracts
- shared commissioning activity
- strategies used to manage conflicts or dilemmas in own setting
- supervision and appraisal
- team building activity
- team meetings
- workforce development.

Learner and Assessor sign-off: APH 3: Partnership working in healthcare	

Learner name:	**Learner declaration of authenticity of unit: APH 3**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 3**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 4: Team leadership and management in healthcare

Unit reference	J/617/2821	Unit level	5
Credit value	8		
Guided learning	55		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to lead and manage others within healthcare settings.		

Learning Outcome 1: Understand the application of leadership and management theories

Content requirements for Learning Outcome 1:

Knowledge that learners must develop in this unit.

1.1. Key theories of leadership and management:
   - relevant theories of leadership and management (eg strategic and operational management, relationship management, change management, transactional and transformational)

1.2. How theoretical models of leadership and management are applied to practice:
   - governance
   - leadership and management styles
   - shared vision and strategy
   - positive organisational culture
   - improving services
   - best practice and positive outcomes
   - review and respond to policy drivers
   - performance management
   - self-management
   - influencing **others**
   - **co-production**
   - delegation

1.3. Potential conflicts which may occur when applying theoretical models of leadership and management:
   - professional values, behaviours and objectives
   - practice and regulatory frameworks
   - evolving sector
   - the pressures on services (eg an aging population and increase in co-morbidities)
   - corporate social responsibility
   - funding and resource limitations

1.4. How to address potential conflicts which may occur when applying theoretical models of leadership and management:
- policies and procedures
- situational management
- evidence-based approach
- inclusive approach to management, service delivery and **partnership working**
- outcomes-focused and person-centred approach to service delivery
- champion integration and new models of care delivery
- open, honest and transparent culture and communications
- reflective practice

Learning Outcome 2: Understand leadership and management in healthcare settings

Content requirements for Learning Outcome 2:

Knowledge that learners must develop in this unit.

2.1. The impact of national policy drivers on leadership and management in healthcare services:
- personalisation
- co-production
- integration
- information management
- planning and review of services, processes and working practices
- outcomes-focused
- positive risk management
- digital technology
- assisted living services and assistive technologies
- prevention, early intervention and reduction
- reablement and rehabilitation services and support
- **well-being**
- resources

2.2. Leadership and management skills:
- leadership skills:
  - persuasion
  - inspiration and motivation
  - problem-solving
  - innovation
  - relationship building
  - communication
  - negotiation
  - empathy
  - creative thinking
  - reflection
- management skills:
  - organisation
  - problem-solving
  - analytical
  - planning
  - coordination
  - administration
  - time management
  - resource management
  - communication
  - delegation
  - goal setting
  - reflection

2.3. Why managers in healthcare settings need both leadership and management skills:
- leadership and management as systems of action
- the correlation between leadership and management functions
- the interdependency between leadership and management roles

2.4. Why leadership and management styles may need to be adapted to manage different situations:
- different leadership and management styles (situational, transformational, systems)
- principles of leadership and management styles (eg flexibility, adaptability, managing change, continuum of leadership and management, motivation)
- factors and/or situations that influence the choice of leadership or management style

2.5. The relationship between leadership and the values and culture of an organisation:
- how leadership styles affect organisational values and culture
- importance of positive workplace values and culture to organisational performance
- importance of aligning leadership and organisational values and culture
- approaches to develop and maintain positive workplace values and culture

2.6. How to establish a culture of continual learning and development and the importance of learning from experience:
- workforce development
- performance management
- duty of candour
- learning from serious case reviews
- evidence-based practice
- reflective practice
- evaluation and service improvement
- mentoring and coaching in the workplace

Learning Outcome 3: Lead own team

Content requirements for Learning Outcome 3:

Skills that learners must develop in this unit.

3.1. Adapt leadership styles to reflect different stages in the team development

3.2. Establish trust and accountability within the team

3.3. Build team commitment to the service and its values by consistently demonstrating own commitment and expressing own vision

3.4. Develop, implement and review strategies to support a positive **values-based** culture in the team

3.5. Model and promote team practice that champions equality, diversity and inclusion and challenges discrimination and exclusion

Learning Outcome 4: Manage teamwork
Content requirements for Learning Outcome 4: Skills that learners must develop in this unit.

4.1. Facilitate the participation of team members in agreeing team objectives

4.2. Encourage creativity and innovation when planning how to meet team objectives and agree a team plan

4.3. Agree roles, responsibilities and personal work objectives with team members taking account of their individual skills, interests, knowledge, expertise and development needs

4.4. Support team members to work towards personal and team objectives and monitor progress

4.5. Provide **constructive feedback** on performance to:
- individual team members
- the team

4.6. Work with team members to address any issues with performance and identify opportunities for continuing development

4.7. Recognise progress towards team and personal work objectives

Unit glossary of terms

Constructive feedback: Feedback that addresses both positive and negative considerations expressed in a way that encourages reflection and change.

Co-production: Regarding people who use healthcare, their families and carers as equal partners in decision-making, recognising that people who use support services and their families have expertise that can be used to help make services better, not only for themselves but for others too.

Others may include:
- individuals
- carers, family members and friends
- advocates
- paid workers
- other professionals.

Partnership working: Working effectively together with professionals, agencies and organisations to enhance well-being and support positive and improved outcomes.

Well-being: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.

Values-based: Based on person-centred values which include:
- individuality
- rights
- choice
- privacy
- independence
- dignity
- respect
- partnership.

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 4: Team leadership and management in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record **eg page number and method**
1.1. Critique two (2) key theories of leadership and management. The information provided must include: • a definition of leadership and management • a description of leadership and management styles/approaches.	
1.2. Describe how theoretical models of leadership and management are applied to practice through two (2) examples of effective leadership and management models in healthcare provision.	
1.3. Refer to evidence provided in 1.2 and explain potential conflicts which may occur when applying the identified theoretical models of leadership and management. Undertake a SWOT analysis for two (2) additional theoretical models of leadership and management. Explain any potential conflicts that may occur in: • healthcare provision • own setting.	
1.4. Refer to the evidence provided for 1.3 and propose strategies to address four (4) potential conflicts, which may occur when applying identified theoretical models of leadership and management.	
2.1. Evaluate the impact of two (2) national policy drivers on leadership and management in: • healthcare services • own setting.	
2.2. Describe leadership and management skills.	

2.3. Analyse the interdependencies of leadership and management to show why managers need both skill sets Evidence may include: • how leadership and management skills are deployed in practice • skills-mapping exercise identifying strengths and areas for improvement.	
2.4. Explain why leadership and management styles may need to be adapted to manage different situations Evidence may include how different leadership and management styles are applied to practice.	
2.5. Describe the relationship between effective leadership and the values and culture in own setting.	
2.6. Discuss how to establish a culture of continual learning and development in own setting and the importance of learning from experience.	
3.1. Adapt leadership styles to reflect different stages in the team's development. Evidence may include: • application of theoretical models of team development (eg Belbin's team roles, Tuckman's team and group development theory) • use of appropriate leadership styles for different stages of team development.	
3.2. Establish trust and accountability within the team.	
3.3. Build team commitment to the service and its values by consistently demonstrating own commitment and expressing own vision.	
3.4. Develop, implement and review strategies to support a positive values-based culture in the team. Evidence may include: • how own setting supports a positive values-based culture in the team.	
3.5. Model and promote team practice that champions equality, diversity and inclusion and challenges discrimination and exclusion.	
4.1. Facilitate the participation of team members in agreeing team objectives.	
4.2. Encourage creativity and innovation when planning how to meet team objectives and agree a team plan.	

4.3. Agree roles, responsibilities and personal work objectives with team members taking account of their individual skills, interests, knowledge, expertise and development needs.	
4.4. Support team members to work towards personal and team objectives and monitor progress.	
4.5. Provide **constructive feedback** on performance to: • individual team members • the team.	
4.6. Work with team members to address any issues with performance and identify opportunities for continuing development.	
4.7. Recognise progress towards team and personal work objectives.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- change management
- coaching and mentoring
- collaborative working
- conflict management
- continuous improvement
- continuous professional development (CPD)
- decision-making process and involvement
- effective delegation including role-modelling, distributed leadership and empowerment strategies
- how individual/team performance is celebrated
- internal and external inspections; audits and reports
- organisational and team planning activities
- peer and self-evaluations, including examples of when practice has been challenged and improved
- performance, capability management and disciplinary records
- policy and procedural development
- quality-improvement plans
- role-modelling
- skills gap analysis
- staff induction
- supervision and appraisal
- team meetings
- team and personal objectives
- training, development and presentations
- use of leadership and management styles
- values-based recruitment
- workforce development.

Learner and Assessor sign-off: APH 4: Team leadership and management in healthcare

Learner name:	Learner declaration of authenticity of unit: APH 4
PIN:	I declare that the work presented for this unit is entirely my own work.
	Learner signature:
Centre number:	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 4**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

Theme 3: Person-centred practice for positive outcomes

APH 5: Equality, diversity and inclusion in healthcare

Unit reference	L/617/2822	Unit level	5
Credit value	2		
Guided learning	15		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to champion equality, diversity and inclusion in healthcare.		

Learning Outcome 1: Understand legislation and policy in relation to equality, diversity and inclusion
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.

1.1. The legal context underpinning equality, diversity and inclusion:
   - the legislative framework relating to equality, diversity, inclusion in relation to own area of practice, eg Equality Act 2010, Human Rights Act 1998, Care Act 2014, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
   - policy initiatives
   - policies and practices that promote equality, diversity and inclusion

1.2. The effects of discrimination and inclusion:
   - impact on **individuals' well-being**
   - impact on service provision
   - inequalities in healthcare
   - types of discrimination
   - valuing diversity

1.3. The impact of legislation and policy initiatives on the promotion of equality, diversity and inclusion in healthcare:
   - **standards and benchmarks**
   - development and evaluation of policies and procedures
   - promotion of rights and responsibilities of individuals
   - employment and employer rights and responsibilities

Learning Outcome 2: Champion equality, diversity and inclusion to achieve positive outcomes
Content requirements for Learning Outcome 2: Skills that learners must develop in this unit.
2.1. Evaluate and improve policies, systems, processes and practices that promote equality, diversity and inclusion 2.2. Support **others** to challenge discrimination and exclusion in ways that are likely to achieve change and promote positive outcomes

Unit glossary of terms
Standards and benchmarks may include: • codes of practice • regulations • fundamental standards • National Occupational Standards (NOS). **Individual**: The person using the care or support service. **Others** may include: • individuals • carers, family members and friends • advocates • paid workers • other professionals. **Well-being**: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.
Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 5: Equality, diversity and inclusion in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record eg page number and method
1.1. Describe the legal context underpinning equality, diversity and inclusion.	
1.2. Describe the impact on own setting of discrimination and inclusion.	
1.3. Describe the impact on own setting of legislation and policy initiatives in relation to the promotion of equality, diversity and inclusion.	
2.1. Evaluate and improve policies, systems, processes and practices that promote equality, diversity and inclusion.	
2.2. Support **others** to challenge discrimination and exclusion in ways that are likely to achieve change and promote positive outcomes.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- coaching and mentoring activity
- induction
- policy and procedural development
- role-modelling
- supervision and appraisal
- training materials
- workforce development plan.

Learner and Assessor sign-off: APH 5: Equality, diversity and inclusion in healthcare

Learner name:	**Learner declaration of authenticity of unit: APH 5**
PIN:	I declare that the work presented for this unit is entirely my own work. Learner signature:
Centre number:	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 5** I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit. Assessor signature: Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 6: Outcomes-based person-centred practice in healthcare

Unit reference	R/617/2823	Unit level	5
Credit value	4		
Guided learning	35		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to facilitate outcomes-based person-centred practice in healthcare.		

Learning Outcome 1: Understand outcomes-based and person-centred practice
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.

1.1. The features, principles and values of outcomes-based practice and how this relates to the **well-being** of **individuals**:
- current legislation and policy relating to outcomes-based practice and well-being
- approaches to and theories of outcomes-based practice
- end-result-based accountability
- outcomes management
- the principle of well-being
- psychological, physical, social, emotional, cultural, spiritual and intellectual aspects of well-being

1.2. The features, principles and values of **person-centred practice**:
- approaches to and theories of person-centred practice
- systems, procedures and practice to support person-centred practice
- personalisation
- choice and control
- links between identify and self-esteem
- active participation
- **partnership working**

1.3. The relationship between outcomes-based practice and person-centred practice in supporting positive change for individuals:
- workforce culture and practice
- assessment planning and review

1.4. How **active participation** contributes to well-being and the achievement of positive **outcomes**:
- principles of well-being
- individual rights
- inclusive approach
- independence and autonomy
- aspirations

1.5. Ways of working to enable individuals to have control over own choices, decisions and outcomes:
- systems and processes to promote active participation
- assessment, planning and review
- establish **consent**
- informed choice
- decision-making
- empowerment
- advocacy
- risk management

1.6. How integrated service provision achieves positive outcomes for individuals:
- legislation and policy relating to **integrated working**
- service design, quality-improvement and capacity planning
- range of different agencies including those that cross traditional boundaries (eg between health, housing and social care)
- modes of service delivery (eg domiciliary, residential, supported accommodation/extra care, telecare/remote and community services)
- efficiency, flexibility and breadth of services available
- collaboration
- **co-production**
- coordinated services
- evidence-based practice
- innovation
- continuous improvement

Learning Outcome 2: Contribute to the care planning process

Content requirements for Learning Outcome 2:

Skills that learners must develop in this unit.

2.1. Use evidence-based research to identify best practice in outcomes-based person-centred practice

2.2. Facilitate a culture that considers individuals' history, well-being, preferences, wishes, needs and strengths

2.3. Conduct assessments in a person-centred way

2.4. Work with the individual and **others** to develop a plan of care

2.5. Lead others to implement the care plan and to adapt approaches in response to individuals' evolving needs and preferences

2.6. Work with others to ensure team members have appropriate training to carry out healthcare procedures where required

2.7. Ensure lines of accountability for healthcare procedures are established in practice

2.8. Work with others to review and revise assessment outcomes as part of care planning

Unit glossary of terms

Active participation: A 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 a passive recipient.

Consent: Informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent.

Co-production: Regarding people who use healthcare, their families and carers as equal partners in decision-making and recognising that people who use support services and their families have expertise that can be used to help make services better, not only for themselves but for others too.

Individual: The person using the care or support service.

Integrated working: Coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carers and family. Integration may extend to other services, eg housing, that can offer holistic approaches to address individual circumstances.

Others may include:
- individuals
- carers, family members and friends
- advocates
- paid workers
- other professionals.

Outcomes: Aims or objectives that an individual would like to achieve or which need to happen; for example, continuing to live at home, or being able to go out and about.

Partnership working: Working effectively together with professionals, agencies and organisations to enhance well-being and support positive and improved outcomes.

Person-centred practice: An approach that puts the person receiving care and support at the centre, treating the individual as an equal partner and ensuring the service fits the person rather than making the person fit the service.

Well-being: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 6: Outcomes-based person-centred practice in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record **eg page number and method**
1.1. Reflect on own service provision to evaluate outcomes-based practice and how this impacts the well-being of individuals.	
1.2. Summarise features, principles and values of person-centred practice.	
1.3. Analyse the relationship between outcomes-based practice and person-centred practice to support positive change for individuals.	
1.4. Use an example from own practice to evaluate active participation as an integral factor for positive outcomes and well-being.	
1.5. Explain three (3) ways of working to enable individuals to have control over own choices, decisions and outcomes.	
1.6. Reflect on own practice to evaluate how integrated service provision achieves positive outcomes for individuals.	
2.1. Use evidence-based research to identify best practice in outcomes-based person-centred practice.	
2.2. Facilitate a culture that considers individuals' history, well-being, preferences, wishes, needs and strengths.	
2.3. Conduct assessments in a person-centred way.	
2.4. Work with the individual and others to develop a plan of care.	

2.5. Lead others to implement the care plan and to adapt approaches in response to individuals' evolving needs and preferences.	
2.6. Work with others to ensure team members have appropriate training to carry out healthcare procedures where required.	
2.7. Ensure lines of accountability for healthcare procedures are established in practice.	
2.8. Work with others to review and revise assessment outcomes as part of care planning.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care planning
- collaboration and target setting
- direct observation
- records of meetings, feedback from individuals using healthcare, staff and others
- management structure and organisational chart with clear understanding of own role and responsibilities as well as accountabilities of others
- own research and reflective accounts
- policy and procedural development, review and recommendations
- professional discussion
- reflection on practice
- training and appraisal documentation.

Learner and Assessor sign-off: APH 6: Outcomes-based person-centred practice in healthcare

Learner name:	Learner declaration of authenticity of unit: APH 6
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 6**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 7: Specialist areas of healthcare

Unit reference	Y/617/2824	Unit level	5
Credit value	5		
Guided learning	40		
Unit aim	This unit will develop the learner's knowledge, understanding and skills in relation to leading practice within their own specialist area of healthcare. Throughout the unit, the learner must apply each learning outcome and related assessment criteria to the specialist area of healthcare within their own service. The learner will consider the impact of a condition on the holistic needs and well-being of individuals within their own service (eg dementia, physical disability, sensory loss, acquired brain injury, learning disability, autistic spectrum, substance misuse, profound and complex needs, multiple conditions, mental health, terminal illness). The learner will then explore the impact of the condition for the holistic care needs of individuals. In order to do this, the learner will be able to combine more than one specialist area of healthcare. For example, the learner may wish to focus their leadership practice on supporting individuals with dementia, but may also have the opportunity to show competence in end of life care; or the learner may wish to focus their practice on supporting individuals with a learning disability, but also show competence in positive behaviour support. The learner will then review current research, policy and guidance related to their own specialist area of healthcare and reflect on how this informs their practice. This will require the learner to explore services and referral processes within their own specialist area of healthcare, and consider how to represent the rights and interests of individuals. Understanding and skills in relation to leading and managing outcomes-based, person-centred practice must be evidenced, to include reflecting, evaluating, reviewing and developing practice. Finally, the learner will be able to further develop their knowledge and skills within related specialist areas of healthcare through devising a training plan.		

Learning Outcome 1: Understand the impact of conditions on the well-being of individuals within own service

Content requirements for Learning Outcome 1:

Knowledge that learners must develop in this unit.

1.1. The impact of conditions on the **well-being** of **individuals** within own service:
- conditions (eg dementia, physical disability, sensory loss, acquired brain injury, learning disability, autistic spectrum, substance misuse, profound and complex needs, multiple conditions, mental health, terminal illness)
- consider causes, types, signs and symptoms and treatment options
- impact on physical, social, emotional and cognitive well-being

Learning Outcome 2: Understand the impact of conditions on the care of individuals

Content requirements for Learning Outcome 2:

Knowledge that learners must develop in this unit.

2.1. The impact of conditions for the healthcare of individuals:
- conditions (eg dementia, physical disability, sensory loss, acquired brain injury, learning disability, autistic spectrum, substance misuse, profound and complex needs, multiple conditions, mental health, terminal illness)
- consider combined specialist areas of healthcare (eg dementia and end of life care, learning disability and positive behaviour support, nutrition and hydration)

Learning Outcome 3: Understand how current research, policy and guidance informs practice in own specialist area of care

Content requirements for Learning Outcome 3:

Knowledge that learners must develop in this unit.

3.1. How current research, policy and guidance informs practice in own specialist area of healthcare:
- frameworks and strategies relevant to own specialist area of practice
- developments and research relevant to own specialist area of practice
- application of theory to practice
- evidence-based practice
- impacts of policy and practice guidance on ways of working
- importance of disseminating findings from research

Learning Outcome 4: Understand how to access services in order to meet the needs of individuals in own service
Content requirements for Learning Outcome 4: Knowledge that learners must develop in this unit.
4.1. Services to support individuals within own specialist area of healthcare: • range of specialist services • assessment of suitability, effectiveness and accessibility 4.2. Referral processes used to access specialist services: • eligibility criteria • procedures for making, receiving and processing referrals • agreement and **consent** of individual • sharing information
Learning Outcome 5: Understand how to represent the rights and interests of individuals within own specialist area of healthcare
Content requirements for Learning Outcome 5: Knowledge that learners must develop in this unit.
5.1. How to represent the rights and interests of individuals within own specialist area of healthcare: • local and national self-representative groups and organisations • **co-production** • education and campaigning events in the wider community • events and activities to promote inclusion • strategies to challenge discrimination and exclusion • advocacy

Learning Outcome 6: Develop outcomes-based and person-centred practice within own specialist area of healthcare
Content requirements for Learning Outcome 6: Skills that learners must develop in this unit.
6.1. Reflect on leading outcomes-based **person-centred practice** within own specialist area of healthcare 6.2. Evaluate and review outcomes-based person-centred practice within own specialist area of healthcare 6.3. Develop and implement a plan to improve outcomes-based person-centred practice within own specialist area of healthcare 6.4. Devise a training plan to develop knowledge and skills in related specialist areas of healthcare

Unit glossary of terms
Consent: Informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent. **Co-production**: Regarding people who use healthcare, their families and carers as equal partners in decision-making, recognising that people who use support services and their families have expertise that can be used to help make services better, not only for themselves but for others too. **Individual**: The person using the care or support service. **Person-centred practice**: An approach that puts the person receiving care and support at the centre, treating the individual as an equal partner and ensuring the service fits the person rather than making the person fit the service. **Well-being**: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.
Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 7: Specialist areas of healthcare

Evidence must meet the assessment requirements as detailed below.					
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.					
Learner name:		**Centre number:**		**PIN:**	

Assessment requirements	**Evidence record** eg page number and method
1.1. Describe the impact of a condition on the well-being of individuals within own service. Select one (1) condition requiring specialist healthcare in your service. Describe the impact of this condition to the holistic needs and well-being of individuals.	
2.1. Explain the impact of a condition for the healthcare of individuals. The explanation must include: • care-plan documentation outlining the assessment of needs for the individual with the condition referred to in 1.1 • how the holistic needs impact specialist healthcare provision.	
3.1. Discuss how current research, policy and guidance informs own specialist area of healthcare.	
4.1. Analyse services to support individuals within own specialist area of healthcare. A minimum of three (3) services must be analysed.	
4.2. Explain referral processes used to access specialist services.	
5.1. Discuss how to represent the rights and interests of individuals within own specialist area of healthcare.	
6.1. Reflect on leading outcomes-based person-centred practice within own specialist area of healthcare.	

6.2. Evaluate and review outcomes-based person-centred practice within own specialist area of healthcare.	
6.3. Develop and implement a plan to improve outcomes-based person-centred practice within own specialist area of healthcare.	
6.4. Devise a training plan to develop knowledge and skills in related specialist areas of healthcare. Evidence **must** include a training plan to develop two (2) further aspects of specialist care.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care planning cycle
- coaching and mentoring activity
- continuous professional development (CPD)
- feedback from people who use the services, service-user forums, meetings or surveys, comments and complaints
- inspection reports and audits
- networks and forums
- operational and strategic planning
- outcomes frameworks
- partnership-working activity
- performance management
- policy and procedural development
- quality measures and national indicators
- referral documentation
- research
- service evaluation
- supervision and appraisal
- team meetings
- training materials and resources used to develop team
- workforce training – needs analysis and planning.

Learner and Assessor sign-off: APH 7: Specialist areas of healthcare

Learner name:	Learner declaration of authenticity of unit: APH 7
	I declare that the work presented for this unit is entirely my own work.
PIN:	Learner signature:
Centre number:	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 7**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

Theme 4: Safe ways of working

APH 8: Safeguarding and protection in healthcare

Unit reference	R/617/2837	Unit level	5
Credit value	5		
Guided learning	40		
Unit aim	The aim of this unit is to provide learners with knowledge, understanding and skills in relation to safeguarding and protection in healthcare.		

Learning Outcome 1: Understand requirements for the safeguarding of vulnerable individuals

Content requirements for Learning Outcome 1:

Knowledge that learners must develop in this unit.

1.1. The current legislative framework that underpins the safeguarding of vulnerable adults and children and young people:
- legislation and policy that underpins safeguarding
- local systems for safeguarding **individuals**
- the role of external agencies
- Disclosure and Barring Service (DBS)
- vetting and barring
- safe recruitment

1.2. How national and local guidelines, policies and procedures for safeguarding affect:
- day-to-day work with individuals
- the practitioner's responsibilities towards individuals, their families, **carers** and team members
- impact of legislation and policy within the context of the setting
- organisational policies and procedures
- safe and effective standards of care
- duty of candour
- comments and complaints
- referral protocols

1.3. Legal provisions in relation to whistleblowing:
- Public Interest Disclosure Act 1998
- protective measures for whistle-blowers
- lines of reporting

Learning Outcome 2: Understand how public inquiries and serious case reviews inform practice
Content requirements for Learning Outcome 2: Knowledge that learners must develop in this unit.
2.1. How public inquiries and serious case reviews inform practice: • lessons learned • recommendations and changes to legislation • evidence-based practice • Francis Inquiry • Cavendish Review • Winterbourne View
Learning Outcome 3: Lead the implementation of policies and procedures to support safeguarding of individuals
Content requirements for Learning Outcome 3: Skills that learners must develop in this unit.
3.1. Ensure that all policies, procedures, systems and processes used in the work setting comply with legal requirements 3.2. Support team members to develop the knowledge and skills they need to safeguard individuals 3.3. Plan the review and revision of **policies and procedures to support safeguarding** individuals: • the views of individuals and those who are important to them • current guidance arising from serious case reviews • support systems for staff and **others** • liaison with external organisations 3.4. Review and revise policies and procedures to ensure continuous improvement in safeguarding of individuals 3.5. Follow agreed protocols to participate in inter-agency, joint or **integrated working** in order to protect individuals

Learning Outcome 4: Understand the use and impact of restrictive practices
Content requirements for Learning Outcome 4: Knowledge that learners must develop in this unit.

4.1. Definitions of '**restrictive practices**', 'restraint' and 'hidden restraint'

4.2. The impact of restrictive practices on safety, dignity, relationships and **well-being**:
- individual – physical, psychological, social and emotional
- relationship between healthcare workers and individuals
- culture of the setting

4.3. How **person-centred practice** and accurate assessment can minimise the use of restrictive practices:
- individual behaviour support plans
- risk assessment
- approaches used to encourage individuals to gain insight and coping strategies
- proactive strategies versus reactive strategies

4.4. Organisational requirements and legal implications relating to restrictive practices:
- clearly defined roles and responsibilities, boundaries and limits
- guidelines for least restrictive interventions
- internal and external recording and reporting procedures
- analysis of use of restrictive interventions used to inform future practice
- mandatory training requirements

Unit glossary of terms

Carer: A person who provides unpaid support to a partner, family member, friend or neighbour who could not manage without this help.

Individual: The person using the care or support service.

Integrated working: Coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carers and family. Integration may extend to other services, eg housing, that can offer holistic approaches to address individual circumstances.

Others may include:
- individuals
- carers, family members and friends
- advocates
- paid workers
- other professionals.

Person-centred practice: An approach that puts the person receiving care and support at the centre, treating the individual as an equal partner and ensuring the service fits the person rather than making the person fit the service.

Policies and procedures to support safeguarding:
May include policies and procedures on:
- listening to individuals
- sharing concerns and recording/reporting incidents
- dealing with allegations
- duty of care
- whistleblowing
- propriety and behaviour
- physical contact/intimate personal care
- off-site visits
- photography and video
- timely and accurate information sharing
- partnership working.

Restrictive practices: May include any type of practice or intervention that limits the rights or freedom of movement of a person.

Well-being: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.

Serious case reviews:

Serious case reviews have been superseded by:

- Child Safeguarding Practice Reviews https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
- Safeguarding Adults Reviews https://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 8: Safeguarding and protection in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		**Centre number:**		**PIN:**	

Assessment requirements	**Evidence record** eg page number and method
1.1. Explain the current legislative framework that underpins the safeguarding of: • vulnerable adults • children and young people.	
1.2. Explain how national and local guidelines, policies and procedures for safeguarding affect: • day-to-day work with individuals • the practitioner's responsibilities towards individuals, their families, their carers and team members. Identify two (2) national guidelines and two (2) local guidelines in relation to safeguarding individuals. Explain how they are met through policy and procedure in own setting.	
1.3. Discuss legal provisions in relation to whistleblowing.	
2.1. Explain how public inquiries and serious case reviews inform practice.	
3.1. Ensure that all policies, procedures, systems and processes used in the work setting comply with legal requirements.	
3.2. Support team members to develop the knowledge and skills they need to safeguard individuals.	

3.3. Plan the review and revision of policies and procedures in relation to safeguarding individuals: The review must include: • the views of individuals and those who are important to them • current guidance arising from serious case reviews • support systems for staff and others • liaison with external organisations.	
3.4. Review and revise policies and procedures to ensure continuous improvement in safeguarding of individuals.	
3.5. Follow agreed protocols to participate in inter-agency, joint or integrated working in order to protect individuals.	
4.1. Define 'restrictive practices', 'restraint' and 'hidden restraint'. Provide definitions for the identified terms. Examples may be used to support the definitions.	
4.2. Analyse the impact of restrictive practices on safety, dignity, relationships and well-being.	
4.3. Discuss how person-centred practice and accurate assessment can minimise the use of restrictive practices.	
4.4. Evaluate organisational requirements and legal implications relating to restrictive practices.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care planning cycle
- coaching and mentoring
- common assessment framework
- induction
- inspection and audit reports
- partnership activity
- performance management
- policy and procedural development
- quality-improvement plans
- risk management
- supervision and appraisal
- training materials
- workforce development.

Learner and Assessor sign-off: APH 8: Safeguarding and protection in healthcare

Learner name:	Learner declaration of authenticity of unit: APH 8
PIN:	I declare that the work presented for this unit is entirely my own work.
	Learner signature:
Centre number:	Date:
ULN:	

Assessor name:	**Assessor sign-off of completed unit: APH 8**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 9: Health and safety in healthcare

Unit reference	D/617/2825	Unit level	5
Credit value	2		
Guided learning	15		
Unit aim	The aim of this unit is to provide learners with knowledge, understanding and skills in relation to health and safety in healthcare.		

Learning Outcome 1: Understand the legislative framework for health and safety in healthcare settings

Content requirements for Learning Outcome 1:

Knowledge that learners must develop in this unit.

1.1. The legislative framework for health and safety in healthcare settings:
- regulations
- policies and procedures
- role of the Health and Safety Executive (HSE)
- security and access to premises
- emergency
- provision, maintenance and safe use of facilities, equipment and resources
- infection prevention and control
- food and safety
- moving and positioning
- moving and handling
- safe handling of medicines
- disposal of waste and environmental safety
- control of hazardous substances
- accident and incident reporting
- risk management
- role and expectations of regulators

1.2. Own role, responsibilities and accountabilities in relation to health and safety:
- policies and procedural development
- risk management
- mentoring
- continuous professional development (CPD)

Learning Outcome 2: Lead the implementation of procedures for health and safety requirements
Content requirements for Learning Outcome 2: Skills that learners must develop in this unit.
2.1. Support **others** to comply with legislative and organisational health and safety policies, procedures and practices relevant to their work 2.2. Ensure others are aware of actions if procedures and practices are not complied with 2.3. Complete records and reports on health and safety issues according to legislative and organisational requirements 2.4. Evaluate and improve health and safety policies, procedures and practices

Unit glossary of terms
Others may include: • individuals • carers, family members and friends • advocates • paid workers • other professionals.
Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 9: Health and safety in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		**Centre number:**		**PIN:**	

Assessment requirements	**Evidence record** eg page number and method
1.1. Summarise the legislative framework for health and safety in healthcare settings.	
1.2. Evaluate own role, responsibilities and accountability in relation to health and safety.	
2.1. Support others to comply with legislative and organisational health and safety policies, procedures and practices relevant to their work.	
2.2. Ensure others are aware of actions if procedures and practices are not complied with.	
2.3. Complete records and reports on health and safety issues according to legislative and organisational requirements.	
2.4. Evaluate and improve health and safety policies, procedures and practices.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- analysis of data: accidents, incidents, reports, comments and complaints with recommendations and targets for improved outcomes
- health and safety audit – internal and/or external
- inspection and audit reports
- performance management
- policy and procedural development
- records and reports: accidents, incidents, medication-related incidents or errors, review and audit
- strategic planning
- supervision and appraisal
- team meetings
- training records
- workforce development plan.

Learner and Assessor sign-off: APH 9: Health and safety in healthcare	

Learner name:	Learner declaration of authenticity of unit: APH 9
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 9**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:
For e-portfolio a signature is not required, providing the learner has a personalised and secure login.	

APH 10: Manage infection prevention and control

Unit reference	H/617/2826	Unit level	5
Credit value	7		
Guided learning	50		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to manage risk and support positive risk-taking in healthcare.		

Learning Outcome 1: Understand transmission of infection
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.

1.1. Types of biological organisms that cause disease:
- bacteria: structure, infectivity, lifecycle, eg tuberculosis, salmonella, staphylococcus, body flora
- viruses: structure, size, lifecycle, eg influenza, measles, mumps, HIV/AIDS
- fungi: structure, lifecycle, infectivity; eg athlete's foot, candida
- protozoa: structure, lifecycle, eg plasmodium, schistosomiasis, parasites

1.2. How pathogenic micro-organisms are transmitted:
- direct/indirect spread
- inhalation
- inoculation
- ingestion
- reservoirs
- fomites
- carriers

1.3. Vulnerability to infection:
- compromised immune status
- presence of surgical wounds
- leg ulcers
- invasive devices, eg catheters
- polypharmacy
- factors – environmental, social

1.4. Body's defence mechanisms against infection:
- skin
- cilia
- acids and enzymes
- immune response
- role of white blood cells
- inflammatory response
- body temperature

1.5. How to break the chain of infection:
- controls
- six links – causative agent, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host

1.6. Methods of micro-organism control:
- sterilisation
- disinfection
- pasteurisation
- sanitation
- asepsis

Learning Outcome 2: Understand medication in the control of infectious disease

Content requirements for Learning Outcome 2:

Knowledge that learners must develop in this unit.

2.1. The use of drugs to control infectious disease:
- anti-viral
- antibiotics
- anti-fungal
- anti-parasitic

2.2. How antimicrobial resistance occurs:
- consider past and current case studies, eg MRSA
- drug resistance
- over prescribing
- non-compliance of patients
- infection prevention and control practices
- mutation of micro-organisms, eg influenza strains

Learning Outcome 3: Understand own role, responsibilities and accountabilities in relation to infection prevention and control
Content requirements for Learning Outcome 3: Knowledge that learners must develop in this unit.

3.1. Legislative and organisational policies, procedures and practices in relation to infection prevention and control:
- legislation and regulatory requirements in relation to infection prevention and control, eg The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance, Control of Substances Hazardous to Health Regulations (COSHH) 2002, Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013, Care Quality Commission regulations
- NICE (National Institute for Health and Care Excellence) guidance and quality standards
- quality frameworks

3.2. Own role, responsibilities and accountabilities in relation to infection prevention and control:
- policies and procedures
- risk management
- continuous professional development (CPD)

3.3. How to recognise, manage and respond to outbreaks of infection in the work setting:
- definition of an outbreak
- implementation of policies, procedures and control measures
- reporting and recording
- accessible information and guidance for individuals and others
- support from external bodies
- root-cause analysis (RCA)

3.4. Application of infection prevention and control procedures across settings:
- healthcare settings
- individuals own home
- proportionate approach

Learning Outcome 4: Lead the implementation of procedures for infection prevention and control
Content requirements for Learning Outcome 4: Skills that learners must develop in this unit.
4.1. Comply with legislative and organisational policies, procedures and practices in relation to infection prevention and control 4.2. Support others to comply with legislative and organisational policies, procedures and practices in relation to infection prevention and control 4.3. Provide information and guidance in relation to minimising the spread of infection to others 4.4. Maintain records and reports on infection prevention and control
Learning Outcome 5: Develop policies, procedures and practice in relation to infection prevention and control
Content requirements for Learning Outcome 5: Skills that learners must develop in this unit.
5.1. Work with others to evaluate infection prevention and control policies, procedures and practices 5.2. Make recommendations to improve infection prevention and control policies, procedures and practices
Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning APH 10: Manage infection prevention and control

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record **eg page number and method**
1.1. Use examples to explain how three (3) different types of biological organisms can cause disease to an individual.	
1.2. Summarise a range of different ways pathogenic micro-organisms are transmitted. Examples must include a minimum of two (2) direct and two (2) indirect methods of transmission.	
1.3. Use three (3) examples to analyse an individual's predisposition to vulnerability to infection.	
1.4. Describe four (4) defence mechanisms against infection in the human body.	
1.5. Reflect on procedures that exist in healthcare practice to break the chain of infection.	
1.6. Compare and contrast two (2) methods of micro-organism control used in own practice.	
2.1. Explain the use of the drugs identified below as controls in effective healthcare practice: • anti-viral • antibiotics • anti-fungal • anti-parasitic.	

2.2. Reflect on one (1) case study of antimicrobial resistance to explain how this occurs in healthcare.	
3.1. Summarise legislative and organisational policies, procedures and practices in relation to infection prevention and control in own practice.	
3.2. Evaluate own accountabilities in relation to infection prevention and control in own role.	
3.3. Reflect on processes and procedures to critically evaluate how own practice recognises, manages and responds to outbreaks of infection in the work setting.	
3.4. Summarise how infection prevention and control procedures are applied proportionately across a range of settings to include: • healthcare settings • individual's own home.	
4.1. Comply with legislative and organisational policies, procedures and practices in relation to infection prevention and control.	
4.2. Support others to comply with legislative and organisational policies, procedures and practices in relation to infection prevention and control.	
4.3. Provide information and guidance in relation to minimising the spread of infection to others.	
4.4. Maintain records and reports on infection prevention and control.	
5.1. Work with others to evaluate infection prevention and control policies, procedures and practices.	
5.2. Make recommendations to improve infection prevention and control, policies, procedures and practices.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- crisis planning: national and local objectives and application thereof
- direct observation
- evaluation and recommendations from collaborative teamwork including policy and procedural documentation
- induction and mentoring processes
- job specification and job description
- own research
- peer and colleague feedback
- policies and procedures for infection control: legislation and guidance
- professional discussion
- reflections on practice
- team meetings: minutes and actions
- training and development analysis.

Learner and Assessor sign-off: APH 10: Manage infection prevention and control

Learner name: 	**Learner declaration of authenticity of unit: APH 10** I declare that the work presented for this unit is entirely my own work. Learner signature:
PIN: 	
Centre number: 	Date:
ULN: 	
Assessor name: 	**Assessor sign-off of completed unit: APH 10** I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit. Assessor signature: Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 11: Risk taking and risk management in healthcare

Unit reference	K/617/2827	Unit level	5
Credit value	4		
Guided learning	35		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to manage risk and support positive risk-taking in healthcare.		

Learning Outcome 1: Understand positive risk-taking
Content requirements for Learning Outcome 1:   Knowledge that learners must develop in this unit.

1.1. How risk-taking can contribute to the achievement of positive **outcomes** for **individuals**:
- positive risk-taking
- balanced approach between risk and rights
- informed choice and control
- development of independence
- health and **well-being**

1.2. The impact of a risk-averse culture on **person-centred practice** and the **well-being** of individuals:
- physical, social, emotional and cognitive well-being
- skills development
- culture of organisation (service-led)
- power imbalance

1.3. How supporting **others** to balance risks and rights informs practice:
- individual approach to risk assessment
- reflective practice
- continuous improvement

Learning Outcome 2: Understand issues around mental capacity and consent

Content requirements for Learning Outcome 2:

Knowledge that learners must develop in this unit.

2.1. Links between **consent**, risk management and safeguarding:
- principles of mental capacity, consent and decision-making
- balance between duty of care and individual rights

2.2. Key provisions of legislation regarding mental capacity and how these relate to the service:
- current legislation, guidance and codes of practice
- policy and procedural development

2.3. The support available when mental capacity needs to be assessed:
- circumstances when an assessment of mental capacity is necessary
- how mental capacity is assessed
- the roles of different professionals that may be involved
- the support available during the assessment of mental capacity

2.4. Systems that support individuals to give informed consent:
- confirming consent
- shared and informed decision-making
- accessible format
- advocacy
- boundaries and limitations when supporting individuals to give informed consent

2.5. Ways to address situations where consent cannot be given:
- the principle of 'best interests'
- the role of advocates

Learning Outcome 3: Lead the implementation of policies, procedures and practices to manage risk
Content requirements for Learning Outcome 3: Skills that learners must develop in this unit.
3.1. Contribute to the development of policies, procedures and practices to identify, assess and manage risk 3.2. Balance the management of risks with an individual's rights and the duty of care of the organisation 3.3. Work with others to assess and manage risks and issues 3.4. Evaluate own practice in leading a balanced approach to risk-taking and risk management

Unit glossary of terms

Consent: Informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent.

Individual: The person using the care or support service.

Others may include:
- individuals
- carers, family members and friends
- advocates
- paid workers
- other professionals.

Outcomes: Aims or objectives that an individual would like to achieve or which need to happen; for example, continuing to live at home, or being able to go out and about.

Person-centred practice: An approach that puts the person receiving care and support at the centre, treating the individual as an equal partner and ensuring the service fits the person rather than making the person fit the service.

Well-being: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 11: Risk taking and risk management in healthcare

Evidence must meet the assessment requirements as detailed below.					
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.					
Learner name:		**Centre number:**		**PIN:**	

Assessment requirements	Evidence record eg page number and method
1.1. Explain how risk-taking can contribute to the achievement of positive outcomes for individuals. Examples may be used to support the explanation.	
1.2. Explain the impact of a risk-adverse culture on person-centred practice and individuals' well-being. Examples may be used to support the explanation.	
1.3. Explain how supporting others to balance risks and rights informs practice. Examples may be used to support the explanation.	
2.1. Describe links between consent, risk management and safeguarding.	
2.2. Explain key provisions of legislation regarding mental capacity and how these relate to the service.	
2.3. Evaluate the support available when mental capacity needs to be assessed. The evaluation must include: • circumstances when an assessment of mental capacity is necessary • how mental capacity is assessed • the roles of different professionals that may be involved • the support available during the assessment of mental capacity.	
2.4. Describe systems that support individuals to give informed consent.	

2.5. Analyse ways to address situations where consent cannot be given.	
3.1. Contribute to the development of policies, procedures and practices to identify, assess and manage risk.	
3.2. Balance the management of risks with an individual's rights and the duty of care of the organisation.	
3.3. Work with others to assess and manage risks and issues.	
3.4. Evaluate own practice in leading a balanced approach to risk-taking and risk management.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care planning cycle
- case management
- inspection and audit reports
- minutes of meetings
- partnership activity
- policy and procedural development
- service improvement plans
- risk management
- skills gap analysis
- workforce development plan.

Learner and Assessor sign-off: APH 11: Risk taking and risk management in healthcare

Learner name:	**Learner declaration of authenticity of unit: APH 11**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 11**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:
For e-portfolio a signature is not required, providing the learner has a personalised and secure login.	

Theme 5: Clinical activities and interventions

APH 12: Human development and healthcare needs through the lifespan ☆

Unit reference	M/617/2828	Unit level	5
Credit value	11		
Guided learning	80		
Unit aim	The aim of this unit is to provide learners with knowledge and understanding in relation to human development and healthcare needs through the lifespan		

Learning Outcome 1: Understand development from conception to birth

Content requirements for Learning Outcome 1:

Knowledge that learners must develop in this unit.

1.1. Stages of development from conception to birth:
- gestation period and significant developments

1.2. Potential effects on development:
- pre-conception experiences
- pre-birth experiences
- complications during pregnancy
- complications during labour

Learning Outcome 2: Understand human growth and development across the lifespan

Content requirements for Learning Outcome 2:

Knowledge that learners must develop in this unit.

2.1. Social, emotional, physical and cognitive developments within each life stage of human development (infancy, childhood, adolescence, early, middle and late   adulthood):
- social developments: social skills, relationships, independence, cultural, interaction
- emotional developments: attachment, emotional security, self-image, self-esteem, confidence and resilience
- cognitive developments: language, reasoning and thinking, problem-solving skills, abstract and creative thinking, neuroscience and brain functioning
- physical: gross and fine motor skills, puberty, sexual maturity
- holistic development: the ways **individual**s develop holistically through the interdependency of areas of development over the life stages

2.2. The nature/nurture debate in relation to human growth and development:
- nature: genetic, inherited characteristics and biological influences related to human development and behaviour
- nurture: environmental influences related to human development and behaviour

2.3. Theories of human growth and development:
- cognitive: Piaget, Kohlberg, Vygotsky
- psychosocial: Erikson
- humanist: Maslow
- learning/conditioning: Skinner
- social Learning: Bandura
- ecological: Bronfenbrenner

Learning Outcome 3: Understand health inequalities

<u>Content requirements for Learning Outcome 3:</u>

Knowledge that learners must develop in this unit.

3.1. Health inequalities:
- variance in health across population: region, gender, ethnicity, age, socio-economic status

3.2. Health inequities:
- unfair difference in health status and health access of individuals

3.3. Impact of social determinants to health and **well-being**:
- experiences
- education
- employment
- disability
- food security
- health services
- housing
- finances
- discrimination
- social support

Learning Outcome 4: Understand how health and social care services meet the needs of individuals through the lifespan

Content requirements for Learning Outcome 4:

Knowledge that learners must develop in this unit.

4.1. Healthcare needs of individuals from conception and through the life stages:
- healthcare needs: prenatal through to end of life/bereavement
- life stages: infancy, childhood, adolescence, early, middle and late adulthood

4.2. How health and social care services meet the healthcare needs of individuals through the life stages:
- health and social care services: national, local, statutory, private and voluntary provision, informal

4.3. How health and social care services are accessed:
- types of referral: self, professional, compulsory, third party
- referral protocol and eligibility criteria
- barriers to access and strategies to overcome

Learning Outcome 5: Understand current issues in public health

Content requirements for Learning Outcome 5:

Knowledge that learners must develop in this unit.

5.1. Current public health issues
- mental health
- child and maternal health
- sexual health
- obesity
- alcohol
- smoking
- physical activity

5.2. Role of health promotion within public health
- prevention
- education
- empowerment
- advocacy
- self-care
- service improvement
- contribution to public health initiatives and campaigns
- evidence-based

5.3. Current public health campaigns:
- in relation to public health issues
- national and local

Unit glossary of terms
Individual: The person using the care or support service. **Well-being:** Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.
Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning APH 12: Human development and healthcare needs through the lifespan

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN	

Assessment requirements	Evidence record eg page number and method
1.1. Summarise key stages of development from conception to birth.	
1.2. Analyse one (1) potential effect on development in each of the following situations: • pre-conception experiences • pre-birth experiences • complications during pregnancy • complications during labour.	
2.1. Describe significant features of holistic development at each life stage of human development: • life stages in human development: infancy, childhood, adolescence, early, mid and late adulthood • holistic development to include: social, emotional, physical and cognitive.	
2.2. Explain the nature/nurture debate in relation to human growth and development.	
2.3. Compare and contrast two (2) theories of human growth and development.	
3.1. Use examples to analyse health inequalities individuals may face.	
3.2. Consider differences in health status and health access for individuals in relation to healthcare.	
3.3. Critically analyse the impact of social determinants to an individual's health and well-being.	

4.1. Summarise typical healthcare needs of individuals at conception and each life stage.	
4.2. Explain how health and social care services meet the healthcare needs of individuals through the life stages. Examples may be used in the response.	
4.3. Use examples to describe how health and social care services are accessed. The examples must describe: • a minimum of two (2) different types of referral • associated protocol and eligibility criteria • any barriers to access with suggested strategies to overcome them.	
5.1. Outline two (2) current public health issues.	
5.2. Analyse the role of health promotion within public health.	
5.3. Critically evaluate own practice against the aims and intentions of one (1) current public health campaign.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

• access/referral processes and data analysis
• care planning
• evaluative records/reports
• national and local campaigns and policy and procedural development
• own research
• policy and procedural development for health promotion
• professional discussions
• reflective accounts.

Learner and Assessor sign-off: APH 12: Human development and healthcare needs through the lifespan	

Learner name:	**Learner declaration of authenticity of unit: APH 12**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 12**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:
For e-portfolio a signature is not required, providing the learner has a personalised and secure login.	

APH 13: Human anatomy and physiology

Unit reference	T/617/2829	Unit level	5
Credit value	12		
Guided learning	85		
Unit aim	The aim of this unit is to provide learners with knowledge and understanding in relation to human anatomy and physiology.		

Learning Outcome 1: Understand the organisation of the human body
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.
1.1. Organisation of the human body: different levels of organisation: • relationship between cells, tissues, organs and organ systems • cells: composition, cell membrane, nucleus, cytoplasm, mitochondria, rough and smooth endoplasmic reticulum, Golgi body, lysosome, process of cell division, mitosis, meiosis • tissues: groups of cells, types and functions; epithelial, connective, muscle, nerve • organs: different tissues, a structure of the body, specific function • organ systems: structures that work together, complex function
Learning Outcome 2: Understand the structure and functions of the organ systems of the human body
Content requirements for Learning Outcome 2: Knowledge that learners must develop in this unit.
2.1. The structures and functions of the organ systems of the human body: • endocrine system: the endocrine system and hormonal control; the location and function of the hypothalamus and pituitary gland; the thyroid gland; the action of hormones on key glands; for example, insulin and glucagon in control of blood sugar level disorders of the endocrine system, eg diabetes, hypothyroidism • nervous system: the mechanism of transmission of an impulse; action potential; saltatory conduction and synoptic transmissions; outline structure of the central nervous system; peripheral nervous system and autonomic nervous system and their functions; somatic, sensory and motor nerve pathways; spinal reflex arc disorders of the nervous system, eg dementia, multiple sclerosis

- digestive system: anatomy and physiology of alimentary canal; process of digestion and absorption; role of enzymes in the digestive process; role of digestion in providing material for respiration and cell growth; elimination of waste products

  disorders of the digestive system, eg ulcerative colitis, Coeliac disease

- cardio-vascular system: cardio-vascular system and the mechanism of blood circulation (heart, blood and blood vessels); transport of blood gases; pulmonary and systemic circulation; structure and function of blood

  disorders of the cardio-vascular system, eg hypertension, coronary heart disease

- respiratory system: anatomy and physiology of respiratory system; mechanical respiration; gaseous exchange and characteristics of a respiratory surface; control of breathing/respiration; blood pH; role of respiratory system in providing oxygen for cell respiration; removal of waste products

  disorders of the respiratory system, eg asthma, cystic fibrosis

- excretory/urinary system: the anatomy of the kidney and excretory system; the structure of the nephron and its function of filtration; reabsorption; excretion, osmoregulation and electrolyte balance; role of antidiuretic hormone (ADH); elimination of waste products

  disorders of the excretory/urinary system, eg UTIs, renal failure

- muscular system: muscle types (visceral, cardiac and skeletal); names; locations; function; movement; joints; types of muscle contractions

  disorders of the muscular system, eg muscular dystrophy

- skeletal system: skeletal structure; regions; spinal structure; bone growth and development; types of bones; movement; joints

  disorders of the skeletal system, eg osteoarthritis, osteoporosis

- immune system: structures: lymph organs; lymph nodes; lymphocytes; types of immunity; immune response; immunisation

  disorders of the immune system, eg Hodgkin's disease, leukaemia

- integumentary system: layers of the skin; hair; nails; glands; purpose; protection; sensation; excretion

  disorders of the integumentary system, eg eczema, skin cancer

- reproductive system: anatomy and physiology of the male and female reproductive system

  disorders of the reproductive system, eg female polycystic ovary syndrome, male prostate cancer

2.2. The relationship between the structure and function of the organ systems:
- contribution of structure to function
- cell, tissues, organ, organ system

2.3. The relationships between the organ systems in maintaining healthy body functions:
- how systems work together, eg excretory system and digestive system, nervous system and muscular/skeletal system

Learning Outcome 3: Understand homeostasis in the human body
Content requirements for Learning Outcome 3: Knowledge that learners must develop in this unit.

3.1. The process of homeostasis in the human body:
- homeostatic mechanisms
- self-regulating process
- feedback control
- role of hypothalamus and pituitary gland

3.2. How homeostasis maintains the healthy functioning of the human body:
- positive and negative feedback mechanisms
- examples of control, eg blood glucose levels, osmoregulation, thermoregulation, blood pH, respiration rate

3.3. The relationship between the nervous system and the endocrine system in gaining homeostatic control:
- both systems working in conjunction
- hormonal regulation
- hypothalamus functions, pituitary gland

Learning Outcome 4: Understand genetic inheritance
Content requirements for Learning Outcome 4: Knowledge that learners must develop in this unit.

4.1. Genetic inheritance:
- genetic mutations; autosomal recessive inheritance; autosomal dominant inheritance; X-linked inheritance
- new mutations
- chromosomal conditions
- impact of environmental factors

4.2. Function of genetic screening:
- tests for specific genetic mutation
- diagnose a genetic condition
- determine the possibility of developing a condition
- identify carriers

4.3. Role of genetic counselling:
- provide information and guidance about genetic conditions and support groups

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 13: Human anatomy and physiology

Evidence must meet the assessment requirements as detailed below.					
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.					
Learner name:		**Centre number:**		**PIN**	

Assessment requirements	Evidence record eg page number and method
1.1. Describe features and functions of: • cells • tissues • organs • organs systems. An annotated illustration may be used in the response.	
2.1. Outline structures and functions of the organ systems of the human body to include: • endocrine • nervous • digestive • cardio-vascular • respiratory • excretory/urinary • muscular • skeletal • immune • integumentary • reproductive.	
2.2. Describe the relationship between the structure and function of the organ systems, to include: • contribution of structure to function • cell, tissues, organ, organ system.	
2.3. Select one (1) organ system as outlined in 2.1 and explain:	

the relationship this organ system has with others to maintain healthy body functions. • how an associated disorder may impact on an individual's health.	
3.1. Explain the process of homeostasis in the human body to include: • homeostatic mechanisms • self-regulating process • feedback control • role of hypothalamus and pituitary gland.	
3.2. Analyse the role of homeostasis for healthy functioning of the human body.	
3.3. Explain the relationship that exists between the nervous system and the endocrine system in gaining homeostatic control.	
4.1. Describe two (2) types of genetic inheritance.	
4.2. Explain the function of genetic screening.	
4.3. Analyse the role of genetic counselling for healthcare practice.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care planning
- own research
- records and reports
- team collaboration for person-centred care
- written and pictorial.

Learner and Assessor sign-off: APH 13: Human anatomy and physiology	

Learner name: **PIN:** **Centre number:** **ULN:**	**Learner declaration of authenticity of unit: APH 13** I declare that the work presented for this unit is entirely my own work. Learner signature: Date:
Assessor name:	**Assessor sign-off of completed unit: APH 13** I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit. Assessor signature: Date:
For e-portfolio a signature is not required, providing the learner has a personalised and secure login.	

APH 14: Clinical skills in healthcare

Unit reference	K/617/2830	**Unit level**	5
Credit value	4		
Guided learning	35		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to undertake clinical activities and lead practice to develop clinical skills.		

Learning Outcome 1: Understand roles and responsibilities relating to clinical skills
Content requirements for Learning Outcome 1:   Knowledge that learners must develop in this unit.

1.1. The roles and responsibilities of healthcare practitioners involved in meeting the healthcare needs of **individuals**:
- **integrated working** with healthcare practitioners
- healthcare and allied healthcare practitioners
- working to agreed protocols

1.2. Professional responsibilities and accountability in relation to clinical skills:
- principles of accountability
- duty of care
- duty of candour
- **consent**
- boundaries and limits of own role, responsibilities and competence
- safe and effective care
- infection prevention and control
- evidence-based practice
- codes of practice (eg Nursing and Midwifery Council)

Learning Outcome 2: Understand the healthcare needs of individuals
Content requirements for Learning Outcome 2: Knowledge that learners must develop in this unit.

2.1. Healthcare needs of individuals:
- management of common health conditions (eg cardio-vascular disease, diabetes, osteoarthritis, chronic obstructive pulmonary disease, epilepsy, stroke and dementia)
- acute illness and emergency response
- support at the end of life
- physical disabilities
- current and emerging healthcare needs

2.2. Clinical activities and interventions that can be used to meet the healthcare needs of individuals:
- assessment and monitoring of health
- physiological measurements
- capillary blood samples
- venepuncture and cannulation
- respiratory care
- management and administration of medication via different routes
- tissue viability and pressure-area care
- continence management, catheter and stoma care
- wound care
- oxygen therapy
- electrocardiogram (ECGs)
- extended feeding techniques
- associated skills – aseptic technique, moving and positioning techniques
- therapeutic interventions
- reablement techniques (eg assisting with physiotherapy)
- first response, emergency procedures, CPR and basic life support

2.3. How clinical activities and interventions contribute to the health and **well-being** of individuals:
- promotion of health and well-being
- prevention
- early identification and recognition
- management of health conditions
- quality of life
- inclusion

Learning Outcome 3: Assess, monitor and review the healthcare needs of individuals
Content requirements for Learning Outcome 3: Skills that learners must develop in this unit.

3.1. Assess, monitor and review the health of individuals using combined methods
 	
3.2. Undertake risk assessments
 	
3.3. Interpret the outcomes of the assessment and plan how to meet healthcare needs of individuals
 	
3.4. Record and report the outcomes of the assessment to ensure safe and effective care
 	
3.5. Lead own team to:
    • monitor individuals' current and emerging healthcare needs
    • maintain healthcare records in line with requirements

Learning Outcome 4: Undertake clinical activities to support healthcare needs of individuals
Content requirements for Learning Outcome 4: Skills that learners must develop in this unit.
4.1. Support the healthcare needs of individuals using clinical skills and approved techniques 4.2. Follow precautions for the prevention and control of infection 4.3. Promote a person-centred approach throughout clinical activities and interventions 4.4. Monitor, record and report the outcomes of the clinical activities and interventions

Learning Outcome 5: Lead practice in the development of clinical skills
Content requirements for Learning Outcome 5: Skills that learners must develop in this unit.

5.1. Evaluate the development needs of team members in relation to clinical skills

5.2. Work with healthcare professionals to ensure team members have appropriate training

5.3. Ensure lines of accountability for undertaking healthcare procedures are understood and agreed

5.4. Review practice against professional standards

Unit glossary of terms

Consent: Informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent.

Individual: The person using the care or support service.

Integrated working: Coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carers and family. Integration may extend to other services, eg housing, that can offer holistic approaches to address individual circumstances.

Well-being: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being; protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 14: Clinical skills in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record eg page number and method
1.1. Discuss the roles and responsibilities of healthcare practitioners involved in meeting the healthcare needs of individuals.	
1.2. Discuss professional responsibilities and accountabilities in relation to clinical skills.	
2.1. Describe healthcare needs of individuals.	
2.2. Explain two (2) clinical activities and interventions that can be used to meet the healthcare needs of individuals.	
2.3. Analyse how clinical activities and interventions contribute to the health and well-being of individuals.	
3.1. Assess, monitor and review the health of individuals using combined methods.	
3.2. Undertake risk assessments.	
3.3. Interpret the outcomes of the assessment and plan how to meet the healthcare needs of individuals.	
3.4. Record and report the outcomes of the assessment to ensure safe and effective care.	
3.5. Lead own team to: • monitor individuals' current and emerging healthcare needs • maintain healthcare records in line with requirements.	

4.1. Support the healthcare needs of individuals using clinical skills and approved techniques.	
4.2. Follow precautions for the prevention and control of infection.	
4.3. Promote a person-centred approach throughout clinical activities and interventions.	
4.4. Monitor, record and report the outcomes of clinical activities and interventions.	
5.1. Evaluate the development needs of team members in relation to clinical skills.	
5.2. Work with healthcare professionals to ensure team members have appropriate training.	
5.3. Ensure lines of accountability for undertaking healthcare procedures are understood and agreed.	
5.4. Review practice against professional standards.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care planning cycle
- clinical records
- continuous professional development (CPD)
- healthcare protocols
- partnership activity
- policy and procedural development
- risk management
- supervision and appraisal
- workforce development.

Learner and Assessor sign-off: APH 14: Clinical skills in healthcare

Learner name: **PIN:** **Centre number:** **ULN:**	**Learner declaration of authenticity of unit: APH 14** I declare that the work presented for this unit is entirely my own work. Learner signature: Date:
Assessor name:	**Assessor sign-off of completed unit: APH 14** I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit. Assessor signature: Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 15: Provision and support for nutrition and hydration

Unit reference	M/617/2831	Unit level	5
Credit value	9		
Guided learning	65		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to provide effective nutrition and hydration.		

Learning Outcome 1: Understand the legal and policy framework in relation to nutrition and hydration

Content requirements for Learning Outcome 1:

Knowledge that learners must develop in this unit.

1.1. Policy drivers in relation to nutrition and hydration:
- obesity and related co-morbid conditions
- malnutrition
- dehydration

1.2. Legislation and statutory requirements in relation to nutrition and hydration:
- regulation of healthcare services
- mental capacity, best interests and consent
- food safety and food allergies
- **policies and procedures to support safeguarding**
- duty of care

1.3. Guidance and evidence-based practice in relation to nutrition and hydration:
- nutritional guidelines across the lifespan
- nutritional assessment and screening tools
- clinical guidelines, pathways and quality standards
- current local and national strategies to promote healthy nutrition and hydration
- lessons learned from failings and shortcomings
- **standards and benchmarks**

1.4. Implications of the legislative framework on practice:
- safe and effective care
- monitoring, recording and reporting
- health promotion

Learning Outcome 2: Understand individual needs in relation to nutrition and hydration
Content requirements for Learning Outcome 2: Knowledge that learners must develop in this unit.

2.1. The importance of nutrition and hydration:
- nutrition: components of a healthy diet; benefits; short- and long-term effects of malnutrition in relation to health and well-being
- hydration: healthy fluid intake; variation in requirements, eg exercise, pyrexia; short- and long-term effects of dehydration in relation to health and well-being

2.2. Factors influencing nutrition and hydration:
- health
- values and beliefs
- dietary preferences and habits
- lifestyle and work balance
- oral health
- self-neglect
- disability
- awareness and understanding of the importance of nutrition and hydration

2.3. Health conditions and specific nutritional requirements:
- diabetes
- dysphagia
- dementia
- eating disorders
- renal failure
- food allergy and intolerance
- medication and contraindications

2.4. **Person-centred practice** when planning support for eating and drinking:
- care planning
- level and type of support
- individualised mealtimes
- prioritising and protecting mealtimes

Learning Outcome 3: Understand how to assess, support and monitor nutrition and hydration health needs
Content requirements for Learning Outcome 3:   Knowledge that learners must develop in this unit.
3.1. How to assess and monitor nutrition and hydration health needs: • range of assessment tools   • weight and BMI measurements   • risk assessment   • the Malnutrition Universal Screening Tool (MUST)   • oral health assessment   • swallowing assessment   • associated health – tissue viability   • observation and examination   • monitoring intake and fluid balance   3.2. Methods to increase the nutritional content of food: • increased nutritional density through fortification   • use of nutritional supplements   • indications for use   3.3. Extended feeding and fluid maintenance and replacement techniques: • nasal gastric tube (NG)   • percutaneous endoscopic gastrostomy (PEG)   • total parenteral nutrition (TPN)   • intravenous fluids (IV)   • nutrition and hydration at end of life   • infection prevention and control   • approved techniques for use of devices and equipment   3.4. Role of professionals: • dietician   • nutritionist   • pharmacist   • nursing staff   • clinicians

Learning Outcome 4: Assess the nutritional and hydration needs of individuals
Content requirements for Learning Outcome 4: Skills that learners must develop in this unit.
4.1. Assess the nutritional health and hydration needs of **individuals** using screening tools and assessment 4.2. Identify risks arising from unmet nutritional and hydration needs of individuals 4.3. Agree with individuals and others support and interventions required to meet nutritional and hydration needs 4.4. Record and report the **outcomes** of assessments
Learning Outcome 5: Support the nutritional and hydration needs of individuals
Content requirements for Learning Outcome 5: Skills that learners must develop in this unit.
5.1. Lead others to support the nutritional and hydration needs of individuals 5.2. Monitor safe use, maintenance and disposal of devices and equipment 5.3. Monitor dietary intake and fluid balance 5.4. Work with the individual and others to review the effectiveness of nutritional support 5.5. Record, report and action outcomes of monitoring and review

Unit glossary of terms

Individual: The person using the care or support service.

Outcomes: Aims or objectives that an individual would like to achieve or which need to happen; for example, continuing to live at home, or being able to go out and about.

Person-centred practice
An approach that puts the person receiving care and support at the centre, treating the individual as an equal partner and ensuring the service fits the person rather than making the person fit the service.

Policies and procedures to support safeguarding
May include policies and procedures on:
- listening to individuals
- sharing concerns and recording/reporting incidents
- dealing with allegations
- duty of care
- whistleblowing
- propriety and behaviour
- physical contact/intimate personal care
- off-site visits
- photography and video
- timely and accurate information sharing
- partnership working

Standards and benchmarks may include:
- codes of practice
- regulations
- fundamental standards
- National Occupational Standards (NOS).

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 15: Provision and support for nutrition and hydration

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record eg page number and method
1.1. Describe the aims and intentions for one (1) policy driver in relation to nutrition and hydration.	
1.2. Outline legislation and statutory requirements in relation to nutrition and hydration for healthcare practice.	
1.3. Summarise guidance derived from evidence-based practice in relation to nutrition and hydration for healthcare practice.	
1.4. Analyse implications of legislation requirements in relation to nutrition and hydration for practice.	
2.1. Critically evaluate nutrition and hydration for holistic health and well-being.	
2.2. Summarise factors influencing nutrition and hydration.	
2.3. Use examples to explain specific nutritional requirements for two (2) identified health conditions.	
2.4. Analyse person-centred practice in relation to eating and drinking.	
3.1. Explain four (4) ways to assess and monitor nutrition and hydration health needs in practice.	
3.2. Describe methods followed to increase the nutritional content of food.	

3.3. Explain three (3) examples of extended feeding and fluid maintenance and replacement techniques	
3.4 Summarise the roles of other professionals involved in supporting nutrition and hydration for healthcare practice.	
4.1. Assess the nutritional health and hydration needs of individuals using screening tools and assessment.	
4.2. Identify risks arising from unmet nutritional and hydration needs of individuals.	
4.3. Agree with individuals and others support and interventions required to meet nutritional and hydration needs.	
4.4. Record and report the outcomes of assessments.	
5.1. Lead others to support the nutritional and hydration needs of individuals.	
5.2. Monitor safe use, maintenance and disposal of devices and equipment.	
5.3. Monitor dietary intake and fluid balance.	
5.4. Work with the individual and others to review the effectiveness of nutritional support.	
5.5. Record, report and action outcomes of monitoring and review.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care planning cycle
- case management
- continuous professional development (CPD)
- nutritional assessments
- partnership activity
- risk management
- supervision and appraisal
- workforce development.

Learner and Assessor sign-off: APH 15: Provision and support for nutrition and hydration

Learner name:	**Learner declaration of authenticity of unit: APH 15**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 15**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 16: Monitor health and well-being through physiological measurements

Unit reference	T/617/2832	Unit level	5
Credit value	9		
Guided learning	60		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to use physiological measurements to monitor the health and well-being of individuals.		

Learning Outcome 1: Understand legislation and guidance in relation to physiological measurements

Content requirements for Learning Outcome 1:

Knowledge that learners must develop in this unit.

1.1. Legislation and statutory requirements in relation to physiological measurements:
- regulation of healthcare services
- health and safety
- mental capacity, best interests and consent
- **policies and procedures to support safeguarding**
- record-keeping and sharing information for safe and effective care
- safe use and disposal of medical devices
- infection prevention and control

1.2. Guidance and quality standards in relation to physiological measurements:
- codes of practice (eg Nursing and Midwifery Council)
- clinical guidelines, pathways and quality standards
- evidence-based research
- standards and benchmarks
- organisational procedures, protocols
- clinical governance

1.3. How legislation and guidance informs professional responsibilities and accountability:
- safe and effective care
- the principles of accountability
- duty of care
- duty of candour
- the importance of informed, valid consent
- boundaries and limits of own role, competence and responsibilities
- the Six Cs

Learning Outcome 2: Understand the range of physiological measurements
Content requirements for Learning Outcome 2: Knowledge that learners must develop in this unit.

2.1. The range of physiological measurements used as a baseline for monitoring individuals' health:
- baseline – temperature; pulse; respiration, blood pressure; pulse oximetry
- others – capillary blood glucose; peak flow; fluid balance

2.2. Indications for taking physiological measurements:
- baseline measurements
- common conditions associated with specific physiological measurements
- monitoring of heath and clinical signs to inform intervention or treatment
- early detection of signs of deterioration
- changes in an individual's condition

Learning Outcome 3: Understand how physiological changes are monitored
Content requirements for Learning Outcome 3: Knowledge that learners must develop in this unit.

3.1. Anatomy and physiology associated with measurements:
- relevant anatomy and physiology – respiratory system; cardio-vascular system
- physiology – pulse, respiration, blood pressure; oxygen saturation
- the role of homeostasis in maintaining equilibrium
- the sites in the body used to measure temperature, pulse, blood pressure and pulse oximetry

3.2. Equipment used to take physiological measurements:
- equipment used for different measurements
- efficacy of different types of equipment
- preparation of equipment
- maintenance and safe use of equipment
- how to recognise and report faulty equipment

3.3. How to interpret readings from physiological measurements
- normal ranges for temperature, pulse, respiration, blood pressure and pulse oximetry measurements
- differences in normal readings throughout the lifespan
- definitions of hypothermia, pyrexia, hyperpyrexia
- the differentiation between systolic and diastolic readings
- regularity, strength and rhythm of beats (pulse) or inspiration/expiration (respiration)
- the importance of recognising trends
- factors that may compromise accuracy of measurements – procedural; environmental; individual
- reasons for referring for another reading, ie difficulties or concerns undertaking the measurement

3.4. The implications of readings that fall outside normal ranges:
- conditions that may cause variations from normal readings
- how to incorporate skills of observation
- the importance of reassuring the individual
- the actions to be taken according to the care plan
- how to recognise deterioration in an individual's condition
- how to respond to any concerns, or in an emergency
- reporting and recording procedures
- sources of information and support

Learning Outcome 4: Undertake physiological measurements

Content requirements for Learning Outcome 4:

Skills that learners must develop in this unit.

4.1. Identify the physiological measurements to be taken and monitored for an individual

4.2. Interact with an individual to confirm identity, explain the procedure and establish consent

4.3. Provide individualised support and reassurance throughout the procedure in a way that is appropriate to the individual's needs and preferences

4.4. Use approved techniques and equipment to undertake physiological measurements

4.5. Record the outcomes arising from physiological measurements according to organisational procedures

Learning Outcome 5: Analyse the results of physiological measurements
Content requirements for Learning Outcome 5: Skills that learners must develop in this unit.

5.1. Interpret the readings within the context of the individual taking into account their overall condition and information available

5.2. Take any actions that may be indicated to promote the immediate health and comfort of the individual

5.3. Discuss implications for health, care and future monitoring with the **individual** and/or **others**

5.4. Supervise continuing physiological measurements in line with individual's care plan

5.5. Review patterns and trends of physiological measurements over time

5.6. Refer any concerns, significant changes or measurements outside the normal range to health professionals responsible for the individual's healthcare and treatment

5.7. Review the care plan to communicate changes as agreed with the care team

Unit glossary of terms

Individual: The person using the care or support service.

Others may include:
- individuals
- carers, family members and friends
- advocates
- paid workers
- other professionals.

Policies and procedures to support safeguarding:
May include policies and procedures on:
- listening to individuals
- sharing concerns and recording/reporting incidents
- dealing with allegations
- duty of care
- whistleblowing
- propriety and behaviour
- physical contact/intimate personal care
- off-site visits
- photography and video
- timely and accurate information sharing
- partnership working.

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 16: Monitor health and well-being through physiological measurements

Evidence must meet the assessment requirements as detailed below.					
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.					
Learner name:		**Centre number:**		**PIN:**	

Assessment requirements	Evidence record eg page number and method
1.1. Summarise legislation and statutory requirements in relation to physiological measurements for healthcare practice.	
1.2. Identify guidance and quality standards in relation to physiological measurements.	
1.3. Analyse how legislation and guidance informs professional responsibilities and accountability.	
2.1. Outline a range of physiological measurements used as a baseline for monitoring individuals' health.	
2.2. Use three (3) examples to explain the need for physiological measurements to be taken.	
3.1. Summarise key knowledge of anatomy and physiology that the healthcare practitioner must have in order to take physiological measurements.	
3.2. Describe: • the equipment used to take specific physiological measurements • action to take if equipment is faulty.	
3.3. Outline a range of factors that may affect a physiological measurement reading.	
3.4. Use four (4) examples to describe necessary further action to be taken following physiological measurement results that fall outside of normal ranges.	

4.1. Identify the physiological measurements to be taken and monitored for an individual.	
4.2. Interact with an individual to confirm identity, explain the procedure and establish consent.	
4.3. Provide individualised support and reassurance throughout the procedure in a way that is appropriate to the individual's needs and preferences.	
4.4. Use approved techniques and equipment to undertake physiological measurements.	
4.5. Record the outcomes arising from physiological measurements according to organisational procedures.	
5.1. Interpret the readings within the context of the individual taking into account their overall condition and information available.	
5.2. Take any actions that may be indicated to promote the immediate health and comfort of the individual.	
5.3. Discuss implications for health, care and future monitoring with the individual and/or others.	
5.4. Supervise continuing physiological measurements in line with the individual's care plan.	
5.5. Review patterns and trends of physiological measurements over time.	
5.6. Refer any concerns, significant changes or measurements outside the normal range to health professionals responsible for the individual's healthcare and treatment.	
5.7. Review the care plan to communicate changes as agreed with the care team.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- care planning cycle
- case management
- clinical records
- continuous professional development (CPD)
- healthcare protocols
- partnership activity
- policy and procedural development
- risk management
- supervision and appraisal
- workforce development.

Learner and Assessor sign-off: APH 16: Monitor health and well-being through physiological measurements	

Learner name:	**Learner declaration of authenticity of unit: APH 16**
PIN:	I declare that the work presented for this unit is entirely my own work.
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 16**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:
For e-portfolio a signature is not required, providing the learner has a personalised and secure login.	

Theme 6: Professional development

APH 17: Professional development in healthcare

Unit reference	A/617/2833	Unit level	5
Credit value	3		
Guided learning	25		
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of professional development in healthcare.		

Learning Outcome 1: Understand principles of professional development in healthcare

Content requirements for Learning Outcome 1:

Knowledge that learners must develop in this unit.

1.1. The importance of continually improving knowledge and practice:
- positive **outcomes**
- personal and professional standards and behaviours
- workforce planning
- change management
- evidence-based practice

1.2. **Mechanisms and resources that support learning and development** in healthcare:
- qualifications
- National Occupational Standards (NOS)
- Apprenticeships
- government initiatives
- budgets and funding for learning and development
- learning and development methodologies
- workforce intelligence
- performance management
- endorsement schemes
- quality marks

1.3. Potential barriers and constraints in relation to professional development in healthcare settings:
- internal and external service barriers
- intrinsic and extrinsic barriers

1.4. Different **sources and systems of support** for professional development:
- mandatory and optional
- internal/external
- formal/informal support
- value-based recruitment and retention strategies
- funding
- **supervision**
- appraisal
- mentoring
- coaching
- sharing good practice
- appreciative enquiry
- career progression

1.5. Models of reflection and the importance of reflective practice in improving performance:
- models of learning and reflection (eg Honey and Mumford (1986), Schon (1983), Davys and Beddoe (2010), Jasper (2006), Kolb (1984), Gibbs (1988))
- principles of critical evaluation
- principles of evidence-based practice

1.6. The importance of literacy, numeracy and digital skills in healthcare:
- quality and safety
- learning needs and assessment strategy
- communication

1.7. Factors to consider when selecting activities for keeping knowledge and practice up to date:
- validity
- quality Kitemark
- impact measures
- currency
- value-based
- resource

Unit glossary of terms
Mechanisms and resources that support learning and development: Includes qualifications, National Occupational Standards (NOS), Apprenticeships, funding streams, endorsement schemes and quality marks. **Outcomes**: Aims or objectives that an individual would like to achieve or which need to happen; for example, continuing to live at home, or being able to go out and about. **Sources and systems of support**: Support for professional development may include: • formal support • informal support • supervision • appraisal • mentoring • funding for development activities. These may be: • within the organisation • beyond the organisation. **Supervision** includes, but is not limited to, annual appraisal processes.

Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning APH 17: Professional development in healthcare

Evidence must meet the assessment requirements as detailed below.					
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.					
Learner name:		**Centre number:**		**PIN:**	

Assessment requirements	**Evidence record** eg page number and method
1.1. Discuss the importance of continually improving: • own knowledge and practice • team knowledge and practice.	
1.2. Analyse mechanisms and resources that support learning and development in healthcare.	
1.3. Explain potential barriers and constraints in relation to professional development in healthcare settings.	
1.4. Discuss different sources and systems of support for professional development.	
1.5. Explore models of reflection and the importance of reflective practice in improving performance. The exploration must include: • a summary of three (3) reflective models, eg Honey and Mumford (1986), Davys and Beddoe (2010), Jasper (2006), Schon (1983), Kolb (1984) or Gibbs (1988) • principles, benefits and limits of the reflective models in relation to improving practice and performance.	
1.6. Explain the importance of literacy, numeracy and digital skills in healthcare.	
1.7. Analyse factors to consider when selecting and commissioning activities for keeping knowledge and practice up to date.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- budgets and resources
- continuing professional development (CPD)
- formal and informal support systems
- inspection and audit reports
- job descriptions and person specifications
- management meetings
- networking activity
- policy and procedural development
- professional development plans
- self-assessment
- service improvement plan
- skills audits
- supervision and appraisal
- team meetings
- training needs analysis
- workforce development plan.

Learner and Assessor sign-off: APH 17: Professional development in healthcare	

Learner name:	**Learner declaration of authenticity of unit: APH 17**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 17**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 18: Manage self in healthcare

Unit reference	F/617/2834	Unit level	5
Credit value	4		
Guided learning	35		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to manage own workload and professional behaviour when working in healthcare.		

Learning Outcome 1: Understand the importance of self-awareness
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.

1.1. How own values, belief systems and experiences affect working practice:
- frames of reference and their influences – social norms, personal and professional experiences
- critical analysis of own values, belief systems and experiences
- transference theory
- restorative theory
- three-dimensional supervision

1.2. How own emotions affect own behaviour and the behaviour of **others**:
- emotional intelligence
- emotional energy matrix – high positive energy; high negative energy
- leader behaviours – task, relations and change orientated
- personal integrity

1.3. Strategies for recognising own stress levels and for maintaining **well-being**:
- time management
- communication strategies
- understanding stress indicators and symptoms
- access support mechanisms and resources

1.4. How to use feedback and reflective practice to increase own self-awareness:
- 360° reflection model
- models of learning and reflection (eg Honey and Mumford (1986), Schon (1983), Davys and Beddoe (2010), Jasper (2006), Kolb (1984), Gibbs (1988))
- mechanisms for and analysis of effective feedback
- action areas for improvement
- managing own behaviour
- professional development plan

Learning Outcome 2: Manage own behaviour
Content requirements for Learning Outcome 2:   Skills that learners must develop in this unit.
2.1. Ensure own actions reflect a high standard of personal integrity   2.2. Manage own emotions when interacting with others   2.3. Adapt actions and behaviour in response to feedback   2.4. Adapt communication in response to the emotional context and communication style of others   2.5. Ensure own words and actions reinforce the vision and values of the service   2.6. Challenge views, actions, systems and routines that do not match the vision and values of the service
Learning Outcome 3: Manage own workload
Content requirements for Learning Outcome 3:   Skills that learners must develop in this unit.
3.1. Use strategies and tools to identify priorities for work   3.2. Plan ways to meet responsibilities and organisational priorities while maintaining own well-being   3.3. Use digital technology to enhance own efficiency   3.4. Delegate responsibilities appropriately to others   3.5. Revise plans to take account of changing circumstances

Learning Outcome 4: Undertake own professional development
Content requirements for Learning Outcome 4: Skills that learners must develop in this unit.
4.1. Evaluate own knowledge and performance against: 　• **standards and benchmarks** 　• feedback from others 4.2. Prioritise own development goals and targets 4.3. Produce a plan to meet development goals and targets using learning opportunities that meet objectives and reflect own learning style 4.4. Establish a process to evaluate the effectiveness of own professional development plan 4.5. Evaluate how own practice has been improved through: 　• reflection on feedback from others 　• reflection on failures and mistakes, successes and achievements 　• implementation of the professional development plan

Unit glossary of terms
Others may include: • individuals • carers, family members and friends • advocates • paid workers • other professionals. **Standards and benchmarks** may include: • codes of practice • regulations • fundamental standards • National Occupational Standards (NOS). **Well-being**: Well-being is a broad concept relating to the following areas in particular: personal dignity; physical and mental health; emotional well-being, protection from abuse and neglect; control over day-to-day life (including control over care and support and the way it is provided); participation in work, education or training; participation in recreation; social and economic well-being; and domestic, family and personal relationships.
Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 18: Manage self in healthcare

Evidence must meet the assessment requirements as detailed below.					
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.					
Learner name:		**Centre number:**		**PIN:**	

Assessment requirements	**Evidence record** eg page number and method
1.1. Consider how own values, belief systems and experiences affect working practice.	
1.2. Discuss how own emotions affect own behaviour and the behaviour of others.	
1.3. Discuss three (3) strategies that could be used to help manage own stress levels and maintain well-being.	
1.4. Explain how feedback and reflective practice can be used to increase own self-awareness.	
2.1. Ensure own actions reflect a high standard of personal integrity.	
2.2. Manage own emotions when interacting with others.	
2.3. Adapt actions and behaviour in response to feedback.	
2.4. Adapt communication in response to the emotional context and communication style of others.	
2.5. Ensure own words and actions reinforce the vision and values of the service.	
2.6. Challenge views, actions, systems and routines that do not match the vision and values of the service.	
3.1. Use strategies and tools to identify priorities for work.	

3.2. Plan ways to meet responsibilities and organisation priorities while maintaining own well-being.	
3.3. Use digital technology to enhance own efficiency.	
3.4. Delegate responsibilities appropriately to others.	
3.5. Revise plans to take account of changing circumstances.	
4.1. Evaluate own knowledge and performance against: • standards and benchmarks • feedback from others.	
4.2. Produce a personal development plan to prioritise own development with clear goals and targets.	
4.3. Produce a personal development plan which identifies learning opportunities that meet objectives and reflect own learning style.	
4.4. Establish a process to evaluate the effectiveness of own professional development plan.	
4.5. Evaluate how own practice has been improved through: • reflection on feedback from others • reflection on failures and mistakes, successes and achievements • implementation of the professional development plan.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- 360° approach
- coaching and mentoring activity
- commissioning reports
- continuous professional development (CPD)
- evaluation and reflective development planning
- handover meeting reports
- inspection and audit reports
- job description and person specification reviews
- key performance indicators
- learning styles assessment
- management induction standards
- management reports and reviews
- networking activity
- organisational planning
- peer evaluation
- peer feedback
- personal development plans
- quality-improvement plans
- reflective cycle and developmental outcomes
- scheduling and task management processes
- skills and knowledge gap analysis
- skills matching exercises
- supervision and appraisal
- SWOT analysis
- technology use
- workforce development plan.

Learner and Assessor sign-off: APH 18: Manage self in healthcare	

Learner name: **PIN:** **Centre number:** **ULN:**	**Learner declaration of authenticity of unit: APH 18** I declare that the work presented for this unit is entirely my own work. Learner signature: Date:
Assessor name:	**Assessor sign-off of completed unit: APH 18** I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit. Assessor signature: Date:
For e-portfolio a signature is not required, providing the learner has a personalised and secure login.	

APH 19: Continuous improvement in healthcare

Unit reference	J/617/2835	**Unit level**	5
Credit value	5		
Guided learning	40		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to facilitate continuous improvement in healthcare.		

Learning Outcome 1: Understand regulation and inspection in health care
Content requirements for Learning Outcome 1: Knowledge that learners must develop in this unit.

1.1. The roles of regulation and inspection in healthcare:
  * external: Care Quality Commission; NHS Improvement, Nursing and Midwifery Council (NMC); Health and Care Professions Council (HCPC)
  * internal: internal audit processes
  * regulation and inspection processes and outcomes

1.2. The role of evidence-based practice in developing quality standards:
  * research
  * current
  * expertise
  * patient views and expectations
  * **person-centred practice**
  * appraisal
  * decision-making
  * evaluation

1.3. How quality standards and quality indicators improve **outcomes** for **individuals,** the workforce, the organisation and stakeholders:
  * National Institute for Health and Care Excellence (NICE)
  * Healthwatch
  * National Service Frameworks (NSF)
  * CQC Key Lines of Enquiry (KLOE) and ratings
  * clinical governance, various quality charter marks and accolades, eg Investors in People

Learning Outcome 2: Understand factors that impact the quality of provision
Content requirements for Learning Outcome 2: Knowledge that learners must develop in this unit.
2.1. Factors that impact the quality of provision: • political influences • demographic patterns and trends • leadership • availability and management of resources • environment • technology • ergonomics – human factors • competence
Learning Outcome 3: Lead continuous improvement in practice
Content requirements for Learning Outcome 3: Skills that learners must develop in this unit.
3.1. Monitor and evaluate progress towards the achievement of quality indicators 3.2. Respond to the views of individuals and **others** in relation to the care and support own service provides 3.3. Identify and act on lessons learned from incidents 3.4. Work with others to review the extent to which systems, processes and practices support the achievement of quality standards 3.5. Plan for and lead the implementation of improvements to systems, processes and practice to improve provision

Unit glossary of terms

Individual: The person using the care or support service.

Others may include:
- individuals
- carers, family members and friends
- advocates
- paid workers
- other professionals.

Outcomes: Aims or objectives that an individual would like to achieve or which need to happen; for example, continuing to live at home, or being able to go out and about.

Person-centred practice: An approach that puts the person receiving care and support at the centre, treating the individual as an equal partner and ensuring the service fits the person rather than making the person fit the service.

Additional unit guidance

Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 19: Continuous improvement in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record eg page number and method
1.1. Critically analyse the role of regulation and inspection for healthcare practice.	
1.2. Analyse the role of evidence-based practice in developing quality standards.	
1.3. Evaluate quality standards and quality indicators for improved outcomes for healthcare practice.	
2.1. Use examples to describe three (3) factors that impact the quality of provision.	
3.1. Monitor and evaluate progress towards the achievement of quality indicators.	
3.2. Respond to the views of individuals and others in relation to the care and support own service provides.	
3.3. Identify and act on lessons learned from incidents.	
3.4. Work with others to review the extent to which systems, processes and practices support the achievement of quality standards.	
3.5. Plan for and lead the implementation of improvements to systems, processes and practice to improve provision.	

Examples of evidence for the learner portfolio:
Wherever possible learners should apply knowledge from their practice as contribution to evidence collated.

- analysis of data: accidents, incidents, reports, comments and complaints with recommendations and targets for improved outcomes
- continuing professional development (CPD)
- internal and external inspections, audits and reports
- networking activity
- partnership activity
- peer observation and evaluation
- policy and procedural development
- quality-improvement plans
- records and reports accidents, incidents, medication-related incidents or errors, review and audit
- self-assessment
- service improvement plans
- service users forums, meetings or surveys
- skills analysis
- strategic planning
- supervision and appraisal
- team meetings
- training materials
- training needs analysis
- workforce development.

Learner and Assessor sign-off: APH 19: Continuous improvement in healthcare	

Learner name:	**Learner declaration of authenticity of unit: APH 19**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 19**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:

For e-portfolio a signature is not required, providing the learner has a personalised and secure login.

APH 20: Research in healthcare

Unit reference	L/617/2836	Unit level	5
Credit value	8		
Guided learning	55		
Unit aim	The aim of this unit is to provide learners with the knowledge, understanding and skills required to conduct research in healthcare. The evidence produced for this unit will be the research planning and project.		

Learning Outcome 1: Understand research approaches and methodologies
Content requirements for Learning Outcome 1: Skills that learners must develop in this unit.

1.1. Research approaches and methodologies:
- primary and secondary research
- qualitative and quantitative
- empirical or theoretical
- exploratory
- descriptive
- analytical
- predictive
- methods of enquiry (eg checklists, surveys, questionnaires, experiments, observation, interviews, action research)
- cause-and-effect measurements, document reviews, focus groups and case studies
- ethical considerations

1.2. Key stages in a research project:
- propose a topic
- devise a research question/hypothesis
- literature review
- select appropriate methodology
- carry out research and **data** collection
- data analysis
- report results, discussion and conclusion
- make recommendations

1.3. Tools used to analyse data:
- statistics
- tables, graphs, charts, maps, lists
- trend calculations
- summaries
- validity, reliability, variables and parameters

Learning Outcome 2: Plan a research project within healthcare

Content requirements for Learning Outcome 2:

Skills that learners must develop in this unit.

2.1. Justify a topic for research within healthcare

2.2. Develop a research plan to include:
- topic
- aims and objectives
- research question/hypothesis
- methodology/methodologies

2.3. Produce a rationale for chosen research methodologies

2.4. Consider ethical implications that apply to the area of the research project

2.5. Review literature relevant to the research project

Learning Outcome 3: Conduct a research project within healthcare

Content requirements for Learning Outcome 3:

Skills that learners must develop in this unit.

3.1. Conduct the research using identified research methods

3.2. Record and collate data

Learning Outcome 4: Analyse research findings

Content requirements for Learning Outcome 4:

Knowledge that learners must develop in this unit.

4.1. Analyse data from own research

4.2. Draw conclusions on the analysis of the data

4.3. Make recommendations for healthcare provision

Unit glossary of terms
Data: Includes research, reports, statistics, internal and external feedback, suggestions, complaints.
Additional unit guidance
Delivery and assessment must reflect current legislation, frameworks and policies as relevant to the Home Nation.

Producing evidence to meet the assessment requirements

Assessment of learning: APH 20: Research in healthcare

Evidence must meet the assessment requirements as detailed below.
Learners will need to sign off declaring their own work. See Learner and Assessor sign-off for each unit.

Learner name:		Centre number:		PIN:	

Assessment requirements	Evidence record eg page number and method
1.1. Consider research approaches and methodologies.	
1.2. Describe key stages in a research project.	
1.3. Discuss three (3) tools used to analyse data.	
2.1. Justify a topic for research within healthcare.	
2.2. Develop a research plan for own setting to include: • topic • aims and objectives • research question/hypothesis • methodology/methodologies.	
2.3. Produce a rationale for chosen research methodologies. The rationale **must** include reasons why specific methodologies were selected or rejected.	
2.4. Consider ethical implications that apply to the area of the research project.	
2.5. Review literature relevant to research project. The literature review must include the work of four (4) key theories in relation to the selected topic area. The work must not exceed 2000 words.	

3.1. Conduct the research following the research plan detailed.	
3.2. Record and collate data.	
4.1. Analyse data from own research.	
4.2. Draw conclusions on the analysis of the data.	
4.3. Make recommendations for healthcare provision.	

Learner and Assessor sign-off: APH 20: Research in healthcare	

Learner name:	**Learner declaration of authenticity of unit: APH 20**
	I declare that the work presented for this unit is entirely my own work.
PIN:	
	Learner signature:
Centre number:	
	Date:
ULN:	
Assessor name:	**Assessor sign-off of completed unit: APH 20**
	I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.
	Assessor signature:
	Date:
For e-portfolio a signature is not required, providing the learner has a personalised and secure login.	

Section 4: Mapping to Apprenticeship Standard and National Occupational Standards

Mapping to the Healthcare Assistant Practitioner Apprenticeship Standard and National Occupational Standards

The following values and behaviours from the Healthcare Assistant Practitioner Apprenticeship Standard are embedded throughout the qualification and must be demonstrated in practice:

Values Assistant Practitioners must be:	Behaviours Assistant Practitioners must always:
Honest	Treat individuals with dignity, respecting individual's beliefs, culture, values and preferences
Caring	Respect and adopt an empathetic approach
Compassionate	Demonstrate courage to challenge areas of concern and work to best practice
Conscientious	Be adaptable
Committed	Demonstrate discretion

The mapping below to the Assistant Practitioner (Health) Standard and National Occupational Standards (NOS) is indicative and by no means exhaustive. Links must be acknowledged in line with the learner's role, responsibilities and setting.

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	
APH 1	Principles and philosophy for healthcare	• The principles and philosophy of health and social care • The importance of the strategic environment in health and social care and the implications for the individual	N/A	N/A
APH 2	Communication and information management in healthcare	• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals	• Team working • Communication • Equality and diversity • Quality	• SCDLMCE1 Lead and manage effective communication systems and practice • SCDHSC0434 Lead practice for managing and disseminating records and reports
APH 3	Partnership working in healthcare	• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals • The importance of the strategic environment in health and social care and the implications for the individual	• Team Working • Communication • Equality and diversity • Quality	• SCDLMCD1 Lead and manage work with networks, communities, other professionals and organisations for care service provision • SCDLMCB4 Lead practice that involves key people in care service provision to achieve positive outcomes

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	
APH 4	Team leadership and management in healthcare	• The importance of the strategic environment in health and social care and the implications for the individual • The importance of current evidence-based practice within scope of the role	• Supervision and teaching • Personal development • Team working • Communication • Equality and diversity • Quality	• SCDLMCA1 Manage and develop yourself and your workforce within care services • SCDLMCA5 Manage the allocation, progression and quality of work in care service provision
APH 5	Equality, diversity and inclusion in healthcare	• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals • The importance of the strategic environment in health and social care and the implications for the individual	• Equality and diversity • Quality	• SCDHSC0452 Lead practice that promotes the rights, responsibilities, equality and diversity of individuals • SCDLDSS408 Develop a culture and systems that promote equality and value diversity

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	
APH 6	Outcomes-based person-centred practice in healthcare	• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals • The importance of the strategic environment in health and social care and the implications for the individual • The importance of current evidence-based practice within scope of the role	• Responsibilities and duty of the role • Case management • Supervision and teaching • Personal development • Team working • Assessment • Communication • Person-centred care and well-being • Risk management • Equality and diversity • Quality	• SCDLMCB4 Lead practice that involves key people in care service provision to achieve positive outcomes • SCDLMCB2 Lead service provision that promotes the well-being of individuals • SFHCHS39 Assess an individual's health status

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	
APH 7	Specialist areas of healthcare	• Lifespan developments and healthcare needs from prenatal to end of life/bereavement • Research and development in the health and social care sector to inform and improve quality of care • Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals • The importance of the strategic environment in health and social care and the implications for the individual • The importance of current evidence-based practice within scope of the role	• Responsibilities and duty of the role • Supervision and teaching • Personal development • Team working • Assessment • Communication • Person-centred care and well-being • Equality and diversity • Quality	• SCDLMCSB1 Lead and manage provision of care services that respects, protects and promotes the rights and responsibilities of people • SCDLMCB2 Lead and manage service provision that promotes the well-being of individuals

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	
APH 8	Safeguarding and protection in healthcare	• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals • The importance of the strategic environment in health and social care and the implications for the individual • The importance of current evidence-based practice within scope of the role	• Supervision and teaching • Team working • Communication • Risk management: 　− Health and safety 　− Risk management • Equality and diversity • Quality	• SCDLMCB1 Lead and manage practice that promotes the safeguarding of individuals • SCDLMCB8 Lead and manage provision of care services that supports the development of positive behaviour • SCDHSC0045 Lead practice that promotes the safeguarding of individuals
APH 9	Health and safety in healthcare	• The importance of the strategic environment in health and social care and the implications for the individual	• Communication • Risk management: 　− Infection prevention and control 　− Health and safety 　− Risk management • Quality	• SCDLMCC1 Lead and manage practice for health and safety in the work setting • SCDHSC0042 Lead practice for health and safety in the work setting

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	

APH 10	Manage infection prevention and control	• The importance of the strategic environment in health and social care and the implications for the individual	• Responsibilities and duty of the role
			• Supervision and teaching
			• Personal development
			• Team working
			• Communication
			• Risk management:
			  – Infection prevention and control
			  – Health and safety
			  – Risk management
			• Quality
				• SFHIPC13 Provide guidance, resources and support to enable staff to minimise the risk of spreading infection

APH 11	Risk-taking and risk management in healthcare	• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals
		• The importance of the strategic environment in health and social care and the implications for the individual
			• Team working
			• Assessment
			• Communication
			• Risk management:
			  – Health and safety
			  – Risk management
			• Quality
				• SCDLMCC1 Lead and manage practice for health and safety in the work setting
				• SCDHSC0450 Develop risk management plans to promote independence in daily living

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	
APH 12	Human development and healthcare needs through the lifespan	• Lifespan developments and healthcare needs from prenatal to end of life/bereavement • Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals	• Person-centred care and well-being	N/A
APH 13	Human anatomy and physiology	• The physiology, organisation and function of the human body • Lifespan developments and healthcare needs from prenatal to end of life/bereavement	N/A	N/A

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	

APH 14	Clinical skills in healthcare	• The physiology, organisation and function of the human body
		• Lifespan developments and healthcare needs from prenatal to end of life/bereavement
		• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals
		• The importance of the strategic environment in health and social care and the implications for the individual
			• Responsibilities and duty of the role
			• Supervision and teaching
			• Personal development
			• Team working
			• Assessment
			• Communication
			• Person-centred care and well-being
			• Risk management:
			  – Infection prevention and control
			  – Health and safety
			  – Risk management
			• Equality and diversity
			• Quality
				• SFHCHS39 Assess an individual's health status
				• SFHGEN7 Monitor and manage the environment and resources during and after clinical/therapeutic activities

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	

APH 15	Provision and support for nutrition and hydration	• Lifespan developments and healthcare needs from prenatal to end of life/bereavement
		• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals
		• The importance of the strategic environment in health and social care and the implications for the individual
		• The importance of current evidence-based practice within the scope of the role
			• Responsibilities and duty of the role
			• Team working
			• Assessment
			• Communication
			• Person-centred care and well-being
			• Risk management:
			  – Infection prevention and control
			  – Health and safety
			• Risk management
				• SFHCHS92 Review and monitor a patient's nutritional well-being
				• SFHCHS147 Administer oral nutritional products to individuals
				• SFHCHS148 Provide information and advice to individuals on eating to maintain optimum nutritional status
				• SFHCHS149 Monitor and review individuals' progress in relation to maintaining optimum nutritional status
				• SFHCHS165 Manage fluid levels and balance

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	

APH 16	Monitor health and well-being through physiological measurements	• The physiology, organisation and function of the human body
		• Lifespan developments and healthcare needs from prenatal to end of life/bereavement
		• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals
		• The importance of the strategic environment in health and social care and the implications for the individual
			• Responsibilities and duty of the role
			• Case management
			• Team working
			• Assessment
			• Communication
			• Person-centred care and well-being
			• Physiological measurements
			• Risk management:
			  − Infection prevention and control
			  − Health and safety
			  − Risk management
			• Equality and diversity
				• SFHCHS19 Undertake routine clinical measurements

APH 17	Professional development in healthcare	• The importance of the strategic environment in health and social care and the implications for the individual • The importance of current evidence-based practice within scope of the role	• Personal development	• SCDLMCSA1 Manage and develop yourself and your workforce within care services • SCDHSC0043 Take responsibility for the continuing professional development of yourself and others

Unit no.	Unit title	Link to Apprenticeship Standard for Assistant Practitioner (Health)		Link to National Occupational Standards (NOS)
		Knowledge	**Skills**	
APH 18	Manage self in healthcare	• The importance of the strategic environment in health and social care and the implications for the individual	• Case management • Supervision and teaching • Personal development • Communication	• SCDHSC0033 Develop your practice through reflection and learning • SCDLMCA1 Manage and develop yourself and your workforce within care services • SCDHSC0043 Take responsibility for the continuing professional development of yourself and others
APH 19	Continuous improvement in healthcare	• Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals • The importance of the strategic environment in health and social care and the implications for the individual • The importance of current evidence-based practice within scope of the role	• Supervision and teaching • Communication • Quality	• SCDLMCE3 Lead and manage the quality of care service provision to meet legislative, regulatory, registration and inspection requirements • SCDLMCA5 Manage the allocation, progression and quality of work in care service provision
APH 20	Research in healthcare	• Research and development in the health and social care sector to inform and improve quality of care • The importance of current evidence-based practice within the scope of the role	• Quality	• SCDCCLD0420 Undertake a research project

Section 5: Assessment and quality assurance information

Recommended assessment methods

A recommended range of assessment methods has been identified, which may be used for the units in this qualification. This gives the opportunity for different learning styles and individual needs of learners to be taken into account.

If you are proposing to use an assessment method that is not included within the recommended list you should contact your External Quality Assurer with full details of your proposed method. It will need formal approval from us before it can be used.

Each learner must generate evidence from appropriate assessment tasks which demonstrate achievement of all the learning outcomes associated with each unit. Grades are not awarded.

Please refer to the notes relating to **Expert Witness testimony** and **simulation** which follow this table.

Ref	Assessment Method	Assessing Competence/ Skills	Assessing Knowledge/ Understanding
A	Direct observation of learner by Assessor • by an Assessor who meets the relevant Sector Skills Council's or other assessment strategy/principles and includes inference of knowledge from this direct observation of practice	Yes	Yes
B	Professional discussion	Yes	Yes
C	Expert Witness evidence* • when directed by the Sector Skills Council or other assessment strategy/principles	Yes	Yes
D	Learner's own work products	Yes	Yes
E	Learner log or reflective diary	Yes	Yes
F	Activity plan or planned activity	Yes	Yes
G	Observation of children, young people or adults by the learner	Yes	Yes
H	Portfolio of evidence • may include simulation**	Yes	Yes
I	Recognition of prior learning	Yes	Yes

Ref	Assessment Method	Assessing Competence/ Skills	Assessing Knowledge/ Understanding
J	Reflection on own practice in real work environment	Yes	Yes
K	Written and pictorial information	No	Yes
L	Scenario or case study	No	Yes
M	Task set by CACHE (for knowledge learning outcomes)	No	Yes
N	Oral questions and answers	Yes	Yes

* **Expert Witness testimony** should be used in line with the relevant assessment strategy/principles. This method must be used with professional discretion, and only selected when observation would not be appropriate. Those providing an expert witness testimony must be lead practitioners with experience of making judgements around competence. The circumstances that may allow for an expert witness testimony include:

- when assessment may cause distress to an individual, such as supporting a child with a specific need
- a rarely occurring situation, such as dealing with an accident or illness
- confidential situations – such as safeguarding strategy meetings – where it would be inappropriate for an Assessor to observe the learner's performance.

** **Simulation**. A learner's Portfolio of Evidence may only include simulation of skills where simulation is permitted by the relevant assessment strategy/principles.

Assessment strategies and principles relevant to this qualification

The units we offer have been developed in line with the specific **assessment strategies or principles** of different Sector Skills Councils (SSCs) or by us where there is no SSC lead.

The key requirements of the assessment strategies or principles that relate to units in this qualification are **summarised** below. More detailed strategies or principles can be found in **Delivering Our Qualifications – Assessment and Internal Quality Assurance Guidance**, which can be found on the secure website.

The Centre needs to ensure that individuals undertaking Assessor or Quality Assurer roles within your Centre conform to the SSC or CACHE assessment requirements for the **unit** they are assessing or quality assuring.

Assessment principles

Knowledge learning outcomes

- **Assessors** will need to be both occupationally knowledgeable and qualified to make assessment decisions
- **Internal Quality Assurers** will need to be both occupationally knowledgeable and qualified to make quality assurance decisions

Competence/Skills learning outcomes

- **Assessors** will need to be both occupationally competent and qualified to make assessment decisions
- **Internal Quality Assurers** will need to be both occupationally knowledgeable and qualified to make quality assurance decisions.

Staffing requirements

Centres delivering any of NCFE's qualifications must:

- have a sufficient number of appropriately qualified/experienced Assessors to assess the volume of learners they intend to register
- have a sufficient number of appropriately qualified/experienced Internal Quality Assurers to internally quality assure the anticipated number of Assessors and learners
- ensure that all staff involved in assessment and internal quality assurance are provided with appropriate training and undertake meaningful and relevant continuing professional development
- implement effective internal quality assurance systems and processes to ensure all assessment decisions are reliable, valid, authentic, sufficient and current. This should include standardisation to ensure consistency of assessment
- provide all staff involved in the assessment process with sufficient time and resources to carry out their roles effectively.

Assessors and Internal Quality Assurance

Staff involved in the Assessment and Internal Quality Assurance of this qualification must be able to demonstrate that they have (or are working towards) the relevant occupational knowledge and/or occupational competence, at the same level or higher than the units being assessed and internally quality assured. This may be gained through experience and/or qualifications.

Section 6: Documents and resources

Useful documents
This section refers to useful documents that can be found in the members area of www.ncfe.org.uk, some of which may assist with the delivery of this qualification. • Delivering Our Qualifications – Assessment and Internal Quality Assurance Guidance

Mandatory documents
The completion of an Evidence Record and Record of Assessment Cycle form is **mandatory**. We have devised these templates for your convenience; however, you may design your own forms which comply with the content of our templates. • Evidence Record • Record of Assessment Cycle We have also provided notes to guide you when completing these forms: • Completing the Evidence Record • Completing the Record of Assessment Cycle The forms and guidance documents are included within **Delivering Our Qualifications – Assessment and Internal Quality Assurance Guidance** on www.ncfe.org.uk. This qualification specification must be used alongside the mandatory support handbook which can be found on the NCFE website. This contains additional supporting information to help with planning, delivery, and assessment. This qualification specification contains all the qualification-specific information you will need that is not covered in the support handbook.

Resources
The resources and materials used in the delivery of this qualification must be age-appropriate and due consideration should be given to the wellbeing and safeguarding of learners in line with your institute's safeguarding policy when developing or selecting delivery materials.

Resource requirements and further reading

The following resources may be useful for delivery and accessing relevant information

Organisation	Website
Acas	www.acas.org.uk
Action for Advocacy	www.actionforadvocacy.org.uk
Action on Elder Abuse	www.elderabuse.org.uk
Action on Hearing Loss	www.actiononhearingloss.org.uk
Advocacy QPM	www.qualityadvocacy.org.uk
Age UK	www.ageuk.org.uk
Alzheimer's Society	www.alzheimers.org.uk
Ann Craft Trust	www.anncrafttrust.org
Autism Research Institute	www.autism.org
British Sign Language	www.british-sign.co.uk
Care Knowledge	www.careknowledge.com
Care Quality Commission	www.cqc.org.uk
Carers UK	www.carersuk.org
Centers for Disease Control and Prevention	www.cdc.gov
Centre for Health and the Public Interest (CHPI)	www.chpi.org.uk
CIPD	www.cipd.co.uk
Citizens Advice	www.citizensadvice.org.uk
Community Care	www.communitycare.co.uk
Cruse Bereavement Care	www.cruse.org.uk
Dementia UK	www.dementiauk.org
Department of Health	www.dh.gov.uk
Dignity in Care Network	www.dignityincare.org.uk
Disability Rights UK	www.disabilityrightsuk.org
Disabled Living Foundation	www.dlf.org.uk
Equality and Human Rights Commission	www.equalityhumanrights.com
Families Leading Planning UK	www.familiesleadingplanning.co.uk
Food Standards Agency	www.food.gov.uk
Foundation for People with Learning Disabilities	www.learningdisabilities.org.uk
General Medical Council	www.gmc-uk.org
GOV.UK	www.gov.uk
Health & Care Professions Council	www.hcpc-uk.co.uk
Health and Safety Executive	www.hsegov.uk
Health Education England	www.hee.nhs.uk
Helen Sanderson Associates	www.helensandersonassociates.co.uk
In Control	www.in-control.org.uk
International Longevity Centre UK	www.ilcuk.org.uk
Joseph Rowntree Foundation	www.jrf.org.uk
Local Enterprise Partnerships Network	www.lepnetwork.net
Local Government Association	www.local.gov.uk
Mencap	www.mencap.org.uk

Organisation	Website
Mental Health Foundation	www.mentalhealth.org.uk
Mind	www.mind.org.uk
Ministry of Justice	www.gov.uk/government/organisations/ministry-of-justice
My Home Life	www.myhomelife.org.uk
National Audit Office	www.nao.org.uk
National Careers Service	www.nationalcareersservice.direct.gov.uk
National Children's Bureau	www.ncb.org.uk
National Health Service	www.nhs.uk
NHS Health Research Authority	www.hra.nhs.uk
National Institute for Health and Care Excellence	www.nice.org.uk
Nursing and Midwifery Council	www.nmc-uk.org
Office for National Statistics	www.ons.gov.uk
Office of the Public Guardian	www.gov.uk/government/organisations/office-of-the-public-guardian
Ofsted	www.gov.uk/government/organisations/ofsted
Patient	www.patient.co.uk
Respond	www.respond.org.uk
Rethink Mental Illness	www.rethink.org
Royal College of Nursing	www.rcn.org.uk
Royal National Institute of Blind People	www.rnib.org.uk
Save Lives	www.savelives.org.uk
Skills for Care	www.skillsforcare.org.uk
Skills for Health	www.skillsforhealth.org.uk
Skills for Justice	www.sfjuk.com
Social Care Information & Learning Services	www.scils.co.uk
Social Care Institute for Excellence	www.scie.org.uk
Stress Management Society	www.stress.org.uk
The Borgen Project – The History of Advocacy	borgenproject.org/history-advocacy/
The Guardian	www.theguardian.com
The King's Fund	www.kingsfund.org.uk
The Makaton Charity	www.makaton.org
The National Council for Palliative Care	www.ncpc.org.uk
The Royal Marsden NHS Foundation Trust	www.royalmarsden.nhs.uk
Royal Society for Public Health	www.rsph.org.uk/
The Tavistock and Portman NHS Foundation Trust	www.tavi-port.org
Think Local Act Personal	www.thinklocalactpersonal.org.uk
VoiceAbility	www.voiceability.org
World Health Organization	www.who.int