Qualification Specification

T Level Technical Qualification in Health

T Level Technical Qualification in Health Qualification Specification

Health

603/7066/X

Contents

Section 1: Introduction

A T Level[1] is a composite technical study programme, aimed at preparing young people for work, higher-level apprenticeships or higher education (HE). It comprises 4 key components:

- an approved technical qualification (TQ), which includes the opportunity to specialise in at least one occupational role

- a substantial industry placement with an external employer (further information regarding the required number of hours can be found in Section 2 of this TQ specification)

- employability, enrichment and pastoral (EEP) elements

- in some cases, it may also include mandatory additional requirements (MAR), such as important licence to practice qualifications

The T Level Technical Qualification in Health forms part of the new T Level in Health. The outline content has been produced by T Level panels based on the same standards as those used for apprenticeships. The outline content formed the basis of this qualification and has been further developed by NCFE.

The TQ in Health has 2 components:

- core component:
  - section A
  - section B
- occupational specialism component:
  - Dental Nursing
  - occupational specialism core: Supporting Healthcare (plus one from options A to E):
    - option A: Supporting the Adult Nursing Team
    - option B: Supporting the Midwifery Team
    - option C: Supporting the Mental Health Team
    - option D: Supporting the Care of Children and Young People
    - option E: Supporting the Therapy Teams

The core provides a variety of knowledge and skills relevant to the health route, as a whole, as well as the occupational specialisms within the health pathway. Some of the core topics and ideas are broken down and contextualised in more detail within the occupational specialisms, allowing students to apply the knowledge and skills in their own specific context.

Each occupational specialism component covers the knowledge, understanding, skills and behaviours required to achieve threshold competence in a chosen occupational specialism (threshold competence is not applicable to Dental Nursing, in which students must meet all of the General Dental Council's (GDC's) fitness to practise requirements). Threshold competence refers to the level of competence deemed by employers as sufficient to

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[1] T Level is a registered trade mark of the Institute for Apprenticeships and Technical Education.

secure employment in roles relevant to an occupational specialism. Achievement of threshold competence signals that a student is well placed to develop full occupational competence, with further support and development, once in work.

English, mathematics and digital skills have also been embedded throughout the TQ and must be taught when highlighted in the content.

About this Technical Qualification (TQ) Specification

To ensure that you are using the most up-to-date version of this TQ specification, please check the version number and date in the page footer against that of the TQ specification on the NCFE website.

If you advertise this qualification using a different or shortened name, you must ensure that students are aware that their results will state the full regulated qualification title.

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- 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 students in line with your safeguarding policy when developing or selecting delivery materials

Specification updates and amends

All content held within this specification is correct at the time of publication and will be subject to assessment within the respective academic session. An updated version of the specification will be published annually, ensuring that the knowledge and skills held within it reflect current subject practice and provide students with the relevant threshold competence to progress into industry.

Where essential updates are required based on significant changes within the sector, updates to the specification may be made during an academic session. Providers will be made aware of the publication of any new versions of the specification and the nature of the changes via the T Level monthly updates.

It is the responsibility of delivery staff to ensure that content being delivered to students is reflective of the sector and the most recently published version of the specification.

Section 2: Summaries

Technical qualification summary

Qualification title

T Level Technical Qualification in Health

Qualification number (QN)

603/7066/X

Aim reference

6037066X

Qualification level

Level 3

Guided learning hours (GLH) and Total qualification time (TQT)

	GLH for delivery	GLH for assessment	Total GLH	TQT (including preparation time)
Core component	495	19 hours 30 minutes (plus 2 hours preparation time)	516 hours 30 minutes	569 hours
Dental Nursing	560	42 hours	602 hours	662 hours
Supporting the Adult Nursing Team + Supporting Healthcare core	300 hours + 270 hours	7 hours 45 minutes – 9 hours 15 minutes (plus 45 minutes preparation time)	577 hours 45 minutes – 579 hours 15 minutes (plus 45 minutes preparation time)	636 hours – 638 hours
Supporting the Midwifery Team +	300 hours + 270 hours	7 hours 45 minutes – 9 hours 15 minutes	577 hours 45 minutes – 579 hours 15 minutes	636 hours – 638 hours

Supporting Healthcare core		(plus 45 minutes preparation time)	(plus 45 minutes preparation time)	
Supporting the Mental Health Team + Supporting Healthcare core	290 hours + 270 hours	7 hours 45 minutes – 9 hours 15 minutes (plus 45 minutes preparation time)	567 hours 45 minutes – 569 hours 15 minutes (plus 45 minutes preparation time)	625 hours – 627 hours
Supporting the Care of Children and Young People + Supporting Healthcare core	310 hours + 270 hours	7 hours 45 minutes – 9 hours 15 minutes (plus 45 minutes preparation time)	587 hours 45 minutes – 589 hours 15 minutes (plus 45 minutes preparation time)	647 hours – 649 hours
Supporting the Therapy Teams + Supporting Healthcare core	310 hours + 270 hours	7 hours 45 minutes – 9 hours 15 minutes (plus 45 minutes preparation time)	587 hours 45 minutes – 589 hours 15 minutes (plus 45 minutes preparation time)	647 hours – 649 hours

The GLH shown above only include time for the technical qualification element of the T Level programme; they do not include time allocated for the additional components of the T Level programme.

GLH will vary across the TQ, due to the different requirements of each occupational specialism.

Minimum age

T Level technical qualification students must be a minimum of 16 years of age.

Qualification purpose

The purpose of the T Level Technical Qualification in Health is to ensure students have the knowledge and skills needed to progress into skilled employment or higher-level technical training relevant to the T Level.

Objectives

The objectives of this qualification are to equip students with:

- the core knowledge and core skills relevant to health
- up-to-date occupational knowledge and skills that have continued currency amongst employers and others
- the necessary English, mathematics and digital skills
- threshold competence that meets employer expectations and is as close to full occupational competence as possible – in the case of Dental Nursing, students must meet all of the GDC's fitness to practise requirements
- opportunities to manage and improve their own performance

Industry placement experience

Industry placements are intended to provide students with the opportunity to develop the knowledge, skills and behaviours required for skilled employment in their chosen occupation and which are less easily attainable by completing a qualification alone.

As part of achieving the overall T Level programme, students are required to complete a minimum of 315* hours industry placement. It is the provider's responsibility to ensure the minimum number of hours is undertaken by the student.

There may be specific requirements for providers and employers to consider prior to the student commencing an industry placement. Please see the industry placement guidance from the Institute for Apprenticeships and Technical Education.

There are specific requirements for providers and employers relating to the insurance of students in the workplace. Further information about insurance can be found at www.abi.org.uk or www.hse.gov.uk.

*Industry placement experience – Dental Nursing occupational specialism (OS)

For the Dental Nursing OS, students are required to complete a minimum of 600 hours industry placement. This can be increased to up to 900 hours. This is a flexible industry placement element to enable providers to increase the industry time depending on the students' needs.

To facilitate comprehensive Dental Nurse training, students must have exposure to a wide variety of clinical experiences to ensure they develop a wide breadth of knowledge and skills in primary dental care; therefore, a suitable placement must be sought.

Industry placement experience will be reviewed during the annual monitoring review (AMR) process. More information on this can be found within the provider approval and AMR guidance.

Rules of combination

Students are required to complete:

- core component
- occupational specialism component:
  - Dental Nursing
  - occupational specialism core: Supporting Healthcare (plus one from options A to E)
    - option A: Supporting the Adult Nursing Team
    - option B: Supporting the Midwifery Team
    - option C: Supporting the Mental Health Team
    - option D: Supporting the Care of Children and Young People
    - option E: Supporting the Therapy Teams

Students must not complete more than one occupational specialism component.

Approved providers can select which occupational specialism component to deliver to their students.

Grading

Component	Grade
Core component	A* to E and U
Occupational specialism components	Distinction/merit/pass and ungraded

Assessment method

Core component:

- 2 written examinations
- employer set project (ESP)

In order to achieve a grade for the core component, students must have results for both sub-components (the core (written) examination and the ESP).

The combined results from these sub-components will be aggregated to form the overall core component grade (A* to E and U).

If students fail to reach the minimum standard across all sub-components, they will receive a U grade. No overall grade will be issued for the core component until both sub-components have been attempted.

Occupational specialism component – Dental Nursing:

- an e-portfolio (with the primary function of allowing entry onto an industry work placement)
- an e-journal (which allows demonstration of General Dental Council (GDC) standards)
- a structured observation (SOA) (assessed in the workplace)
- a case study assessment (CSA)
- an objective structured clinical examination (OSCE) (assessed in the provider setting)
- a professional discussion (PDA)

Occupational specialism component – Supporting Healthcare:

- a case study assessment
- 2 practical activities assessments: one for the core: Supporting Healthcare, and one for the occupational specialism
- a professional discussion

The student is also required to successfully achieve a distinction/merit/pass grade in one of the occupational specialism components. If the student fails to reach the specified level of attainment, they will receive a U grade.

Progression including job roles (where applicable)

Students who achieve this qualification could progress to the following, depending on their chosen occupational specialism:

- employment:
  - dental nurse
  - ambulance support worker
  - healthcare support worker in a health setting
  - senior healthcare support worker in a health setting
  - emergency care assistant
  - maternity support worker
  - newborn hearing screener
  - domiciliary care worker
  - social care worker
- higher education
- apprenticeship (progression to lower-level apprenticeships may also be possible in some circumstances, if the content is sufficiently different)

UCAS

The T Level study programme is eligible for UCAS points. Please check the UCAS website for more information.

Regulation information

This is a regulated qualification.

Funding

This qualification is eligible for funding. For further guidance on funding, please contact the Education and Skills Funding Agency (ESFA).

English, mathematics and digital content

English, mathematics and digital content is embedded and contextualised within the health qualification content. This content must be taught to all students and will be subject to assessment.

Entry guidance

This qualification is designed for post-16 students.

There are no specific prior skills/knowledge a student must have for this qualification. However, students would be expected to have a level 2 qualification or equivalent.

Providers are responsible for ensuring that this qualification is appropriate for the age and ability of students. Providers must make sure that students can fulfil the requirements of the core and chosen occupational specialism and comply with the relevant literacy, numeracy, digital and health and safety aspects of this qualification.

Students registered on this qualification should not undertake another qualification at the same level with the same or a similar title, as duplication of learning may affect funding eligibility.

T Level Transition Programme

The T Level Transition Programme (TLTP) is a new one-year, 16 to 19, level 2 study programme, which provides a high-quality route on to T Levels. It is designed for those students with T Level aspirations, who would benefit from the additional study time, preparation and support the programme provides, to help them progress on to a T Level.

There is a TLTP for each T Level Technical Education route, rather than individual T Levels or occupational specialisms, to provide a broad introduction to the industry-relevant knowledge, practical, transferable and employability skills and behaviours relevant to a student's chosen T Level subject area. The programme consists of interrelated components including English, maths and digital, technical knowledge and skills, experience of the workplace, and wider support and personal development. Together, these components complement and reinforce learning and development.

The National Technical Outcomes have been developed for each route, to set out the minimum students are expected to cover in the technical component of the programme. The National Technical Outcomes have been developed with close reference to T Level outline content and the T Level Technical Qualification specifications so that they provide a stepping stone to T Level, appropriate to level 2.

The TLTP is being introduced alongside T Levels. More information on the TLTP can be found on the government's website: www.gov.uk.

Registering students on T Levels

We expect students to make a decision about their T Level pathway within the first few weeks of their course, supported by good information, advice and guidance from their provider. For example, a student might know that they want to do a Health and Science T Level, but not be clear at the outset whether that should be Health, Healthcare Science or Science. If a provider is offering 2 or 3 of the available pathways, there may be some co-delivery or other activity in the first few weeks which provides students with the opportunity to find out about different occupations, for example through employer visits. A student's chosen T Level pathway and occupational specialism (OS) should be recorded on the Individualised Learner Record (ILR) or School Census in October of year 1.

To ensure there is sufficient time to cover the curriculum, decisions about OSs should be confirmed by the end of the first year, although this could be much earlier depending on a provider's curriculum model. For example, some providers start teaching the OS early on in first year and require students to make a decision about this at the start of their course, whereas other providers may only start teaching OSs in the second year. In order to ensure that providers receive the right level of funding, a student's OS must be confirmed in the final data return of year 1 (ILR R14/Autumn Census), although changes after this date are possible.

Providers will also need to ensure that they register their students on the TQ with the awarding organisation and enter them for assessments as relevant.

Transferring between T Levels and occupational specialisms (OSs)

We expect some students to switch between T Levels. Providers should consider the degree of overlap between the 2 T Levels and the remaining time before any assessments in determining if a transfer is possible – or whether a student will need to restart their T Level. Attainment from one T Level cannot count towards another, and all students will need to take and pass the relevant assessments in order to pass their T Level.

Some students may also want to switch to a different OS within the same T Level pathway, including in the second year. It is less likely that there will be any overlap between OSs, so any decision will depend on the provider's curriculum model and the stage a student has reached in their OS learning. Any changes to a student's T Level – whether pathway or OS – should be recorded on the ILR/Census as soon as possible and should also match the registration and assessment entries submitted to the relevant awarding organisation.

Achieving this qualification

To achieve this qualification, the student must successfully demonstrate their achievement of the core component and one occupational specialism component (the Supporting Healthcare occupational specialism includes additional core content, plus one from options A to E).

In order to achieve a grade for the core component, the student must attempt both the external examination and ESP sub-components. The results from these will be aggregated to form the overall core component grade (A* to E and U). If students do not attempt one of the sub-components, an overall component grade will be withheld pending the attempt of both. If students fail to reach the minimum standard across sub-components after attempting both, they will receive a U grade for the component.

The student is required to successfully achieve a distinction/merit/pass grade in one of the occupational specialism components. If the student fails to reach the specified level of attainment, they will receive a U grade.

Retakes

Core component retakes

There is the opportunity for students to retake the core assessments in order to improve their marks. This includes:

- two written examinations
- ESP

The core component's written examination is made up of two papers. If the student wants to retake the written examination assessment, they must retake both papers, in the same series.

Students can retake the core components in different series, meaning they could sit the ESP in one series and the core examinations (both examination papers to be taken in the same series) in the next. There is no limit to the number of retakes a student can complete. However, any retake must be completed within 2 years after the completion of the student's T Level programme.

When determining each student's overall achievement for the core component, the highest achievement in each core assessment (written examination and ESP) is used.

Occupational specialism component retakes

Although retakes are permitted for the occupational specialism, it is unlikely that students will be able to fit a retake opportunity into the delivery timetable.

If a retake opportunity is scheduled, the student must retake all synoptic assignments for the chosen occupational specialism. There will be one opportunity per year to sit the occupational specialism, meaning a retake of the occupational specialism would be sat in the next academic year of study.

There is no limit to the number of retakes a student can complete. However, any retake must be completed within 2 years after the completion of the student's T Level programme.

Technical qualification components

Component	Level	Content
Core component (section A: the health and science sector)	3	A1: Working within the health and science sector A2: The healthcare sector A3: Health, safety and environmental regulations in the health and science sector A4: Health and safety regulations applicable in the healthcare sector A5: Managing information and data within the health and science sector A6: Managing personal information A7: Good scientific and clinical practice A8: Providing person-centred care A9: Health and wellbeing A10: Infection prevention and control in health specific settings A11: Safeguarding

Component	Level	Content
Core component (section B: science concepts)	3	B1: Core science concepts B2: Further science concepts in health

Component	Level	Content
Employer set project – core skills	3	CS1:　Demonstrate person-centred care skills CS2:　Communication CS3:　Team working CS4:　Reflective evaluation CS5:　Researching CS6:　Presenting

Students are required to complete one occupational specialism option from either Dental Nursing or Supporting Healthcare.

Component	Level	Content
Dental Nursing	3	PO1:　Carry out a range of dental procedures to support dental professionals at 'chairside' PO2:　Provide factual information and up-to-date advice to help patients to maintain and improve their oral health PO3:　Accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate PO4:　Prepare, mix and handle filling and impression material in an appropriate and timely way

The Supporting Healthcare occupational specialism includes the Supporting healthcare: core/underpinning requirements, plus one option from A to E.

Component	Level	Content
Supporting healthcare: core/underpinning requirements	3	PO1:　Assist with an individual's overall care and needs to ensure comfort and wellbeing PO2:　Assist registered health professionals with clinical or therapeutic tasks and interventions PO3:　Undertake a range of physiological measurements

Component	Level	Content
Option A: Supporting the Adult Nursing Team	3	PO1: Assist the adult nursing team with clinical tasks PO2: Support individuals to meet activities of daily living PO3: Assist with skin integrity assessments and with the care and treatment of skin conditions
Option B: Supporting the Midwifery Team	3	PO1: Assist the midwifery team with clinical tasks PO2: Assist the midwife to provide care for mothers and support to parents at all stages, from antenatal, perinatal and postnatal PO3: Assist with the care of newborn babies by undertaking observations and measurements
Option C: Supporting the Mental Health Team	3	PO1: Provide care and support to individuals with mental health conditions PO2: Assist the mental health team with mental health tasks and therapeutic interventions PO3: Promote mental wellbeing
Option D: Supporting the Care of Children and Young People	3	PO1: Assist with clinical tasks and treatment for children and young people (CYP) PO2: Provide care and support to CYP before, during and after clinical or therapeutic procedures PO3: Support parents, families and carers to meet the needs of the CYP
Option E: Supporting the Therapy Teams	3	PO1: Carry out a range of therapeutic techniques to support allied health professionals PO2: Assist with the therapy support process and provide advice to help individuals develop and improve their health and/or develop or maintain skills for daily living PO3: Prepare and maintain the therapeutic environment, equipment and resource for use

Employer involvement

The outline content for this qualification was devised by T Level panels. The panels consisted of employers and industry stakeholders.

We have worked in partnership with employers and other stakeholders to elaborate the content further, create the assessments and set the standards to ensure students achieve the level of competence needed to enter skilled employment.

Progression to higher-level studies

This qualification aims to provide students with various progression options, including higher-level studies. The skills required to progress to higher academic studies are different from those required at levels 1 and 2. Level 3 qualifications enable the development of these skills. Although there is no single definition of higher-level learning skills, they include:

- checking and testing information
- supporting points with evidence
- self-directed study
- self-motivation
- thinking for yourself
- analysing and synthesising information/materials
- critical thinking and problem solving
- working collaboratively
- reflecting upon learning and identifying improvements
- presenting information in written and verbal formats

Level 3 criteria can require students to analyse, draw conclusions, interpret or justify, which are all examples of higher-level skills and support progression and further learning. If you need any further information, please refer to the progression to higher education section of the NCFE website.

How the qualification is assessed

Dental Nursing

Assessment is the process of measuring a student's skill, knowledge and understanding against the standards set in a qualification.

The core component is 100% externally assessed. External assessments are set and marked by NCFE. The external examinations and employer set project (ESP) will assess students' core knowledge, core understanding and core skills relevant to the occupations within the Health TQ.

The occupational specialism components are also externally assessed through synoptic assignments, except for the objective structured clinical examination, e-portfolio and e-journal, which are all internally marked by providers and externally moderated by NCFE. These synoptic assignments will assess the knowledge, understanding, skills and behaviours required to achieve threshold competence in the student's chosen occupational specialism.

Providers must not give any feedback to the student about their performance in any of the externally assessed components or observation elements.

The assessment consists of:

- core component:
  - 2 written examinations
  - ESP
- bridging module:
  - the bridging module will provide opportunity for tutors to deliver the gateway content (please see Occupational specialism: Dental Nursing within Section 4 of this TQ specification for further details) and for students the opportunity to demonstrate they have the required knowledge and skills to enter the industry placement
  - students complete the bridging module at the end of year 1 after the core examinations and the ESP have been sat
  - the bridging module will be assessed via an e-portfolio that is internally assessed and externally moderated
  - an e-portfolio (see above) (with the primary function of allowing entry to the industry placement)
- the assessment of the occupational specialism component for Dental Nursing consists of:
  - an e-journal (which allows demonstration of GDC standards)
  - a structured observation assessment (SOA)
  - a case study assessment (CSA)
  - an objective structured clinical examination (OSCE)
  - a professional discussion assessment (PDA)

For further information on the administration of the assessments, please refer to the tutor guidance document.

Supporting Healthcare

Assessment is the process of measuring a student's skill, knowledge and understanding against the standards set in a qualification.

The core component is 100% externally assessed. External assessments are set and marked by NCFE. The external examinations and ESP will assess students' core knowledge, core understanding and core skills relevant to the occupations within the Health TQ.

The occupational specialism components are also externally assessed through synoptic assignments, except for the observation element, which is internally marked by providers and externally moderated by NCFE. These synoptic assignments will assess the knowledge, understanding, skills and behaviours required to achieve threshold competence in the student's chosen occupational specialism.

Providers must not give any feedback to the student about their performance in any of the externally assessed components or observation elements.

The assessment consists of:

- core component:
  - 2 written examinations
  - ESP
- occupational specialism component for Supporting Healthcare:
  - a case study assessment
  - 2 practical activities assessments: one for the core Supporting Healthcare, and one for the occupational specialism
  - a professional discussion

Quality of written communication (QWC)

Quality of written communication (QWC) is assessed within targeted marks for the core examinations and is embedded throughout the assessment objectives within the ESP. No specific marks are available within the occupational specialism; however, a good command of communication and written work is anticipated for success at this level.

Application of mathematics, significant figures and decimal places

Throughout the core examinations for all pathways, students will be assessed on their understanding and application of mathematics. Some questions may require answers to be given to a number of significant figures or a given number of decimal places.

A paper may contain marks that are dependent on students giving final answers to a specified number of significant figures or decimal places. A significant figure mark may not be awarded for an answer given in surd form. In questions where the command word is 'calculate' and the final answer is required in either format, the question should be calculated to at least one additional significant figure or decimal place before giving the final answer as requested in the question.

In all cases where an answer is required to a number of significant figures or decimal places, this will be specified in the question.

Rationale for synoptic assessment

Synoptic assessment tests students' understanding of the connections between the topics covered across the performance outcomes within the chosen occupational specialism.

Synoptic assessment enables students to integrate and apply knowledge, understanding and skills with breadth and depth. It also requires them to demonstrate their capability to apply knowledge, understanding and skills across the chosen occupational specialism.

Scheme of assessment for each component

Each component in the core is worth the following weighting:

	% weighting of the core component
Paper A	34
Paper B	36
Subtotal	70
ESP	30
Total	**100%**

External examinations (core)

Overview of assessment

Paper A

Written examination

Duration: 2 hours 30 minutes

104 marks (plus 12 marks for QWC) = 116 marks total

This paper is composed of 4 sections, which may consist of multiple-choice, short-answer and extended-writing questions:

- Section A: 33 marks
- Section B: 25 marks
- Section C: 25 marks
- Section D: 33 marks

Paper B

Written examination

Duration: 2 hours 30 minutes

100 marks inclusive of 6–10 marks for mathematics (plus 18 marks for QWC) = 118 marks total

This paper is composed of 3 sections which may consist of multiple-choice, short-answer and extended-writing questions:

- Section A: 41 marks
- Section B: 41 marks
- Section C: 36 marks

Content subject to assessment

Paper A – core elements A1–A11:

Section A – Working in the healthcare sector

- A1 – Working in the health and science sector
- A2 – The healthcare sector
- A7 – Good scientific and clinical practice

Section B – Managing personal information and data in the healthcare sector

- A5 – Managing information and data within the health and science sector
- A6 – Managing personal information

Section C – Health and safety in the healthcare sector

- A3 – Health, safety and environmental regulations in the health and science sector
- A4 – Health and safety regulations applicable in the healthcare sector
- A10 – Infection prevention and control in health specific settings

Section D – Person-centred care in the healthcare sector

- A8 – Providing person-centred care
- A9 – Health and wellbeing
- A11 – Safeguarding health and wellbeing

Paper B – core elements B1 and B2

Section A – Body Systems 1

- Cardiovascular system
- Respiratory system
- Nervous system
- Musculoskeletal system

Section B – Body Systems 2

- Digestive system

- Renal system

- Integumentary system

- Reproductive system

- Endocrine system

Section C – Body Systems 3

Synoptic section that can assess any of the B1 and B2 content in combination.

B1 – Core science concepts and cancer can be assessed in any section, but should be used in combination with any of the content within that section where possible and relevant, in order to assess depth of understanding.

Assessment objectives and weightings

The external (core) examinations will assess how students have achieved the following assessment objectives (AOs).

	Assessment objectives
AO1	Demonstrate knowledge and understanding of contexts, concepts, theories and principles in healthcare.
AO2	Apply knowledge and understanding of contexts, concepts, theories and principles in healthcare to different situations and contexts.
AO3	Analyse and evaluate information and issues related to contexts, concepts, theories and principles in healthcare to make informed judgements, draw conclusions and address individual needs.

Total marks

AO	Paper A	Paper B	Total
AO1	26–31 marks (12.5–15%)	25–30 marks (12.5–15%)	51–61 marks 25–30%
AO2	42–47 marks (20–22.5%)	40–45 marks (20–22.5%)	82–92 marks 40–45%
AO3	31–36 marks (15–17.5%)	30–35 marks (15–17.5%)	61–71 marks 30–35%
Total	104 marks (51%)	100 marks (49%)	204 marks (100%)
QWC	12 marks	18 marks	30 marks
Total marks	116 marks	118 marks	234 marks

The mark and percentage weighting ranges in the table above show how the core examination will target the AOs in this qualification. Each version of the core examination will adhere to these mark and percentage weighting ranges. The marks and percentage weightings are given as ranges to account for slight variation over time, in the writing of new versions of the core examination.

Assessment availability

There will be 2 assessment opportunities per year in summer (May/June) and autumn (November/December). Please refer to the Key Dates Schedule on the NCFE website for further information.

Assessment conditions

The core external examinations must be invigilated.

All students' scripts must be submitted to NCFE for marking. All assessment material must be securely stored by the approved provider. Onscreen assessments will be submitted through the online assessment platform.

Please refer to the Regulations for the Conduct of External Assessment for further information on the assessment conditions. Please refer to the NCFE website for an up-to-date copy of the regulations.

Employer set project (ESP) (core component)

Overview of assessment

Externally set (in conjunction with employers) project

The purpose of the ESP is to ensure that students have the opportunity to apply core knowledge and skills to develop a substantial piece of work in response to an employer set brief. The brief and tasks are contextualised around an occupational area and chosen by the student ahead of the assessment window.

Duration

14 hours 30 minutes with 2 hours preparation time (16 hours 30 minutes total)

Tasks

- Task 1 – 2 hours
- Task 2a – 2 hours
- Task 2b – 2 hours 30 minutes
- Task 3a – 3 hours 30 minutes
- Task 3b – 2 hours 30 minutes
- Task 4 – 2 hours

Subject content to be assessed

Core knowledge and core skills relevant to the brief will be covered in the ESP; this will change for each assessment window.

Dental Nursing employer set project – signposting to General Dental Council (GDC) learning outcomes

The Dental Nursing ESP does not contribute to the Dental Nursing occupational specialism; however, the GDC learning objectives (LOs) are partially evidenced and signposted within the tutor guidance and project brief to allow students to recognise their importance from the earliest opportunity.

Core skills

In completing the employer set project, the student will demonstrate 6 core skills, supported by underpinning knowledge and understanding set out in the core component.

Core skill 1	Demonstrate person-centred care skills: when planning, developing and providing care to ensure the needs of individuals are met
Core skill 2	Communicating: be able to communicate effectively with patients, carers, service users and other health and social care professionals using a range of techniques to overcome communication barriers

Core skill 3	Team working: be able to work collaboratively with a range of healthcare professionals within and outside a specific team, as well as with other individuals such as carers
Core skill 4	Reflective evaluation: be able to reflect on own practice and make improvements to own practice
Core skill 5	Researching: be able to contribute to research and innovation within a specific area of practice, working from independently sourced material, and analysing results of research to draw conclusions
Core skill 6	Presenting: be able to present the outcomes of the project in a range of formats, to a variety of stakeholders

Assessment objectives

Assessment objectives		Weighting
AO1	Plan their approach to meeting the project brief	12%
AO2	Apply core knowledge as appropriate, and the core skills: • person-centred care • communication • team working • reflective evaluation • researching • presenting	56%
AO3	Select relevant techniques and resources to meet the brief	12%
AO4	Use English, mathematics and digital skills as appropriate	8%
AO5	Realise a project outcome and review how well the outcome meets the brief	12%

Task	AO1	AO2	AO3	AO4	AO5	Marks per task
Task 1	3	12	3	2		20
Task 2a	3	12	3	2		20

Task	AO1	AO2	AO3	AO4	AO5	Marks per task
Task 2b	3	12	3	2		20
Task 3a						Uncredited
Task 3b	3	8	3	2	4	20
Task 4		12			8	20
Total marks	12	56	12	8	12	100
Total % of marks per AO	12	56	12	8	12	100%

Total marks

100

Assessment availability

There will be 2 assessment opportunities per year in summer (May/June) and autumn (November/December). Please refer to the Key Dates Schedule on the NCFE website for further information.

Assessment conditions

All tasks must be completed under supervised conditions.

The approved provider must securely retain all students' evidence and submit that evidence to NCFE for marking.

The ESP assessment will be released and accessed by providers electronically. The submission of any assessment evidence from providers will also be digital and provided to NCFE electronically, unless otherwise specified.

For more information on external assessment conditions, please see the Regulations for the Conduct of External Assessment and Qualification Specific Instructions for Delivery (QSID) on the NCFE website.

Uniform mark scale (UMS)

The core component is modular, which means that a student can take and retake the assessments in different assessment windows. Assessments may vary slightly in levels of difficulty and, therefore, the mark that represented a C grade in the external examination in one assessment window may not be appropriate in the following assessment window.

To address this, we convert raw marks to uniform marks. The uniform mark scale (UMS) also allows us to account for the relative weighting of the assessment to the qualification as a whole. The maximum UMS points available for each assessment, and the UMS points relating to each grade boundary, are fixed. These are shown in the following table:

Grade boundary	External examination	ESP	Overall
Max	280	120	400
A*	252	108	360
A	224	96	320
B	196	84	280
C	168	72	240
D	140	60	200
E	112	48	160
U	0	0	0

The external examination comprises 2 papers, the results of which are combined before conversion to UMS. Combined grade boundaries for each series will be set by adding together the equivalent boundaries for each paper.

The raw mark grade boundaries are set after each assessment window. NCFE sets these boundaries judgementally, following both qualitative and quantitative analysis, and then converts them to UMS.

Although the raw mark grade boundaries in assessment window 1 and assessment window 2 are different, they have the same value in terms of UMS marks (for example 168 for a C and 196 for a B) when contributing to the qualification as a whole. NCFE will publish the raw mark grade boundaries following the completion of each assessment window.

Occupational specialism assignments

Overview of assessment

Synoptic assignments comprise task-based assignments

Duration

Dental Nursing

42 hours (inclusive of bridging module)

Consisting of:

- bridging module – gateway to industry work placement (e-portfolio assessment (EPA)) 12 hours
- assignment 1 – (e-journal assessment (EJA)) 18 hours
- assignment 2 – (structured observation assessment (SOA)) 2 hours 30 minutes

- assignment 3 – (case study assessment (CSA)) 4 hours 30 minutes

- assignment 4 – (objective structured clinical examination (OSCE)) 2 hours 45 minutes

- assignment 5 – (professional discussion assessment (PDA)) 1 hour 30 minutes (plus 45 minutes preparation time)

Supporting Healthcare

7 hours 45 minutes – 9 hours 15 minutes (plus 45 minutes preparation time)

Consisting of:

- assignment 1 – (case study assessment (CSA)) 4 hours 30 minutes

- assignment 2 – (practical activity assessment (PAA) core) 1 hour to 1 hour 30 minutes

- assignment 2 – (practical activity assessment (PAA) option) 1 hour 15 minutes to 2 hours 15 minutes

- assignment 3 – (professional discussion assessment (PDA)) 1 hour (plus 45 minutes preparation time)

Content subject to assessment

Dental Nursing

All performance outcomes within a chosen occupational specialism are subject to assessment.

EPA = e-portfolio assessment

EJA = e-journal assessment

SOA = structured observation assessment

CSA = case study assessment

OSCE = objective structured clinical examination

PDA = professional discussion assessment

PO		% weighting overall	% weighting EPA*	% weighting EJA**	% weighting SOA	% weighting CSA	% weighting OSCE	% weighting PDA
1	Carry out a range of dental procedures to support dental professionals at 'chairside'	41.46–49.06%	0%	100%	40.9–59.1	37.5–57.5	37.04–44.44%	33.3%
2	Provide factual information and up-to-date advice to help patients to maintain and improve their oral health	31.08–37.85%	0%	100%	3.4–21.6	30–45	19.75–27.16%	33.3%

3	Accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate	22.84–36%	0%	100%	15.9–34.1	10–30	11.11–18.52%	0–33.3%
4	Prepare, mix and handle filling and impression material in an appropriate and timely way	20.32–30.14%	0%	100%	3.4–21.6	0	18.52–25.93%	0–33.3%

* The EPA does target approximately 30% of the PO content, however, it is not included in the table above as it does not contribute to the overall achievement of the occupational specialism. The main purpose of the EPA is for the student to gain entry to the workplace.

** The EJA specifically targets 100% of the General Dental Council (GDC) learning outcomes. The GDC learning outcomes are mapped to the performance outcome (PO) content, so this assessment will naturally target the PO content via the GDC coverage and, therefore, has been recorded as assessing 100% of PO coverage. However, this assessment does not explicitly assess and award for POs 1 to 4.

Supporting Healthcare

All performance outcomes within a chosen occupational specialism are subject to assessment.

CSA = case study assessment

PAA = practical activity assessment

PDA = professional discussion assessment

Supporting Healthcare (option A – Supporting the Adult Nursing Team)

PO		% weighting overall	% weighting CSA	% weighting PAA	% weighting PDA
C-PO1	Assist with an individual's overall care and needs to ensure comfort and wellbeing	14–26	12.5–17.5	40–65	10–30
C-PO2	Assist registered health professionals with clinical or therapeutic tasks and interventions	10–22	12.5–17.5	20–45	10–30

PO		% weighting overall	% weighting CSA	% weighting PAA	% weighting PDA
C-PO3	Undertake a range of physiological measurements	10–18.5	12.5–17.5	20–25	10–30
O-PO1	Assist the adult nursing team with clinical tasks	18–29	20–25	40–55	10–30
O-PO2	Support individuals to meet activities of daily living	14–25	17.5–22.5	25–40	10–30
O-PO3	Assist with skin integrity assessments and with the care and treatment of skin conditions	9–18	7.5–12.5	17.5–22.5	10–30

Supporting Healthcare (option B – Supporting the Midwifery Team)

PO		% weighting overall	% weighting CSA	% weighting PAA	% weighting PDA
C-PO1	Assist with an individual's overall care and needs to ensure comfort and wellbeing	16.5–29	22.5–27.5	40–65	10–30
C-PO2	Assist registered health professionals with clinical or therapeutic tasks and interventions	9.5–22	10–15	20–45	10–30
C-PO3	Undertake a range of physiological measurements	8–16.5	5–10	20–25	10–30
O-PO1	Assist the midwifery team with clinical tasks	20.5–30.5	32.5–37.5	37.5–47.5	10–30
O-PO2	Assist the midwife to provide care for mothers and support to parents at all stages, from antenatal, perinatal and postnatal	14.5–24.5	15–20	32.5–42.5	10–30
O-PO3	Assist with the care of newborn babies by undertaking observations and measurements	10.5–20.5	7.5–12.5	22.5–32.5	10–30

Supporting Healthcare (option C – Supporting the Mental Health Team)

PO		% weighting overall	% weighting CSA	% weighting PAA	% weighting PDA
C-PO1	Assist with an individual's overall care and needs to ensure comfort and wellbeing	15.5–27.5	17.5–22.5	40–65	10–30

C-PO2	Assist registered health professionals with clinical or therapeutic tasks and interventions	8.5–20.5	5–10	20–45	10–30
C-PO3	Undertake a range of physiological measurements	9–17.5	7.5–12.5	20–25	10–30
O-PO1	Provide care and support to individuals with mental health conditions	15.5–26.5	25–30	25–40	10–30
O-PO2	Assist the mental health team with mental health tasks and therapeutic interventions	13–24	15–20	25–40	10–30
O-PO3	Promote mental wellbeing	13.5–24.5	17.5–22.5	25–40	10–30

Supporting Healthcare (option D – Supporting the Care of Children and Young People)

PO		% weighting overall	% weighting CSA	% weighting PAA	% weighting PDA
C-PO1	Assist with an individual's overall care and needs to ensure comfort and wellbeing	17.5–30	12.5–17.5	40–65	10–30
C-PO2	Assist registered health professionals with clinical or therapeutic tasks and interventions	12.5–25.5	12.5–17.5	20–45	10–30
C-PO3	Undertake a range of physiological measurements	11–20	7.5–12.5	20–25	10–30
O-PO1	Assist with clinical tasks and treatment for children and young people	14.5–26	12.5–17.5	30–45	10–30
O-PO2	Provide care and support to children and young people before, during and after clinical or therapeutic procedures	18.5–31	22.5–27.5	30–45	10–30
O-PO3	Support parents, families and carers to meet the needs of the children and young people	10.5–21	17.5–22.5	15–25	10–30

Supporting Healthcare (option E – Supporting the Therapy Teams)

PO		% weighting overall	% weighting CSA	% weighting PAA	% weighting PDA
C-PO1	Assist with an individual's overall care and needs to ensure comfort and wellbeing	14–26	12.5–17.5	40–65	10–30
C-PO2	Assist registered health professionals with clinical or therapeutic tasks and interventions	10–22.5	12.5–17.5	20–45	10–30
C-PO3	Undertake a range of physiological measurements	7.5–16	2.5–7.5	20–25	10–30
O-PO1	Carry out a range of therapeutic techniques to support allied health professionals	18.5–28.5	27.5–32.5	35–45	10–30
O-PO2	Assist with the therapy support process and provide advice to help individuals develop and improve their health and/or develop or maintain skills for daily living	18–28	25–30	35–45	10–30
O-PO3	Prepare and maintain the therapeutic environment, equipment and resources for use	8.5–18.5	7.5–12.5	15–25	10–30

Assessment weightings

Dental Nursing

Assignment	% weighting of the occupational specialism	Maximum raw mark	Scaling factor*	Maximum scaled mark
Bridging module- gateway to industry placement (EPA)	*0	N/A	N/A	N/A
Assignment 1 (EJA)	20%	104	1	104

Assignment	% weighting	Maximum raw mark	Scaling factor	Maximum scaled mark
Assignment 2 (SOA)	20%	88	1.182	104
Assignment 3 (CSA)	20%	80	1.3	104
Assignment 4 (OSCE)	20%	81	1.284	104
Assignment 5 (PDA)	20%	96	1.083	104
Total	*100%*	*449*		*520*

*e-portfolio

As the primary function of the e-portfolio is to evidence that the student has demonstrated the required knowledge and skills to allow them entry into the industry placement, the e-portfolio does not contribute to the overall occupational specialism grade.

Total marks

449

*Scaled marks for assignments are calculated by multiplying the raw assessment mark with the scaling factor. Scaled marks up to 3 decimal places are combined before being rounded to the nearest whole number. The same approach is used to determine overall combined grade boundaries from assignment grade boundaries.

Supporting Healthcare

Assignment	% weighting of the occupational specialism	Maximum raw mark	Scaling factor*	Maximum scaled mark
Assignment 1 (case study)	30%	80	1.425	114
Assignment 2 (practical activities - core)	20%	60	1.267	76

Assignment 2 (practical activities – option)	20%	76	1.000	76
Assignment 3 (professional discussion)	30%	96	1.188	114
Total	*100%*	*312 marks*		*380*

Total marks

312

* Scaled marks for assignments are calculated by multiplying the raw assessment mark with the scaling factor. Scaled marks up to 3 decimal places are combined before being rounded to the nearest whole number. The same approach is used to determine overall combined grade boundaries from assignment grade boundaries.

Assessment availability

There will be one assessment opportunity per year from summer 2023. Please refer to the Key Dates Schedule on the NCFE website for further information.

Assessment conditions

All tasks must be completed under specified conditions. See the tutor guidance in the tutor guidance pack for more detail.

The approved provider must securely retain all students' evidence and submit that evidence to NCFE for marking.

Please refer to the Regulations for the Conduct of External Assessment for further information on the assessment conditions. Please refer to the NCFE website for an up-to-date copy of the regulations.

Core written examinations

The core written examinations will be available as onscreen and as paper-based examinations. A different version of each examination will be available per mode.

The ESP and the occupational specialism assessments will be released and accessed by providers electronically. The submission of any assessment evidence from providers will also be digital and provided to NCFE electronically, unless otherwise specified.

For instructions on conducting external assessments (including information on malpractice/maladministration), please refer to our Regulations for the Conduct of External Assessment and Qualification Specific Instructions for Delivery documents, which are available on the NCFE website.

Sample assessment materials

Sample assessment materials can be found on the qualification page on the NCFE website.

Results

Results for each component will be released in accordance with the assessment windows. Please refer to the Key Dates Schedule on the NCFE website for further information.

Enquiries about results

If a provider believes a student's result is at variance with their reasonable expectations, they can submit an enquiry about a result in line with our enquiries and appeals about results and Assessment Decisions Policy, which is available on the NCFE website.

Grading

Core component

The core component is graded A* to E and U.

Core component grade descriptors

Grade	Demonstration of attainment
A	A grade A student can:
	Comply with relevant legislation and regulation understanding the impact in upholding standards consistently and reliably with attention to detail to ensure compliance with service user expectations and monitoring agency standards.
	Uphold the values of the NHS by providing holistic, person-centred communication and support, including flexible and adept use of assisted technologies to overcome barriers for individuals with both physical and mental incapacities, with the aim of tactfully and sensitively maximising independence and acting appropriately to ensure positive outcomes.
	Describe care aims consistent with the 6 Cs in relation to person-centred care, including care at the end of life, and supporting families sensitively and calmly through the experience of loss and grief.
	Apply the principles of safeguarding with insight into the types and indicators of abuse and is willing to take appropriate action decisively using sensitive judgements where abuse is suspected, appreciating the individual and organisational requirement to be safe and effective.
	Form agreeable and constructive relationships with unconditional positive regard and reliable adherence to professional boundaries.
	Adapt approaches and methods of support proportionately in response to stage of lifespan development and individual needs and differentiates analytically considering impact of physical, cognitive and emotional health in order to maximise wellbeing.
	Show detailed and comprehensive knowledge and understanding of scientific ideas, processes, techniques and procedures that relate to health with an ability to organise and communicate this knowledge using appropriate scientific terminology.
	Apply scientific knowledge, principles and concepts in familiar and new health contexts that may involve multiple steps when handling qualitative data.

Grade	Demonstration of attainment
E	A grade E student can:
	Identify some legislation and regulations in relation to standards with insufficient consistency to ensure compliance with service user expectations and monitoring agency standards.
	Identify some of the values of the NHS and provision of some support but not always holistic or with person-centred communication, without commitment to use of assisted technologies to overcome barriers for individuals with both physical and mental incapacities, reducing the possibilities of maximising independence and ensuring positive outcomes.
	Provide some care but not always with the consistency of the 6 Cs or clear relationship to person-centred care, including care at the end of life, and with some recognition that supporting families requires sensitivity through the experience of loss and grief.
	Apply the principles of safeguarding with some limited awareness of the types and indicators of abuse and without confidence or awareness of how to take appropriate action or is not wholly sensitive when abuse is suspected, not appreciating the individual and organisational requirement of how to be both safe and effective.
	Form some relationships but with unreliable adherence to professional boundaries.
	Adapt approaches and methods of support but not always proportionately in response to stage of lifespan development or individual needs and does not differentiate according to the impact of physical, cognitive and emotional health to maximise wellbeing.
	Show some knowledge and understanding of the scientific ideas, processes, techniques and procedures that relate to health, with inconsistent use of scientific terminology.
	Apply scientific knowledge, principles and concepts in familiar health contexts that may involve one or two steps when handling qualitative data.

Occupational specialism components

The occupational specialism components are graded distinction, merit, pass and ungraded.

Occupational specialism grade descriptors*

Dental Nursing

Grade	Demonstration of attainment

Pass	A pass-grade student can:
	
	Carry out a range of dental procedures to support dental professionals at 'chairside' by demonstrating adequate knowledge and skill of:
	
	• current legislation regulations to maintain a safe working environment
	
	• infection control in relation to Health Technical Memorandum (HTM) 01–07 and hand hygiene
	
	• instruments and equipment used in a dental surgery including correct storage in relation to HTM 01–05
	
	• anatomy and physiology
	
	• dental treatments
	
	• duty of care to patients in relation to GDC Scope of Practice
	
	Provide factual information and up-to-date advice to help patients to maintain and improve their oral health by demonstrating adequate knowledge and skill of:
	
	• oral disease causes and preventions – provide patients with basic diet advice as well as demonstrating the correct techniques for toothbrushing and interdental aids
	
	• the role of dental professionals and the healthcare team in respect of patient management – for example, checking the patient understands the treatment plan and ensure further appointments are appropriately booked if required
	
	Accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate, by demonstrating adequate knowledge and skill of:
	
	• the principles of dental charting and soft tissue assessment including:
	    ○ Fédération Dentaire Internationale (FDI)
	    ○ Palmer notation
	    ○ basic periodontal examination (BPE)
	    ○ periodontal charting
	
	• the use of information technology and electronic systems within a dental setting
	
	Prepare, mix and handle filling and impression material in an appropriate and timely way by demonstrating adequate knowledge and skill of:

	• filling and impression materials
	• ensuring there is ventilation
	• adjusting room temperature accordingly
	• mixing equal amounts of materials if required
	Students should demonstrate content covered in all bullet points where applicable to be awarded pass.

Distinction	A distinction-grade student can:
	
	Carry out a range of dental procedures to support dental professionals at 'chairside' by demonstrating exceptional knowledge and skills of:
	
	• current legislation regulations to maintain a safe working environment and the purpose of regular training and enhanced continuing professional development (ECPD)
	
	• infection control in relation to HTM 01–07 and hand hygiene including social, clinical and aseptic
	
	• instruments and equipment used in a dental surgery including correct storage in relation to HTM 01–05 and the purpose of audits
	
	• anatomy and physiology
	
	• dental treatments and their respective referral process if necessary
	
	• duty of care to patients in relation to GDC Scope of Practice, UK GDPR, Equality Act 2010 and safeguarding
	
	Provide factual information and up-to-date advice to help patients to maintain and improve their oral health by demonstrating exceptional knowledge and skills of:
	
	• oral disease causes and preventions – provide patients with:
	
	   o basic diet advice
	
	   o demonstration of the correct techniques for toothbrushing and interdental aids
	
	   o potential health risks
	
	   o local health initiatives that will help to maintain and improve oral health (for example, smoking cessation services)
	
	• the role of dental professionals and the healthcare team in respect of patient management, including patients who have determinants of health inequalities in the UK and internationally that support oral health planning and improvement
	
	Accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate, by demonstrating exceptional knowledge and skills of:
	
	• principles of dental charting, and soft tissue assessment including:
	
	   o FDI
	
	   o Palmer notation

	o BPE
	o periodontal charting
	o use of information technology and electronic systems within a dental setting
	o effective and contemporaneous notetaking
	o good use of time management
	Prepare, mix and handle filling and impression material in an appropriate and timely way by demonstrating exceptional knowledge and skills of:
	• filling and impression materials
	• ensuring there is ventilation
	• adjusting the room temperature accordingly
	• adjusting the lighting accordingly
	• mixing equal amounts of materials if required
	• communicating with the dentist as well as observing their actions to determine when to prepare materials
	Students should demonstrate content covered in all bullet points where applicable to be awarded a distinction.

Supporting Healthcare

Grade	Demonstration of attainment
Pass	A pass-grade student can:
	Communicate the relationship between person-centred care and health and safety requirements in healthcare delivery by:
	• demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals
	• recognising and responding to relevant healthcare principles when implementing duty of care and candour, including demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality
	• following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment
	• demonstrating use of an adequate range of techniques, equipment and resources safely to promote sufficient levels of cleanliness and decontamination required for satisfactory infection prevention and control
	Communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by:

Grade	Demonstration of attainment
	• adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions • working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users views to maintain effective provision of services • gathering sufficient evidence, contributing to, following and recording information in care plans/records relevant to tasks and interventions, structuring these sufficiently to allow understanding in line with local and national legislation and policies, preserving individuals' rights • maintaining a record of professional development with evidence of using feedback to develop knowledge, skills, values and behaviours consistent with sufficient ability to reflect on practice and thereby improve performance adequately Communicate sufficiently reliable levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by: • working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes • calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional • applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance
Distinction	A distinction-grade student can: Communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery by: • demonstrating flexible and constructive person-centred care, taking appropriate precautions reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals • alertness and responsiveness to relevant healthcare principles when implementing duty of care and candour, including the demonstration of exceptional sensitivity and accurate knowledge of safeguarding individuals and maintaining confidentiality • commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment • demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control

Grade	Demonstration of attainment
	Communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by:

• following current best practice and agreed ways of working highly relevant to assisting with scenario specific, care-related tasks consistently and reliably, whilst fully supporting individuals to meet their care and needs including maintaining the individual's privacy and dignity to a high standard

• working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users views to maintain effective provision of services

• gathering extensive evidence consistently, interpreting, contributing to, following and recording information in care plans/records highly relevant to tasks and interventions, structured accurately and legibly and in line with local and national policies, while preserving and promoting individuals' rights

• maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency

Communicate exceptional levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by:

• working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes

• calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional

• applying knowledge of policy and good practice techniques proficiently when undertaking all physiological measurements, checking when uncertain, solving problems, and following instructions and guidance with energy and enthusiasm |

* 'threshold competence' refers to a level of competence that:

• signifies that a student is well placed to develop full occupational competence, with further support and development, once in employment

• is as close to full occupational competence as can be reasonably expected of a student studying the TQ in a classroom-based setting (for example in the classroom, workshops, simulated working and (where appropriate) supervised working environments)

• signifies that a student has achieved the level for a pass in relation to the relevant occupational specialism component

U grades

If a student is not successful in reaching the minimum threshold for the core and/or occupational specialism component, they will be issued with a U grade.

Awarding the final grade for each component of the TQ

Each core component's marks will be combined to form the overall grade for the core component.

The marks from the occupational specialism assignment will form the occupational specialism grade.

These grades will be submitted to the Institute for Apprenticeships and Technical Education who will issue an overall grade for the T Level TQ.

Calculating the final grade for the T Level programme

To be awarded an overall T Level grade, a student must successfully pass both components of their TQ, complete an industry placement, and meet any other requirements set by the Institute's T Level panel.

The overall grade for the T Level programme is based on a student's performance in the TQ and would reflect:

- the comparative size of the core component and the occupational specialism
- the grades achieved for the core component (A* to E) and the occupational specialism (distinction/merit/pass)
- this grading approach also makes it possible to recognise exceptional achievement, through the award of an overall distinction* grade for students that achieve an A* for the core component and a distinction in their occupational specialism

The following table shows how the core component and occupational specialism grades are aggregated to produce an overall result for this T Level programme:

Core component 47%/Occupational specialism 53%:

Occupational specialism grade			
Core component grade	**Distinction**	**Merit**	**Pass**
A*	Distinction*	Distinction	Distinction
A	Distinction	Distinction	Merit
B	Distinction	Merit	Merit
C	Distinction	Merit	Pass
D	Merit	Merit	Pass
E	Merit	Pass	Pass

Overall T Level grade

This matrix shows the overall grade when both TQ components are combined. For example, if a student achieved a B grade in the core component assessment (indicated by the vertical column on the left) and a merit grade in the occupational specialism assessment (indicated by the horizontal top row), they would achieve a merit grade for the overall T Level programme:

Occupational specialism grade			
Core component grade	**Distinction**	**Merit**	**Pass**
A*	Distinction*	Distinction	Distinction
A	Distinction	Distinction	Merit
B	Distinction	Merit	Merit
C	Distinction	Merit	Pass
D	Merit	Merit	Pass
E	Merit	Pass	Pass

Merit

Section 3: Frameworks

General competency framework

Technical qualifications (TQs) are required to contain sufficient and appropriate English, mathematical and digital content to help students reach threshold competence in their chosen occupational specialism. As such, a framework of competencies has been developed which awarding organisations are required to use and embed in all TQs (where appropriate):

General English competencies	General mathematical competencies	General digital competencies
GEC1. Convey technical information to different audiences GEC2. Present information and ideas GEC3. Create texts for different purposes and audiences GEC4. Summarise information/ideas GEC5. Synthesise information GEC6. Take part in/lead discussions	GMC1. Measuring with precision GMC2. Estimating, calculating and error spotting GMC3. Working with proportion GMC4. Using rules and formulae GMC5. Processing data GMC6. Understanding data and risk GMC7. Interpreting and representing with mathematical diagrams GMC8. Communicating using mathematics GMC9. Costing a project GMC10. Optimising work processes	GDC1. Use digital technology and media effectively GDC2. Design, create and edit documents and digital media GDC3. Communicate and collaborate GDC4. Process and analyse numerical data GDC5. Be safe and responsible online GDC6. Controlling digital functions

The following table identifies the English, mathematical and digital competencies that we have embedded in the skills throughout this TQ. The tutor may also teach competencies that are not listed here, where they naturally occur, but these will not be subject to assessment.

English, mathematics and digital competencies relevant to the health qualification

General competencies	Core skills	Supporting Healthcare – core	Supporting the Adult Nursing Team	Supporting the Midwifery Team	Supporting the Mental Health Team	Supporting the Care of Children and Young People	Supporting the Therapy Teams	Dental Nursing
English								
GEC1	CS1, CS2, CS3, CS6	S1.25, S1.30, S1.34, S2.18, S2.21	S1.18, S1.19, S1.20, S2.18, S2.19, S2.20, S3.7, S3.8, S3.9, S3.10, S3.11	S1.50, S1.51, S2.6, S2.7, S2.8, S2.9, S2.10, S2.12, S2.13, S2.15	S1.29, S1.33, S1.36, S1.37, S1.38, S1.40, S3.12, S3.17	S1.20, S2.48, S2.49, S2.51, S2.54, S2.66, S3.17, S3.19	S1.26, S1.37, S1.39, S2.15	S1.87, S2.15, S2.16, S2.17
GEC2	CS1, CS2, CS6	S1.26, S1.28, S1.30, S1.35, S1.36, S1.38, S2.18, S2.22	S2.17, S2.18, S2.19, S3.8, S3.11	S1.45, S1.46, S1.47, S1.50, S1.51, S2.6, S2.7, S2.8, S2.9, S2.11, S2.13, S3.20, S3.24	S1.29, S1.30, S1.33, S1.40, S1.41, S1.42, S1.44, S2.9, S3.14, S3.17	S2.49, S2.51, S2.52, S2.54, S2.56, S2.64, S2.65	S1.28, S1.32, S2.16, S2.17, S2.18, S3.14	N/A
GEC3	CS2, CS4, CS6	S1.32, S1.34, S1.38, S2.18, S2.19, S2.20, S3.17	S3.9, S3.10	S3.22	S1.40, S1.41, S1.45, S2.6, S2.9, S3.14	S2.48, S2.50, S2.51, S2.52, S2.66	S1.33, S3.15	S2.15, S2.16, S3.7, S3.9
GEC4	CS4	S1.34, S2.17, S3.16, S3.20	S2.20, S3.7	S1.45, S1.49, S1.51, S2.6	S1.30, S1.42, S1.43, S1.44, S2.9, S3.17	S2.48, S2.50, S2.53, S2.65, S3.16	S1.30, S1.32, S2.23, S3.13, S3.15	N/A
GEC5	CS5	S1.36, S1.39, S2.17	S1.19	S1.45, S3.24	N/A	S1.19	S2.23	N/A

General competencies	Core skills	Supporting Healthcare – core	Supporting the Adult Nursing Team	Supporting the Midwifery Team	Supporting the Mental Health Team	Supporting the Care of Children and Young People	Supporting the Therapy Teams	Dental Nursing
GEC6	CS1, CS2, CS3	S1.35, S1.36, S1.39, S2.17, S3.20	S2.20, S3.11	S1.45, S1.47, S1.50, S1.51, S2.7, S2.8, S2.10, S2.11, S2.12, S2.14, S2.15, S3.24	S1.31, S1.37, S1.38, S1.40, S1.43, S2.7, S3.15, S3.16	S2.50, S2.51, S2.52, S2.53, S2.66, S3.16, S3.18	S1.29, S2.21, S2.23	S2.15, S2.16, S2.17
Mathematics								
GMC1	CS5	S3.16, S3.19, S3.20	S1.18, S1.22, S2.10	S1.46, S1.48, S1.51, S1.52, S1.53, S2.12, S2.14, S3.21	S1.45	S1.18, S2.55	S3.12, S3.13	S3.9
GMC2	N/A	S3.16, S3.20	N/A	S1.48, S1.49, S2.14	S1.45, S2.6	S1.18	N/A	N/A
GMC3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S4.10
GMC4	CS5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GMC5	CS5	N/A	S1.17	S1.48, S2.12, S2.15	N/A	S1.17, S1.18, S2.55, S2.57	N/A	N/A
GMC6	CS5	N/A	S2.10	N/A	N/A	N/A	N/A	N/A
GMC7	CS2, CS5	N/A	S3.7	N/A	N/A	N/A	N/A	N/A
GMC8	CS2, CS5	N/A	N/A	N/A	N/A	N/A	N/A	N/A

General competencies	Core skills	Supporting Healthcare – core	Supporting the Adult Nursing Team	Supporting the Midwifery Team	Supporting the Mental Health Team	Supporting the Care of Children and Young People	Supporting the Therapy Teams	Dental Nursing
GMC9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GMC10	CS3	S1.29	N/A	S1.46, S1.48, S1.53, S2.11	N/A	N/A	N/A	N/A
Digital								
GDC1	CS2	S1.33	S1.22	S1.55, S2.6, S3.21	N/A	S1.18	N/A	S1.78, S3.10
GDC2	CS2, CS6	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GDC3	CS2	N/A	S2.19	N/A	N/A	S3.17	N/A	N/A
GDC4	CS1, CS5	N/A	S1.18	S1.48	N/A	N/A	N/A	N/A
GDC5	CS5	S1.28, S2.18, S2.20	N/A	S1.46, S2.6	N/A	N/A	N/A	S1.86, S3.11
GDC6	CS2, CS5	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Section 4: Technical qualification (TQ) content

Introduction

This section provides details of the structure and content of this qualification.

Qualification structure

The T Level Technical Qualification in Health has 2 components:

- core component comprising section A component, section B component and core skills
- occupational specialism components (core plus one from options A to E):
  - Dental Nursing
  - occupational specialism core: Supporting Healthcare:
    - option A: Supporting the Adult Nursing Team
    - option B: Supporting the Midwifery Team
    - option C: Supporting the Mental Health Team
    - option D: Supporting the Care of Children and Young People
    - option E: Supporting the Therapy Teams

The core component content indicates the relevant knowledge and understanding of concepts, theories and principles relevant to all occupations within health and science: health. The knowledge and skills are all externally assessed through 2 written examinations and an employer set project (ESP).

The occupational specialisms are divided into performance outcomes, each of which indicates the knowledge and skills required to enable students to achieve threshold competence in the chosen occupational specialism. These performance outcomes are all externally assessed through synoptic assignments, in which the student will be expected to demonstrate required knowledge and skills.

Delivery of content

The content does not have to be taught in a linear fashion. However, providers must pay attention to when the assessments are due to take place to ensure that all of the mandatory content (all elements and performance outcomes) has been taught to students prior to sitting the assessments.

For the Dental Nursing occupational specialism, providers must pay attention to the requisite knowledge and skills that students must be taught and assessed on prior to providing patient care and entering the industry placement.

What you need to teach

This section contains all of the mandatory teaching content that underpins the knowledge and skills. The content provided in some cases may not be exhaustive, and providers may wish to teach beyond what is included in the specification in order to support the student's knowledge and understanding.

English, mathematics and digital competencies have been integrated and contextualised within the skills, throughout the qualification content. These competencies are mandatory and subject to assessment. The tutor may also teach competencies that are not listed in this specification, but these will not be subject to assessment.

Core component

A1: Working within the health and science sector

What you need to teach

The student must understand:

A1.1   The purpose of organisational policies and procedures in the health and science sector:

- equality, diversity and inclusion policy:

    o   complies with legislation

    o   ensures fair and equitable treatment

    o   prevents prejudice and discrimination

    o   promotes social inclusion

    o   tackles the cycle of disadvantage

    o   promotes respecting, celebrating and valuing of individuals

- safeguarding policies:

    o   provides guidelines on what the organisation needs to do to protect individuals' health, wellbeing and human rights

    o   ensures the protection from harm of individuals, including those working within the organisation, service users and visitors

    o   outline the roles of different agencies involved in safeguarding (for example local authority adult social care services and children and young people social care services, GPs, hospitals, education settings, Ofsted and the Care Quality Commission (CQC))

- employment contracts:

    o   sets out employment conditions, rights, responsibilities and duties

- performance reviews:

    o   evaluates work performance against standards and expectations

    o   facilitates feedback to improve

    o   provides opportunities to raise concerns or issues

    o   contributes to continuing professional development (CPD)

- disciplinary policy:

    o   sets and maintains expected standards of work and conduct

    o   ensures consistent and fair treatment

    o   establishes a sequence for disciplinary action

What you need to teach

- grievance policy:
  - provides opportunities for employees to confidentially raise and address grievances
  - establishes a sequence for raising grievances

A1.2   **The importance of adhering to quality standards, quality management and audit processes within the health and science sector:**

- ensures consistency
- maintains health and safety
- monitors processes and procedures
- facilitates continuous improvement
- facilitates objective, independent reviews (for example enquiries into failures in safeguarding)

A1.3   **The key principles of ethical practice in the health and science sectors:**

- autonomy and informed consent
- truthfulness and confidentiality (for example ensuring validity of outcomes)
- beneficence
- non-maleficence
- justice (for example fairness, equality and respect for all)

A1.4   **The purpose of following professional codes of conduct:**

- clarifies missions, values, principles and standards that everyone must adhere to:
  - outlines expected professional behaviours and attitudes
  - outlines rules and responsibilities within particular organisations
  - promotes confidence in the organisation

A1.5   **The difference between technical, higher technical and professional occupations in health, healthcare science and science, as defined by the Institute for Apprenticeships and Technical Education occupational maps:**

- technical: skilled occupations that a college leaver or an apprentice would be entering, typically requiring qualifications at levels 2/3
- higher technical: require more knowledge and skills acquired through experience in the workplace or further technical education, and typically require qualifications at levels 4/5
- professional: occupations where there is a clear career progression from higher technical occupations, as well as occupations where a degree apprenticeship exists

A1.6   **Types of opportunities to support progression within the health and science sector:**

- undertaking further/higher education programmes

What you need to teach

- undertaking apprenticeship/degree apprenticeship

- undertaking continuing professional development (CPD)

- registration with professional bodies

- undertaking an internship

- undertaking a scholarship

A2: The healthcare sector

What you need to teach

The student must understand:

A2.1   The diversity of employers and organisations within the healthcare sector:

- employer and organisational settings:

  o NHS

  o private healthcare

  o private/non-profit organisations

  o social care services:

    ▪ adult social care, children and young people's social care

    ▪ housing services

    ▪ youth and community services

- diverse working environments: hospital, general practice surgery, community setting, residential setting, service user's home, judicial care, schools, local authority departments

A2.2   The characteristics of primary, secondary and tertiary healthcare tiers:

- primary care (for example GP, dental services and walk-in centres, A&E and 111 telephone service, specialist community public health services such as health visitors and school nurses):

  o often the first point of contact

  o accessed directly

  o general care

  o public participation

  o deals with acute medical problems and refers to specialist

- secondary care (for example hospital services: inpatients and outpatients, social care services):

What you need to teach

- o services which individuals are referred to

- o planned care

- o specialised care

- tertiary care (for example residential care home, hospices mental health services and individuals' own home):

- o often long-term care

- o highly specialised care (for example specialist burns unit)

- o can be used as respite for families

- o end of life care

A2.3 The diverse range of personal factors that would dictate the services accessed by an individual and barriers to service access:

- range of personal factors:

- o pre-existing health condition

- o physical disabilities

- o mental health conditions

- o learning disabilities

- o different age groups

- o gender

- o social care needs

- barriers to accessing healthcare services:

- o socioeconomic

- o psychological

- o physical

- o cultural and language

- o geographical

A2.4 How the use of different developments in technology support the healthcare sector:

- health applications (for example Evergreen Life, NHS app and My Diabetes My Way):

- o promotes healthier choices by offering advice and support

- o supports independent management of conditions

- o supports health professionals with ongoing monitoring of conditions

- o supports health teams to manage appointments

What you need to teach

- assistive computer technology (for example CAD/CAM/3D printing, health implants and robotic surgery):
  - o supports the health team to treat or manage conditions more efficiently
  - o provides solutions that may not have been previously available in order to support conditions
- artificial intelligence technologies:
  - o supports health teams to gain access to more expansive data across a wider geographical area
  - o supports health professionals to stay informed in relation to trends in condition and response from a wider pool of individuals
  - o supports diagnosis through use of patient data/images and complex algorithms

A2.5   The origins of the healthcare sector and how this has developed into the current healthcare sector:

- origins of the healthcare sector in the UK:
  - o National Health Service (NHS):
    - ▪ founded on 5 July 1948
    - ▪ the first completely free healthcare service
    - ▪ the creation of the NHS was the result of many years of debate and discussion from the early 1900s
    - ▪ NHS Act 1946 when Aneurin Bevan became health minister
- how the healthcare sector has developed since 1945:
  - o NHS has undergone many changes, updates and re-organisations
  - o due to expenditure exceeding demand and the resulting pressure on funding some services incurred charges (for example prescription charges)
  - o private sector healthcare has developed in parallel with NHS:
    - ▪ funded through private medical insurance or individual payments
    - ▪ this sector continues to expand
  - o many charities have also developed services to support health and wellbeing and provide healthcare (for example Marie Curie hospices)
  - o increase in multi-agency working to support individuals
  - o increase in community care

A2.6   The potential impacts of future developments in the healthcare sector in relation to care provision:

- artificial intelligence (AI):

What you need to teach

       o improved diagnostics process

       o improved triaging systems in which an individual places their symptoms on an online portal and are directed to a particular service

- technological infrastructure:

       o remote access for healthcare professionals

       o collaboration across services

- regenerative medicine:

       o restore function to damaged organs or tissues (for example scar tissue)

- biomarkers:

       o assist in identifying early onset of cardiovascular disease

       o increase success rate of drug development programmes

       o accelerate availability of new therapeutics

- remote care:

       o online clinics/virtual consultations

       o mobile clinics/screening

- patient self-management:

       o personal digital health monitors

- funding of services:

       o stretched funding as more people access the services

- private healthcare provision:

       o more services available

       o more users

- changes in patient/service user demographics:

       o changes in life expectancy

       o increase in complex care needs

       o increase in obesity rates

A2.7 The importance of adhering to national, organisational and departmental policies in the healthcare sector and the possible consequences of not following policy:

- importance of adhering to national, organisational and departmental policies:

       o provides quality standardised care for all patients and service users

       o ensures safety of all service users

What you need to teach

- o prevents errors

- o provides consistency

- o promotes health and wellbeing

- o ensures safety and wellbeing for practitioners

- possible consequences of not following policy:

- o health and safety risks

- o harm to self and the individual

- o termination of employment

- o negative media coverage

- o implications for inspection/grading

- o deregistration for registered practitioners

- o potential criminal prosecution or civil legal action against employer or individual

A2.8 The different ways in which the sectors are funded:

- public sector:

- o tax funded

- o National Insurance

- o current government health sector policy

- private sector:

- o premiums

- o one-off payments

- o current government health sector policy

- voluntary/charity sector:

- o donations

- o fund raising

- o grant funding

- o current government health sector policy

A2.9 The meaning of evidence-based practice, its application and how it benefits and improves the healthcare sector:

- meaning of evidence-based practice:

- o leading scientific and mathematical research evidence and data collection, used to inform practice and decision making

What you need to teach

- the application of evidence-based practice:
    - combine research findings with clinical expertise and professional judgement
    - assess all the findings from research including validity of information and data
    - draw conclusions and apply findings to improve practice or introduce innovations
    - review the impact of improvements or innovations made
- how evidence-based practice benefits and improves the healthcare sector:
    - for the population:
        - facilitates improvements in person-centred care
        - improves outcomes for individuals
        - improves safety
        - promotes equity in provision
        - informs health promotion requirements
    - for the sector:
        - encourages quality provision
        - improves cost effectiveness
        - improves capability and competency of the workforce
    - for the healthcare practitioner:
        - job satisfaction
        - empowerment
        - continuing professional development

A2.10 The different types of organisational structures and how multidisciplinary and multi-agency teams work together within the healthcare sector:

- flat structure:
    - resulting job roles:
        - management roles
        - caring roles
        - ancillary roles
- tiered hierarchical structure:
    - resulting job roles:
        - management roles

What you need to teach

- caring roles
- ancillary roles

- external agencies:
  - resulting job roles:
    - functions within the sector
    - contractors/contracting roles
    - integrated/non-integrated service

- teams working within healthcare organisations:
  - multidisciplinary teams with individuals who have different roles (for example caring roles working alongside those with management roles)
  - multi-agency teams that work in partnership with colleagues (for example practitioners from the social care sector to provide support for individuals in discharge planning)

- how multidisciplinary and multi-agency teams work together effectively as part of organisational structures:
  - provide respect for colleagues
  - build rapport and positive relationships
  - take ownership of own job role and responsibilities:
    - take on board feedback and provide constructive, effective feedback to others
    - share best practice and contribute to discussions to support problem solving
    - actively listening to colleagues' contributions
    - share relevant information with each other and collaborate to support the continuity of care including with social care provision

A2.11　The importance of job descriptions and person specifications and how this defines roles and responsibilities:

- job description:
  - scope of role
  - purpose of role
  - responsibilities and reporting lines
  - accountabilities

- person specification:
  - experience required
  - essential and desirable skills

What you need to teach

    o   attributes required

    o   qualifications required

    o   mandatory training and continuing professional development required including reflective practice

    o   registration requirements where appropriate

A2.12 The career pathway opportunities for employment and progression within the healthcare sector as defined by the Institute for Apprenticeships and Technical Education occupational maps:

- career pathways as per the occupational maps:

    o   healthcare assistant

    o   community health and wellbeing work

    o   healthcare support worker in a health setting

    o   senior healthcare support worker in a health setting:

        ▪   adult nursing support

        ▪   allied health profession – therapy support

        ▪   children and young people

        ▪   maternity support

        ▪   mental health support

        ▪   theatre support

        ▪   diagnostic imaging support

A2.13 The potential impact of external factors on the activities of the healthcare sector:

- external factors:

    o   epidemic/pandemic/endemic outbreak

    o   extreme weather

    o   infrastructure (for example building and maintenance)

    o   geographical events (for example disasters that happen in specific geographical locations)

    o   government policy

- impacts:

    o   service overload (for example too many people requiring treatment)

    o   insufficient staff resources

    o   inaccessible services

    o   damage to facilities

What you need to teach

    ○ additional resource requirements (for example equipment and materials)

    ○ effect on supply chain (for example costs, delivery capacity)

    ○ contingency plan implementation requirements (for example a disaster recovery plan)

A2.14 The role of public health approaches and how this benefits regional and national population health through prevention and improvement initiatives:

- the role of public health approaches (for example the World Health Organisation, National Institute for Health Protection (NIHP) and Department of Health and Social Care (DHSC)):

  ○ to determine health issues through collecting information regarding the extent of the issue, who it impacts and the effects

  ○ to determine why a particular health issue might occur and factors that may contribute or increase the risk of the issue occurring

  ○ to determine what could help to decrease the risk and providing interventions to a wide range of people, in a number of different health-related environments and locations

  ○ to determine the impact of social issues for health and wellbeing

- the benefit of public health approaches to regional and national health:

  ○ raises awareness amongst the public regarding risk

  ○ provides education on how to live healthier lifestyles and self-care

  ○ improves generational prospects

  ○ reduction in required social care services

  ○ reduction in number of people impacted by health issues and preventable illnesses

  ○ reduction in pressure on NHS

A2.15 The types of leadership styles within the healthcare sector and how they can be used within different roles:

- leadership styles:

  ○ autocratic

  ○ democratic

  ○ transformational

  ○ servant

- roles:

  ○ leader

  ○ manager

What you need to teach
o   supervisor   o   mentor

A3: Health, safety and environmental regulations in the health and science sector

What you need to teach

The student must understand:
 	
A3.1   **The purpose of key legislation and regulations within the health and science sector:**
 	
   • Health and Safety at Work etc. Act 1974:
 	
     o purpose: defines employers' responsibilities to protect the health, safety and welfare at work of employees and members of the public; and defines employees' duties to protect themselves and each other
 	
   • Management of Health and Safety at Work Regulations 1999:
 	
     o purpose: aims to reduce the number and severity of accidents in the workplace, through assessment and management of risk
 	
   • Control of Substances Hazardous to Health (COSHH) Regulations 2002 and subsequent amendments 2004:
 	
     o purpose: requirement for employers to control substances hazardous to health by reducing or preventing employees' exposure to these substances
 	
   • The Personal Protective Equipment at Work (Amendment) Regulations 2022:
 	
     o purpose: defines employers' responsibilities to provide appropriate personal protective equipment (PPE) to reduce harm to employees, visitors and clients. This can include safety helmets, masks, goggles and gloves
 	
   • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013:
 	
     o purpose: defines employers' duties to report serious workplace accidents, occupational diseases and specified dangerous occurrences ('near misses')
 	
   • Environmental Protection Act 1990:
 	
     o purpose: makes provision for the improved control of pollution to the air, water and land by regulating the management of waste and the control of emissions
 	
   • Special Waste Regulations 1996:
 	
     o purpose: measures relating to the regulation and control of the transit, import and export of waste (including recyclable materials), the prevention, reduction and elimination of pollution

What you need to teach

caused by waste and the requirement for an assessment of the impact on the environment of projects likely to have significant effects on the environment

- Hazardous Waste (England and Wales) Regulations 2005:

    o purpose: controls the storage, transport and disposal of hazardous waste (waste stream) to ensure it is appropriately managed and any risks are minimised

- The Waste Electrical and Electronic Equipment Regulations 2013:

    o purpose: to reduce the amount of electronic and electrical equipment incinerated or sent to landfill sites. Places onus on all businesses to correctly store and transport electrical waste

- Regulatory Reform (Fire Safety) Order (RRO) 2005:

    o purpose: to reduce death, damage and injury caused by fire by placing legal responsibilities on employers to carry out a fire risk assessment. All organisations are required to have procedures for evacuation in the event of a fire

- Manual Handling Operations Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002:

    o purpose: requires employers to assess and minimise the risk to employees' health involved in the manual handling, moving and positioning of an object, person or animal and workplace ergonomics

- Health and Safety (Display Screen Equipment) Regulations 1992:

    o purpose: defines employers' responsibilities in carrying out risk assessments of workstations used by employees, including the use of display screen equipment, to minimise identified risks

A3.2   How to assess and minimise potential hazards and risks, including specific levels of risk, by using the Health and Safety Executive's 5 Steps to Risk Assessment:

- Step 1: Identify the hazards

- Step 2: Decide who might be harmed and how

- Step 3: Evaluate the risks and deciding on precautions

- Step 4: Record findings and implement them, including completing risk assessment documentation

- Step 5: Review your assessment and update if necessary

A3.3   How health and safety at work is promoted:

- encourage individuals to take reasonable care of their own and others' safety

- model good practice (for example washing hands and wearing appropriate PPE)

- follow organisational policies and standard operating procedures (SOPs), including site-specific emergency procedures

- ensure that there is clearly visible information and guidance

What you need to teach
- follow processes for recording and reporting issues and concerns   - maintain equipment and remove faulty equipment   - follow correct manual handling techniques   - ensure working environments are clean, tidy and hazard free   - appropriately store equipment and materials   - complete statutory training   **A3.4** **How to deal with situations that can occur in a health or science environment that could cause harm to self or others (for example, spillage of hazardous material):**   - follow organisational health and safety procedures   - keep oneself and others safe, including evacuation as appropriate   - secure the area   - report and/or escalate as appropriate   - debrief and reflect on the root causes, to prevent the situation from recurring

A4: Health and safety regulations applicable in the healthcare sector

What you need to teach
The student must understand: **A4.1** **The purpose of workplace health and safety regulations in the health sector:**   - maintains the safety and wellbeing of both the individual and healthcare workers   - reduces risk to the individual and healthcare professionals   - provides a duty of care to the individual and healthcare professionals   **A4.2** **The purpose of specific health and safety regulations, guidance and regulatory bodies in relation to the health sector:**   - Health and Safety (First Aid) Regulations 1981:   - purpose: to set legal guidelines for employers within the health sector to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work   - Care Act 2014:   - purpose: improve people's independence and wellbeing. Local authorities are obligated to provide or arrange services that help:

What you need to teach

- prevent people developing needs for care
- prevent deterioration that would result in a need for ongoing care and support
- Ionising Radiation Regulations 2017:
  - purpose: impose duties on employers to protect employees and members of the public from:
    - radiation arising from work
    - radioactive substances
    - any other forms of ionising radiation
- Medicines and Healthcare products Regulatory Agency (MHRA):
  - purpose: to ensure that medicines and medical devices work and are acceptably safe for use

A4.3 The overarching responsibilities of trained first aiders:

- responsibilities:
  - provide first aid treatment for minor injuries and illness
  - ensure, where necessary, that the casualty is referred for further treatment, appropriate to the circumstances of the injury/illness
  - ensure that the first aid box/kit for which they have responsibility is kept clean, tidy and appropriately stocked
  - any support provided, in as far is possible, reflects an individual's needs and does not discriminate against them in any way

A4.4 The purpose of guidelines produced by the Resuscitation Council (UK):

- Resuscitation Council (UK):
  - promotes and publishes high-quality scientific resuscitation guidelines
  - develops educational materials for resuscitation
  - supports research into resuscitation
- resuscitation guidelines:
  - provides detailed information about basic and advanced life support for a range of individuals including adults, paediatrics and newborns
- information for the use of external defibrillator

A4.5 The purpose of manual handling regulations and training, and why it is important to follow policy and guidance when moving, positioning people, equipment or other objects safely:

- manual handling regulations:
  - purpose: the main aim of the regulations is to prevent injury or harm

What you need to teach

• importance to follow policy and guidance when moving, positioning people, equipment or other objects:
 	
    o   to protect the individuals and the healthcare and social care professionals from harm
 	
    o   insurance purposes
 	
    o   compliance with mandatory requirements

A5: Managing information and data within the health and science sector

What you need to teach
The student must understand: **A5.1   Common methods used to collect data:** • focus groups • open-/closed-question surveys • interviews • observation • public databases • journals and articles • carrying out practical investigations • statistics **A5.2   The considerations to make when selecting a range of ways to collect and record information and data:** • data type: qualitative and/or quantitative data (for example laboratory results and/or patient history) • the most appropriate method of data collection (manual or automated) • the most appropriate way to present the information or data (for example graphs, charts and tables) • depth of analysis required (for example spreadsheets and databases) • the intended audience • storage method (for example digital or paper based) **A5.3   The importance of accuracy, attention to detail and legibility of any written information or data in order to:** • comply with legal requirements (for example UK General Data Protection Regulations (UK GDPR))

What you need to teach

- limit liability (for example ensuring anonymity and informed consent)

- provide an accurate account of events

- inform integrated working and data sharing

- ensure accurate analysis of findings

- support with audit trails

- ensure reproducibility of results

A5.4 **The strengths and limitations of a range of data sources when applied in a range of health and science environments:**

- results of investigations:

  - o strengths (for example consistent results produced under controlled conditions)

  - o limitations (for example possibility of over-extrapolation)

- patient history:

  - o strengths (for example provides detailed information over time)

  - o limitations (for example may not be accurate or complete)

- patient test results:

  - o strengths (for example laboratory and test accreditation ensures standardisation)

  - o limitations (for example results are open to subjectivity)

- published literature:

  - o strengths (for example peer review improves validity)

  - o limitations (for example could be based on small-scale/biased research or come from fraudulent sources)

- real-time observation:

  - o strengths (for example immediate data)

  - o limitations (for example possible subjectivity)

A5.5 **How new technology is applied in the recording and reporting of information and data:**

- artificial intelligence (AI) (for example use of bioinformatics tools to analyse and process large data sets)

- mobile technology and applications (for example to capture health informatics and location data – track and trace)

- cloud-based systems (for example use of electronic health records (EHRs) enables easier data sharing for further analysis)

- digital information management systems (for example to enable a digital audit trail)

What you need to teach

- data-visualisation tools (for example to consolidate multiple data sources for presentation)

A5.6 **How personal information is protected by data protection legislation, regulations and local ways of working/organisational policies:**

- Data Protection Act 2018:

  o controls the use of personal information by organisations, businesses or the Government

- UK GDPR:

  o provides a set of principles with which any individual or organisation processing sensitive data must comply

- local ways of working/organisational policies to ensure compliance with legislation and regulations, depending on the sector:

  o ensures that data is stored securely (electronically or paper based)

  o restricts the use of mobile devices in order to ensure confidentiality

  o prevents potential conflicts of interest

A5.7 **How to ensure confidentiality when using screens to input or retrieve information or data:**

- log out of a system when leaving the screen

- protect login and password information

- be aware of the surroundings

- use secure internet connections

- use privacy screen filters where appropriate

A5.8 **The positive use of, and restrictions on the use of, social media in health and science sectors:**

- positive uses:

  o awareness campaigns/disseminating information

  o correcting misinformation

  o crisis communication/monitoring

  o monitoring public health

  o data gathering

  o establishing support networks

  o recruitment

  o marketing

- restrictions on use:

What you need to teach

- not posting sensitive/personal information about oneself or others on social media, in line with an organisation's code of conduct
- maintaining professional boundaries when interacting with individuals external to the organisation
- sharing inaccurate/non-evidence-based information

A5.9 The advantages and risks of using IT systems to record, retrieve and store information and data:

- advantages:
  - ease of access
  - ease of sharing and transferring data
  - speed of data analysis
  - security (for example password protected)
  - standardisation of data
  - enables continuous and/or real-time monitoring of data
  - cost and space saving
  - enables integrated working and supports safeguarding practices
- risks:
  - security breaches – accidental or malicious
  - potential for corruption of data
  - lack of access due to system failure

A5.10 How security measures protect data stored by organisations, by:

- controlling access to information (for example levels of authorised logins and passwords)
- allowing only authorised staff into specific work areas
- requiring regular and up-to-date staff training in complying with data security
- making regular backups of files
- using up-to-date cyber security strategies to protect against unintended or unauthorised access
- ensuring that backup data is stored externally (for example cloud-based or separate servers)

A5.11 What to do if information is not stored securely:

- secure the information where possible
- record and report the incident to the designated person, following organisational policies and procedures

A6: Managing personal information

What you need to teach

The student must understand:

A6.1   Their role in relation to record keeping and audits:

- their role in relation to record keeping:

    o   ensure timely, accurate records for every interaction and how they have provided care for the individual

    o   ensure they are competent in using systems to record data where applicable

    o   ensure confidentiality/security is not compromised by using unprotected data or by disclosing information in public places

    o   ensure the information recorded is factual and recorded in line with legislative requirements

    o   avoid abbreviations where possible

- their role in relation to audits:

    o   ensure information is legible where records have been recorded by hand using black ballpoint pen

    o   ensure all records have a date, time and signature

    o   if using systems ensure care is taken to enter data record accurately

A6.2   Why personal information is collected, stored and protected:

- collected:

    o   to obtain an individual's history

    o   diagnosis

    o   treatment

    o   follow on care

- stored:

    o   so that it can be shared, as appropriate, with the wider network of multidisciplinary teams

    o   future use

    o   individual's right to access data records (for example, Freedom of Information Act 2000)

- protected:

    o   data protection regulations

    o   information governance

A6.3   The types of information needed when obtaining a client history:

- name

What you need to teach

- date of birth

- individual NHS or hospital number

- health status

- medication/treatment history

- family history

- social history

- social care involvement

A6.4   The purpose and common types of abbreviations used in the healthcare sector:

- purpose of common abbreviations:

  o facilitate and shorten written narratives

  o standardisation

- common abbreviations used:

  o PRN – pro re nata (given as needed, for example medication)

  o BP – blood pressure

  o MAR – medical administration record

  o DNR – do not resuscitate

  o DNAR – do not attempt resuscitation

  o DNACPR – do not attempt cardiopulmonary resuscitation

  o MST – malnutrition screening tool

  o NEWS 2 – National Early Warning Score

  o PEWS – Paediatric Early Warning Score

A6.5   The advantages of reporting systems for managing information with regards to incidents, events and conditions:

- advantages of reporting systems:

  o prevents misinterpretation of information

  o timely reporting information

  o easy access to patient/service user information for tracking or monitoring

A6.6   When it may be appropriate to share information and the considerations that need to be made when sharing data:

- when it is appropriate to share information:

  o for the purpose of ensuring effective diagnosis, treatment and care of individuals

What you need to teach

- for the purpose of sharing improvements to practice (for example as a result of research)

- for the purpose of sharing good practice

- for the purpose of introducing new ways of working and innovations in practice

- when there is risk of harm to individuals

- a crime has been committed or there is risk of it being committed

- safeguarding issues (for example suspected abuse)

- legislative requirements (for example the Care Act 2014)

- considerations when sharing data:

  - principles for protecting the individual's identification (for example Caldicott principles)

  - using the individual's NHS number as identifier rather than the individual's name

  - need to inform the individual and gain consent unless it is required by law to share or the benefit in sharing information outweighs keeping it confidential (for example safeguarding risks)

  - the individual's information and confidentiality requirements as set out in relevant regulations

  - need to inform an appropriate adult or advocate if sharing the individual's information (for example where the age or mental capacity of the individual is an issue)

  - intended audience (for example the individual or other health professionals)

  - why information is being shared (for example to support the individual's care or to present outcomes of a project)

A6.7   The different formats for the sharing of information:

- oral reports (for example to give immediate information to support an individual's care)

- written reports (for example change of shift reports or transfer reports)

- forms and documents (for example referral form to Social Care Children's Services from a GP)

- presentations (for example to share good practice in a team meeting or report of findings of a research project)

- graphs and tables (for example to summarise an individual's information or to summarise findings of a research project)

- leaflets or posters (for example to provide information about treatment options)

- web pages and social media (for example to provide information about health promotion initiatives)

A6.8   The reasons for record keeping and how this contributes to the overall care of the individual:

- reasons for record keeping:

  - to provide an overall view and history of the individual's medical history and care needs (including all services accessed)

What you need to teach
- o provides access to an individual's information for all multidisciplinary teams   - o continuity of care   - o to protect the individual and the healthcare and social care professional   - how it contributes to the overall care of the individual: - o ensures uniform care is provided regardless of the service accessed   - o ensures there is a record of what has been discussed and what took place within each interaction (for example next steps)   **A6.9 The responsibilities of employees and employers in relation to record keeping and when to escalate issues:**   - responsibilities: - o legal requirements and inspections   - o duty of care   - o duty of candour   - o investigation and tracking incidents and accidents   - o accountability   - when to escalate: - o safeguarding concerns   - o whistleblowing   - o radicalisation concerns

A7: Good scientific and clinical practice

What you need to teach
The student must understand: **A7.1 The principles of good practice in scientific and clinical settings:**   - use standard operating procedures (SOPs)   - effectively manage calibration and maintenance of equipment and work areas   - effectively manage stock   - appropriately store products, materials and equipment

What you need to teach

A7.2   What a SOP is:

- a set of sequential steps or instructions designed to standardise the approach to a process or action

A7.3   Why it is important for everyone to follow SOPs:

- maintains health and safety

- enables consistency of approach

- meets any legal or organisational requirements

- upholds professional standards

- demonstrates compliance for audit purposes

A7.4   The responsibilities of employers and employees to ensure that appropriate SOPs are accessed and applied for a given activity:

- employers:

  o completing detailed staff induction and ongoing training

  o ensuring the SOP is the most up-to-date version

  o ensuring all relevant documentation has been completed and signed

- employees:

  o completing all training

  o following steps or instructions covered in the SOP

  o updating and maintaining accurate records

A7.5   The potential impacts of not regularly cleaning and preparing work areas for use:

- risks to health and safety:

  o spread of infection

  o production of toxic/dangerous by-products

- invalid results:

  o contamination or cross-contamination (for example environmental, samples, reagents, DNA)

- inefficient working practices:

  o leads to increased costs and timescales

- damage to equipment:

  o leads to increased costs and timescales

A7.6   The potential impacts of not maintaining, cleaning and servicing equipment:

- risks to health and safety:

What you need to teach

   o increased risk of injury

   o spread of infection

  • invalid results:

   o contamination or cross-contamination (for example environmental, samples, reagents)

  • reduced function of equipment:

   o decreased lifespan of equipment

   o increased cost and timescales (for example equipment needing repair or being out of service)

A7.7 Why it is important to calibrate and test equipment to ensure it is fit for use:

  • ensures accuracy of measurements

  • prolongs the life of equipment

  • meets legal requirements

  • ensures safety of the user

A7.8 How to escalate concerns if equipment is not correctly calibrated/unsuitable for intended use:

  • take the equipment out of action

  • label the equipment as being out of use, if appropriate

  • report concerns to the relevant person, in line with organisational policies and procedures

  • record concerns according to organisational procedures

A7.9 Why it is important to order and manage stock:

  • ensures sufficient supply of required consumables and materials

  • ensures that materials are used before their expiry date

  • reduces the costs of excess stock

  • improves efficiency

  • improves productivity

  • ensures safety of stock (bottles are not damaged/degraded)

A7.10 The potential consequences of incorrectly storing products, materials and equipment:

  • cross-contamination

  • breakdown of limited stability products

  • products exceeding expiry dates

  • loss of samples or degradation of reagents not stored at the correct temperature (−20°C, −4°C, 4°C or room temperature)

What you need to teach
• risks to health and safety (for example spread of infection, release of dangerous chemicals or heavy items not stored at correct height) • stock is difficult to locate • financial loss

A8: Providing person-centred care

What you need to teach

The student must understand:
 	
A8.1   The purpose of the Mental Capacity Act 2005 plus Amendment 2019 in relation to healthcare:
 	
• purpose – to protect rights, safeguard and support individuals over the age of 16, who may lack the mental capacity to make choices about their own treatment or care
 	
A8.2   The key principles of the Care Act 2014:
 	
• empowerment:
 	
   ○ individuals should be supported to make their own decisions based on best possible information
 	
• protection:
 	
   ○ service users who are in greatest need of support and protection
 	
• prevention:
 	
   ○ better to take action before harm occurs
 	
• proportionality:
 	
   ○ actions should be proportionate to the risk: being overprotective can disadvantage service users to be able to make their own decisions
 	
• partnership:
 	
   ○ working with a range of professionals, groups and communities to prevent, detect and report neglect or abuse
 	
• accountability:
 	
   ○ healthcare and social care professionals need to be accountable for any activities in relation to safeguarding
 	
A8.3   The role of a range of regulatory bodies within the health sector:
 	
• regulatory bodies and their role:
 	
   ○ Care Quality Commission (CQC):

What you need to teach

- independent regulator, with independent voice, which is able to publish views on quality issues in health and care services
- ensure health and care services provide people with safe, effective, compassionate, high-quality care
- focus on how services can improve
- register providers
- monitor, inspect and rate service
- can take action (including recommendations, fines, legal action and closing services) to protect people who use services

o   Health and Safety Executive (HSE):
- national independent regulator for health and safety in the workplace, including public and private healthcare services
- ensure health and safety standards and regulations are adhered to
- inspect health and care workplaces following health and safety incidents of a non-clinical nature
- improve health and safety in workplaces

o   General Dental Council (GDC):
- UK-wide statutory regulator
- protect an individual's safety
- maintain public confidence in dental services
- register qualified professionals
- set standards for dental team
- investigate complaints about dental professionals' fitness to practise
- ensure quality of dental education

o   Nursing and Midwifery Council (NMC):
- professional regulator of nurses and midwives in the UK and nursing associates in England
- ensure that professionals have the knowledge and skills to deliver consistent, quality care that keeps people safe
- set the education standards professionals must achieve to practice in the UK
- register professionals
- expect registered professionals to uphold the standards and behaviours set out in the NMC code

What you need to teach

- promote self-reflection and evaluation of practice to improve services and encourage lifelong learning of professionals
- can investigate reported incidents and take action
  - o Health and Care Professions Council (HCPC):
    - regulate a range of health-related professionals including occupational therapists, prosthetists, orthotists, speech language therapists, dietitians and physiotherapists
    - set standards for professionals' education, training and practice
    - register qualified professionals who meet required standards
    - can take action if professionals on the register do not meet standards
  - o Office for Standards in Education, Children's Services and Skills (Ofsted):
    - responsible for regulating children homes under the Care Standards Act (CSA) 2000 where regulated activities take place (for example providing personal care)
    - requirement to register with the CQC where regulated activities take place
  - o Information Commissioners Office (ICO):
    - promote and support information rights in the public interest, encouraging transparency and data privacy for individuals
    - carry out audits and advisory visits across health organisations in relation to personal data

A8.4   How physical and mental function across the lifespan impacts care needs and informs person-centred care:

- stages of human development across the lifespan:
  - o birth and infancy 0 to 2 years
  - o early childhood 3 to 8 years
  - o adolescence 9 to 18 years
  - o early adulthood 19 to 45 years
  - o middle adulthood 46 to 65 years
  - o later adulthood 65 years onwards
- typical care needs:
  - o nutrition and hydration
  - o personal care
  - o general health and wellbeing
  - o positive relationships
  - o self-esteem

What you need to teach

    o   personal growth

    o   independence

A8.5   The key values of the healthcare sector when providing care and support:

- NHS core values (from NHS constitution):

    o   compassion

    o   improving lives

    o   respect and dignity

    o   commitment to quality of care

    o   working together for patients

    o   everyone counts

- 6 principles produced by the People and Communities Board:

    o   care and support are person centred (being personalised, co-ordinated and empowering)

    o   services are created in partnership with citizens and communities

    o   focus is on equality and narrowing inequalities

    o   carers are identified, supported and involved

    o   voluntary, community and social enterprise and housing sectors are involved as key partners and enablers

    o   volunteering and social action are recognised as key enablers

A8.6   The purpose of the Personalisation Agenda 2012 and the importance of using holistic approaches in order to place individuals, their carers and significant others at the centre of their care and support:

- purpose of the Personalisation Agenda 2012:

    o   purpose: to put the individual first in the process of planning, developing and providing care. Creating tailored support to the individual needs and desires when treating those with long-term illnesses and conditions

- holistic approaches:

    o   person-centred planning (PCP)

    o   person-centred care (PCC)

    o   hierarchy of the individual's needs (Maslow's hierarchy of needs theory)

    o   advanced care planning (for example end of life care)

    o   integrated working

    o   Do Not Resuscitate directive (DNR)

What you need to teach

- the importance of using holistic approaches:

  o ensures that any care provided is in the individual's best interest

  o complies with autonomous practice

  o encourages engagement with healthcare and social care professionals and organisations

A8.7 A range of verbal and non-verbal communication techniques, potential communication barriers and how to overcome them to support an individual's condition:

- range of communication techniques:

  o verbal (for example spoken word and sound)

  o non-verbal (for example gestures, facial expression, body language, Makaton and British Sign Language)

- barriers to communication:

  o sensory disorder (for example speech, hearing or sight)

  o mental health condition

  o language barriers (for example jargon, spoken language or accents)

  o time pressures

  o noisy environment

  o positioning of the individual from the healthcare professional (for example proximity)

  o tension or conflict

- overcoming barriers to communication:

  o actively listen to the individual about their communication needs/preferences

  o active involvement from the individual in how/when/where and in which way they are communicated to meet their needs

  o access to information that is understandable to the particular individual

  o choice of communication aids or supports that match the needs and preferences of the individual

  o access to a range of support options and choice given to the individual

A8.8 The application of relevant legislation, including Mental Capacity Act 2005 plus Amendment 2019 and Deprivation of Liberty Safeguards (DoLS) / Liberty Protection Safeguards (LPS) on the provision of person-centred care:

- Mental Capacity Act 2005 plus Amendment 2019, including the 5 principles:

  o begin by assuming the individual has capacity

  o support individuals to make decisions

What you need to teach

- o   recognise that unwise decisions do not mean lack of capacity

- o   decisions must be taken in the individual's best interest

- o   consider whether a decision can be made in a way that is less restrictive of an individual's freedom

- Deprivation of Liberty Safeguards (DoLS) / Liberty Protection Safeguards (LPS):

- o   the person lacks the capacity to consent to care arrangements

- o   the person has a mental disorder

- o   the arrangements are necessary to prevent harm for the individual

- o   the arrangements must be proportionate to the likelihood and severity of harm

A8.9   The considerations when providing person-centred care to people with pre-existing conditions or living with illness:

- conditions or illnesses:

- o   medical conditions (for example cancer)

- o   neurological conditions (for example dementia)

- o   physical disabilities (for example a wheelchair user)

- considerations:

- o   social model of disability and inclusion

- o   ongoing treatments

- o   overall wellbeing

- o   follow the person-centred plan

- o   co-morbidity and the impact on the individual and their family

- o   assessment of need

- o   discharge planning

- o   mental capacity

- o   individual's rights and wishes (for example advocacy)

- o   access to community provision

- o   access to additional secondary services (for example counselling)

- o   financial circumstances

- o   carer's assessment (for example support for informal carers)

What you need to teach

A8.10 How mental health conditions, dementia and learning disabilities can influence a person's needs in relation to overall care:

- increased support requirements:

  o physical support requirements (for example care support worker)

  o communication support requirements

  o reduced ability to self-care

  o increased monitoring requirements (for example from specific healthcare and social care professionals)

  o behaviour support (for example recognition of triggers that raise anxiety)

  o support for social inclusion

- behavioural factors:

  o behaviour that challenges (for example violence or aggression)

- comprehension factors:

  o anxiety around care

  o lack of understanding of the care to be provided

  o impaired rationality around the condition or support requirements

  o dissociative conditions

  o awareness of possible abuse

  o refusal of treatment

  o perceived stigma attached to conditions and disabilities

A8.11 How to promote independence and self-care and the positive impact on the healthcare sector:

- how to promote independence and self-care:

  o individuals to have involvement, choice and control over their own self-care

  o individuals to have access to support networks, appropriate information, a range of learning and development opportunities and understand the range of options available to them

  o support in risk management and risk-taking to maximise independence and choice

  o individuals to be supported to identify their strengths, assess their needs and gain the confidence to self-care

  o assistive technology is made available to support in an individual's ability to live independently

- positive impact on the healthcare sector:

  o improving self-esteem and independence of the individual

What you need to teach

- o improved partnership working

- o improved efficiency of staff time within healthcare service

A8.12 The range of terms used in the healthcare sector in relation to death and bereavement including their meaning:

- terms used in relation to death and bereavement:

  - o end of life care:

    - care provided to those who are in the last months or years of their life

    - refers to the care provided when the efforts made to successfully treat or control a disease has ceased

  - o palliative care:

    - palliative care relieves suffering through an approach that improves quality of life for patients (adults and children) and families who are facing a progressive, life-threatening illness

    - relates to symptom management and improving the quality of life for those with a serious illness

  - o hospice:

    - place or organisation that provides care for people who are dying

  - o expected death:

    - result of acute or gradual deterioration in an individual's health often due to advanced disease or terminal illness

  - o sudden or unexpected death:

    - death without warning (for example an accident, heart attack or act of violence)

  - o grief:

    - a response to loss and often described as intense sorrow

    - used in the context of having lost a person who has died

  - o bereavement:

    - sense of loss when someone close passes away

A8.13 The role of healthcare professionals in providing person-centred care for the individual during the active dying phase:

- provides support to both the individual and to family/carers:

  - o provides information on what they might expect during this time

  - o addresses questions and concerns honestly

  - o takes time to be an active listener

What you need to teach

      o understands the stages of grief (for example the Kübler–Ross model) and provides emotional support or advice

      o recognises when someone may be entering the last few days and hours of life

      o involves the individual and families in decisions about their care and wishes, this may include specific wishes in relation to culture and religion

      o involvement of multi-agency teams where required in the care of the individual

      o advocates patients' rights and wishes

      o safeguards the individual

A8.14 **How to support people with bereavement and how to communicate with families:**

- provide a safe and comfortable environment and suitable resources (for example tissues, refreshments)

- provide emotional support (for example by listening, allowing the person to talk/cry)

- understand families may have an emotional reaction and how to handle those situations (for example anger or aggression)

- duty of candour (for example accurately representing the situation)

- acknowledgement of cultural/religious rituals with a bereaved individual

- sign post to applicable services (for example bereavement care, national charities for bereaved people)

A8.15 **What the 6 Cs are in relation to person-centred care:**

- care

- compassion

- communication

- courage

- commitment

- competence

A8.16 **The importance of practicing and promoting the 6 Cs in relation to demonstrating person-centred care skills, through own actions and promoting the approach with others:**

- practicing and promoting the 6 Cs:

      o providing choice and gaining consent

      o ensuring privacy and dignity

      o respecting individuals':

            ▪ equality, diversity and inclusion

What you need to teach

▪ sexuality
 	
       ▪ faith, cultural needs and preferences
 	
       ▪ rights
 	
       ▪ confidentiality
 	
    o following the duty of care
 	
    o dealing with conflicts between rights and duty of care
 	
    o ensuring partnership working
 	
    o ensuring honesty
 	
    o prevent discrimination through promoting inclusion and an inclusive environment
 	
    o escalating concerns
 	
A8.17 The concept of safeguarding in relation to providing person-centred care:
 	
  • protects people's health and wellbeing
 	
  • enables people to live free from harm, abuse or neglect, protecting their human rights
 	
A8.18 The importance of managing relationships and boundaries, and how to work within parameters when providing person-centred care:
 	
  • the importance of managing relationships and boundaries:
 	
    o protects those providing and receiving care
 	
    o avoids misinterpretation of roles
 	
    o helps prevent potential abuse
 	
  • how to work within those parameters:
 	
    o adhere to regulatory bodies standards of professionalism
 	
    o professional conversation

A9: Health and wellbeing

What you need to teach
The student must understand: **A9.1 Changes in the approach to healthcare and how to support a person's health, comfort and wellbeing:**   • changes in approach to healthcare:

What you need to teach

- o policy changes to focus on the promotion of health and wellbeing and prevention of ill health (for example the NHS Long Term Plan or most current policy)

- o change in approach from treating illness to promoting wellbeing

- o improved multi-agency working to support individuals' health and social care needs

- how to support a person's health, comfort and wellbeing:

- o collaborative approaches across the healthcare sector, including with social care services, communities and individuals

- o encourage active involvement of individuals to self-manage their health and wellbeing, taking into account lifestyle choices

- o encourage individuals to make decisions about the care, support and treatment they receive

- o adopt a person-centred approach to support an individual's physical, intellectual, emotional and social wellbeing

A9.2   How to recognise the signs and symptoms of a person who is experiencing pain and discomfort and/or whose health and wellbeing is deteriorating:

- physical signs and symptoms:

- o altered baseline observations

- o changes to skin appearance

- o repeatedly touching or guarding part of the body

- o moving slowly

- o wringing or clenching

- verbal signs:

- o self-report

- o crying out

- o groans/grunts

- non-verbal signs:

- o facial expressions (for example grimacing, frowning or looking sad)

- o body language (for example, twitching or tensing)

- behavioural signs and symptoms:

- o altered energy levels

- o altered character

- o changes in usual eating/sleeping pattern

What you need to teach

A9.3 How to work in a person-centred way, to ensure adequate nutrition, hydration and care are provided to prevent deterioration in the individual's wellbeing:

- ensure effective nutrition and hydration:

  o provide food and drink that meets individual needs, this includes taking into consideration any medical conditions as well as beliefs and preferences

  o ensure food and drink provided does not have contraindications with any medicine the individual is taking

  o support individuals who might experience difficulties in eating or drinking due to physical illness or mental health conditions including individuals who may forget to eat or drink

  o provide equipment where appropriate to support individuals in eating and drinking independently (for example 2-handled mugs, cups with lids, non-slip mats, plates and bowls with high sides or insulated bowls)

  o ensure individuals are provided with sufficient time to eat and drink and that they choose the equipment that is offered to support them

  o closely monitor nutrition and fluid intake

  o communicate with individuals to identify any barriers (actual or perceived) in relation to eating and drinking

  o promotion of the value and importance of effective nutrition and hydration to overall wellbeing

  o work in partnership with carers or family members to ensure effective nutrition and hydration of the individual

  o work in partnership with other healthcare professionals (for example therapists, dietitians, doctors and dentists to ensure effective nutrition and hydration of the individual)

A9.4 The purpose of the prevention agenda and the concept of preventative approaches for moving towards good health and wellbeing:

- prevention agenda as set out by health and social care policy and reforms (for example 'prevention is better than cure' vision, Department of Health and Social Care)

- preventative approaches:

  o help people to stay healthy and independent for as long as possible

  o are about stopping problems arising in the first place, focussing on keeping people healthy, not just treating them when they become ill

  o provide people with knowledge and skills to make lifestyle choices that support them to stay healthy

A9.5 The ways in which health promotion is used to support the prevention agenda to support good health and wellbeing:

- social and environmental interventions to empower individuals to improve their health:

What you need to teach

- o national campaigns from government departments (for example the National Institute for Health Protection campaigns)

- o opportunistic delivery of health promotion by all healthcare and social care professionals

- o campaigns by specific groups and charities

- o sharing examples of health promotion activities (for example smoking cessation, promoting physical activity, promoting breast feeding and reducing alcohol intake)

A9.6 **The overarching principle of the opportunistic delivery of health promotion through the Making Every Contact Count (MECC) initiative and the risk factors this initiative targets:**

- approach to preventative behavioural change which uses the day-to-day interactions that individuals have with healthcare and social care professionals

- using brief and very brief interventions whenever the opportunity arises (for example during routine appointments)

- highlighting risk factors (for example smoking, poor diet, alcohol consumption, physical activity levels, mental health and wellbeing)

- signposting to additional support and resources available

A9.7 **How lifestyle choices impact good health and wellbeing:**

- nutrition and diet choices affecting body mass index:

  - o obesity increases risk of developing range of disease including type 2 diabetes, hypertension and heart disease

  - o malnutrition risk of vitamin deficiency

- smoking:

  - o one of the biggest causes of death and illness in the UK

  - o increases the risk of lung cancer, as well as other cancers

  - o increased risk of heart disease

- low physical activity:

  - o risk factor for a range of long-term conditions, including heart disease

  - o greater risk of developing hypertension

  - o has been linked to increased anxiety and depression

  - o older adults who are physically active can reduce their risks of falls

- consumption of alcohol:

  - o long-term effects include organ damage including heart, liver and pancreas

  - o increased risk of hypertension and heart disease

What you need to teach

      ○ weakens immune system, increasing risk of infections

      ○ weakens bones, increases risk of fracturing and breaks

      ○ effects on the brain including cognitive function, neurotransmitters and brain tissue

- substance abuse and addiction:

      ○ effects on health may occur after one use

      ○ longer term effects include risk of heart disease, cancer and hepatitis

A9.8   A range of methods of taking a holistic approach to healthcare:

- treat the person not just the condition (for example spending time treating the social and emotional effects a condition may have a on an individual)

- bespoke treatment plans that meet the personal choices and needs (should be made using the personal aims and objectives established by the person)

- understand the individual's lifestyle (for example individual's commitments, such as family)

- understand the individual's mental health needs (for example any potential services they might need access to)

- integrated working (for example co-ordinated approach to services through different areas of health and social care, working together with input from the individual)

- health and wellbeing boards (for example improvement made by local authorities to the integration of services between health and social care for the benefit of the individual)

A9.9   The purpose of signposting individuals to interventions, or other services and how this can support their health and wellbeing:

- signposting individuals:

      ○ purpose: to determine the most appropriate service for the individual to meet their needs including considerations given to the most cost-effective approach

- how it can support an individual's health and wellbeing:

      ○ provides awareness on a wider range of services available to support physical, emotional, intellectual and social wellbeing

      ○ provides alternative options

      ○ opportunities to discuss specific complaints or experiences with specialists or peers

      ○ provides support with activities of daily living

      ○ provides a safe and secure environment for the individual

A9.10   The impact of the ageing process on health and wellbeing:

- impact of ageing on physical health including:

      ○ cellular level

What you need to teach
- body systems   - senses   - age associated diseases   - impact of ageing on cognitive health including: - memory   - attention   - reasoning   - problem solving   - information processing   - impact of ageing on emotional wellbeing including: - transitions and significant life events (for example retirement, bereavement and ill health)   - own mortality   - loneliness/social isolation   **A9.11 How aspects of care requirements change throughout various life stages:**   - life stage of human development and potential care requirements: - birth and infancy 0 to 2 years (for example immunisation)   - early childhood 3 to 8 years (for example paediatric care)   - adolescence 9 to 18 years (for example sexual health services)   - early adulthood 19 to 45 years (for example maternity and paternity services)   - middle adulthood 46 to 65 years (for example healthcare screening)   - later adulthood 65 years onwards (for example frailty)   **A9.12 Methods of supporting people to look after themselves at various stages of life:**   - young people (for example promotion of self-care and self-awareness)   - healthy adults (for example promoting self-esteem)   - adults who have health or wellbeing concerns (for example promotion of activities of daily living, dispelling stereotypes)   - old age 65 + (for example attendance of regular check-ups)   - end of life (for example creating an end of life care plan)   - all stages of the lifespan (for example supporting people holistically with person-centred values)

A10: Infection prevention and control in health specific settings

What you need to teach

The student must understand:

A10.1   The techniques for infection control and why they are important in stopping the spread of infection:

- techniques for infection control:

    o   use of personal protective equipment (PPE) (for example aprons and gloves)

    o   use of cleaning and disinfecting agents (for example appropriate dilutions)

    o   effective handwashing techniques (for example the NHS 5 moments of hand hygiene)

    o   good personal hygiene and uniform requirements (for example hair tied up and clean uniform)

    o   safe disposure of sharps (for example hypodermic needles and disposable scalpels)

    o   appropriate waste segregation and disposal (for example classification)

- importance in stopping the spread of infection:

    o   prevent harm caused to both individuals and healthcare workers

A10.2   The importance of good handwashing techniques and personal hygiene and how to practice this in relation to infection control:

- importance of good handwashing techniques and personal hygiene:

    o   help prevent the control of disease, infection and as a result illness

    o   reduces the risk of disease, infection and illness being passed from person-to-person through cross-contamination

    o   legal requirements (including the Control of Substances Hazardous to Health Regulations 2002, the Health and Safety at Work etc. Act 1974, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

- how to practise good handwashing techniques:

    o   follow workplace guidance:

        ▪   Ayliffe handwashing technique (National Institute for Health and Care Excellence (NICE))

        ▪   5 moments (WHO)

        ▪   12-point technique (WHO/NHS)

- how to practise good personal hygiene:

    o   wash body and hair regularly

    o   wear clean uniform

    o   clean teeth

What you need to teach

- o   cover mouth and nose when coughing or sneezing
- o   maintain short, neat and clean nails

A10.3 The scientific principles of cleaning, disinfecting, sterilisation and decontamination:

- principles:
  - o   cleaning:
    - physically reduces the presence of microorganisms that may be present on surfaces and instruments through the removal of visible foreign material, this minimises the risk of transfer of microorganisms
  - o   disinfecting:
    - using a specific chemical disinfectant or by physical disinfection (for example heat) reduces non-visible pathogenic microorganisms by destroying cell wall or interfering with metabolism
  - o   sterilisation:
    - this is the complete elimination of all microorganisms
  - o   decontamination:
    - overarching process used to describe cleaning, disinfecting and sterilisation

A10.4 The differences in procedures for cleaning, disinfecting, and sterilisation:

- different procedures:
  - o   cleaning (which results in a surface being visibly clean) procedures include:
    - cleaning tools (for example mops)
    - vacuum cleaners
    - cloths and floor scrubbers
    - the use of cleaning agents (some of these may eliminate microorganism)
  - o   disinfecting (this involves the use of an agent known to destroy pathogenic microorganisms):
    - use of disinfectant agent (for example sodium hypochlorite)
  - o   sterilisation:
    - application of chemical
    - application of high pressure
    - application of heat
    - application of irradiation and filtration or a combination of the two

What you need to teach

A10.5 **The meaning of impact of antimicrobial resistance including how this can potentially impact infection control and the ways in which to reduce microbial resistance:**

- the meaning of antimicrobial resistance:
  - ability of a microorganism to survive exposure to antimicrobial agents (for example antibiotics)
- impact of antimicrobial resistance:
  - overuse of antibiotics has reduced the overall effectiveness:
    - overuse has led to the emergence of new strains of microorganisms
  - increase in super bugs (for example MRSA and Clostridium difficile)
- reducing antimicrobial resistance:
  - antimicrobial stewardship co-ordinated program in the healthcare sector to promote appropriate use of antimicrobials (for example antibiotics)

A11: Safeguarding

What you need to teach

The student must understand:

A11.1 **The meaning of safeguarding in the health sector and the importance of the key principles of safeguarding:**

- the meaning of safeguarding in the health sector:
  - protection of health, wellbeing and rights of individuals
- the key principles of safeguarding in the health sector:
  - empowerment:
    - the individual should be supported to make their own decisions based on best possible information
  - prevention:
    - better to take action before harm occurs
  - proportionality:
    - actions should be proportionate to the risk, being overprotective can disadvantage service users to be able to make their own decisions
  - protection:
    - service users who are in greatest need of support and protection

What you need to teach

- o partnership:
  - working with a range of professionals, groups and communities to prevent, detect and report neglect or abuse
- o accountability:
  - healthcare professionals need to be accountable for any activities in relation to safeguarding
- why safeguarding is important:
  - o important for protection from harm, abuse and neglect

A11.2 How legislation, policies and procedures support the safeguarding of individuals:

- Mental Capacity Act 2005 plus Amendment 2019:
  - o provides a framework for the implementation of the principles and provisions to empower and protect individuals
  - o Deprivation of Liberty Safeguards (DoLS) / Liberty Protection Safeguards (LPS) are used to protect individuals who lack capacity to consent to their care arrangements
- Care Act 2014:
  - o outlines the general responsibilities of local authorities including:
    - Safeguarding Adults Boards
    - Safeguarding Adult Reviews
    - implements a multi-agency local adult safeguarding system
    - arranges independent advocates
- Health and Care Act 2022:
  - o establishes Integrated Care Systems (ICS), Integrated Care Boards (ICB), Integrated Care Partnership (ICP)
  - o promotes collaborative and partnership working to integrate services including social care to improve patient care and safeguard individuals
- Safeguarding Vulnerable Groups Act 2006:
  - o establishes Disclosure and Barring Service (DBS) checks to prevent individuals deemed unsuitable to work with children or adults at risk, from gaining access to them through their work
- Mental Health Act 2007:
  - o sets out when someone can be detained and treated for a mental health disorder
- Equality Act 2010:
  - o provides legal protection for individuals from discrimination within society
- Human Rights Act 1998:

What you need to teach

- o   sets out the fundamental rights and freedoms that individuals are entitled to

- Domestic Abuse Act 2021:

    - o   provides a framework designed to support organisations to identify and respond to domestic abuse and promote best practice

- NICE guidance and quality standards:

    - o   defines guidance and quality standards in relation to safeguarding adults, children and young people with different conditions in a variety of settings (for example schools, care homes and support services across health and social care)

A11.3   Factors that may contribute to an individual being vulnerable to harm or abuse and the vulnerable groups that require protection:

- factors that can contribute to abuse:

    - o   age

    - o   individuals with health issues

    - o   being physically dependent on others

    - o   lack of mental capacity

    - o   previous history of abuse

    - o   social isolation

    - o   drug/alcohol abuse

    - o   finance

    - o   religion

- vulnerable groups:

    - o   children and young people/elderly people

    - o   adults receiving care

    - o   individuals with physical, mental or sensory impairments

    - o   individuals with learning disabilities

    - o   ethnic minorities and ethnic groups

    - o   socio-economically disadvantaged individuals

A11.4   A range of different types of abuse and harm:

- physical:

    - o   female genital mutilation

    - o   hitting

What you need to teach

- o   burns
- modern day slavery:
  - o   exploitation of individuals for work using threats and violence
- sexual:
  - o   forcing someone to take part or watch sexual activities
- emotional:
  - o   belittling
  - o   bullying
  - o   verbal abuse
  - o   gaslighting
- coercion/control:
  - o   assaults
  - o   threats and intimidation
  - o   humiliation
- organisational/institutional:
  - o   regimented mealtimes
  - o   removing personal choices
- financial:
  - o   withholding/taking of money
- neglect:
  - o   self-neglect
  - o   neglect by others
- domestic:
  - o   abuse that takes place in the home by a family member
  - o   forced marriage
- professional abuse:
  - o   abuse by someone in a position of power over the victim or a position of trust
- honour-based abuse
- child sexual exploitation
- child criminal exploitation

What you need to teach

- discriminatory abuse:

  o unequal treatment of an individual based on a protected characteristic

A11.5 The types and possible signs of abuse or harm that may be identified in individuals using healthcare:

- physical:

  o possible signs:

    ▪ bruising

    ▪ unexplained bleeding

- emotional:

  o possible signs:

    ▪ depression

    ▪ low self-esteem

- organisational:

  o possible signs:

    ▪ restricted visiting times

    ▪ patient complaints

- financial:

  o possible signs:

    ▪ lack of money and/or belongings

    ▪ debt

- sexual:

  o possible signs:

    ▪ unwanted pregnancy

    ▪ sexually transmitted infection

    ▪ sexual promiscuity

- neglect:

  o possible signs:

    ▪ unkempt appearance

    ▪ malnutrition

What you need to teach

A11.6 What action to take if abuse is suspected or disclosed:

- communicate with the individual:
  - o respect confidentiality balanced with assessing risk
  - o ensure a record of any disclosure is recorded word for word (for example using safeguarding disclosure form/safeguarding incident report form)
- reporting:
  - o knowledge of the reporting procedure and report line
  - o report instance but do not intervene unless immediate or imminent threat to safety
  - o understand the next point of escalation if suspected abuse not investigated
- ability to challenge authority
- preserving evidence:
  - o documentation of facts
  - o observation charts
  - o clinical photography

A11.7 Action that can be taken by individuals and organisations to reduce the chances of abuse:

- raising awareness and educating
- staff training
- whistleblowing procedure
- effective complaints procedure
- risk management procedure
- risk assessment for each individual case
- working with person-centred values
- multi-agency working
- implementing holistic approaches
- accessing and promotion of advocacy

A11.8 The meaning of patient safety and clinical effectiveness including why they are important:

- patient safety:
  - o meaning: the avoidance of accidental or unintended injury or harm during a period of receiving healthcare
- clinical effectiveness:

What you need to teach

    o   meaning: the application of healthcare, taking into consideration the individual's wishes, healthcare professional's experience, and evidence-based research in the approach

- why they are important:

    o   raises the standard of care improving the patient's experience and quality

    o   avoids negative outcomes for the provision of care

A11.9   What is meant by radicalisation, identifying signs of radicalisation and the purpose of the Prevent duty guidance: England and Wales 2023:

- meaning of radicalisation:

    o   the action or process of someone to adopt or support terrorism, or radical extremist beliefs connected with terrorism or terrorist groups

- identifying signs of radicalisation:

    o   detachment from family and friends

    o   raised levels of anger

    o   failure or avoidance in discussing own views

    o   increased interest in privacy or secretive behaviours

- the purpose of the Prevent duty guidance 2023:

    o   to work with communities to support vulnerable people at risk of becoming radicalised

A11.10 The importance of positive behaviour and a range of positive behaviour expected of a health professional:

- importance of positive behaviour:

    o   key to safeguarding individuals

    o   failure to comply with behavioural standards could result in non-compliance and deregistration

    o   improves quality service provision for positive outcomes

    o   reduces conflicts within the workplace

- range of positive behaviour expected of a health professional:

    o   promotion of choice, dignity, inclusion, independence, individuality, identity, privacy and confidentiality of information

    o   people-first approach (for example do not make assumptions, acknowledge and accept diversity and choice)

    o   effective practised clinical competence (for example communicate effectively, share best practice, work co-operatively)

    o   maintain safety (for example observe and report on an individual's condition and escalate any issues where necessary as soon as possible)

What you need to teach
o   encourage professionalism and trust o   respectful approaches to conflict resolution **A11.11 The types of support for managing positive behaviour:**   - behavioural frameworks (for example guidance on expected employee behaviour in a trust or workplace)   - workplace policies (for example whistleblowing and social media policies setting out what employees should/should not do)   - performance management (for example performance improvement plans to support employees to succeed)   **A11.12 What is meant by a conflict of interest and how to deal with those whilst practicing healthcare:**   - what is meant by a conflict of interest: - a situation where a person of trust, or an organisation's own interests are in direct conflict with the interest of the patient. It could also mean the person of trust or organisation sets to benefit from the patient   - how to deal with conflicts of interest: - be open and honest acting with integrity   - follow workplace guidelines   - declare any personal conflicts (for example that you have a personal relationship with the individual)

Core component section B: Science concepts

B1: Core science concepts

What you need to teach

The student must understand:

Cells

B1.1   The 3 principles of cell theory:

- all living things are made up of one or more cells

- cells are the most basic unit of structure and function in all living things

- all cells are created by pre-existing cells

B1.2   The different types of cells that make up living organisms:

- eukaryotic cells (for example plant, yeast, algae and animals)

- prokaryotic cells (for example bacteria)

B1.3   The structure and function of the organelles found within eukaryotic cells including:

- cell surface membrane:

    o   fluid mosaic model

    o   control of passage of substances into and out of the cell

    o   site of antigens

- nucleus:

    o   contains chromosomes

- mitochondria:

    o   respiration producing adenosine triphosphate (ATP)

- ribosomes:

    o   protein synthesis/translation

- rough and smooth endoplasmic reticulum:

    o   protein synthesis and packaging

    o   lipid synthesis and storage

- Golgi apparatus and Golgi vesicles:

    o   packaging of proteins for transport

- centrioles:

    o   involved with separation of chromosomes during cell division

- lysosomes:

What you need to teach

o digestion / breakdown of worn-out cell parts and invading microbes

B1.4 **The structure and function of specialised cells in complex multi-cellular organisms:**

- eukaryotic cells are specialised to perform particular functions

- specialisation occurs through differentiation from stem cells

- the structure of specialised cells and how this relates to their function:

    o erythrocytes

    o neurones

    o squamous epithelial cells

    o sperm cells

    o ova

    o striated muscle cells

B1.5 **The role of a light microscope and how to calculate magnification:**

- how a light microscope is used to study cells

- magnification=$\frac{\text{size of image}}{\text{size of object}}$

Cell cycle

B1.6 **The function of mitosis in nuclear division within cells:**

- mitosis produces 2 daughter nuclei that have the same number of chromosomes as the parent cell and each other
- mitosis division results in each of the daughter cells having an exact copy of the DNA of the parent cell

B1.7 **The purpose of each stage of the cell cycle:**

- interphase: stage that always precedes mitosis when DNA is replicated

- stages of mitosis:

    o prophase: the stage in which chromosomes become visible and the nuclear envelope disappears

    o metaphase: the stage in which the chromosomes arrange themselves at the centre of the cell

    o anaphase: the stage in which each of the 2 threads of a chromosome (chromatid) migrates to the opposite pole

    o telophase: the stage in which the nuclear envelope reforms to produce 2 daughter cells

- cytokinesis: the stage in which division of cytoplasm into 2 daughter cells takes place

What you need to teach

Large molecules
 	
B1.8　The molecular structures of the large molecules and how they are used within the body:
 	
    • proteins:
        o the basic units of proteins are amino acids
        o the relationship between primary, secondary, tertiary and quaternary structure
        o proteins are used within the body for growth and repair
    • carbohydrates:
        o the most basic carbohydrate is a monosaccharide – monosaccharides are composed of carbon, hydrogen and oxygen
        o when combined in pairs, monosaccharides form disaccharides through a condensation reaction and the formation of glycosidic bonds
        o carbohydrates are used within the body as a source of energy
    • lipids:
        o fatty acids and glycerol are the molecules from which triglycerides and phospholipids are formed
        o triglycerides are formed by the condensation of 1 molecule of glycerol and 3 molecules of fatty acid
        o phospholipids are formed when one of the fatty acids of a triglyceride is substituted by a phosphate-containing group
        o fatty acid molecules repel water (hydrophobic) and glycerol molecules attract water (hydrophilic)
        o phospholipid is made up of 2 parts, a hydrophilic head and a hydrophobic tail – this molecule structure forms a bi-layer that is important for all membrane functions
        o lipids are used within the body for insulation and protection and as an energy source
 	
Enzymes
 	
B1.9　The properties and functions of enzymes that are determined by their tertiary structure:
 	
    • properties:
        o the shape of the active site
        o the role of bonding
        o the effect of temperature on enzyme function
    • role of enzymes:
        o proteases including trypsin
        o carbohydrases including amylase
        o lipase

What you need to teach

Exchange and transport mechanisms

B1.10   How the surface-area-to-volume ratio and additional factors affect the rate of exchange and give rise to specialised systems:

- the surface area must be large in comparison to the volume for efficient exchange

- where the surface area is small compared to the volume, specialised exchange and transport mechanisms are required to maximise the rate of exchange

- how additional factors affect the rate of exchange:

    o   diffusion distance

    o   temperature

    o   metabolic rate

B1.11   The structure of the cell surface membrane and mechanisms of cellular exchange and transport:

- the fluid mosaic model of the cell surface membrane and how it facilitates cellular exchange and transport

- passive transport through the cell surface membrane: diffusion, facilitated diffusion and osmosis

- active transport through the cell surface membrane

- co-transport mechanisms

Genetics

B1.12   The purpose of deoxyribonucleic acid (DNA) and ribonucleic acid (RNA) as the carrying molecules of genetic information:

- DNA holds genetic information

- RNA transfers genetic information from DNA to the ribosomes where proteins are synthesised

B1.13   The relationship between the structure of DNA and RNA and their role in the mechanism of inheritance:

- nucleotides are the molecules (monomers) from which DNA and RNA are formed

- each nucleotide is formed from a pentose sugar, a nitrogen-containing organic base and a phosphate group

- the components of a DNA nucleotide are deoxyribose, a phosphate group and one of the organic bases adenine, cytosine, guanine or thymine

- the components of an RNA nucleotide are ribose, a phosphate group and one of the organic bases adenine, cytosine, guanine or uracil

- a condensation reaction between 2 nucleotides forms a phosphodiester bond

- a DNA molecule is a double helix with 2 polynucleotide chains held together by hydrogen bonds between specific complementary base pairs

What you need to teach

- an RNA molecule is a relatively short single stranded polynucleotide chain

Immunology

B1.14   The characteristics of key microorganisms:

Types of microorganisms	Average size of microorganism	Type of cell
bacterium	0.5 µm – 5 µm	prokaryotic
fungus	5 µm – 50 µm	eukaryotic
protist	1 µm – 2 mm	eukaryotic
virus	20 nm – 350 nm	N/A

B1.15   The definition and types of pathogen, including common types of conditions/disease caused by them:

- pathogen: microorganism which are the causative agents of disease:

Pathogen	Condition/disease
bacteria	chlamydia, gonorrhoea, tuberculosis
viruses	common cold, mumps and measles
fungi	yeast infection (thrush)
prions	Creutzfeldt–Jakob disease (CJD)
protists	malaria
parasites	toxoplasmosis

B1.16   The different ways in which pathogens may enter the body:

- direct transmission:

  o   physical contact with an infected person or contaminated surface (for example skin-to-skin contact)

  o   sharing of needles

  o   unprotected sexual contact

What you need to teach

    ○ airborne: pathogen is carried by dust or droplets in the air, can exist in the air for some time (for example inhaling infected droplets)

- indirect transmission:

    ○ vehicle transmission (for example ingesting infected food or water (faecal-oral)); blood from inanimate objects (for example bedding)

    ○ being bitten by an infected 'vector' (for example insect bites)

B1.17 How infectious diseases can spread amongst populations and communities:

- inadequate sanitation (for example lack of access to clean water and inadequate sewage disposal)

- lack of social distancing due to dense population

- lack of accessible health promotion information

B1.18 The definition of an antigen and an antibody:

- antigen – a substance that is recognised by the immune system as self or non-self and stimulates an immune response

- antibody – a blood protein produced in response to, and counteracting, a specific antigen

B1.19 The link between antigens and the initiation of the body's response to invasion by a foreign substance:

- antigens as chemical markers found on the surface of cells

- ability of the body to recognise self and non-self antigens

- recognition of non-self antigen leading to the initiation of an immune response

B1.20 The role of non-specific and specific defences to protect the body against invasion from a foreign substance:

- non-specific defences:

    ○ use of physical and chemical barriers

    ○ inflammation

    ○ phagocytosis

- specific defences:

    ○ actions of T-cells

    ○ actions of B-cells

B1.21 The differences between cell-mediated immunity and antibody-mediated immunity including:

- cell-mediated response is associated with T-lymphocytes destroying pathogens (causative agents) without producing antibodies

What you need to teach

- antibody-mediated response is associated with B-lymphocytes destroying pathogens (causative agents) by producing antibodies against it

B1.22 The role of T and B memory cells in the secondary immune response:

- they trigger a stronger and more rapid immune response after encountering the same antigen
- role of vaccinations in relation to T and B memory cells

B1.23 How the body reacts to injury and trauma:

- injury:
  - defined as damage to the body caused by external force
- how the body reacts as a response to injury:
  - involuntary inflammatory response
  - proliferation phase
- trauma:
  - is defined as an injury that has the potential to cause disability or death
- how the body responds to trauma:
  - involuntary inflammatory response
  - loss of organ function
  - bone structure deformity/damage/loss of structure
  - haemorrhaging
  - multi-organ failure
  - ischemia
  - proliferation phase

B1.24 The role and considerations of using magnetic resonance imaging (MRI) scanning in the detection and monitoring of trauma and injury:

- role:
  - uses strong magnetic fields and radio waves to generate detailed images of inside the body
- considerations of use:
  - patient medical history including medical implants containing magnetic metals
  - preparing the patient including the removal of all external metallic objects

Epidemiology and health promotion

B1.25 The meaning of epidemiology and definitions of specific terminology that is used:

- the meaning of epidemiology:

What you need to teach

- o study and analysis of the distribution and patterns of disease in population and why they occur
- specific terminology used in epidemiology:
- o incidence:
- occurrence of new cases of disease, injury, or other medical conditions over a specified time period
- o prevalence:
- the proportion of a population with a disease or a particular condition at a specific point in time
- o mortality:
- occurrence of death
- o mortality rate:
- the frequency of death in a population over a specified time period
- o morbidity:
- the state of having a disease or a medical condition

B1.26 How epidemiology is used to provide information to plan and evaluate strategies to prevent disease:

- how epidemiology is used:
- o identify the cause of disease
- o determine the extent of disease
- o identify trends and patterns of the incidence of the disease
- o study the progression of disease
- o plan and evaluate preventative and therapeutic measures for a disease or condition
- o develop public health policy and preventative measures

B1.27 How health promotion helps to prevent the spread and control of disease and disorder:

- communication:
- o raises awareness of required behaviours through a range of mediums (for example media campaigns)
- policy and systems:
- o systematic change to procedures, regulations or law to enforce required behaviour (for example applying restrictions)
- education programmes:
- o improves knowledge and empowers individuals to adapt own behaviour

What you need to teach

- health promotion for specific disease and disorders:

  o targeted awareness raising and campaigns

Homeostasis and physiological measurements

B1.28 The principles of homeostasis and how this links to maintaining the functions within the physiological systems which contributes to maintaining a healthy body:

- principles of homeostasis:

  o receptors

  o effectors

  o feedback systems

  o role of nervous system

  o role of the endocrine system

- how homeostasis contributes to maintaining a healthy body:

  o maintains stability and function of the physiological systems and cells when there are changes to internal and external conditions that would otherwise prevent enzymes from functioning normally

B1.29 The normal expected ranges for physiological measurements and the factors which may affect these measurements:

- normal expected ranges for physiological measurements:

Physiological measurements	Normal expected range for an adult aged 19 to 65
blood pressure	systolic mmHg:90–120 diastolic mmHg:60–80
heart rate	60 to 100 beats per minute (bpm)
respiratory rate	at rest 12 to 20 breaths per minute (bpm)
temperature	36 to 37.5°C

- factors that contribute to measurements outside of normal parameters:

  o age

  o weight

  o exercise

What you need to teach

   o sex

   o overall health

Classification of diseases and disorders

B1.30 The commonly used classification systems of diseases and disorders:

- topographical:
    - by bodily region or system
- anatomical:
    - by organ or tissue
- physiological:
    - by function or effect

Particles and radiation

B1.31 The types and properties of ionising radiation:

- alpha particle:
    - consists of 2 neutrons and 2 protons and is equivalent to a helium nucleus
    - high ionising but low penetrating power
    - range is 1 to 2 centimetres of air
- beta:
    - a high-speed electron ejected from the nucleus as a neutron turns into a proton
    - medium ionising and penetrating power
    - range is approximately 15 centimetres of air
- gamma:
    - electromagnetic radiation from the nucleus
    - low ionising and high penetrating power
    - range is many kilometres of air

B1.32 The definition of half-life:

- the time taken for half of the unstable nuclei in a sample to decay

Units

B1.33 The use of the international system of units (SI) relevant to health:

- kilogram (kg) – mass
- metre (m) – length

What you need to teach

• second (s) – time
 	
B1.34 How to convert units of measure:
 	
   • metres to millimetres
 	
   • millimetres to micrometres
 	
   • litres to millilitres
 	
   • millilitres to microlitres
 	
   • grams to milligrams
 	
   • milligrams to micrograms
 	
B1.35 The importance of using significant figures and science notation:
 	
   • makes calculation with large or small numbers less cumbersome
 	
   • reduces the chances of data errors

B2: Further science concepts in health

What you need to teach

The student must understand:
 	
Musculoskeletal system
 	
B2.1 The structure and function of the musculoskeletal system:
 	
   • structure of the musculoskeletal system:
 	
      ○ anatomical skeletal structure:
 	
         ▪ cranium
 	
         ▪ vertebrae
 	
         ▪ clavicle
 	
         ▪ sternum
 	
         ▪ rib cage
 	
         ▪ humerus
 	
         ▪ radius
 	
         ▪ ulna
 	
         ▪ carpals
 	
         ▪ metacarpals

What you need to teach

- phalanges

- pelvis

- femur

- tibia

- fibula

- tarsals

- metatarsals

o types of bones:

- long

- short

- flat

- irregular

- sesamoid

o types of joints:

- fibrous

- cartilaginous

- synovial

o general structure of striated muscle

- functions of relevant component within the musculoskeletal system:

o skeleton – provides support, protection, attachment for muscles/ligaments, is a source of blood production and stores minerals

o muscles – facilitate movement and provide support

o the sliding filament theory of musculoskeletal function in terms of thick and thin filaments sliding over one another to bring about contraction and relaxation, and their working as antagonist pairs

B2.2 The process of muscle contraction:

- the stages of the sliding filament theory for muscle contraction:

o the role of calcium ions and adenosine diphosphate (ADP) in the formation of cross bridges between actin and myosin filaments

o the role of ATP in breaking the cross bridge between the actin and myosin filaments

o the role of ATPase in restoring the myosin head to its normal position

o the repetition of this cycle leading to the shortening of the sarcomere

What you need to teach

B2.3   The development, impact and management of rheumatoid arthritis:

- causes of the disease

- impact on systems within the body and on physical and mental health

- how common treatments relieve symptoms:

  o   antirheumatic drugs

  o   biological treatments

  o   physiotherapy

  o   surgery on affected area

B2.4   The development, impact and management of muscular dystrophy disease:

- causes of the disease

- impact on systems within the body and on physical and mental health

- how common treatments relieve symptoms:

  o   steroids

  o   physiotherapy

  o   low impact exercise

  o   corrective surgery

Cardiovascular system

B2.5   The role of the components in performing the functions of the cardiovascular system:

- components of the cardiovascular system:

  o   mammalian heart:

    ▪   atria, ventricles, aorta, vena cava, pulmonary artery, pulmonary vein, tricuspid valve, pulmonary valve, mitral value and aortic valve

  o   arteries

  o   veins

  o   capillaries

  o   blood made up of plasma, platelets, erythrocyte and leukocytes

- the function of the components of the cardiovascular system:

  o   the path blood would take around the human cardiovascular system

B2.6   The process of the cardiac cycle:

- the electrical activity of the heart (for example, PQRST waves) and how heart rate is controlled and regulated

What you need to teach

- pressure changes in the heart and blood vessels and how this is linked to blood pressure

B2.7   The development, impact and management of coronary heart disease (CHD):

- causes of the disease

- impact on systems within the body and on physical and mental health

- how common treatments relieve symptoms:

  o blood thinning medicines

  o statins

  o betablockers

  o lifestyle changes to promote self-care and better health

  o surgery, to include stents and transplant

Respiratory system

B2.8   The role of the components in performing the functions of the respiratory system:

- components of the respiratory system:

  o trachea

  o lungs

  o bronchi

  o bronchioles

  o alveoli

  o pleural membranes

  o ribs

  o intercostal muscles

  o diaphragm

- functions of relevant components within the respiratory system:

  o inspiration and expiration, including pressure changes within the chest cavity

  o gas exchange

B2.9   The role of the alveoli as a specialised exchange surface in the process of gas exchange:

- how adaptation of the alveoli maximise the rate of diffusion:

  o large surface-area-to-volume ratio

  o good blood supply

  o short diffusion distance

What you need to teach

     o   moisture levels

     o   body temperature

B2.10 The development, impact and management of chronic obstructive pulmonary disease (COPD):

- causes of the disease

- impact on systems within the body and on physical and mental health

- how common treatments relieve symptoms:

     o   inhalers

     o   steroids

     o   lifestyle changes to promote self-care and better health

     o   pulmonary rehabilitation

     o   surgery

Digestive system

B2.11 The role of the components in performing the functions of the digestive system:

- components of the digestive system:

     o   mouth

     o   oesophagus

     o   stomach

     o   pancreas

     o   liver

     o   duodenum, ileum and colon, including layers of the gastrointestinal tract

     o   associated glands linked to these components, including salivary glands in the mouth, gall bladder and bile duct

- function of relevant components within the digestive system:

     o   chemical digestion

     o   physical digestion

     o   absorption processes

B2.12 The process of cellular transport in the small intestine to absorb glucose and amino acids:

- passive transport through the cell surface membrane:

     o   diffusion

     o   facilitated diffusion

What you need to teach

- active transport through the cell surface membrane
- co-transport mechanisms

B2.13   The development, impact and management of Crohn's disease:

- causes of the disease
- impact on systems within the body and on physical and mental health
- how common treatments relieve symptoms:
  - steroids
  - immunosuppressants
  - changes to diet
  - biological medicines
  - surgery

Endocrine system

B2.14   The role of the components in performing the functions of the endocrine system:

- components of the endocrine system:
  - hypothalamus
  - pituitary
  - thyroid
  - parathyroid
  - adrenals
  - ovaries
  - testes
  - pancreas
- functions of relevant components within the endocrine system:
  - the production and secretion of hormones
  - the activity of common hormones and their specificity in relation to target cells/organs:
    - thyroxine
    - cortisol
    - oestrogens
    - testosterone
    - gastrin

What you need to teach

- growth hormone

- follicle stimulating hormone (FSH)

B2.15　The role of glands and hormones in homeostasis:

- mechanism of blood glucose level control

- mechanism of osmoregulation

- mechanism of thermoregulation

B2.16　The development, impact and management of diabetes:

- causes of type 1, type 2, and gestational diabetes

- impact on systems within the body and on physical and mental health

- how common treatments relieve symptoms:

  o　type 1:

  - insulin – injections and pumps

  o　type 2 and gestational:

  - lifestyle changes to promote self-care and better health

  - metformin medication

Nervous system

B2.17　The role of the components in performing the functions of the nervous system:

- components of the nervous system:

  o　brain

  o　spinal cord

  o　sensory and motor neurones:

  - dendrites, cell body, nucleus, axon, myelin sheath of Schwann cells, nodes of Ranvier, axon endings/terminals and synaptic ends

  o　relay neurones

  o　synapses

- function of the relevant component of the nervous system:

  o　sensory neurones carry impulses from receptors to the central nervous system (CNS)

  o　motor neurones carry impulses away from the CNS to effectors

  o　the process of synaptic transmission and the function of the components of a motor neurone

What you need to teach

B2.18 The mechanism of nerve impulses via neurones:

- transmission of action potentials along neurones

- mechanism of a reflex action

B2.19 The development, impact and management of Parkinson's disease:

- causes of the disease

- impact on systems within the body and on physical and mental health

- how common treatments relieve symptoms:

  o supportive therapies

  o levodopa medication

  o surgery, to include deep brain stimulation

Renal system

B2.20 The role of the components in performing the functions of the renal system:

- components of the renal system:

  o kidney

  o nephron:

    ▪ Bowman's capsule

    ▪ glomerulus

    ▪ proximal convoluted tubule

    ▪ loop of Henle

    ▪ distal convoluted tubule

    ▪ collecting duct

  o ureter

  o bladder

  o urethra

- functions of the renal system:

  o removal of waste products from the body

  o process of urine production

B2.21 The mechanism of osmoregulation:

- the process of water reabsorption within the nephron via osmosis

- the role of water potential

What you need to teach

B2.22   The development, impact and management of chronic kidney disease (CKD):

- causes of the disease

- impact on systems within the body and on physical and mental health

- how common treatments relieve symptoms or cure the disease:

  o lifestyle changes to promote self-care and better health

  o dialysis

  o transplant

Integumentary system

B2.23   The role of the components in performing the functions of the integumentary system:

- components of the integumentary system:

  o skin

  o hair

  o nails

  o exocrine glands

- functions of relevant components of the integumentary system:

  o vitamin D synthesis

  o protection

  o cutaneous sensation

  o excretion

B2.24   The components and processes involved in temperature regulation:

- the role of the hypothalamus, sweat glands, arterioles and hair erector muscles

- the effect of sweating and shivering on body temperature

- the effect of vasoconstriction and vasodilation on body temperature

B2.25   The development, impact and management of atopic eczema:

- causes of the condition

- impact on systems within the body and on physical and mental health

- how common treatments relieve symptoms:

  o emollients

  o topical corticosteroids

  o dietary changes

What you need to teach

    o   environmental changes (for example avoiding pollen, allergens, dust)

    o   behavioural changes (for example avoiding scratching and certain fabrics, soaps and detergents)

Reproductive system

B2.26 The role of the components in performing the functions of reproductive systems:

- the components of the female reproductive system:
  - ovaries
  - fallopian tube
  - uterus
  - cervix
  - vagina
- the components of the male reproductive system:
  - penis
  - urethra
  - scrotum
  - testes
  - vas deferens
  - seminal vesicles
  - prostate
- the functions of the relevant components within the male and female reproductive systems:
  - provides a mechanism for the survival of the species by producing offspring through the combination of eggs and sperm
  - the female reproductive system has 2 functions – to produce egg cells and to protect and nourish an offspring until birth
  - the male reproductive system has one function – to produce and deposit sperm

B2.27 The role of hormones in the reproductive systems:

- menstrual cycle regulation:
  - function of specific hormones:
    - oestrogen
    - progesterone
    - FSH

What you need to teach

- luteinising hormone (LH)
  - o role of negative feedback mechanisms
- the growth and development of female/male reproductive characteristics

B2.28   The development, impact and management of endometriosis:

- causes of the condition
- impact on systems within the body and on physical and mental health
- how common treatments relieve symptoms or cure the condition:
  - o pain relief medication
  - o hormone-based treatments
  - o surgery, to include laparoscopy and hysterectomy

B2.29   The process of in vitro fertilisation (IVF) in the treatment of infertility:

- the main stages of IVF treatment:
  - o suppression of the natural menstrual cycle
  - o stimulating the ovaries to produce more eggs
  - o monitoring of progress
  - o egg collection
  - o egg fertilisation
  - o embryo transfer
- the role of hormones within main stages of IVF treatment:
  - o FSH
- factors affecting the number of embryos transferred:
  - o age
  - o IVF cycle
  - o quality of embryos

Cancer

B2.30   The difference between benign and malignant tumours:

- benign – a tumour that is not cancerous, it will not invade nearby tissue or spread around the body
- malignant – a tumour that is cancerous, it can invade nearby tissue and spread around the body

B2.31   The development, impact and management of cancer:

- different types of cancer and how common treatments relieve symptoms:

What you need to teach
- o invasive breast cancer: - breast conserving surgery and mastectomy   - monoclonal antibody therapy   - chemotherapy   - radiotherapy   - talking therapies   - o thyroid cancer: - thyroidectomy   - radioactive iodine treatment   - talking therapies   - o non-Hodgkin lymphoma: - monoclonal antibody therapy   - chemotherapy   - radiotherapy   - talking therapies   - o acute myeloid leukaemia: - chemotherapy   - bone marrow or stem cell transplants   - talking therapies   - o germ cell testicular cancer: - surgical removal of affected testicle   - talking therapies   - causes of the condition: - o failure of cell cycle leading to cancer   - o role of mutation in the development of cancer   - o risk factors for different types of cancers   - impact on systems within the body and on physical and mental health

Core skills

The employer set project (ESP) requires that students apply and contextualise core knowledge through the demonstration of the following core skills. Parameters have been provided for each skill in order to define what students must be able to demonstrate to fully satisfy the requirements of the ESP.

CS1: Demonstrate person-centred care skills

What you need to teach:

The student must be able to:
 	
CS1.1 Plan and develop person-centred care including:
 	
- communicate with service users and their families:
  - o adapt communication style to meet the needs (for example the use of appropriate language)
- gather information to inform the care plan including:
  - o views of the individual, their family, carers and healthcare professionals
- explore choices:
  - o discuss options available
  - o consider patient safety
  - o establish what is important to the individual and their family encouraging their contribution
  - o discuss the possible outcome of different choices
- establish mutual expectations for individuals, their families and carers:
  - o be clear on your own expectations
  - o understand which areas of care require expectations to be set
  - o discuss expectations of individuals, their families and carers by asking questions to establish understanding
  - o come to a mutual agreement and gain commitment
  - o record agreement processing and interpreting any data accurately
- set goals:
  - o establish what they want to achieve and by when
  - o establish who is responsible
  - o set deadline for when the goals will be reviewed
  - o consider patient safety
  - o record plans, processing and interpreting any data accurately

What you need to teach:

CS1.2 Provide person-centred care:
 	
 • in line with the care plan and patient's wishes
 	
 • respect patient's and service user's rights and dignity:
 	
   o close doors and knock before entering when providing personal care
 	
   o ensure confidential discussions take place in an appropriate environment
 	
   o where appropriate ensure the patient consents to sharing confidential information with family (for example Gillick competence/Fraser guidelines)
 	
 • respect patients in line with equality, diversity and inclusion:
 	
   o treat all patients fairly with the same access to services available
 	
 • demonstrate compassion through language used and acknowledgement of patient's condition asking questions about how they feel:
 	
   o ask questions throughout and acknowledge how an individual might be feeling
 	
 • regular reviews of the plan:
 	
   o ensure the plan still meets the needs of the individual
 	
 (GEC1, GEC2, GEC6, GDC4)

CS2: Communication

What you need to teach:
The student must be able to: **CS2.1 Communicate clearly and effectively with a variety of stakeholders including:**   • patients/service users   • customers   • carers   • other health and social care professionals **CS2.2 Communicate effectively with a variety of stakeholders within the health setting:**   • communicate in a clear and unambiguous way, tailoring language and technical information to the audience   • select the most appropriate way of presenting data: o use images and other tools (for example visualisations or infographics) to clarify complex information

What you need to teach:

- ask appropriate questions to test understanding based on the task required:

  o use of probing questions to get further information

- actively and critically listen to the individual's contributions

- respond to the individual's questions

- speak clearly and confidently when talking to the individual, their family and carers:

  o use appropriate tone and register that reflects the audience

- display appropriate body language:

  o demonstrating engagement

  o openness

- answer the brief/research questions, providing supporting documentation in different formats

- highlight the commercial/business benefits to the individual:

  o use calculations, diagrams and data to support these assertions

CS2.3 Use a range of techniques to overcome communication barriers:

- succinctness

- avoiding use of jargon/slang (for example use non-clinical terminology where possible)

- retaining awareness of cultural differences

- use of assistive technology and other communication aids where appropriate (for example braille, hearing loops, digital recorders and reader pens)

- knowing when to refer to a colleague (for example if sign language or translation services are required)

- use non-verbal communication such as gestures to imitate actions (for example eating or drinking)

- use an appropriate space:

  o free from distractions

  o consider positioning of the individual from the healthcare professional (for example keep appropriate distance)

  o ensure the space offers privacy where required

(GEC1, GEC2, GEC3, GEC6, GMC7, GMC8, GDC1, GDC2, GDC3, GDC6)

CS3: Team working

What you need to teach:

The student must be able to:

CS3.1 Identify the functions of different teams/team members as well as their own role within the wider team:

- identify hierarchy within teams

- ask and respond to questions for clarification

- establish the different expertise within the team

- understand own responsibilities within the wider team:

    o tasks they are accountable for

    o deliverables they are accountable for

    o direct reports (if applicable)

CS3.2 Undertake collaborative work demonstrating an ability to:

- delegate work when appropriate

- work within the organisation's defined processes

- encourage contributions from other participants

- demonstrate clear communication skills including making relevant and constructive contributions to move discussion forward

- share thoughts, opinions and ideas

- establish a common purpose or goal

- demonstrate adherence to relevant health and safety procedure

- follow standard operating procedure specific to the environment they are working in

- make decisions

- show reliability

- demonstrate respect and trust towards other team members

- work together to find solutions and problem solve

(GEC1, GEC6, GMC10)

CS4: Reflective evaluation

What you need to teach:
The student must be able to: **CS4.1　Undertake reflective practice and record reflections and experiences:** 　•　be able to identify: 　　　o　what happened 　　　o　the approach taken 　　　o　why that approach was taken 　　　o　what went well 　　　o　what did not go well 　　　o　what could have been done better 　　　o　how things will be done differently in future to make improvements 　•　use a range of methods to record reflections and experiences: 　　　o　short communications 　　　o　reports 　　　o　blogs 　　　o　creative writing **CS4.2　Make improvements to own practice:** 　•　be able to identify and seek out opportunities for continuing professional development and prevent future failings 　•　be able to request colleague feedback 　•　accept and act upon any performance-related feedback given 　•　seeking clarification where appropriate 　•　self-evaluate: 　　　o　consider own performance against job specification or objectives 　•　monitor own personal progress 　•　set personal goals and milestones 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(GEC3, GEC4)

CS5: Researching

What you need to teach:

The student must be able to:

CS5.1 Apply research skills:

- be able to identify the need for change or improvement in relation to specific areas of practice:

    o   utilise experience and clinical judgement

    o   consider risks to patient safety

- be able to carry out a detailed investigation into a specific problem by gathering information from independently sourced materials, originating from autonomous investigation

- be able to study sources, analyse data/information to draw conclusions

- be able to create and carry out a plan for research:

    o   outline the scope of your research

    o   identify what you would like to achieve

    o   how to formulate questions to find further information in relation to a specific area

    o   look into the background information around the specific area of practice

    o   collate further relevant information using a range of independently gathered sources and materials

    o   evaluate the information for reliability of the content source and currency

    o   use appropriate technology systems for the collection, processing and organisation of data in preparation for use

    o   the ability to identify suitable data from research, professionals and patients to allow interpretation and analyse findings

CS5.2 Apply principles for evidence-based practice to contribute to research and innovation within a specific area:

- apply principles of evidence-based practice:

    o   be able to combine research with clinical expertise and judgement

    o   be able to use appropriate technology systems for the collection and processing of data in preparation for use

    o   be able to identify suitable data from research, professionals and patients to allow interpretation and analyse findings

    o   be able to articulate findings through a variety of methods

    o   demonstrate effective evaluation skills and draw conclusions to the research

    o   be able to identify potential bias in results

What you need to teach:
○ be able to interrogate data   ○ be able to critically interoperate data   ○ be able to make decisions based on findings   ○ be able to make links between independent sources   - contribute to innovation within a specific area: ○ be able to apply findings in relation to: ▪ improving existing practice   ▪ introduce new or improved ways of working   ▪ investigate/introduce new and more effective treatment methods   (GEC5, GMC1, GMC4, GMC5, GMC6, GMC7, GMC8, GDC4, GDC5, GDC6)

CS6: Presenting

What you need to teach:
The student must be able to: **CS6.1 Present their project findings in a range of formats:**   - using digital formats: ○ video   ○ Microsoft PowerPoint   ○ multimedia presentation   - using non-digital formats: ○ verbal delivery   ○ white board   ○ flip chart   ○ paper handout   - tools for the layout of information: ○ graphics   ○ imagery/diagrams   ○ tables   ○ graphs

What you need to teach:

- o annotation

- o audio

- o visual

- o animation

CS6.2 Present outcomes to a range of different stakeholders:

- patients/service users

- customers

- carers

- other health and social care professionals

CS6.3 Apply considerations for adapting presentation style when presenting to a range of stakeholders:

- be able to adapt the presentation style to meet the needs of the target audience in relation to:

  - o age

  - o gender

  - o cultural differences

  - o educational background

- adapt presentation style to meet the needs of the stakeholder:

  - o amend and tailor language appropriately

  - o set length of presentation to meet the purpose

  - o organise information and ideas in a coherent way to suit the length and purpose of the presentation

  - o summarise information where necessary

  - o test understanding by asking and responding to questions

(GEC1, GEC2, GEC3, GDC2)

Occupational specialism: Dental Nursing

General Dental Council (GDC) approval of the Dental Nursing occupational specialism

A decision on approval of the programme will not be made by the GDC until inspection of the programme and examinations has been completed. This will take place when one full cohort has completed the programme.

GDC

The GDC is the UK-wide statutory regulator of the dental sector. Its primary purpose is to protect patient safety and maintain public confidence in dental services. To achieve this, it registers qualified dental professionals, sets standards for the dental team, investigates complaints about dental professionals' fitness to practise and works to ensure the quality of dental education.

Safe practitioner

Safe practitioner is the term that should be used to describe an individual at the point of qualifying from a UK dental professional training programme.

GDC domains and learning outcomes

As defined in The Safe Practitioner document, the GDC has created a set of learning outcomes that sit within domains and sub domains that aim to provide students with the knowledge, skills, attitudes and behaviours needed to qualify as a dental nurse.

NCFE has mapped these learning outcomes into all knowledge and skills statements within this occupational specialism.

Details of the mapping can be found at the end of each knowledge and skill statement.

Upon successful completion of this Dental Nursing occupational specialism, students will cover the learning outcomes that sit within the domains and sub domains:

- Clinical Knowledge and Skills
    - Clinical knowledge and its application to patient management
    - Clinical/Technical skills
- Interpersonal Skills
    - Effective communication
    - Teamwork and wellbeing of others
- Professionalism
    - Ethics and integrity
    - Leadership
    - Social accountability
- Self-management
    - Insight
    - Reflection, continued and self-directed learning
    - Adaptability, well-being, and personal growth

o Organisation and time management

Gateway content

For the Dental Nursing occupational specialism, providers must pay attention to the following requisite knowledge and skills that students must be taught and assessed on prior to providing patient care and entering the industry placement. The assessment will be in the form of a bridging module and e-portfolio. Providers must refer to the relevant assessment dates and plan their delivery accordingly. Although this content forms part of the occupational specialism, since students must undertake them prior to providing patient care and accessing the industry placement, it is recommended that they are delivered and assessed in year 1.

- K1.1 How the following health and safety legislation and regulations relate to a dental setting

- K1.2 The purpose and requirements of the following legislation and guidance relating to health, safety and welfare in dental settings

- K1.3 The permitted duties of a dental nurse as defined in the General Dental Council scope of practice guidance

- K1.4 The role of other members of the regulated dental team as defined in the General Dental Council scope of practice guidance

- K1.6 The role of regulators in dental services in England

- K1.9 The importance of remaining up to date with infection control

- K1.10 How the use of personal protective equipment (PPE) supports infection control

- K1.11 The recommended vaccination requirements to work in a dental setting

- K1.12 The responsibilities of the dental team in relation to Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices

- K1.13 The purpose of standard precautions when carrying out decontamination and sterilisation in a dental setting

- K1.14 Amounts of materials of the decontamination process

- K1.15 The key stages to practise hand hygiene

- K1.17 How to apply the national colour-coding scheme for cleaning materials and equipment in a dental setting

- K1.18 The significance of the design of a dental surgery and decontamination room in relation to infection control

- K1.19 Where decontamination and sterilisation of reusable instruments must take place

- K1.20 The different clinical areas that require decontamination

- K1.21 How to comply with waste segregation and classification

- K1.22 The different procedures required for at-risk systems and instruments

- K1.23 Potential routes of transmission of pathogens in a dental setting

- K1.30 How to present, view and store manual and digital radiographs

- K1.31 The potential consequences of exposure to ionising radiation

- K1.32 How processing chemicals are handled, stored and disposed of

- K1.33 How to manage a spillage of processing chemicals

- K1.50 How to apply the General Dental Council's 9 principles of practice to the role of a dental nurse

- K1.51 Signs and symptoms of abuse and neglect common to a dental setting

- K1.52 How to signpost to national and local safeguarding systems

- K1.56 Primary signs and symptoms of medical emergencies

- K1.57 Actions that can be carried out by a dental nurse in the event of a medical emergency

- K1.58 Who is permitted to deal with a medical emergency

- K1.59 The emergency drugs and equipment that must be contained within a dental setting

- K1.60 The drugs associated with a medical emergency

- K1.66 How to raise concerns about own or others' health and wellbeing, behaviour or professional performance

- S1.67 Apply knowledge of health and safety legislation, regulations and guidance in order to contribute to a safe and clean working environment, and safe patient care

- S1.68 Adhere to guidelines and regulations in respect to the use of PPE and appropriate dress in the clinical environment

- S1.79 Recognise faults in manual and digital radiographs

- S1.84 Follow the duty of candour principles when something has gone wrong with a patient's treatment or care

- S1.86 Follow all standards, codes of conduct and health and safety requirements/legislation, in relation to duty of care

- S1.92 Act as a patient advocate

- S1.94 Accurately assess a medical emergency

- S1.95 Manage and support the dental team in managing a medical emergency

- K2.10 The purpose of direct access

- K2.11 Enhanced continuing professional development (ECPD) requirements for dental nurses

- K2.12 The purpose of a personal development plan (PDP)

- K2.13 The importance of maintaining a PDP and ECPD

- K2.14 The required standards of personal behaviour, as defined by the General Dental Council Standards for the Dental Team

- K3.5 How IT and electronic recording systems are used within a dental setting

- K3.6 The possible consequences of recording inaccurate patient information

Further information to support these knowledge and skills statements can be found in the mandatory content section below. Items marked with an asterisk after the reference number relate to the gateway content mentioned above.

Knowledge and skills are set out side by side within their themed sections. The numbering is sequential throughout the performance outcome, from the first knowledge statement, following on through the skills statements. The 'K' and 'S' indicate whether the statement belongs to knowledge or skills.

Mandatory content:

Performance outcome 1: Carry out a range of dental procedures to support dental professionals at 'chairside'

Performance outcome 2: Provide factual information and up-to-date advice to help patients to maintain and improve their oral health

Performance outcome 3: Accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate

Performance outcome 4: Prepare, mix and handle filling and impression material in an appropriate and timely way

Glossary

Dental professional

All registered members of the dental team.

Duty of candour

Legal obligation to be open and honest with individuals and/or their families about incidents as promptly as possible.

Duty of care

A legal obligation to always act in the best interest of individuals and others – do not act or fail to act in a way that results in harm; act within your competence and do not take on anything you do not believe you can safely do.

Family

The people identified by individuals who are significant and important to them.

Individual

A person who may require care, assessment, investigation, support or treatment.

Patient

A person receiving care, support or treatment. Includes adults, children and young people, older adults, and those with additional needs.

Person-centred care

Focussing care on the needs, values and preferences of the individual and ensuring any clinical decisions are guided by these needs, values and preferences.

Scope of practice

Sets out the limits of responsibility and ensures individuals do not undertake work outside of training or competence.

Performance outcome 1: Carry out a range of dental procedures to support dental professionals at 'chairside'

Legislation, regulations and health and safety	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.1* How the following health and safety legislation and regulations relate to a dental setting:
 	
• Health and Safety at Work etc. Act 1974 – sets out regulations for what employers are required to do to protect the health, safety and welfare at work of employees and patients:
 	
   o provides internal policies and procedures to staff, such as, procedures to report and minimise hazards and risks in a dental setting, reporting and whistleblowing policies
 	
   o ensures all staff use only equipment, instruments and materials that they have been trained to use in a dental setting, and in line with legal, organisational and manufacturers' instructions
 	
   o ensures all staff take reasonable care of their own and others safety in a dental setting
 	
• Health and Safety (First Aid) Regulations 1981 – sets out regulations for what employers are required to do to keep employees safe:
 	
   o provides internal policies and procedures, including adequate and appropriate equipment, facilities, and personnel to ensure employees and patients receive immediate attention if they are injured or taken ill at work
	The student must be able to:
	
	S1.67* Apply knowledge of health and safety legislation, regulations and guidance in order to contribute to a safe and clean working environment, and safe patient care, by:
	
	• complying with legislation, regulations and guidance
	
	• working in accordance with the standards for the dental team, the standards of conduct, performance and ethics and within own scope of practice
	
	• working in accordance with environmental and sustainability guidance
	
	• working together in a way which does not endanger self, staff or patients, including working in an ergonomic way
	
	• identifying, assessing and reporting risks and hazards, as necessary
	
	• contributing to health and safety improvements, as necessary
	
	• adhering to fire evacuation procedures, as necessary
	
	Relationship to GDC learning outcomes: C 2.3.1, I 2.1, I 2.5, I (B)4, P 1.5, P 1.12, P (B)7, P (B)8, P (B)10, P (B)15, P (B)16, P 3.12, S (B)3
	
	S1.68* Adhere to guidelines and regulations in respect to the use of PPE and appropriate dress in the clinical environment, by:
	
	• wearing PPE appropriate to the procedure (for example, cuffed glove gown, mask, eye protection, gloves, apron, head coverings)

Legislation, regulations and health and safety	
- Control of Substances Hazardous to Health (COSHH) Regulations 2002 and subsequent amendments 2004 – sets out regulations for what employers are required to do to control substances hazardous to health: - ensures that a COSHH assessment is carried out on all hazardous substances within a dental setting, such as filling materials and cleaning agents, ensures chemicals and materials are stored correctly and rotation procedures are in place - Hazardous Waste (England and Wales) Regulations 2005 – sets out regulations for the control and tracking of hazardous waste: - ensures the use of separate disposal containers for hazardous waste, such as sharps, soft clinical waste, out-of-date medicines, filling materials, amalgam waste – hazardous waste must be disposed of through a licensed waste carrier - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 – sets out the regulations for what employers and employees are required to do in relation to recording and reporting serious workplace accidents, occupational diseases and specified dangerous occurrences ('near misses'), applicable to both employees and patients: - provides staff with appropriate processes and procedures and ensuring all staff are trained - The Personal Protective Equipment at Work (Amendment) Regulations 2022 – sets out the regulations for what employers are required to do in relation	- putting on and removing PPE in the correct order: - putting on order: uniform, apron, mask, eye protection then gloves - removal order: gloves, apron, eye protection, mask, uniform - wearing clinical dress (for example, scrubs, flat and closed shoes) - limiting clinical dress to the dental working environment only, including footwear - having clean, short fingernails, no nail varnish or false nails - removing unnecessary jewellery, make up, false eyelashes - always being bare below the elbow Relationship to GDC learning outcomes: P (B)8, P (B)9, S (B)3

Legislation, regulations and health and safety	
to providing personal protective equipment (PPE) to reduce harm to employees and patients: o ensures adequate PPE is available to all staff and patients (for example, use of disposable masks, gloves) • Regulatory Reform (Fire Safety) Order 2005 – sets out the regulations for health and safety requirements employers are required to have in place relating to fire safety: o ensures fire safety measures are implemented, risk assessments are carried out, ensures accessible exit routes, provides staff with instruction and training Relationship to GDC learning outcomes: P 1.5, P 1.12, P (B)8, P (B)9, P (B)10 **K1.2*** **The purpose and requirements of the following legislation and guidance relating to health, safety and welfare in dental settings:** • Ionising Radiation Regulations 2017 – sets out the regulations for what employers are required to do in relation to protecting patients and the dental team from unnecessary exposure to radiation (for example, ensuring the dental equipment is maintained correctly) • Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) – sets out the regulations for what employers are required to do in relation to protecting patients and the dental team from unnecessary exposure to radiation by minimising the X-ray exposure time to as low as reasonably possible	

Legislation, regulations and health and safety	
- General Dental Council (GDC) Scope of Practice guidance – sets out the roles of the individual registrant groups, including the permitted duties of a dental nurse - GDC Standards for the Dental Team – sets out standards of conduct, performance and ethics that govern the dental team. It specifies the principles, standards and guidance which apply to all members of the dental team. It also sets out what patients can expect from their dental professionals - Health Technical Memorandum (HTM) 01-05 – Decontamination in primary care dental practices: sets out the essential quality requirements and best practice in the management of reusable dental instruments and infection control in the primary dental care environment - Health Technical Memorandum 07-01 – Safe and sustainable management of healthcare waste: sets out the environmental benefits for the safe management and disposal of healthcare waste, as well as the requirement to keep an audit of waste disposal - GDC Guidance on professional indemnity and insurance cover – Dental professionals have a legal responsibility to ensure appropriate indemnity or insurance cover is in place Relationship to GDC learning outcomes: C 1.15, C 1.38, P 1.5, P 1.6, P 1.12, P (B)8, P (B)9, P (B)10, P 3.7, P 3.11	
K1.3* **The permitted duties of a dental nurse as defined in the GDC Scope of Practice:** prepares and maintains the clinical environment, including equipment	

Legislation, regulations and health and safety	
• carries out infection prevention and control procedures to prevent physical, chemical, and microbiological contamination in the surgery or laboratory • records dental charting and oral tissue assessment as per other registrants' instructions • prepares, mixes, and handles dental biomaterials • provides chairside support to the dental professional during treatment • keeps full, accurate and contemporaneous patient records • prepares equipment, materials, and patients for dental radiography • processes dental radiographs • monitors, supports and reassures patients • gives appropriate patient advice • supports the patient and their colleagues in instances of medical emergency • makes appropriate referrals to other health professionals Relationship to GDC learning outcomes: C 1.38, I 2.3, I 2.4, I 2.5, I 2.7, I (B)2, I (B)3, I (B)6, P (B)8, P (B)9, P 2.3 **K1.4*** **The role of other members of the regulated dental team as defined in the GDC Scope of Practice guidance:** • orthodontic therapists: ○ registered dental professionals who carry out certain parts of orthodontic treatment under prescription from a dentist	

Legislation, regulations and health and safety	
- dental hygienists: - registered dental professionals who help patients maintain their oral health by preventing and treating periodontal disease and promoting good oral health practice; they administer treatment directly to patients or under prescription from a dentist - dental therapists: - registered dental professionals who administer certain items of dental treatment directly to patients or under prescription from a dentist - dental technicians: - registered dental professionals who make dental devices to a prescription from a dentist or clinical dental technician; they also offer repair dentures directly to members of the public - clinical dental technicians (CDT): - registered dental professionals who provide complete dentures direct to patients and other dental devices on prescription from a dentist; they are also qualified dental technicians; patients with natural teeth or implants must see a dentist before the CDT can begin treatment; CDTs refer patients to a dentist if they need a treatment plan or if the CDT is concerned about the patient's oral health - dentists: - registered dental professionals who can carry out all treatments as defined in the GDC Scope of Practice guidance	

Legislation, regulations and health and safety	
Relationship to GDC learning outcomes: C 1.38, C 1.40, C 2.4.2, I 2.3, I 2.4, I 2.6, I 2.7, I (B)3, I (B)4	
K1.5 **The legal requirements to maintain and protect patients' information, as set out in the GDC Standards for Dental Team:** • keeps up to date, complete, clear, accurate and legible records – contemporaneous • ensures personal details are kept confidential • facilitates patients' access to dental records on request (for example, via The Freedom of Information Act 2000) • ensures records are stored securely • ensures records are proportionate to needs • ensures patients are aware of how their information will be processed and used Relationship to GDC learning outcomes: C 1.44, C 2.1.12, P 1.1, P 1.2, P 1.5, P 1.12, P (B)11	
K1.6* **The role of regulators in dental services in England:** • NHS – commission dental services to meet local needs (for example, the provision of NHS dental care in a dental practice) • Care Quality Commission – monitor, inspect and regulate health services, including dental services, to ensure they meet fundamental standards of quality and safety • GDC – regulate dental professionals in the UK to maintain professional standards for the benefit of patients	

Legislation, regulations and health and safety	
Relationship to GDC learning outcomes: P 1.5, P 1.12	
K1.7 **The relationship between National Institute for Health Protection (Public Health England) and the NHS in the planning of dental service delivery:** • working together to ensure equity of healthcare provision (for example, ensuring all areas of England have access to NHS dental care) • consistent approach to preventative advice given to all patient groups Relationship to GDC learning outcomes: P 3.2	

K1.8 **How dental care is delivered in England:**
 	
 • primary dental care:
 	
     o salaried dental services (for example, special care services, prison services, ministry of defence)
 	
     o NHS dental practices – may also provide private dental care, which may be operated by dental corporate bodies or be owned by an individual dentist or group of dentists
 	
     o private dental practices – may provide some specialist services such as endodontics, orthodontics
 	
 • secondary dental care:
 	
     o NHS hospital trusts or private hospitals – carry out specialist dental services such as oral surgery, maxilla facial surgery and orthodontics
 	
 Relationship to GDC learning outcomes: P 3.2	

Infection control	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:

K1.9* **The importance of remaining up to date with infection control:**
 	
• complies with GDC requirements
 	
• ensures best practice is maintained
 	
• ensures early adoption of improved infection control practice
 	
• improves patient and workplace safety
 	
Relationship to GDC learning outcomes: C 1.8, P 1.5, P 1.12, P 2.3
 	
K1.10* **How the use of PPE supports infection control:**
 	
• mask – reduction in airborne particles/contaminants
 	
• gloves – reduction in cross-contamination via touch
 	
• gowns – reduction in cross-contamination from, or onto clothing
 	
Relationship to GDC learning outcomes: C 1.8, C 2.3.2, P 2.3
 	
K1.11* **The recommended vaccination requirements to work in a dental setting, including:**
 	
• purpose of vaccinations
 	
• recommended vaccinations
 	
• vaccination schedule
 	
Relationship to GDC learning outcomes: C 1.8, P (B)9, P 2.3
	S1.69 **Carry out hand hygiene, at the key stages, to minimise the spread of infection, with reference to the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, including:**
	
	• hand washing
	
	• hand drying
	
	• skin care
	
	Relationship to GDC learning outcomes: C 1.38, C 2.3.2, P (B)8, P (B)9, P 2.3, S (B)3
	
	S1.70 **Carry out instrument, handpiece and surface inspection and pre-sterilisation cleaning, in accordance with regulations, provisions and knowledge of good practice in the dental environment:**
	
	• instruments
	
	• placing any dirty instruments and trays into the appropriately labelled and sealed box
	
	   o transporting the sealed box to a decontamination room
	
	   o wearing heavy duty gloves, eye protection and disposable plastic apron when in the decontamination room and when transferring items from box to sink
	
	   o visually inspecting the items with a magnifying light to ensure they are not broken and there is no gross contamination
	
	   o manually cleaning items by immersing in water, using a separate sink for rinsing
	
	   o where available, placing items in an ultrasonic bath or washer disinfector

Infection control

K1.12* The responsibilities of the dental team in relation to Health Technical Memorandum 01-05: Decontamination in primary care dental practices:

- decontaminates and sterilises all reusable instruments, equipment and surgery surfaces before and after each decontamination process cycle

Relationship to GDC learning outcomes: C 1.8, C 2.3.2, P (B)8, P (B)9, P 2.3

K1.13* The purpose of standard precautions when carrying out decontamination and sterilisation in a dental setting:

- prevents cross-contamination of pathogens
- protects patients and staff from infection
- promotes a common standard for all

Relationship to GDC learning outcomes: C 1.8, P (B)8, P (B)9, P 2.3

K1.14* The key stages of the decontamination process:

- inspection – a visual inspection for cleanliness, wear and damage, taking place at key stages within the decontamination process (pre- and post-sterilisation cleaning and after sterilisation)
- pre-sterilisation cleaning– disinfection: an essential prerequisite for sterilisation which will reduce the risk of transmission of pathogens
- sterilisation – the use of an autoclave to kill pathogens
- storage – to protect the instruments against the possibility of recontamination by pathogens, stored in suitable sealed view pack and dated to

- re-inspecting the items to ensure no damage or contamination, and re-processing if necessary
- placing instruments onto metal tray and loading autoclave as per manufacturers' instructions
- packaging and labelling (including date) before storing appropriately
- checking autoclave log to ensure sterilisation has been completed

- handpieces:
  - placing any dirty handpieces into the appropriately labelled and sealed box
  - transporting the sealed box to a decontamination room
  - wearing heavy duty gloves, eye protection and disposable plastic apron when in the decontamination room
  - visually inspecting the items using a magnifying light to ensure it has not broken and there is no gross contamination
  - using dental lubrication unit to internally cleanse and oil items
  - re-inspecting the items to ensure no damage or contamination, and re-processing if necessary
  - placing items into autoclave as per manufacturers' instructions
  - packaging, labelling (including date) and storing appropriately
  - checking autoclave log to ensure sterilisation has been completed

- surfaces:
  - using disinfectant or detergent to clean all surfaces touched, or subject to aerosol generation droplets, between patients

Infection control	
ensure the instruments are used in date order and before expiry Relationship to GDC learning outcomes: C 1.8, C 2.3.2, C 2.3.3, P 2.3 **K1.15* The key stages to practise hand hygiene:** • before and after each treatment session • when putting on and removing PPE • following manual cleaning of dental instruments • before contact with instruments that have been autoclaved • after cleaning or maintaining decontamination devices used for dental instruments • after completion of decontamination work Relationship to GDC learning outcomes: C 1.8, C 2.3.2, P 2.3 **K1.16 How to manage a sharps injury:** • encourage the injury to bleed • place the injured area under running water • wash the injury under running water with soap • dry and cover with a plaster/dressing • seek guidance from occupational health or accident and emergency • follow reporting procedures of the dental setting Relationship to GDC learning outcomes: C 1.8, P 2.3	Relationship to GDC learning outcomes: C 2.3.2, C 2.3.3, P (B)8, P (B)9, P 2.3, S (B)3 **S1.71 Disinfect dental impressions, prosthetics and orthodontic devices, following a multi-step process and in accordance with manufacturers' instructions:** • immediately after removing from the mouth, any device should be rinsed under clean running water until the device is visibly clean • disinfect device according to the manufacturer's instructions • after disinfection, the device should be thoroughly washed (this process should occur before and after any device is placed in a patient's mouth) • any devices that are to be returned to a supplier/laboratory/sent out of the practice, must have a label to indicate that a decontamination process has been used Relationship to GDC learning outcomes: C 2.3.2, P (B)7, P (B)8, P (B)9, P 2.3, S (B)3 **S1.72 Follow the established guidelines for surgery zoning through demonstrating the use of clean and dirty areas in a dental setting, by:** • wearing PPE appropriate to the procedure (for example, cuffed glove gown, mask, eye protection, gloves, apron, head coverings) • identifying clean and dirty zones to avoid cross-contamination • maintaining the clean and dirty zones appropriately • ensuring all sterile clean instruments are placed in a clean area • ensuring all used instruments are placed in a dirty area • following established guidelines if cross-contamination occurs

Infection control	
K1.17* How to apply the national colour-coding scheme for cleaning materials and equipment in a dental setting: • washrooms (for example, toilets and floors) – red • low risk areas (for example, waiting room) – blue • clinical and isolation areas (for example, decontamination room) – yellow • food prep areas (for example, kitchens, including satellite kitchens) – green Relationship to GDC learning outcomes: C 1.8, C 2.3.2, C 2.3.3, P 2.3 **K1.18* The significance of the design of a dental surgery and decontamination room in relation to infection control, including:** • the requirement for minimal, easy-to-clean surfaces • surgery zoning • ergonomic design • ventilation and airflow • effective flow of dirty to clean instruments Relationship to GDC learning outcomes: C 1.8, C 2.3.2, P 2.3 **K1.19* Where decontamination and sterilisation of reusable instruments must take place:** • within a decontamination room, to include a dirty zone and a clean zone Relationship to GDC learning outcomes: C 1.8, C 2.3.2, C 2.3.3 **K1.20* The different clinical areas that require decontamination:** • dental surgery/operating area: o dental operating unit	Relationship to GDC learning outcomes: C 1.38, C 2.3.2, C 2.3.3, P (B)7, P (B)8, P (B)9, P 2.3, S (B)3

Infection control	
- o working surfaces and sinks - decontamination area: - o working surfaces and sinks - o instrument storage areas Relationship to GDC learning outcomes: C 1.8, C 2.3.2, C 2.3.3 **K1.21* How to comply with waste segregation and classification:** - sharps box – clinical waste (for example, used needles) - orange bag – infectious clinical waste (for example, used gauze) - rigid leak proof container – liquid wastes (for example out-of-date medicines and used developer and fixer waste) - yellow bag with black stripe – offensive or hygiene waste (for example, used PPE, tissue) - amalgam waste pot – hazardous waste (for example, teeth that contain amalgam) - black bag – domestic waste (for example, kitchen and staffroom waste) Relationship to GDC learning outcomes: C 1.8, C 2.3.2, C 2.3.3 **K1.22* The different procedures required for at-risk systems and instruments:** - at-risk systems: - o at the start of each working day, water lines should be run through - o water lines must be flushed through and purged at the end of each working day - o where manufacturers provide protocols for daily cleaning, these must also be applied	

Infection control

- instruments and handpieces: - decontamination of instruments and handpieces, single use instruments must be disposed of immediately after use, non-single use instruments and handpieces must go through a decontamination and sterilisation process and stored appropriately Relationship to GDC learning outcomes: C 1.8, C 2.3.2, C 2.3.3, P (B)8 **K1.23* Potential routes of transmission of pathogens in a dental setting:** - direct transmission: patient contact: - bodily fluids (for example, via a needle stick (sharps) injury) - airborne (for example, via inhalation of potential infected airborne particles) - indirect transmission: surface or material contact: - touching an infected surface or material (for example, via an infected cotton bud) Relationship to GDC learning outcomes: C 1.8	

Instruments and equipment used in the dental surgery

Knowledge – What you need to teach	Skills – What you need to teach
The student must understand: **K1.24 The application of a range of commonly used instruments and equipment in a dental surgery:**	The student must be able to: **S1.73 Undertake audit, testing and maintenance of equipment used in the dental surgery:**

Instruments and equipment used in the dental surgery

- the dental operating unit (for example, where the patient sits) supports all the instruments that are to be used:
  - adjustable dental light – to illuminate the patient's mouth
  - adjustable dental chair – to position the patient
  - aspirator unit or mobile cart – suction to remove water and debris from the patient's mouth
  - spittoon – the receptacle that allows a patient to rinse their mouth
  - adjustable bracket table – the host for the dental hand pieces, equipment and in-use dental instruments
  - foot switch – to enable operation of the hand pieces and, in some instances, the three-in-one syringe
  - X-ray equipment – imaging – images used to aid diagnosis, prognosis and treatment:
  - intraoral X-ray unit – generates the electrical power to take an image of a film that is placed inside the patient's mouth
  - extraoral X-ray unit (for example, ortho panoramic units) – used to take an external image of the patients' teeth and alveolar bone
  - intraoral films – to capture images. Differing film sizes are used (for example, periapical (child and adult), bite wings and occlusal)
  - processing unit – manual chemical unit and computer processing – to convert films and receptors into images

- referring to manufacturer's instructions/legislative requirements to check auditing, testing and maintenance of equipment schedules
- maintaining appropriate records of when audits, testing and maintenance of equipment has taken place
- checking equipment connections (for example, power leads)
- ensuring equipment has full range of expected movement (for example, X-ray units, dental operating light)
- carrying out relevant pre-use checks for each piece of equipment, including:
  - autoclaves:
    - carrying out pressure and steam penetration test
    - checking the water levels
    - checking the scheduled maintenance is in date
  - washer disinfector:
    - testing the chemical dosing
    - checking for leaks
    - cleaning filters
    - checking the disinfectant levels
  - radiograph processing equipment (manual):
    - carrying out the process control strip to test chemical condition and processor operation
  - dental X-ray unit:
    - checking the correct collimators are available
    - refreshing the chemicals to replenish developer

Instruments and equipment used in the dental surgery

- hand instruments – a range of instruments used in dental procedures:
  - oral health assessment instruments, including mirror, probe, tweezers, periodontal probe
- conservation instruments – including mirror, probe, tweezers, periodontal probe, excavator, trimmer, flat plastic, carver, ball-ended burnisher, amalgam plugger
- periodontal instruments – including mirror, tweezers, periodontal probe, scalers
- orthodontic instruments – including mirror, probe, tweezers, plyers, wire cutters, needle holder, end tucker, band pushers, bracket remover, band remover
- oral surgery instruments – including mirror, probe, tweezers, upper and lower forceps for deciduous and permanent teeth, elevators and luxators
- prosthetic instruments – including mirror, probe, tweezers, shade guide, articulating paper holder, wax knife, Willis Bite Gauge, carver, pliers, occlusal plane
- autoclaves – used to sterilise reusable instruments
- ultrasonic bath – used to remove debris from instruments prior to sterilisation
- washer disinfector – used to pre-clean instruments prior to sterilisation
- handpiece – straight, slow speed, high speed, surgical – motorised tool used at varying speeds to host the bur, which removes and smooths hard dental tissues and materials

  - fixer and water when required as indicated by the use of a test film
- digital X-ray computer:
  - ensuring there is an internet connection and that it is connected to the networks
- ultrasonic bath:
  - carrying out a protein test and foil test
  - changing chemical solution as and when required as indicated by the audit test and in line with the manufacturer's instructions
- medical emergency drugs and equipment:
  - checking and recording weekly that all drugs and equipment are present and within expiry date
  - checking integrity of the oxygen tank
  - checking there is available oxygen
  - checking all additional equipment is present for use to support the delivery of oxygen (for example, masks and tubes)
  - checking the expiry date of the pads in the defibrillator and the battery life
  - checking the function of the portable suction
- water:
  - checking water supply hygiene
  - checking water temperature
  - checking water is circulating in the right way
- dental materials fridge temperature check:
  - checking and recording the fridge's daily temperature on the log
  - logging contents of fridge

Instruments and equipment used in the dental surgery

- burs (bit) – each type of handpiece has specific fitting burs: burs are used for different functions and procedures such as the removal of hard dental tissues and materials

Relationship to GDC learning outcomes: C 2.3.3, P (B)7

K1.25 **The purpose of auditing, testing and maintaining dental equipment:**

- ensures legal compliance and safe and efficient operation of equipment

- ensures patient and staff safety

- identifies any equipment which is not working

- reinforces good practice

Relationship to GDC learning outcomes: C 1.9, P (B)7, P 2.3, S 2.9

K1.26 **Specific equipment which requires daily pre-use checks, in accordance with manufacturers' instructions:**

- dental operating unit

- autoclaves

- washer disinfector

- radiograph processing equipment – manual

- dental X-ray unit

- ultrasonic bath

- medical emergency drugs and equipment

- water

- dental materials fridge temperature check

Relationship to GDC learning outcomes: C 1.9, P (B)7, P (B)8, P 2.3

- o   dental operating unit:

  - checking the water and air supply

  - checking the aspirator is working

  - flushing the unit

  - checking the dental light is working

  - checking the dental chair is fully operating and the upholstery of the seat is intact

- o   waterlines:

  - rinsing these through for required amount of time – 2 minutes

Relationship to GDC learning outcomes: C 1.9, C 2.1.16, C 2.3.3, P (B)7, P (B)8, P (B)14, P 2.3, S (B)3, S 2.9

S1.74 **Comply with the guidance detailed within the Health Technical Memorandum 01-05 for the storage, use and post-use of equipment and instruments (wrapped and unwrapped), including:**

- bagging, storing, dating and using within the time frame, or reprocessed

- keeping equipment and instruments dry

- protecting from contamination

Relationship to GDC learning outcomes: C 1.9, C 1.38, C 2.3.3, P (B)7, P (B)8, P 2.3, S (B)3

S1.75 **Work in a safe and timely manner in accordance with workplace and legislative requirements to prepare the clinical environment before the dental team perform a range of dental procedures on patients:**

- checking any specific patient requirements booked in for the day (for example, any additional needs)

- checking the planned procedures for the day and ensuring any specialist equipment is available

Instruments and equipment used in the dental surgery

K1.27 Specific equipment which requires a service engineer validation check:

- autoclave – to check the integrity of the pressure vessel and steam valve and cycle times

- washer disinfector – to check the water pressure, cycle times and dosing of the cleansing agent

- X-ray unit – radiological and electro-mechanic checks

Relationship to GDC learning outcomes: C 1.9, P (B)7, P 2.3

K1.28 How electricity, water and compressed air support the operation of the dental unit:

- electricity:
  - o powers the dental unit

- water:
  - o used to clean the spittoon
  - o used to wash, flush and cool the tooth during operation of dental handpiece and ultrasonic scaler
  - o used by patients for rinsing

- compressed air supply:
  - o used to drive the slow and high-speed handpieces
  - o used in 3-in-1 syringe for clearing debris or saliva
  - o provides the suction for aspiration unit

Relationship to GDC learning outcomes: C 2.3.3, P (B)7

- setting up the dental operating unit by:
  - o turning on the electric supply to the dental operating unit
  - o filling the bottle with freshly distilled/reverse osmosis water and fitting to the dental operating unit, running water through the handpiece for 2 to 3 minutes
  - o turning on the air supply to the dental operating unit

- checking the dental light turns on and off and can be moved

- checking the handpiece operation

- checking water supply and drainage of the spittoon

- checking the suction of the aspirator

- checking and preparing ultrasonic scaling unit, if separate dental operating unit, by turning it on, checking the water is running through it for 2 to 3 minutes

- checking X-ray unit by checking to see if the collimator is fitted and if not ensuring this is close by

- checking the operation of the light cure unit

- checking the operation of the 3-in-1 air-water syringe by checking water and air supply

- checking stock levels of materials and consumables and any fixed or removable prosthetics are available for patients

Relationship to GDC learning outcomes: C 1.38, C 2.3.3, I (B)3, P 1.5, P (B)7, P (B)8, S (B)3, S (B)9

Instruments and equipment used in the dental surgery	

K1.29 The purpose and operation of the filling material mixing unit and impression material mixing unit:
 	
• filling material mixing unit – amalgamator:
 	
   ○ purpose – to mix amalgam and glass Ionomer capsules into a workable state
 	
   ○ operation – different mixing times are used depending on the material
 	
• impression material mixing:
 	
   ○ purpose – to mix the silicone base and catalyst in an even and uniform manner and to ensure a smooth mix of alginate and water
 	
   ○ operation – the correct ratio dispensing tip must be used (as per the manufacturer's instructions)
 	
Relationship to GDC learning outcomes: C2.2.10, C 2.3.3, P (B)7
 	
K1.30* How to present, view and store manual and digital radiographs:
 	
• presenting – mounting radiographs, including:
 	
   ○ clear patient identification (for example, name, DOB and NHS number)
 	
   ○ date radiograph was taken
 	
   ○ correct orientation
 	
• viewing radiographs:
 	
   ○ digital – use of appropriate software and PC
 	
   ○ manual – use of radiographic light box (for example, viewer)
 	
• storing radiographs:
	S1.76 Work in a safe and timely manner in accordance with workplace and legislative requirements to maintain hygiene and safety of the clinical environment during dental procedures on patients such as extractions, fillings and radiographs, including:
	
	• ensuring adequate time allocated to dental procedures
	
	• complying with uniform and PPE requirements for the dental procedure
	
	• ensuring the patient has the required PPE for the dental procedure
	
	Relationship to GDC learning outcomes: C 1.38, C 2.3.3, P 1.5, P 1.12, P (B)7, P (B)8, S (B)3, S (B)9
	
	S1.77 Close down the dental surgery in line with the decontamination protocols and manufacturers' instructions, and ensure that the surgery is secure, including electricity, water and air supply, by:
	
	• wearing PPE when carrying out closing-down procedures
	
	• turning off the air, water and electric supply to the dental operating unit
	
	• turning off the light
	
	• removing water bottle, turning upside down to drain, and drying it ready for the next day
	
	• purging the water lines
	
	• closing down and purging ultrasonic scaling unit
	
	• flushing and disinfecting the spittoon and aspirator
	
	• segregating and disposing of waste
	
	• removing dirty instruments into the decontamination room
	
	• turning off the amalgamator
	
	• turning off the X-ray unit

Instruments and equipment used in the dental surgery

o   must be stored securely, in accordance with the manufacturer's guidance and alongside patient records; can be stored either manually or electronically

Relationship to GDC learning outcomes: C 2.1.16, C 2.3.3, P (B)7, P (B)8

K1.31* The potential consequences of exposure to ionising radiation:

- adverse foetal effects in pregnancy

- damage to cells in the body which may lead to cancer (for example, skin cells)

Relationship to GDC learning outcomes: C 1.15, P (B)7

K1.32* How processing chemicals are:

- handled:

  o   in line with manufacturers' recommendations

  o   wearing appropriate PPE

  o   COSHH assessment in place

- stored:

  o   in line with manufacturers' recommendations

  o   easily accessible

- disposed of:

  o   in clearly identified waste containers

  o   through a licensed waste carrier

Relationship to GDC learning outcomes: C 2.1.16, C 2.3.3, P (B)7, P (B)8

K1.33* How to manage a spillage of processing chemicals:

- secure the area

- isolate the spillage

- turning off the computer

- turning the unit off

- flushing water lines

- removing and cleaning filters and storing correctly

- flushing spittoon with cleaning agent

- ensuring all dirty instruments have been taken to decontamination room

- decontaminating the surgery

Relationship to GDC learning outcomes: C 2.3.2, C 2.3.3, P (B)7, P (B)8, P (B)9, S (B)3

S1.78 Process manual and digital radiographs:

- manual:

  o   following manufacturers' instructions regarding the safe use of the developer and fixer and safe operation of the processing unit

  o   presenting – mounting the film

- digital:

  o   using digital devices competently and securely

  o   following manufacturers' instructions

                              (General Digital Competency 1)

Relationship to GDC learning outcomes: C 2.1.16, P (B)7, P (B)8

S1.79* Recognise faults in manual and digital radiographs including:

- overexposure and underexposure of the film

- incorrect orientation

- incorrectly developed

- image artefacts

- incorrect chemicals used

- poor timing of the processing

Instruments and equipment used in the dental surgery	
- absorb spillage with inert material (for example, sand) - dispose of according to local/national regulations - avoid contact with skin, eyes and clothing and wear appropriate PPE as necessary Relationship to GDC learning outcomes: C 2.1.16, C 2.3.3, P (B)7, P (B)8 **K1.34 The importance of closing down the dental operating unit and associated equipment:** - prevents cross-contamination - ensures electrical, air and water safety - ensures the safety of out-of-hours staff (for example, cleaning staff) Relationship to GDC learning outcomes: P (B)7	Relationship to GDC learning outcomes: C 2.1.16, P (B)8

Anatomy and physiology	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K1.35 Dental-specific anatomy and physiology:** - craniofacial anatomy and structure: - the skull: - maxilla: - paranasal sinuses - mandible - temporomandibular joint:	The student must be able to: **S1.80 Apply knowledge of anatomy and physiology to all activities which support dental team members carrying out treatment and oral health initiatives, including:** - reviewing patients' medical and social history - selecting correct instruments dependent on the quadrant of the mouth and relative to the procedure Relationship to GDC learning outcomes: C 1.5, C1.6, I (B)3

Anatomy and physiology

- its relationship with other bones of the skull and face

- muscles of mastication actions

  o lips – labia:
    - muscular tissue

  o the mouth:
    - tongue
    - soft tissues
    - hard palate
    - soft palate
    - teeth
    - salivary glands

- craniofacial physiology and function:

  o the skull:
    - maxilla:
      - supports normal vision – eyes
      - supports respiration – nose
      - supports the sense of smell – nose
      - supports mastication – chewing
      - enables swallowing
      - enables speech
    - mandible:
      - supports mastication – chewing
      - enables swallowing
      - enables speech
    - temporomandibular joint:

Anatomy and physiology	
- supports mastication – chewing - enables swallowing - enables speech - other bones of the skull and face: - protects the brain - provides support for the ears - muscles of mastication: - the process in which food is broken down - lips: - supports sensation of touch and pain - supports facial expression - supports speech - the mouth: - receptacle for food and drink - the start of the digestive system - main site of taste - key in enabling people to make sounds and speak - trigeminal nerve – the nerve supply to the face and oral cavity: - ophthalmic nerve - maxillary nerve - mandibular nerve Relationship to GDC learning outcomes: C 1.5, C 1.6 **K1.36 The different types of teeth within deciduous and permanent dentition and normal eruption dates:** - deciduous dentition:	

Anatomy and physiology	
○ upper central incisor (a) – 10 months old ○ lower central incisor (a) – 8 months old ○ upper lateral incisor (b) – 11 months old ○ lower lateral incisor (b) – 13 months old ○ upper canine (c) – 19 months old ○ lower canine (c) – 20 months old ○ upper 1st molar (d) – 16 months old ○ lower 1st molar (d) – 16 months old ○ upper 2nd molar (e) – 29 months old ○ lower 2nd molar (e) – 27 months old ○ supernumerary teeth (S) • permanent dentition: ○ upper central incisor (1) – 7–8 years old ○ lower central incisor (1) – 6–7 years old ○ upper lateral incisor (2) – 8–9 years old ○ lower lateral incisor (2) – 7–8 years old ○ upper canine (3) – 10–12 years old ○ lower canine (3) – 9–10 years old ○ upper 1st premolar (4) – 9–11 years old ○ lower 1st premolar (4) – 9–11 years old	

Anatomy and physiology	
- upper 2nd premolar (5) – 10–11 years old - lower 2nd premolar (5) – 9–11 years old - upper 1st molar (6) – 6–7 years old - lower 1st molar (6) – 6–7 years old - upper 2nd molar (7) – 12–13 years old - lower 2nd molar (7) – 11–12 years old - upper 3rd molar (8) (also known as the wisdom tooth) – 18–25 years old - lower 3rd molar (8) (also known as the wisdom tooth) – 18–25 years old - supernumerary teeth (S) Relationship to GDC learning outcomes: C 1.5, C 1.6, C 1.32 **K1.37 The structure and function of the tooth, and the function of its supporting structures:** • structure of the tooth: - enamel – hard outer covering of the crown of the tooth - dentine – lies beneath the enamel and forms the root of the tooth - cementum – thin layer of material that lines the root of the tooth - pulp – canal that encases the blood and nerve supply to the tooth • functions of the teeth: - incisors – biting - canines – tearing - premolars and molars – chewing	

Anatomy and physiology	
- functions of the supporting structures: - gingiva – gums – forms a tight seal to keep tooth in place and prevents bacterial infection - periodontal ligament: fibres that attach tooth to alveola bone - alveola bone – in both mandible and maxilla – ridge of bone that contains tooth sockets Relationship to GDC learning outcomes: C 1.5, C 1.6 **K1.38 The structural differences between deciduous and permanent dentition:** - deciduous: - size of the pulp chamber is larger - deciduous dentition has larger crown and smaller roots - deciduous dentition is whiter in colour - crown of a deciduous tooth is more bulbous - permanent: - greater number of permanent teeth – deciduous 20, permanent 32 - higher density of enamel Relationship to GDC learning outcomes: C 1.5, C 1.6	

Dental treatment

Knowledge – What you need to teach	Skills – What you need to teach
The student must understand: **K1.39 The importance of preparing and retrieving relevant records and radiographs prior to dental treatment:** • understand and plan for patients' medical needs • increases efficiency and reduces waiting time for the patient Relationship to General Dental Council learning outcomes: C 2.1.5, C 2.1.15 **K1.40 A range of routine and acute primary dental care procedures provided by the dental team, including the instruments and materials used for each procedure:** • oral health assessment – may also be known as an examination or check-up – a review of the patient's face, lips, neck and lymph nodes – extraoral, and a review of tissues of mouth, tongue, teeth and occlusion, to determine treatment plan – intraoral: 　o instruments – examination pack which generally consists of a mirror, periodontal probe and tweezers 　o materials – not usually necessary for this type of treatment • restorative dentistry including: 　o fillings – material is used to restore the tooth shape and function: 　　▪ instruments – mirror, probe, tweezers, rubber dam kit, flat plastic, ball-ended burnisher, dental excavator, enamel chisels, gingival margin trimmer, lining applicator, amalgam plugger, amalgam carrier, light	The student must be able to: **S1.81 Support a dental professional when carrying out routine and acute primary dental procedures and treatment plans (for example, carrying out routine and orthodontic assessments, doing fillings, scaling teeth, making crowns, bridges and dentures, taking teeth out), by:** • acting as a chaperone and advocate, as necessary • monitoring the patient • providing charts and records • aspirating treatment area • mixing and providing materials • maintaining health and safety and cross-infection within the clinical environment • recognising the significance of changes in a patient's oral health status and arranging appropriate appointment or onward referral Relationship to GDC learning outcomes: C 2.1.3, C 2.1.5, C 2.1.6, C 2.1.15, C 2.2.7, C 2.2.8, C 2.2.9, C 2.4.2, I 2.5, I (B)3, I (B)4, I (B)6, P (B)2, P (B)4, P (B)5, P (B)12, P 3.4 **S1.82 Select correct instruments and materials required for all stages during general chairside procedures, including:** • oral health assessment • restorative dentistry including fillings – amalgam and composite, crowns and bridges • endodontics treatments • prosthetic dentistry • minor oral surgery – dental extraction • preventative treatments – oral hygiene

Dental treatment

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cure unit, local anaesthetic syringe, matrix band holder, high and low handpiece

- materials – amalgam, metal, gold, composites, glass ionomers, lining and adhesive materials (for example, calcium hydroxide)

o crowns – jacket and post – used to restore the tooth shape and function, created from an impression of the tooth and fits over the tooth:

- instruments – mirror, probe, periodontal prove, tweezers, rubber dam kit, flat plastic, excavator, enamel chisel, gingival margin trimmer, Mitchell's trimmer, local anaesthetic syringe and needle, high and low speed handpiece, mixing bowl and spatula, impression tray adhesive, impression tray

- materials – alginate impression, rubber-based impression material – polyethers, polysulfides, silicones

o bridges – used to replace a missing tooth or teeth, by using artificial teeth; the artificial teeth are supported in place by the 2 teeth on each side of the gap:

- instruments – same as crown

- materials – same as crown

o implant – used to replace missing tooth or teeth; supports a crown or bridge but fits directly into the jawbone:

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- simple periodontal treatments – scaling and polishing

Relationship to GDC learning outcomes: C 1.14, C 2.2.9

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Dental treatment

- instruments – same as crown, but with the addition of specialist implant instruments dependent on the brand of implant being used

- materials – same as crown, but with the addition of specialist implant materials

- endodontics treatment – used to treat an infected root canal with the intention of saving the tooth:

  - instruments – mirror, probe, tweezers, flat plastic, ball burnisher, amalgam plugger, dental excavator, amalgam carrier, local anaesthetic, syringe, matrix band and holder, single use endodontics files, slow and fast handpiece and burs, gate Glidden drills, reamers, barbed broach, endodontic ruler, rubber dam kit

  - materials – paper points, gutta-percha, X-ray films, temporary dressing material

- prosthetic dentistry including:

  - dentures – removable prosthetic teeth used to replace missing teeth, which are set into a base; can be complete dentures (for example, if the patient has no natural teeth or partial, if the patient has some natural teeth still present); full dentures are held in place by natural suction, partial are held in place by bars and clips that link to the natural teeth:

    - instruments – denture instrument pack, examination pack, straight handpiece, mixing bowl, spatula and/or

Dental treatment	
- specialist powered mixing units - materials – alginate, rubber-based impression material – polyethers, polysulfides, silicones - minor oral surgery including: - dental extractions – the surgical removal of a natural tooth or retained roots: - instruments – luxators, forceps, examination pack, local anaesthetic syringe, suture forceps, Spencer Wells forceps, periosteal elevator, bone nibbling forceps, needle holder, scalpel handle, scalpel blade – or disposable scalpel, retractors, irrigation syringe - materials – cotton wool roll, sutures, saline solution, chlorhexidine – or other mouthwash, haemostatic medicaments - preventative treatments including: - oral hygiene instruction – providing advice to patients to improve their oral health (for example, toothbrushing advice, interdental care advice): - instruments – examination pack, hand mirror - materials – petroleum jelly, dental bacterial plaque disclosing solution or tablet, cotton wool rolls and pellets - visual aids – toothbrushes – manual and power, mouth model, dental floss and tape,	

Dental treatment	
interdental brushes, interspace brush, oral health leaflets • periodontal treatments – simple periodontal treatments such as scaling and polishing of natural teeth and gums to remove staining and hard deposits; can also be used for more complex periodontal treatments below the gum to remove deep subgingival calculus: o instruments – examination pack, hand scalers/ultrasonic scalers, slow handpiece, local anaesthetic syringe o materials – tooth polishing paste, local anaesthetic – injectable solution and gel, topical anaesthetic, cotton wool roll, dental floss, interdental brushes, interdental polishing and finishing strips, topical fluoride, cotton wool rolls Relationship to GDC learning outcomes: C 1.2, C 1.14, C 1.17, C 2.1.5, C 2.1.15 **K1.41 The difference between a range of anaesthetics used in dental treatment:** • local: o generally given by injection into the gum – either part of the mouth or a specific tooth or gum is anaesthetised reducing the feeling in that local area – known as an infiltration o when it is an area such as a lower back tooth, it is known as an inferior dental block o the majority of dental local anaesthetic contain a vasoconstrictor	

Dental treatment

- o the vasoconstrictor used in dental local anaesthetic is generally adrenaline or felypressin

- o vasoconstrictors are substances that help constrict blood vessels, which reduces the bleeding in the operative field and concentrates the anaesthetic in the area of injection thus increasing the effect and making it last longer

- o commonly used local anaesthetics include:

  - lidocaine 2% with adrenaline in a concentration of 1-800,000 or 1-100,000 (commonly called xylocaine). Working time for an infiltration is 60 minutes; for an inferior dental block it is 90 minutes

  - prilocaine 3% with felypressin in a concentration of 1-200,000 – commonly called citanest. Working time for an infiltration is 30 to 45 minutes; for an inferior block it is 50 to 70 minutes

  - prilocaine 4% – commonly called citanest. Working time for an infiltration is 15 minutes; for an inferior block it is 20 to 30 minutes

  - articaine 4% with adrenaline in a concentration of 1-100,000 or 1-200,000 – commonly called septanest. Working time for an infiltration is 60 minutes; for an inferior block it is 90 minutes

- general:

Dental treatment

o this can only be undertaken in a hospital or other approved secondary facility – not a dental practice

o the patient is put to sleep, so they lose consciousness and protective reflexes

o it must be administrated by an anaesthetist

o commonly used for the extraction of children's teeth for which they require a very short anaesthetic

- topical:

o a gel or cream applied to a very small area to reduce irritation

o commonly used to reduce sensation in an area you are giving a local anaesthetic injection to reduce the pain

Relationship to GDC learning outcomes: C 1.14, C 2.1.5, C 2.1.15

K1.42 The difference between inhalation, sedation and intravenous sedation used in dental treatment:

- inhalation sedation:

o this may also be known as relative analgesia

o the patient breathes in through their nose – via a mask – a mixture of oxygen and nitrous oxide, which has the effect of reducing their reflexes

o the patient remains conscious. Local anaesthetic injection may also be required (for example, if undertaking a large filing)

- intravenous sedation:

Dental treatment

	o this is the injection of a sedative into the vein which reduces the pain, anxiety and general reflexes of the patient o it is commonly used for nervous patients and those undergoing long procedures such as dental implant preparation o the patient remains conscious Relationship to GDC learning outcomes: C 1.14, C 2.1.3, C 2.1.15	

K1.43	**Common problems associated with dental treatments:**
	
	• restorative dentistry:
	
	   o ill-fitting crowns, bridges and implants, which can be aesthetically flawed and heighten the risk of periodontal disease
	
	   o restorations being too high can cause the bite to be misaligned
	
	   o overhangs can cause food packing
	
	• prosthetic dentistry:
	
	   o ill-fitting dentures can lead to poor function, disease and poor aesthetics
	
	   o dental implant placement could cause infection, nerve or tissue damage
	
	• minor oral surgery:
	
	   o infected tooth socket – dry socket
	
	   o retained bone
	
	• periodontal treatments:
	
	   o patient compliance in carrying out effective daily oral hygiene
	
	Relationship to GDC learning outcomes: C 1.4, C 1.43, C 2.2.7, C 2.4.2	

Dental treatment	
K1.44 **The purpose of a treatment plan:** • provides information pertaining to the current state of the patient's health and options for improvement • provides recorded evidence of treatment progress tracked against treatment goals, allowing for patient progress to be monitored and assessed Relationship to General Dental Council learning outcomes: C 1.17 **K1.45** **What needs to be included in a patient's treatment plan:** • treatment options • expected length of the treatment • whether the treatment is available on the NHS or needs to be done privately • associated costs • side effects or other considerations • who will carry out the treatment (for example, dental hygienist, dental therapist, clinical dental technician or a dental nurse with additional skills) Relationship to GDC learning outcomes: C 1.17, I (B)4 **K1.46** **The post-operative advice that should be given to patients following dental treatments:** • restorative dentistry, including fillings, crowns and bridges • endodontics treatment • prosthetic dentistry – dentures • minor oral surgery – dental extraction • preventative treatments • simple periodontal treatments – scaling and polishing	

Dental treatment	
- more complex periodontal treatments – below the gum Relationship to GDC learning outcomes: C 2.2.8 **K1.47 How to select the correct equipment, materials, and instruments to support the dental professional to carry out routine procedures:** - checks the scheduled appointments to determine what instruments may be needed for upcoming procedures - draws on own and dental team's previous experience Relationship to GDC learning outcomes: C 2.1.5, C 2.1.15, C 2.2.9, I (B)4 **K1.48 The planning of treatments to ensure appropriate appointments are scheduled and the right instruments and materials are available:** - oral health assessment: - initial assessment - restorative dentistry: - fillings: - removal of decayed tooth material - cleaning affected area - tooth filled - crowns and bridges: - first impressions in alginate - crown or bridge preparation (for example, colour shade, second impressions, temporary crown or bridge fitted) - permanent crown or bridge fitted	

Dental treatment

- review, if necessary
- endodontics treatment:
  - radiograph of affected areas
  - tooth opened and drained
  - pulp root canal cleaned
  - tooth filled with appropriate material
  - final radiograph
  - review, if necessary
- prosthetic dentistry – dentures:
  - first impressions in alginate
  - second more accurate impressions taken
  - occlusal registration
  - occlusion, orientation and aesthetics of the denture are checked and agreed with the patient
  - final fit
  - review, if necessary
- minor oral surgery – dental extraction:
  - radiograph of affected area
  - extraction of tooth
  - review, if necessary
- preventative treatments:
  - oral hygiene instruction
  - review, if necessary
- simple periodontal treatments:
  - scaling and polishing of teeth
  - review, if necessary
- more complex periodontal treatments – below the gum:
  - 6-point periodontal pocket chart

Dental treatment	

o radiographs
 	
  o gross supra root surface debridement
 	
  o review, if necessary
 	
Relationship to GDC learning outcomes: C 2.1.5, C 2.1.15, C 2.2.8	

Duty of care	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K1.49 How to recognise patient anxiety:** • physical signs: altered normal behaviour (for example, clenched fists, sweating, frequent use of the toilet, looking flushed, pale complexion, dry mouth, sitting on the edge of the chair) • non-physical signs: this may be recognised by what the patient says (for example, asking lots of questions about what could go wrong, stating they do not like going to the dentist) Relationship to GDC learning outcomes: C 2.1.3, C 2.2.2, C 2.2.6, I 1.3, I 1.4 **K1.50* How to apply the General Dental Council's 9 principles of practice to the role of a dental nurse:** • puts the patient's interests first (for example, offers the patient all treatment options and listens to their wishes) • communicates effectively with patients (for example, ensures	The student must be able to: **S1.83 Monitor, support and reassure patients through effective communication and behavioural techniques, by:** • using appropriate communication methods (for example, spoken, written and electronic methods) • tailoring language appropriate to the audience (for example, use of technical terms only when appropriate) • using reassuring language (verbal and non-verbal) • using appropriate behavioural techniques (for example, tell, show, do) Relationship to GDC learning outcomes: C 2.2.2, C 2.2.6, I 1.1, I 1.3, I (B)5, P (B)1 **S1.84* Follow the duty of candour principles when something has gone wrong with a patient's treatment or care:** • telling the patient – or, where appropriate, the patient's advocate, carer or family member – when something has gone wrong • apologising to the patient

Duty of care

patient understands treatment options and is comfortable to ask any questions)

- obtains valid consent (for example, gains consent from an individual with sufficient capacity)

- maintains and protects patients' information (for example, ensures all clinical records are up to date, stored correctly and for the required amount of time, ensures any change to medical history is recorded, ensures all computers are password protected)

- ensures there is a clear and effective complaints procedure, including for both NHS and private patient complaints process (for example, to allow patients the ability to complain or raise feedback which may help the team improve and develop)

- works with colleagues in the patient's best interest (for example, makes detailed notes if they have interaction with patients; if running late, lets reception know so they can keep the patient updated)

- maintains, develops and works within own professional knowledge and skills (for example, ensures all continual professional development is up to date, keeps up to date with any medication discontinuations and changes, only carries out tasks that they are trained to do)

- raises concerns if patients are at risk (for example, knows when and who to raise concerns to)

- makes sure the student's personal behaviour maintains patients'

- offering an appropriate remedy or support to put matters right – where possible

- explaining fully to the patient the short and long-term effects of what has happened

Relationship to GDC learning outcomes: I (B)5, P 1.7, P 1.8, P (B)1, P (B)5, P (B)9, P (B)12, P (B)14

S1.85 Follow principles of safeguarding when signs of abuse or neglect are suspected, by:

- acting within the policy relating to safeguarding and whistleblowing/raising concerns

- raising concerns with the appropriate person

Relationship to GDC learning outcomes: C 1.23, I 2.8, I (B)4, P 1.8, P 1.9, P 1.12, P (B)5, P (B)6, P (B)12, P (B)13, P (B)15

S1.86* Follow all standards, codes of conduct and health and safety requirements/legislation, in relation to duty of care, including:

- GDC Standards for the dental team

- GDC Scope of Practice

- complaints, safeguarding and whistleblowing policies and procedures

- UK General Data Protection Regulation (UK GDPR)

- Equality Act 2010

(General Digital Competency 5)

Relationship to GDC learning outcomes: I 1.5, I 1.9, I 2.5, I 2.8, P 1.5, P 1.8, P 1.9, P 1.11, P 1.12, P (B)5, P (B)6, P (B)10, P (B)12, P (B)14, P (B)15

S1.87 Provide person-centred care and support, taking into consideration the needs of different patients, by:

- putting patients' interests first and acting to protect them

- being respectful

Duty of care

confidence in them and the dental profession (for example, is aware of their social media usage, behaves in a professional manner in work, does not do anything that may cause question to themselves or the profession)

Relationship to GDC learning outcomes: C 1.23, C (B)1, C 2.2.2, C 2.2.6, I 1.3, I 1.4, I 1.7, I 1.9, I 2.1, I 2.5, I 2.8, I (B)2, I (B)5, P 1.2, P 1.3, P 1.10, P 1.11, P (B)1, P (B)6, P (B)14, P (B)15, P 2.2, P (B)17, S (B)2, S (B)4, S (B)5

K1.51* Signs and symptoms of abuse and neglect common to a dental setting:

- non-regular attendance/missing appointments

- increased rates of decay

- facial trauma

Relationship to GDC learning outcomes: C 1.23

K1.52* How to signpost to national and local safeguarding systems:

- refer to designated safeguarding lead

Relationship to GDC learning outcomes: C 1.23, P 1.8, P 1.9

K1.53 The application of the Equality Act 2010 in the different countries that make up the United Kingdom:

- the Equality Act 2010 applies to Great Britain, which includes England, Wales and Scotland

- the Equality Act 2010 does not apply to Northern Ireland; the main anti-discrimination law in Northern Ireland is the Disability Discrimination Act

- being responsive to patients' preferences, needs and values

- making patient-guided clinical decisions

- ensuring the patient understands all options available by using non-technical language and asking questions to check understanding

(General English Competency 1)

Relationship to GDC learning outcomes: I 1.3, I (B)1, I (B)5, P 1.3, P (B)1, P (B)2, P (B)3, P (B)12

S1.88 Take the needs of different patients into account, by:

- providing treatment options

- respecting protected characteristics

- considering any medical, social and psychological conditions

Relationship to GDC learning outcomes: I 1.3, I (B)1, I (B)5, P 1.3, P 1.4, P (B)1, P (B)3, P (B)12, P 3.3, P 3.7, S (B)2

S1.89 Contribute to moving and positioning patients safely when assisting them with their care needs:

- adjusting the dental chair and supporting patients into and out of the chair, where necessary

- clearly communicating to the patient (for example, when reclining the dental chair)

- adhering to manual handling policies and procedures

- minimising risk to themselves and the patient

Relationship to GDC learning outcomes: I 1.4, P (B)1, P (B)8

S1.90 Assist with patients' overall comfort by:

- welcoming patients

- ensuring patients understand the treatments and what is involved (for example, using models and demonstrating instrument use)

Duty of care	

1995, which also applies to the rest of the UK

Relationship to GDC learning outcomes: P 1.3, P 1.5, P 1.12, P (B)1, P (B)3

K1.54 The different types of discrimination:

- direct discrimination – discriminating against someone based on a protected characteristic

- indirect discrimination – practices, policies or rules which have a negative impact on an individual

Relationship to GDC learning outcomes: P 1.3, P (B)1, P (B)3

K1.55 How patients' protected characteristics, medical, cultural and social history can impact on dental treatment and how care is given:

- respiratory conditions – requirements to consider length of treatment and methods used (for example, in patients with breathing problems, it may be difficult to access their mouth; they may not be able to open their mouth for long periods of time and so may need more breaks during treatment and therefore a longer appointment)

- cardiac conditions – requirements to consider additional drug requirements (for example, patients who have had a heart transplant or stents may require the use of antibiotics prior to treatment)

- allergies – requirements to consider alternative equipment or drugs (for example, latex allergies will require the use of non-latex gloves; drug allergies will require the use of different drugs)

- distracting patients if necessary (for example, talking to them during their procedure)

- introducing a stop sign that the patient can use as a signal if they need a break during the treatment

Relationship to GDC learning outcomes: I 1.3, I 1.4, P (B)1

S1.91 Recognise and respond to signs of pain and discomfort, by:

- observing patients' eye movements

- observing body language

- observing patients' hand movements (for example, gripping chair, clenched fists)

- subtly informing the dental professional

Relationship to GDC learning outcomes: C 2.4.2, I 1.4, I (B)4, P (B)1

S1.92* Act as a patient advocate, by:

- providing advice and support within scope of practice (for example, describing treatments using non-technical language)

- providing a voice for the patient, when appropriate

- promoting and signposting appropriate services

Relationship to GDC learning outcomes: C 2.5.1, I 1.4, I (B)1, P (B)1, P (B)2, P (B)4, P (B)5, P (B)12, P 3.10

S1.93 Contribute to and comply with systems to protect patients and their information, including:

- only using their information for the purpose for which it was obtained

- only releasing a patient's information, without their permission, in exceptional circumstances

- ensuring patients can access their information when required

- keeping patients' information secure at all times

Duty of care

- bleeding and blood borne diseases: the impact of medication on the patient (for example, blood thinning medications can impact on dental treatments such as tooth extraction and the types of local anaesthetic used)

- dementia – requirements for clear communication, longer appointments and chaperoning considerations (for example, a relative, carer or advocate may need to be present during appointments)

- pregnancy – requirements to consider patient needs based on the trimester the patient is in (for example, radiographs are generally avoided, hormonal changes can affect a patient's gums, amalgam fillings should not be removed during pregnancy)

- hidden and physical disabilities – requirements to ensure reasonable adjustments can be made dependent upon the disability (for example, clear communication, a relative, carer or advocate present during appointments)

- medications – requirements to understand prescribed and non-prescribed medications the patient is currently taking and how they may impact on treatment options

- social history – requirements to understand social habits, alcohol intake, smoking, drugs and diet (for example, may determine whether certain treatments are viable and whether sedation is appropriate, increasing frequency of screening as

Relationship to GDC learning outcomes: P 1.2, P (B)1, P (B)7, P (B)12

S1.94* Accurately assess a medical emergency:

- conducting a survey of the scene to identify:

  o potential hazards and/or risks

  o cause of injury, if appropriate

  o resources available to deal with the medical emergency

- conducting a primary assessment of the patient to assess (Danger, Response, Airway, Breathing and Circulation (DRABC))

- identifying first aid response required for the medical emergency (for example, cardiopulmonary resuscitation (CPR))

- identifying additional assistance required (for example, ambulance)

Relationship to GDC learning outcomes: C 2.4.1, P (B)8

S1.95* Manage and support the dental team in managing a medical emergency, by:

- managing an instance of a patient fainting:

  o laying patient on back and elevating legs

  o loosening any tight clothing

- checking patient pulse and blood pressure

- performing CPR when collapse protocol required:

  o recognising signs that the patient is in cardiorespiratory arrest

  o summoning help immediately – calling 999

  o providing CPR to the patient – will usually require 2 members of the dental team (for example, clinician and dental nurse)

  o demonstrating safe use of a defibrillator

  o justifying when to place the patient in the recovery position

Duty of care

may be more likely to develop oral health problems)

- culture – requirements to understand a group's norms and beliefs

- age – requirements to consider mobility and access to services, dependencies and age-related oral conditions and contraindications

Relationship to GDC learning outcomes: C 1.3, C 1.4, C 1.44, C 2.1.12, P 1.3, P 1.4, P (B)1, P (B)3, P (B)11, P 3.3

K1.56* Primary signs and symptoms of medical emergencies:

- asthma – wheezing, breathlessness, tight chest, coughing

- anaphylactic shock – urticaria, abdominal pain, vomiting, diarrhoea, flushing, pallor, wheezing, hoarse voice, low blood pressure, collapsing

- respiratory arrest – cyanosis – a bluish tinge to skin including lips and fingernails, abnormal airway sounds, wheezing, sweating

- choking – coughing, wheezing, clutching throat, change of facial colour

- myocardial infarction – complaints of chest pain, pain in left shoulder/down left arm, nausea/vomiting, sweating, shortness of breath

- cardiac arrest – chest pain, sweating, shortness of breath, lightheaded or dizziness, nausea or vomiting, coughing, wheezing

- angina – tight, dull or heavy chest, sharp, stabbing pains in the chest, pain spreading to left arm, neck, jaw or back

    o if required, placing patient in the recovery position

    o demonstrating how to administer first aid to a patient who is experiencing a seizure

- seeking help from registered first aider, when required

- retrieving emergency drugs, if appropriate

- calling an ambulance, if appropriate

- acting within permitted duties of role when dealing with a medical emergency

Relationship to GDC learning outcomes: C 2.4.1, I (B)4, I (B)6

S1.96 Support own and others' health and wellbeing to ensure professional standards are maintained:

- monitoring and assessing own and others wellbeing

- raising concerns as appropriate

- applying coping strategies as appropriate

Relationship to GDC learning outcomes: P 1.9, P (B)5, P (B)6, P (B)15, S (B)7, S (B)8

Duty of care

- stroke – drooping face and/or eye on one side, unable to smile, speak or open mouth, numbness or inability to lift arms, slurred speech or inability to talk despite being conscious, problems understanding what is being said to them - fainting – dizziness, cold skin, sweating, slurred speech, feeling sick, changes to vision, loss of consciousness - epileptic seizure – loss of awareness, jerking and shaking body, loss of consciousness - diabetic coma/hypoglycaemia – clammy skin, sweating, shaking, sudden loss of responsiveness Relationship to GDC learning outcomes: C 2.4.1 **K1.57* Actions that can be carried out by a dental nurse in the event of a medical emergency:** - escalate emergency to a registered first aider - call ambulance, where required - perform treatment within limits of own competence: - asthma: - do not lay the patient flat - support patient to use anti-asthmatic drugs (which is usually carried by the patient) - encourage patient to repeat dose if necessary - retrieve medical emergency drugs, if necessary	

Duty of care	
- o anaphylactic shock: ▪ lay patient flat ▪ raise patient's legs ▪ retrieve medical emergency drugs, if necessary ▪ use of specific drugs (for example, adrenaline auto injector) - o respiratory arrest: ▪ check responsiveness ▪ check airway ▪ perform cardiopulmonary resuscitation (CPR), if necessary ▪ retrieve medical emergency drugs, if necessary - o choking: ▪ encourage coughing ▪ perform 5 sharp back blows in between shoulder blades ▪ check to see if blockage remains ▪ if blockage remains, perform 5 abdominal thrusts - o myocardial infarction: ▪ sit patient upright ▪ retrieve medical emergency drugs, if necessary - o cardiac arrest: ▪ perform CPR ▪ retrieve medical emergency drugs, if necessary - o angina:	

Duty of care	
■ support patient to use their specific drugs, if necessary ■ retrieve medical emergency drugs, if necessary - o stroke: ■ loosen tight clothing ■ reassure patient ■ place in recovery position ■ retrieve medical emergency drugs, if necessary - o fainting: ■ lay patient on back ■ elevate legs ■ loosen tight clothing ■ check pulse and blood pressure ■ retrieve medical emergency drugs, if necessary - o epileptic seizure: ■ retrieve medical emergency drugs, if necessary ■ remove objects that could cause harm - o diabetic coma: ■ place in recovery position ■ provide glucose drink, if necessary ■ retrieve medical emergency drugs, if necessary Relationship to GDC learning outcomes: C 2.4.1, P 2.2	

Duty of care	

K1.58* Who is permitted to deal with a medical emergency:
 	
• all registrants must be trained to deal with a medical emergency
 	
Relationship to GDC learning outcomes: C 2.4.1, I 2.4, I 2.5, I (B)3
 	
K1.59* The emergency drugs and equipment that must be contained within a dental setting:
 	
• emergency drugs:
 	
   o adrenaline/epinephrine injection, adrenaline one in 1000 – adrenaline one mg/ml as acid tartrate – one ml amps (for example, EpiPen)
 	
   o aspirin dispersible tablets 300 mg
 	
   o glucagon injection, glucagon – as hydrochloride – one – unit vial – with solvent
 	
   o glucose – for administration by mouth
 	
   o glyceryl trinitrate spray
 	
   o midazolam oromucosal solution
 	
   o oxygen
 	
   o salbutamol aerosol inhalation, salbutamol 100 micrograms/metered inhalation
 	
• equipment:
 	
   o adhesive defibrillator pads
 	
   o automated external defibrillator (AED)
 	
   o clear face masks for self-inflating bag – sizes 0, 1, 2, 3, 4	

Duty of care	
- oropharyngeal airways – sizes 0, 1, 2, 3, 4 - oxygen cylinder - oxygen masks with reservoir - oxygen tubing - pocket mask with oxygen port - portable suction (for example, Yankauer) - protective equipment – gloves, aprons, eye protection - razor - scissors - self-inflating bag with reservoir – adult - self-inflating bag with reservoir – child - if there are ampules in the medical emergency drugs kit, there must be adequate numbers of suitable needles and syringes Relationship to GDC learning outcomes: C 2.4.1 **K1.60* The drugs associated with a medical emergency:** - asthma**:** - salbutamol aerosol inhalation, salbutamol 100 micrograms/metered inhalation - anaphylactic shock: - adrenaline/epinephrine injection, adrenaline one in 1000 – adrenaline one mg/ml as acid tartrate – one ml amps (for example, EpiPen)	

Duty of care	
- respiratory arrest: - oxygen - myocardial infarction: - oxygen - aspirin dispersible tablets 300 mg - cardiac arrest: - oxygen - angina**:** - glyceryl trinitrate spray - epileptic seizure: - midazolam oromucosal solution - diabetic coma: - glucagon injection, glucagon – as hydrochloride, one – unit vial with solvent - glucose – for administration by mouth Relationship to GDC learning outcomes: C 2.4.1 **K1.61 Purpose of obtaining valid consent:** - allows a dental professional to examine or provide treatment to a patient - respects patients' right to self-determination - makes it easier to treat patients, resulting in better patient outcomes Relationship to GDC learning outcomes: C 1.16, C 2.1.10, P (B)1, P (B)2 **K1.62 Process of obtaining valid consent:** - consent must be obtained prior to any treatment and at each stage of investigation	

Duty of care	
- verbal and/or written consent can be specific to the treatment required - patients must be aware of treatment options - all discussions regarding patient consent must be documented - a signature from the patient must be given to confirm that they understand, including if the treatment involves conscious sedation or general anaesthetic Relationship to GDC learning outcomes: C 1.16, C 2.1.10, P (B)2 **K1.63 Individuals who are able to give consent to dental treatment:** - those who have sufficient capacity to give consent (for example, individuals who are able to understand the information being given to them and are able to make an informed decision) Relationship to GDC learning outcomes: C 1.16, C 2.1.10, P (B)2 **K1.64 The purpose of duty of candour:** - legal duty for healthcare professionals to be open and honest with patients when something goes wrong with their treatment which may cause harm or distress Relationship to GDC learning outcomes: P 1.7, P 1.8 **K1.65 What may constitute a duty of care conflict:** - anything which puts patients or colleagues at risk, including:	

Duty of care	
- o the health, behaviour and professional performance of members of the dental team - o any aspect of the clinical setting - o anything which conflicts with putting patients' interests first Relationship to GDC learning outcomes: I 2.5, P 1.9, P (B)2, P (B)6, P 3.7, P 3.8 **K1.66* How to raise concerns about own or others' health and wellbeing, behaviour or professional performance, including:** - when concerns should be raised with a manager or employer - when concerns should be raised with local commissioner or appropriate body - when concerns should be raised with the GDC Relationship to GDC learning outcomes: I 1.5, I 2.5, I 2.8, P 1.7, P 1.9, P 1.10, P (B)5, P (B)6, P (B)13, P (B)14, P (B)15, P (B)16, S (B)2, S 3.1, S 3.2 **K1.67 Strategies for managing personal wellbeing when coping with challenges in the workplace:** - self-monitoring - self-care - reflection - self-acceptance - debriefing - handovers - peer support - seeking advice and guidance	

Duty of care	
Relationship to GDC learning outcomes: S 3.1, S 3.2, S 3.3, S 3.4	

Performance outcome 2: Provide factual information and up-to-date advice to help patients to maintain and improve their oral health

Oral disease: causes and prevention	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.1 **A range of common oral conditions, their presentation, causes and evidence-based methods for prevention:**
 	
• dental cavities – caries:
   o presentation:
      ▪ white spot or brown spot lesions
      ▪ demineralisation starts and caries enter the tooth (tooth starts to break down)
      ▪ presence of pain
   o causes:
      ▪ dental bacterial plaque and sugar
   o methods for prevention:
      ▪ effective toothbrushing twice a day with fluoride toothpaste and other methods of fluoride application
      ▪ appropriate interdental care
      ▪ reduction in the frequency and amount of sugar
• gum disease (for example, gingivitis, periodontal disease, acute necrotising gingivitis):
   o presentation:
      ▪ gums are red and swollen
      ▪ gums bleed easily
      ▪ halitosis
	The student must be able to:
	
	S2.15 **Communicate appropriate advice to patients on how to maintain and improve oral health, by:**
	
	• promoting oral health messages including:
	   o the twice a day toothbrushing message
	   o differing types of toothbrushes and their effectiveness
	   o the use of fluoride toothpaste
	   o interdental cleaning aids and disclosing solutions/tablet
	   o promoting the spit don't rinse message
	   o emphasising the importance of regular oral health assessments
	   o how to care for dentures
	• using oral health information and visual aids to support communication (for example, demonstrating basic tooth brushing and inter dental cleaning, making use of leaflets and other supporting materials)
	• tailoring feedback to individual patients (for example, adults, children and young people, older people and people with additional needs)
	• listening actively to patients' questions and responding appropriately
	
	(General English Competency 1, General English Competency 3, General English Competency 6)
	
	Relationship to GDC learning outcomes: C 1.1, C 1.7, C 1.25, C 2.5.1, I 1.5, I 1.7, I (B)1, P (B)1, P 3.4, S 2.1

Oral disease: causes and prevention		
▪ pocketing starts (gums receding away from tooth) ▪ teeth start to become mobile ○ causes: ▪ dental bacterial plaque ○ methods for prevention: ▪ effective toothbrushing twice a day with fluoride toothpaste ▪ appropriate interdental care - oral infectious diseases (for example, Herpes simplex 1, thrush): ○ presentation: ▪ inflammation ▪ rashes ▪ pain and discomfort ○ causes: ▪ presence of virus (or other pathogens) ○ methods for prevention: ▪ improved lifestyle choices (for example, reduction of alcohol) ▪ gathering patient data via questionnaires ▪ good nutrition and oral health advice - oral cancer – soft tissue awareness: ○ presentation: ▪ a sore that does not heal ▪ mouth pain ▪ growth or lump inside mouth ▪ difficulties or pain when swallowing ○ causes:	**S2.16**	**Provide information on the health risks of diet, drugs, alcohol and smoking on oral and general health:** - tailored to the patient in a style that reflects the purpose - in the appropriate format (for example, making use of leaflets and other supporting materials) - using appropriate behavioural change techniques (for example, tailoring language appropriate to audience) - listening actively to patients' questions and responding appropriately (General English Competency 1, General English Competency 3, General English Competency 6) Relationship to GDC learning outcomes: C 1.7, C1.13, C 2.5.1, I 1.1, I 1.2, I 1.3, P (B)2, P 3.3, P 3.4
	S2.17	**Provide basic dietary advice that is relevant to maintaining and improving oral health, including:** - asking appropriate questions to establish current lifestyle and dietary habits - providing advice on hidden sugars - providing advice on how to reduce sugar intake (for example, via diet sheets) - providing advice on the importance of good hydration and nutrition - listening actively to patients' questions and responding appropriately (General English Competency 1, General English Competency 6) Relationship to GDC learning outcomes: C 1.7, C 1.13, C 2.5.1, I 1.1, I 1.2, I 1.3, P (B)2, P 3.3, P 3.4

Oral disease: causes and prevention	
- lifestyle - genetics - methods for prevention: - improved lifestyle choices (for example, reduction in alcohol/smoking/betel nut chewing) - regular oral health assessment - HPV vaccination - oral dental trauma – soft tissue: - presentation: - swelling and redness - discomfort when speaking, eating and drinking - bleeding - ulcers - causes: - eating hot food/drinks - laceration - methods for prevention: - taking care when ingesting hot food or liquids - oral dental trauma – trauma to the teeth: - presentation: - pain - discolouring of tooth - swelling - bleeding - mobile tooth - teeth bite together differently - causes: - accidents	**S2.18　Signpost local health initiatives that will help patients to maintain and improve oral health in relation to:** - smoking cessation services - mother and toddler groups that offer health promotion - local and national campaigns Relationship to GDC learning outcomes: C 1.13, C 2.5.1, P (B)2, P 3.3, P 3.4, P 3.10

Oral disease: causes and prevention	

▪ sports injury
 	
     o methods for prevention:
 	
              ▪ wearing a mouth guard when participating in sport
 	
Relationship to GDC learning outcomes: C 1.1, C 1.2, C 1.7, C 1.24, C 1.25, C 1.31, C 2.5.1, P 3.4, S 2.1
 	
K2.2 **Characteristics of different types of dentures:**
 	
    • partial – some remaining dentition
 	
    • complete – edentulous
 	
K2.3 **Different types of denture material base:**
 	
    • acrylic
 	
    • chrome or other metal substances
 	
K2.4 **Evidence-based measures of denture care:**
 	
    • removed at night
 	
    • brushed with a denture brush, using soap and water
 	
    • kept in a named denture pot
 	
Relationship to GDC learning outcomes: C 1. 24, C 2.5.1, P 3.4, S 2.1
 	
K2.5 **The impact of a range of factors on an individual's oral health:**
 	
    • sugar in the diet – intrinsic and extrinsic sugars – including dental bacterial plaque, frequencies of intake, hidden sugars and how these lead to decay
 	
    • smoking – including the direct link to gum disease and oral cancer
 	
    • acidic drinks in the diet (for example, carbonated drinks, fruit juices) – including the link between dental erosion and tooth sensitivity	

Oral disease: causes and prevention	
• socioeconomic factors – including how different social backgrounds and cultures may impact on oral health • drugs – including the impact of having a dry mouth on oral health, how drugs can affect the maintenance and frequency of oral health • alcohol – including the link to oral cancer, tooth decay and erosion, accidental trauma and facial injury Relationship to GDC learning outcomes: C 1.3, C 1.4, C 1.7, C 1.13, C 1.27, P 1.4 **K2.6 The relationship between dental bacterial plaque and systemic health:** • diabetes • heart disease • dementia Relationship to GDC learning outcomes: C 1.4, C 1.27 **K2.7 Determinants of health inequalities in the UK and internationally that support oral health planning and improvement, including:** • areas of high deprivation • financial factors • access to care • socioeconomic factors Relationship to GDC learning outcomes: C 1.3, C 1.7, P 3.1, P 3.3, P 3.5 **K2.8 The methods by which health inequalities are measured in the UK and internationally to identify current patterns:** • epidemiological surveys: o child dental health surveys	

Oral disease: causes and prevention	
o adult dental health survey o mean number of decayed, missing and filled teeth data (DMFT) Relationship to GDC learning outcomes: C 1.1, P 3.1, P 3.4, P 3.5	

Role of dental professionals and healthcare team in respect of patient management	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K2.9** **The roles and responsibilities of the dental nurse when supporting the dental team in patient management:** • monitors, supports and reassures patients • provides appropriate advice (for example, providing preventative advice) • provides clinical and other support to dental professionals • makes appropriate referrals in a timely manner Relationship to GDC learning outcomes: C 1.31, I 2.3, I 2.4, I 2.5, I (B)3, I (B)4, I (B)6 **K2.10* The purpose of direct access:** • gives patients the option to see a dental care professional without having to see a dentist first and without a prescription from a dentist Relationship to GDC learning outcomes: I 2.6	The student must be able to: **S2.19** **Apply knowledge of the role of dental professionals and the wider healthcare team in the delivery of patient management by:** • complying with legal and regulatory requirements in relation to patient management • communicating effectively with colleagues, other dental professionals and the wider health and social care team Relationship to GDC learning outcomes: C 1.40, I 2.3, I 2.5, I (B)3, I (B)4, P 3.9, P (B)17 **S2.20** **Undertake ECPD activities by:** • utilising provision and receipt of feedback to develop self and others • developing and maintaining professional knowledge and competence • investigating advances in technology and different ways of working • demonstrating a professional attitude and behaviour in all environments and media • taking responsibility for personal development planning, recording of evidence and reflective practice

Role of dental professionals and healthcare team in respect of patient management	
K2.11* Enhanced continuing professional development (ECPD) requirements for dental nurses: • as defined in the most recent guidance from the GDC Relationship to GDC learning outcomes: I 2.2, I 2.3, P 2.2, S 2.5, S 2.8, S (B)4, S (B)5, S 3.1 **K2.12* The purpose of a personal development plan (PDP):** • provides the opportunity to plan ECPD which will provide the maximum benefit for maintaining and developing practice as a dental professional • supports the identification of own capabilities and limitations • includes ECPD requirements, anticipated development outcomes and timeframes Relationship to GDC learning outcomes: I 2.2, I 2.3, P 2.2, S (B)1, S 2.3, S 2.4, S 2.5, S 2.6, S 2.7, S 2.8, S (B)4, S (B)5, S 3.1 **K2.13* The importance of maintaining a PDP and ECPD:** • ensures ECPD requirements are met as defined by the GDC • maintains professional registration • ensures insight into up-to-date knowledge and skills (for example, emerging technologies, changes in evidence-base and safe practice, dealing with medical emergencies) • responds effectively to feedback Relationship to GDC learning outcomes: I 2.2, I 2.3, P 1.5, P 2.2, S 1.1, S 1.2, S 2.1, S 2.3, S 2.4, S 2.5, S 2.8, S (B)4, S (B)5, S 3.1	Relationship to GDC learning outcomes: I 1.8, I 2.2, I 2.3, I (B)2, P 1.10, P (B)12, P (B)14, P 2.2, P (B)17, S 1.1, S 1.2, S (B)1, S 2.3, S 2.4, S 2.5, S 2.6, S 2.7, S 2.8, S (B)4, S (B)5, S (B)6, S 3.1 **S2.21 Provide effective and appropriate advice to patients within scope of practice by:** • participating in preventative programmes without the patient having to see a dentist first • undertaking activities within scope of practice Relationship to GDC learning outcomes: I 2.3, I 2.4, I 2.5, P (B)2, S (B)4

Role of dental professionals and healthcare team in respect of patient management	
K2.14* The required standards of personal behaviour, as defined by the General Dental Council Standards for the dental team: • ensures that their conduct, both at work and in their personal life, justifies patients' trust in them and the public's trust in the dental profession • protects patients and colleagues from risks posed by their health, conduct or performance • informs the GDC if they are subject to criminal proceedings, or a regulatory finding is made against them anywhere in the world • co-operation with any relevant formal or informal inquiry Relationship to GDC learning outcomes: P 1.5, P 1.9, P 1.10, P 1.12, P (B)12, P (B)14, P (B)16, P (B)17 **K2.15　Dental healthcare provision funding options:** • NHS: 　o Bands 1, 2, 3 and urgent treatment 　o free dental services for specific demographics (for example, during pregnancy, under 18-year-olds) 　o certain treatments excluded (for example, cosmetic treatment) • private self-funded: 　o enhanced access/availability 　o wider range of treatments available • corporate health plans: 　o supplied by employer 　o treatments available in line with employer policy	

Role of dental professionals and healthcare team in respect of patient management	
Relationship to GDC learning outcomes: P 3.6	

Performance outcome 3: Accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate

Principles of dental charting and soft tissue assessment	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:

Knowledge – What you need to teach

The student must understand:

K3.1 **The principles of dental charting and soft tissue assessment including how to use standard dental charts as part of a routine check-up:**

- principles of dental charting:
  - o a record of the patient's dentition and previous dental history
  - o to plan further treatment, as required
  - o acts as a legal record
- principles of soft tissue assessment:
  - o to review the soft tissue of the mouth and lips
  - o to identify any oral lesions which may or may not require further investigation

  Relationship to GDC learning outcomes: C 1.6, C 1.32, C 2.1.14

K3.2 **The difference between the Fédération Dentaire Internationale (FDI) charting and the Palmer notation:**

- FDI:
  - o widely used in many countries
  - o 2-digit number system
  - o the first number represents the quadrant
  - o the second number represents the tooth surface

Skills – What you need to teach

The student must be able to:

S3.7 **Contribute to obtaining and recording patient clinical history as part of the dental team, by:**

- assisting a patient with filling in their patient clinical history, including medical, social and dental history
- accurately recording and proofreading the information on the patient's records
- reiterating the patient history to a clinician

                            (General English Competency 3)

  Relationship to GDC learning outcomes: C 1.44, C 2.1.12, I 1.5, I 1.7, I (B)3, I (B)4

S3.8 **Follow guidelines and requirements for the recording and storing of patient information on manual records, by:**

- recording only relevant and factual information
- not reading aloud any personal information from the manual records (for example, address)
- retaining manual records within specific timeframes
- maintaining confidentiality
- gaining patient consent to store and share the personal data, where relevant
- only disclosing information to those that are required to know
- ensuring manual records are stored securely (for the relevant amount of time) in a locked, metal, fireproof cabinet

Principles of dental charting and soft tissue assessment	

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    o   deciduous teeth are recorded as quadrant 5, 6, 7 and 8 (for example, the upper left central incisor would be recorded as 61)

- Palmer notation:

    o   commonly used in the UK

    o   permanent teeth are represented by a number (1 to 8)

    o   defined by the quadrant they are in (for example, upper left, upper right, lower left, lower right)

    o   deciduous teeth are recorded A–E in each quadrant (for example, the upper left central incisor would be recorded as upper left A)

Relationship to GDC learning outcomes: C 2.1.14

K3.3 **The correct use of dental terminology in recording:**

- number, position and surfaces of teeth

- the health status of the teeth (decayed, missing, filled)

- the periodontal index, to include basic periodontal examination or full periodontal pocket chart

- soft tissue assessment

Relationship to GDC learning outcomes: C 2.1.14

K3.4 **The key differences between basic periodontal examinations and full periodontal screening, including how to accurately record the pocket depths within examinations:**

- basic periodontal examinations: carried out during routine dental oral health assessment to measure the deepest pocket in each sextant

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- ensuring manual records are disposed of securely when no longer required

Relationship to GDC learning outcomes: C 1.44, C 2.1.10, C 2.1.12, P 1.1, P 1.2, P (B)11

S3.9 **Record dental charting and oral tissue assessment carried out by other registrants:**

- recording dental charting using FDI and Palmer notation

- recording the basic periodontal examination

- recording the full periodontal chart

- recording bleeding score

- recording plaque and debris indices scores

- recording soft tissue assessment findings

- recording basic occlusion

- recording all information accurately and precisely, using correct terminology, notation and format

        (General English Competency 3, General Mathematics Competency 1)

Relationship to GDC learning outcomes: C 1.44, C 2.1.12, C 2.1.13, C 2.1.14, I 1.5, I (B)4

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Principles of dental charting and soft tissue assessment

• full periodontal screening: carried out where more in depth investigation is required to measure the loss of periodontal tissue around each individual tooth Relationship to GDC learning outcomes: C 2.1.14	

Use of information technology and electronic recording systems within a dental setting

Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K3.5* How IT and electronic recording systems are used within a dental setting:
 	
• surgery diary management system:
 	
   ○ manages patient appointments and appointment types
 	
   ○ payment information
 	
• patient information system:
 	
   ○ personal information (for example, name and contact details)
 	
   ○ medical/dental/social information (for example, medical history and occupation)
 	
   ○ dental charting
 	
   ○ radiographic records (for example, bite wings)
 	
Relationship to GDC learning outcomes: I 1.1, P 1.1, P (B)11
 	
K3.6* The possible consequences of recording inaccurate patient information:
 	
• incorrect treatment planning
	The student must be able to:
	
	S3.10 Use IT and electronic recording systems to record patients' personal and dental information, including:
	
	• adding new patients to the system
	
	• recording medical, social and dental history
	
	• booking appointments, ensuring appropriate length for the treatment required
	
	• processing payments
	
	• recording dental charting
	
	• recording any referrals made
	
	• using digital devices competently and securely
	
	          (General Digital Competency 1)
	
	Relationship to GDC learning outcomes: C 1.44, C 2.1.12, I 1.1, P 1.1, P (B)11
	
	S3.11 Follow guidelines and current practices for the recording and storage of patient information on electronic recording systems by:
	
	• recording only relevant and factual information (for example, not speculating about a patient)

Use of information technology and electronic recording systems within a dental setting	
- misdiagnosis - incorrect recall frequency - incorrectly identifying patient's eligibility/ineligibility for treatment - the practice's ability to make NHS claims, if applicable - incorrect patient charges - failing an audit - legal implications Relationship to GDC learning outcomes: P 1.1, P 1.2, P (B)7, P (B)9, P (B)12	- not reading aloud any personal information from the system (for example, address, mobile number) - retaining information within specific timeframes - gaining the patient's consent to store and share personal data, where relevant - only disclosing information to those that are required to know - keeping passwords and PINs secure and updated in line with SOPs - ensuring the computer screen cannot be seen by the public - ensuring computer screens are locked when away from screen (General Digital Competency 5) Relationship to GDC learning outcomes: C 1.44, C 2.1.10, C 2.1.12, P 1.1, P 1.2, P (B)7, P (B)11

Performance outcome 4: Prepare, mix and handle filling and impression material in an appropriate and timely way

Filling and impression materials	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K4.1 **How to minimise waste when preparing, mixing and handling impressions materials:** • adheres to the mixing times, working times and setting times of the specific material, in accordance with manufacturers' instructions • checks required size of filling or alginate with a dental professional Relationship to GDC learning outcomes: C 1.14, C2.2.10, P (B)8, P 3.11 **K4.2** **The full range of materials used for impressions and fillings:** • amalgam – a restorative material that consists of a mixture of metals, including liquid, mercury, silver, tin and copper • composite – tooth coloured restorative material that consists of an inorganic filler in a resin binder • glass ionomer – tooth coloured restorative material that can be made of alumina, silica and calcium and it contains fluoride • fissure sealants – plastic resin material that provides a protective coating • temporary filling/sedative dressing – a variety of materials used before a permanent restoration; some have sedative properties to soothe teeth • alginate – an impression material that consists of a powder containing	**S4.8** **Comply with all health and safety requirements in the preparation of filling and impression materials, including:** • selecting the appropriate PPE prior to preparing any materials • working in a well-ventilated area Relationship to GDC learning outcomes: C 1.14, C2.2.10, P (B)8 **S4.9** **Follow all guidelines and mechanisms for the prevention of infection in the preparation of filling and impression materials, including:** • wearing PPE appropriately whilst preparing materials • only using sterilised metal spatulas when mixing • ensuring all mixing equipment or surfaces are disinfected Relationship to GDC learning outcomes: C 1.14, C 1.38, C2.2.10, C 2.3.2, P (B)8 **S4.10** **Prepare, mix and handle the full range of dental filling and impression materials in line with manufacturers guidance:** • accurately mixing the correct proportion of filling and impression materials • adhering to the mixing times, working times and setting times • selecting the correct shade of composite (General Mathematics Competency 3) Relationship to GDC learning outcomes: C 1.14, C2.2.10, P (B)8

Filling and impression materials	

calcium salt, alginate salt and filler mixed with water

- vinyl polysiloxane (VPS) (silicone putty) – an impression material, a base and catalyst are mixed together to take an accurate impression

Relationship to GDC learning outcomes: C 1.14

K4.3 The advantages and disadvantages of using different types of materials for fillings:

- amalgam – used in premolars and molars:
  - o advantages – strong, durable, does not need total moisture control when placing
  - o disadvantages – expensive to dispose of, contains mercury – which in high amounts is toxic, requires retention to place so more enamel may have to be removed, not aesthetically pleasing

- composite – can be used on any tooth:
  - o advantages – tooth coloured, is bonded to the tooth so less enamel removed
  - o disadvantages – moisture control is essential when placing, can 'shrink' so margins susceptible to further decay, takes more time to place, light-sensitive

- glass ionomer – can be used with any tooth including primary:
  - o advantages – can be used as a long-term temporary filling, does not need full moisture control when placing, can be placed

S4.11 Comply with workplace, legislative and manufacturers' instructions when dealing with filling and impression materials including when:

- storing the materials (for example, light-sensitive versus temperature-sensitive products)

- disposing of the materials (for example, using the correct waste disposal methods)

Relationship to GDC learning outcomes: C 1.14, C2.2.10, P 1.5, P 1.12, P (B)8

Filling and impression materials

quickly, malleable so can be shaped, contains fluoride o disadvantages – some require mixing by hand – can lead to wastage, not hard wearing, can be affected by moisture • fissure sealants – premolars and molars: o advantages – can protect from caries on the hard to clean fissures, placed quickly o disadvantages – can mask early caries, can chip easily, requires moisture control when placing • temporary restoration/sedative dressing – can be used on any tooth: o advantages – can be placed quickly, malleable so can be shaped, sedative properties so can prevent tooth ache, most can be used as a lining for a deep filling o disadvantages – can be strong-tasting, may not be aesthetically pleasing, is only temporary Relationship to GDC learning outcomes: C 1.14 **K4.4** **The advantages and disadvantages of using different types of materials for impressions:** • alginate – used for primary dentures, study models and mouth guards: o advantages – flexible once the material is set o disadvantages: – does not provide a highly accurate impression, can distort if not cared for post impression before	

Filling and impression materials

going to the lab, shrinkage can occur on drying out
 	
• VPS – crown impressions, crown bridges and veneers:
 	
   o advantages – higher detail capture, does not dry out, does not distort and maintains its shape
 	
   o disadvantages – difficulty in extending the working time, expensive
 	
Relationship to GDC learning outcomes: C 1.14
 	
K4.5 **The principles of storing restorative and impression materials:**
 	
• place products in date order, in accordance with stock rotation guidelines
 	
• store light-sensitive products in a dark area, and in accordance with the manufacturer's instructions
 	
• store temperature-sensitive products in a fridge, and in accordance with the manufacturer's instructions
 	
• dispose of any unused materials in correct waste bins
 	
• store away products not in use, in their appropriate place
 	
Relationship to GDC learning outcomes: C 1.14, P (B)8
 	
K4.6 **The importance of following manufacturers' instruction when dealing with restorative and impression materials:**
 	
• ensures the product mixes and sets correctly	

Filling and impression materials	

• ensures the product is stored and disposed of correctly
 	
• ensures the material is used before the expiry date
 	
Relationship to GDC learning outcomes: C 1.14, P (B)8
 	
K4.7 How to safely dispose of filling and impression materials:
 	
• in accordance with workplace and manufacturers' instructions:
 	
    o all unused materials must be disposed of in clinical waste, with the following exceptions:
 	
        ▪ amalgam: amalgam waste
 	
• unused local anaesthetic – cytotoxic waste
 	
Relationship to GDC learning outcomes: C 1.14, P (B)8	

Occupational specialism core: Supporting Healthcare

Knowledge and skills are set out side by side within their themed sections. The numbering is sequential throughout the performance outcome, from the first knowledge statement, following on through the skills statements. The 'K' and 'S' indicate whether the statement belongs to knowledge or skills.

Mandatory content:

The Supporting Healthcare occupational specialism includes a mandatory core section which must be completed by all students. The core content contains underpinning knowledge and skills which students will require, regardless of which option is taken under the Supporting Healthcare occupational specialism.

Performance outcome 1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

Performance outcome 2: Assist registered health professionals with clinical or therapeutic tasks and interventions

Performance outcome 3: Undertake a range of physiological measurements

Glossary

Duty of care

A legal obligation to always act in the best interest of individuals and others – do not act or fail to act in a way that results in harm; act within your competence and do not take on anything you do not believe you can safely do.

Patient

A person receiving care, support or treatment.

Person centred

Focussing care on the needs, values and preferences of the individual and ensuring any clinical decisions are guided by these needs, values and preferences.

Scope of practice

Sets out the limits of responsibility and ensures individuals do not undertake work outside of training or competence.

Scope of role

Range of activities, duties, or responsibilities that an employee is reasonably expected to carry out or fulfil within the remit of his or her job or position.

Performance outcome 1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

Working in a person-centred way	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.1 **The implications of health and safety regulations, their influence on practice and how they promote person-centred care within the supporting healthcare role including:**
 	
• care planning (for example activities of daily living)
 	
• communication (including UK General Data Protection Regulations (UK GDPR), Human Rights Act 1998)
 	
• duty of care (for example all necessary precautions taken to protect physical and mental wellbeing of individual)
 	
• risk assessment (including the Management of Health and Safety at Work Regulations 1999)
 	
• regulatory bodies (for example National Health Service (NHS), Care Quality Commission (CQC), Health and Safety Executive (HSE))
 	
K1.2 **The requirements to safeguard individuals and their wider family/carers and promote principles to others in practice including:**
 	
• safeguarding legislation:
   o Care Act 2014
   o Safeguarding Vulnerable Groups Act 2006
   o Mental Capacity Act 2005 plus Amendment 2019
   o Mental Health Act 2007
   o Equality Act 2010
	The student must be able to:
	
	S1.25 **Safeguard individuals and their wider family/carers if required and promote principles to others in practice including:**
	
	• recognising and applying the requirements to safeguard
	
	• recognising signs and symptoms of abuse
	
	• working in partnership with others
	
	• observing changes and reporting concerns
	
	• educating individuals and wider family/carers
	
	• promoting the 6 principles of safeguarding: empowerment, prevention, proportionality, protection, partnership, accountability
	
	• asking questions to check/clarify understanding
	
	• always acting in the best interest of individuals and others
	
	• not acting or failure to act in a way that results in harm
	
	• acting within your competence/scope of practice and not taking on anything you do not believe you can safely do (for example following competency frameworks)
	
	• following and applying the principles for implementing the requirements of the 8 core values:
	   o individuality
	   o rights
	   o choice

Working in a person-centred way

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-     ○ Human Rights Act 1998
-     ○ Domestic Abuse Act 2021
- local policy and procedure (for example disclosure guidelines)
- lines of reporting and raising concerns
- departmental procedures (for example complaints procedure)
- 6 principles of adult safeguarding:
  - ○ empowerment
  - ○ prevention
  - ○ proportionality
  - ○ protection
  - ○ partnership
  - ○ accountability

K1.3 The requirements for following a duty of care and duty of candour within the scope of the supporting healthcare role:

- 6Cs: care, compassion, competence, communication, courage and commitment
- NHS values:
  - ○ working together for patients
  - ○ respect and dignity
  - ○ commitment to quality of care
  - ○ compassion
  - ○ improving lives
  - ○ everyone counts
- personalisation agenda
- Mental Capacity Act 2005 plus Amendment 2019
- person-centred care planning
- the role of candour in informing practice
- whistleblowing

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-     ○ privacy
-     ○ independence
-     ○ dignity
-     ○ respect
-     ○ partnership
- the 6 Cs:
  - ○ care
  - ○ compassion
  - ○ competence
  - ○ communication
  - ○ courage
  - ○ commitment

(GEC1)

S1.26 Implement a duty of care and candour when working with individuals and their families/carers, speaking clearly and confidently using appropriate tone and register that reflects audience and purpose including:

- clarity around definitions
- ensuring a person-centred process
- minimising bureaucracy
- distinguishing between regret and an apology
- robust monitoring and compliance
- a system to deal with breaches of the duty of care/candour
- observing confidentiality

(GEC2)

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Working in a person-centred way

- conflict between rights and responsibility

K1.4 Required standards, codes of conduct and health and safety including risk assessment relevant to their role in supporting healthcare:

- CQC fundamental standards of care
- NHS standards
- private healthcare standards (for example Bupa, independent hospitals)
- occupational standards
- organisational codes of conduct
- individual risk assessments for patients
- personal health and safety responsibilities
- current health and safety legislation

K1.5 How to respond to incidents and emergencies relevant to their role in supporting healthcare:

- adhere to local guidelines
- adhere to guidelines and policies in relation to performing basic life support (BLS):
  - o the options available for undertaking BLS training
  - o the sequence of steps required for BLS
  - o what adjuncts there are and when you could use them (for example self-inflating bag)
- reporting procedures
- recording procedures

K1.6 How to use a range of techniques for infection prevention and control:

- maintain good personal hygiene:
  - o hair neat and tidy

S1.27 Follow all required standards, codes of conduct and health and safety requirements/legislation, including risk assessment, in the healthcare environment including:

- national standards (for example NHS standards)
- working to local policies and procedures
- general health and safety risk assessments
- individual risk assessments
- reporting risks

S1.28 Maintain a safe and healthy working environment, take appropriate action in response to incidents or emergencies, following local guidelines including:

- maintaining a safe and healthy environment:
  - o use of equipment (for example moving and handling)
  - o use of materials (for example cleaning products)
  - o cleanliness of environment
  - o being adequately equipped to maintain safety, security, privacy and personal agency
- incidents and emergencies:
  - o slips, trips and falls
  - o unresponsive patient
  - o choking
  - o bleeding wound
  - o seizure
  - o challenging behaviour
- responding to incidents and emergencies:

Working in a person-centred way

- o clean, well-maintained uniform
- handwashing (for example Ayliffe technique):
    - o 5 moments (WHO)
    - o 12-point technique (WHO/NHS)
    - o hand care (nails, cuts, drying)
- personal protection equipment (PPE):
    - o gloves
    - o disposable plastic apron
    - o full body gown
    - o goggles/masks
    - o headwear
    - o footwear
    - o use appropriate PPE for each individual according to local policy
- spillage (for example blood and body fluids, chemicals, other liquids)
- waste management (for example infectious/hazardous waste requiring incineration, clinical waste, sharps)
- appropriate cleaning regime in line with local policy

- o thinking ahead
- o staying calm
- o assessing emergency
- o summoning help
- o reacting within scope of role and understanding own limitations
- o recording details if asked
- o being involved in the debrief and feeding back if required
- o giving relevant information using appropriate grammar and choice of words in oral speech
- o performing the sequence of steps for BLS adhering to guidelines and policies of the Resuscitation Council UK

(GEC2, GDC5)

S1.29 **Use a range of techniques for infection prevention and control (for example waste management, spillage, handwashing, use of PPE) and have a thorough understanding of the context of the work including:**

- waste management (for example use of clinical waste bags, disposal of general waste, disposal of medication waste)
- spillage (for example dealing with body fluids spillage, dealing with non-hazardous spillage, dealing with hazardous spillage (chemical))
- handwashing:
    - o Ayliffe (National Institute for Health and Care Excellence (NICE))
    - o 5 moments (WHO)
    - o 12-point technique (WHO/NHS)
- sanitisation and disinfection:

Working in a person-centred way	
	- equipment - environment (for example surfaces) - PPE (for example masks, gloves, aprons): - providing care that is respectful of and responsive to individuals - carers and relevant others: - keeping informed where applicable - actively listening - shadowing to support patient and family-centred care (GMC10)

Providing overall care	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K1.7 **How current best practice and agreed ways of working support healthcare needs including:**	**S1.30** **Provide person-centred care and support to individuals, carers and relevant others including:**
- assists with care-related tasks: - simple dressings (for example plasters, sterile pad) - catheter/stoma care - personal care/personal hygiene (including washing, dressing, bathing, toileting) - fluids and nutrition (including feeding, drinking) - supports with mobility (including getting in or out of bed, bathing, sitting in a chair, standing, walking)	- individuals: - focussing care on the needs of individuals - involving individuals in decision making - actively listening - ensuring that individuals' preferences, needs and values guide clinical decisions - providing care that is respectful of and responsive to individuals - carers and relevant others: - keeping informed where applicable

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Providing overall care

K1.8 **How to support individuals' care needs, ensuring privacy and dignity is maintained whilst recognising the importance of personal health and wellbeing including:**

- individuals' care needs:
    - establishes consent
    - respects cultural differences
    - assists with personal care/personal hygiene (for example washing, dressing, bathing, toileting)
    - assists with fluids and nutrition
    - continual/ongoing care (for example emotional, physical, social)
    - considers communication barriers (for example language, learning, hearing)
    - age (young, old)
- privacy and dignity:
    - closes doors and windows (for example hospital curtains)
    - preserves modesty
    - confidentiality
- importance of own personal health and wellbeing:
    - occupational health (for example immunisation, needle stick injury)
    - mental health (for example work–life balance, support network to share worries, issues or concerns)
    - physical health (including diet, sleep, exercise)

K1.9 **How to interpret individual care plans in order to support a person's health, comfort and wellbeing:**

- physical needs:

- actively listening
- shadowing to support individual and family-centred care
- responding to questions of audience/individual/customer/colleague
- responding to questions/feedback from colleagues/individuals/customers

(GEC1, GEC2)

S1.31 **Provide an effective clinical environment, taking into consideration safety and promote a good experience for the individual including:**

- clinical effectiveness:
    - taking part in the audit process:
        - sharps boxes
        - clinical waste bins
        - manual and electronic information
    - evaluating and reflecting on activities
    - identifying areas for improvement
- safety:
    - using equipment correctly
    - using materials correctly
    - storing equipment and materials safely
    - disposing of clinical waste safely
    - checking appropriate supplies of equipment and materials

S1.32 **Move and handle individuals safely when assisting them with their care needs, using appropriate moving and handling aids including:**

- checking equipment prior to use
- following appropriate moving and handling techniques (for example knees bent, back straight) when using:

Providing overall care

- o moving and handling (for example from bed to wheelchair)
- o personal care needs (for example bathing)
- o dietary choices (for example gluten free)
- o PPE
- o intellectual needs
- o language (for example spoken)
- o capacity (for example ability to consent)
- o therapeutic activity (for example rehabilitation)
- emotional needs:
  - o choice (for example individual preferences)
  - o independence (for example self-care)
  - o dignity (for example bathing in private)
  - o social needs
  - o supportive relationships (for example family interaction)
  - o activity (for example reminiscence)
  - o engagement (for example exchanges in physiological observations inclusion)
  - o cultural and religious needs

K1.10 How to recognise indicators of good physical and mental health including changes in:

- mood
- appetite
- body language
- mobility

- o wheelchairs (make sure brakes are applied, footrests in place)
- o hoist (make sure correct sling is used, area free from obstructions)
- o walking aids/frames (make sure it is correct height for individual, ensure appropriate footwear in place)
- o slide sheets (ensure transfers are smooth, follow the risk assessment)
- o transfer belt
- o board
- providing the appropriate level of detail to reflect audience and purpose

(GEC3)

S1.33 Assist with individuals' overall comfort and wellbeing including:

- pain management:
  - o medication
- bed comfort:
  - o specialist mattress
- environmental factors:
  - o heat
  - o noise
- developing a range of technical expertise, understanding and skills proficiency across a reasonable range of commonly used devices and media in order to operate effectively within digitised contexts
- social interaction (for example contact staff and visitors)
- access to media (for example mobile phone, TV)
- providing fluids and nutrition (for example balanced food and appropriate fluid intake)

Providing overall care

- normal bodily functions (for example urine output)
- sleep pattern
- personal hygiene

K1.11 The importance of fluids, nutrition and food safety when providing overall care:

- fluids (for example how to avoid dehydration and/or urinary tract infections (UTI))
- nutrition (for example maintaining a healthy and balanced diet, supports recovery, malnutrition screening tool (MST))
- food safety (for example food poisoning, allergic reactions, PPE)

K1.12 How to recognise the signs and symptoms of a person who is experiencing pain and discomfort and/or whose health and wellbeing is deteriorating including:

- body language (for example restlessness and fidgety)
- reactions (for example flinching when touched)
- appearance (for example change in skin colour)
- pain assessment tools (for example visual analogue scale (VAS), numeric rating scale (NRS))

K1.13 How and why to report changes and deterioration when supporting individuals, including:

- how to report (for example verbal, written, to the appropriate person)
- why to report:
  - o continuity of care
  - o avoid deterioration

- exercise or appropriate mobilisation (for example positioning/repositioning exercises, exercises in or next to the bed, armchair exercised)
- using appropriate technical terms

(GDC1)

S1.34 Recognise issues and deteriorations in mental and physical health, report and respond appropriately, supporting others to do so including:

- recognising issues and deteriorations in mental health (for example signs of depression, isolation, change in attitude)
- physical health:
  - o skin colour
  - o signs of pressure and deterioration in skin condition
  - o lack of mobility
  - o weight loss or gain
  - o National Early Warning Score (NEWS) 2 tool
  - o failure to maintain personal appearance and hygiene
- recording issues in deterioration on care plan
- reporting issues of deterioration to line manager
- responding within the scope of job role:
  - o reporting to supervisor
  - o reporting to line manager
- using technical language correctly, using graphics and other tools to aid understanding

Providing overall care

- o ensures care needs are met
- o review of prescribed medication requirements/dosage

K1.14 **How to safely move and handle people when supporting their care needs using appropriate moving and handling aids:**

- when to move (for example hourly turns)
- how to move (for example 2 staff to move):
  - o risk assessment (task, individual, load, environment (TILE) model)
  - o prepare environment
  - o encourage active participation
  - o have a firm hold
  - o keep weight close to body
  - o keep back straight and bend knees
  - o move on agreed number
  - o 2 staff to move
- appropriate moving and handling aids (for example slide sheet or hoist)
- report maintenance concerns

K1.15 **The main types of mental ill health, and their impact on people's lives:**

- main types:
  - o mood disorders (for example depression, bipolar disorder)
  - o anxiety disorders
  - o personality disorders
  - o psychotic disorders
  - o eating disorders
  - o trauma-related disorders
  - o substance abuse disorders
- impact:

- using appropriate grammar and choice of vocabulary and correct spelling and punctuation
- listening effectively and recording information accurately and concisely

(GEC1, GEC3, GEC4)

S1.35 **Recognise and respond to signs of pain and discomfort in the individual including:**

- observing individual's body language
- observing individual's reactions to activities
- observing individual's appearance
- ensuring comfort is maintained
- working within the scope of job role
- using pain assessment tools (for example visual analogue scale (VAS), numeric rating scale (NRS))
- reporting and recording any changes to appropriate person
- interpreting and responding to non-verbal cues
- asking and responding to questions for clarification

(GEC2, GEC6)

S1.36 **Recognise limitations in mental capacity and respond appropriately including:**

- recognising indications and limitations in mental capacity:
  - o unable to understand specific information
  - o unable to retain information
  - o unable to use or process information
  - o unable to communicate a choice
  - o selecting different sources to gather information for a particular purpose

Providing overall care

- o decision making
- o physical wellbeing
- o emotional and psychological wellbeing
- o interactions with others
- o stigma
- o impact on family and carers
- o financial and social

K1.16 How to recognise indicators and limitations in mental capacity and how to respond appropriately in line with local policies and procedures:

- Mental Capacity Act 2005 plus Amendment 2019
- understand specific information:
  - o retaining information
  - o use or weigh up information
  - o communicate a choice
- recognising indications and limitations in mental capacity:
  - o unable to understand specific information
  - o unable to retain information
  - o unable to use or weigh up information
  - o unable to communicate a choice
- how to respond appropriately:
  - o adaptation of information
  - o use of advocate (Independent Mental Capacity Advocacy (IMCA)/Independent Mental Health Advocacy (IMHA))
  - o adaptation of communication

- responding appropriately:
  - o accessing a family member, friend or advocate
  - o adapting information to make it more accessible
  - o adapting communication (for example pictures, photographs, Makaton)
  - o listening actively to contributions of others
  - o adapting contribution to discussion to suit audience and purpose
  - o encouraging contributions from other participants

(GEC2, GEC5, GEC6)

S1.37 Use appropriate techniques and PPE to ensure effective infection prevention and control in the healthcare environment including:

- order of applying PPE:
  - o perform hand hygiene before putting on PPE
  - o apron or gown
  - o surgical mask (where required)
  - o eye protection (where required)
  - o gloves
- order of removing PPE:
  - o gloves
  - o apron or gown
  - o eye protection (where required)
  - o surgical mask (where required)
  - o perform hand hygiene immediately on removal

Providing overall care

K1.17 The importance of early diagnosis in relation to cognitive issues including:

- formulation and/or adaptation of care plans
- appropriate treatments and support
- advocacy discussion

K1.18 The possible signs of mental ill health:

- confusion
- sleep pattern disturbances
- memory loss
- changes in mood
- personality changes
- behaviour changes
- changes in appetite
- social withdrawal
- delusions
- suicidal thoughts

K1.19 The possible signs of learning disability in people:

- problems understanding new or complex information
- problems coping independently
- problems with memory
- difficulties expressing thoughts
- problems paying attention
- problems reading or writing

K1.20 Why the following may be mistaken for mental ill health:

- external factors:
  - lifestyle (for example substance misuse, weight gain/loss)

- all PPE should be removed before leaving the area and disposed of as healthcare waste

S1.38 Contribute, record and follow information in care plans including:

- contributing and recording:
  - documenting aspects of daily living:
    - toileting
    - fluids and nutritional intake
  - documenting when moving and handling has taken place
  - documenting comments from individuals about their care
  - organising material coherently to suit length and purpose of writing
- following care plans:
  - reading on commencement of duty
  - implementing care as written in care plan
  - discussing with individual as there may have been changes to the care plan
  - presenting information/ideas orally using non-digital and digital tools and other aids

(GEC2, GEC3)

S1.39 Promote physical health and mental wellbeing through providing opportunistic advice within scope of role, knowledge and responsibilities:

- physical health and mental wellbeing:
  - encouraging participation in physical activity
  - encouraging social activities
  - encouraging individuals to eat well

Providing overall care

o life events (for example periods of prolonged sadness following bereavement or loss of job)

- adapting from childhood to adulthood:

  o puberty

  o sexuality

  o gender identity (for example affirming gender, changing gender, gender fluidity)

- low mood and lack of motivation

- delirium/confusion:

  o dehydration

  o chronic illness

  o infection

- normal ageing process:

  o change in sleep patterns (for example sleeping more, lack of sleep, disturbed sleep)

  o changes in mood (for example heightened or low mood)

K1.21 How changes in cognition can impact health and wellbeing:

- stress

- anxiety

- frustration

- intellectual wellbeing

- social/relationships

K1.22 How to report changes and deterioration in cognition while following appropriate procedures:

- record changes in care plan

- discuss concerns with an appropriate person

o encouraging individuals to remain hydrated

o encouraging individuals to gain sufficient sleep

- providing opportunistic advice:

  o support regarding smoking cessation

  o support regarding healthy eating

  o support regarding the use of substances (for example drugs and alcohol)

  o reading, understanding and synthesising information to suit audience and purpose

  o summing up key points of discussion

(GEC5, GEC6)

Providing overall care	
- monitor changes (for example memory and reasoning) - follow appropriate procedures (for example within the scope of job role) **K1.23 How to support others to report changes and deterioration in cognition:** - work collaboratively with colleagues, family, carers or nominated next of kin - signpost to appropriate specialism - provide opportunities to discuss concerns - hold regular multidisciplinary meetings **K1.24 How to escalate changes and deterioration in cognition:** - follow appropriate procedures (for example for reporting) - record changes within the care plan - contact emergency services	

Performance outcome 2: Assist registered health professionals with clinical or therapeutic tasks and interventions

The health service and roles and responsibilities when working in health to assist registered professionals	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K2.1 **A background and history of the National Health Service:**	**S2.17** **Work with health professionals on clinical and therapeutic tasks and interventions working within scope of role, knowledge and responsibilities including:**
• background and history:	• working as part of a team:
o founded 5 July 1948 by Aneurin Bevin to make healthcare accessible to everyone	o working with a healthcare professional to achieve a shared goal or outcome in an effective way
o National Health Service Act 1946 was created to secure improvement of the physical and mental health of people	o listening actively to contributions of other members of the team and summarise key points
o World Health Organisation (WHO) 7 April 1948	o working for the good of the team as a whole
o Department of Health founded 1988	o making relevant and constructive contributions to lead and move discussions forward
o Nursing and Midwifery Council (NMC) founded 2002	o following direction from delegated tasks
o Public Health England founded 2013	o managing own delegated tasks in a timely manner
o National Institute for Health Protection (NIHP) founded 2020	o selecting fact from opinion
o Health and Care Professions Council founded 2003	o recognising the difference between fact and opinion
• structures:	• scope of role and responsibility:
o tiered hierarchical structure	o working to trained level
o NHS Trusts (for example hospital, ambulance, mental health, social care and primary care services)	o observing individuals
K2.2 **What the scope of their role is when assisting registered health professionals:**	o reporting and recording any changes to health professionals
• scope of own role:	
o work to a trained level	

The health service and roles and responsibilities when working in health to assist registered professionals

- competent to carry out the task
- safeguarding
- whistleblowing
- know points of referral
- work as part of a team
- organisational and local protocols
- take part in audits

K2.3   Clinical tasks, therapeutic tasks and interventions that can be performed:

- clinical tasks:
  - take samples
  - pressure area care
  - catheterisation
  - venepuncture
  - wound care
  - urinalysis
  - electrocardiogram (ECG)
  - physiological measurements (for example blood pressure, heart rate)
- therapeutic tasks:
  - behavioural therapy
  - physiotherapy
  - occupational therapy
  - talking therapies
- interventions:
  - identify the need for change
  - escalation procedure
  - contact emergency services
  - changes in care plan
  - health promotion

- reporting and recording relevant information for discharge and/or transfer between services

(GEC4, GEC5, GEC6)

S2.18   Gather appropriate, relevant and timely evidence to assist in obtaining an individual's history and review health-related data and information including:

- maintaining confidentiality
- communicating with the individual, their family or carers
- checking any previous records (if applicable)
- establishing individual's history (for example allergies, previous illnesses/conditions)
- reviewing health-related data and health-related information (for example physiological measurements, test results, X-rays)
- must be adequately equipped to maintain their safety, security, privacy and personal agency
- systematically organising and recording data, prior to any scaling or processing that may be required
- organising ideas and information coherently
- organising ideas and information logically
- expressing ideas clearly and concisely

(GEC1, GEC2, GEC3, GDC5)

S2.19   Handle information in relation to clinical tasks, therapeutic tasks and interventions including:

- clinical tasks:

The health service and roles and responsibilities when working in health to assist registered professionals

K2.4 **The importance of delegation protocols including the Royal College of Nursing (RCN) principles of accountability and delegation:**

- delegation must always be in the best interest of the individual and not performed simply to save time or money

- the support worker must have been suitably trained to perform the intervention

- full records of training given, including dates, should be kept

- evidence that support worker's competence has been assessed should be recorded, preferably in line with recognised standards (for example National Occupational Standards)

- there should be clear guidelines and protocols in place so that the support worker is not required to make a standalone clinical judgement

- the role should be within the support worker's job description

- the team and any support staff need to be informed that the activity has been delegated

- the person who delegates the activity must ensure that an appropriate level of supervision is available and that the support worker has the opportunity for mentorship

- the level of supervision and feedback needed depends on the recorded knowledge and competence of the support worker, the needs of the individual, the service setting and the activities assigned

- support workers must have ongoing development to make sure their competency is maintained

  - o wound care
  - o pressure area care
- therapeutic tasks:
  - o physiotherapy
  - o hydrotherapy
- interventions:
  - o vaccines
  - o medication (for example for the prevention of disease and control of symptoms)
  - o style reflects the type of communication and purpose (for example formal/informal/external communication/internal communication/creative/in response to a brief)
  - o draft standard technical documents for particular sectors using precise terminology and agreed formats

(GEC3)

S2.20 **Record, report and store manual and electronic information accurately and legibly in line with local and national policies, keep information confidential, support others to do so and apply these by taking part in audits including:**

- recording information:
  - o using correct grammar, spelling and punctuation when writing in care plans
  - o writing detailed and factual notes that contribute to an individual's ongoing care
  - o accurately recorded (for example factual)

The health service and roles and responsibilities when working in health to assist registered professionals

• the whole process must be assessed to identify any risks
 	
K2.5 **Who the other registered professionals are that they will work with and who can undertake particular clinical and therapeutic tasks:**
 	
• nurse:
    o gives out medication
    o enables rehabilitation
    o wound care
 	
• doctor:
    o examines individuals
    o studies their history
    o diagnoses their symptoms
 	
• occupational therapist:
    o develops treatment plans for individuals
    o arranges support with types of activities
    o agrees specific goals
 	
• physiotherapist:
    o helps individuals recover from accident, illness, injury or surgery
    o therapeutic physical exercise sessions
    o uses specialist techniques such as electrotherapy and ultrasound
 	
• dietitians:
    o assesses individual's health needs and diet
    o advises individuals on nutrition issues and healthy eating habits
	o recorded legibly (for example easy to read)
	    o ensuring manual and electronic records are accessible for information audit purposes
	    o supporting others to follow recording processes
	
	• reporting information:
	    o sharing information with health professionals
	    o sharing information with individuals, families or carers
	    o ensuring information is kept confidential (for example not leaving records open, discuss issues in private)
	    o supporting others to follow the reporting process
	
	• storing information:
	    o paper-based (for example locked away)
	    o safe use of technology, maintaining safety, security, privacy, personal agency (for example electronic information password protected)
	    o supporting others to store information correctly
	
	(GEC3, GDC5)

The health service and roles and responsibilities when working in health to assist registered professionals

- o develops meal plans, taking barriers and individuals preferences into account

- health visitor:

  - o gives advice to new parents

  - o supports parents with their children's development needs

  - o supports children with special needs

- midwives:

  - o examines and monitors pregnant women

  - o assesses care requirements and writes care plans

  - o undertakes antenatal care in hospitals, homes and GP practices

  - o carries out screening tests

K2.6 **The student must understand what their own responsibilities, duties, limitations and scope of practice is including:**

- responsibilities:

  - o observations

  - o food and nutrition (for example support with eating and drinking)

  - o follow care plans

  - o compliance with legislation

  - o follow appropriate codes of practice

- duties and limitations:

  - o duty of care

  - o expectations and limitations of their role in given settings:

    - ▪ administration of medication

  - o safeguarding

The health service and roles and responsibilities when working in health to assist registered professionals	

o seek and action advice from healthcare professionals
 	
  • scope of practice:
 	
    o must be trained to carry out the activity
 	
    o must be experienced to carry out the activity
 	
    o must be permitted to perform the activity
 	
K2.7   **The importance of the 'Code of Conduct for Healthcare Support Workers and Adult Social Care Workers' in line with local policies and procedures:**
 	
  • what it is
 	
  • the purpose of it:
 	
    o clarifies the organisation's mission, values and principles
 	
    o serves as a reference helping employees locate relevant documents, services and other resources related to ethics within the organisation
 	
    o ensures the organisation can be sure of the standards workers are expected to meet
 	
    o ensures that the organisation can check workers can fulfil the requirements of their role, behave correctly and do the right thing at all times
 	
    o ensures that the organisation can identify areas for continuing professional development	

The health service and roles and responsibilities when working in health to assist registered professionals	
K2.8 **The importance of working in partnership with wider healthcare teams including those in hospital, community care and social care settings:** • utilises team skills • role modelling (for example leads by example, positive attitude, respect and empathy for others) • provides holistic care • ensures effective communication • supports efficient care planning and recording • ensures a person-centred approach • provides an understanding of interagency working **K2.9** **The importance of providing relevant information to contribute to clinical handovers between shifts:** • accurate recording and reporting • promotes efficiencies • compliance of a care plan • effective communication • provides person-centred care **K2.10** **The relevant points of referral for help and advice:** • line manager (the person the student reports to) • supervisor (if not their line manager, it could be a person who works alongside them to support them in their role) • designated point of contact • occupational health • regulatory body	

The health service and roles and responsibilities when working in health to assist registered professionals	
K2.11 The importance of gathering individual views and how this influences service provision: • improves practice • identifies good practice • used to review and adapt services **K2.12 The ways to identify and escalate opportunities in order to provide a better or more effective service:** • complaints procedures • patient advice services • questionnaires and surveys • verbal communication (for example individual feedback, professional discussion) • independent regulator (for example Healthwatch) **K2.13 Different environments that individuals may be moved to and from including:** • transfers within the hospital (for example ward to ward) • transfer to home (for example from hospital to home) • transfer from secondary to primary care (for example from general care to specialist care) • transfer between social care settings (for example from home care to residential care, community care) **K2.14 The student must understand the steps taken within discharge procedures including:** • preparation for safe discharge: o medication	

The health service and roles and responsibilities when working in health to assist registered professionals	
- o equipment - o care package in place - effective record keeping and handover: - o effective care package in place - o contact details to support services in place - o medication records - safe manual handling: - o moving and handling equipment in place including PPE - preparation for arrival at destination: - o carers - o continence aids - o bed availability **K2.15 How to gather appropriate, relevant and timely evidence to assist in obtaining an individual's history:** - qualitative (for example how much information is needed) - quantitative (for example how reliable is the information received) - sources of information (for example past records, family members, advocate, other professionals)	

Personal development	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K2.16 Why professional development, personal development plans and using feedback to develop and improve are important: • assess their skills • assess, identify and develop their qualities • consider their aims in life • set goals in order to realise and maximise their potential • plan to make relevant, positive and effective choices and decisions for future career development • remain up to date with current practices and protocols	**S2.21 Maintain a record of personal development and training from undertaking CPD including:** • recording any formal training completed (for example moving and handling) • recording any informal training completed (for example job shadowing) • recording any new information gained (for example documentaries, magazines, policies and procedures) • responding to questions of audience/client/customer/colleague (GEC1) **S2.22 Use feedback to develop and improve self and others including:** • actively listening • recording and reflecting on work activities (for example what went well, what could be improved) • recording what has been improved and how • speaking clearly and confidently using appropriate tone and register that reflects audience and purpose (GEC2)

Performance outcome 3: Undertake a range of physiological measurements

Physiological measurements	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K3.1 **What physiological measurements commonly measured by the healthcare support worker are and what the normal range is for each measurement in adults:**
 	
• blood pressure (90/60 to 120/80)
 	
• body temperature (36 to 37.5°C)
 	
• respiration rate (12 to 20 breaths per minute)
 	
• heart rate (60 to 100 beats per minute)
 	
• weight/height (body mass index (BMI) between 18.5 and 24.9):
 	
   o the formula is BMI = kg/m² where kg is a person's weight in kilograms and m² is their height in metres
 	
   o the imperial BMI formula = weight in pounds divided by your height in inches squared and then multiply by 703
 	
• urinary output (800 to 2000 ml per day)
 	
• oxygen saturation (between 95%-100%)
 	
• blood sugar levels (between 4.0 and 7.0 mmol/L)
 	
K3.2 **Why these measurements are taken:**
 	
• assessment (for example body functions and health status)
 	
• provides information on extent of disease or disability
 	
• provision and/or response to therapeutic interventions
 	
• trends and changes in physiology
	The student must be able to:
	
	S3.16 **Use physiological measurement equipment:**
	
	• equipment includes:
	
	   o blood pressure monitor
	
	   o stethoscope
	
	   o thermometer
	
	   o watch with second hand
	
	   o pulse oximeter
	
	   o weighing scales/tape measure
	
	   o dip stick
	
	   o peak flow chart
	
	   o peak flow monitor
	
	• understanding the accuracy or precision that is required in measurements for a particular purpose
	
	• understanding issues concerning the calibration of instruments
	
	• listening actively and recording information accurately and concisely
	
	• using knowledge of context to find appropriate and accurate calculation for the recording of physiological measurements
	
	• monitoring the condition of the individual throughout the measurement
	
	(GEC4, GMC1, GMC2)

Physiological measurements	

K3.3 When these measurements are taken:
 	
• upon arrival to the emergency department
 	
• on admission to a ward
 	
• at regular intervals during an individual's stay
 	
• before, during and after a procedure (for example the fitting of a pacemaker)
 	
• before, during and after surgery
 	
• back on the ward at certain intervals
 	
• pre-op clinic
 	
K3.4 How these measurements are taken:
 	
• use of stethoscope (for example on heart and lungs)
 	
• use of sphygmomanometer – manual or digital (for example for blood pressure)
 	
• use of thermometer – electronic, tympanic membrane sensors (for example for body temperature)
 	
• use pulse oximeter (for example for oxygen in blood)
 	
• use a watch with second hand (for example for pulse reading)
 	
• use of blood sugar meter, lancet and test strip (for example for blood sugar levels testing)
 	
• how procedure may need to be adapted for individuals
 	
K3.5 How to monitor elimination, nutrition and hydration:
 	
• elimination (for example urine and bowel charts)
 	
• nutrition (for example food diaries)
 	
• hydration (for example fluid balance charts)
	S3.17 Record the results of physiological monitoring and measurement using relevant documentation including:
	
	• using correct documentation for type of physiological measurement undertaken:
	
	   o blood pressure chart
	
	   o body temperature chart
	
	   o peak flow chart
	
	   o weight/height chart
	
	   o urine output chart
	
	   o National Early Warning Scores (NEWS) 2 chart
	
	• accurate and timely recording
	
	• storage and sharing of records
	
	• confidentiality of records
	
	• using correct grammar, spelling and punctuation
	
	(GEC3)
	
	S3.18 Demonstrate the correct process for reporting measurements that fall outside normal levels including:
	
	• awareness of local processes (for example procedure for reporting, who to report to)
	
	• requesting clarification where appropriate
	
	• when unable to obtain/read measurements
	
	S3.19 Calculate National Early Warning Scores (NEWS) 2 and escalate findings to a registered health professional where appropriate including:
	
	• early warning scores:
	
	   o calculated (for example a score of 0, 1, 2 or 3)

Physiological measurements	
• body measurements (BMI) **K3.6 Major factors that influence changes in physiological measurement:** • infection • disease • chronic illness • age/weight • hydration and nutritional status • environment (for example hypothermia, malnutrition) • lifestyle (for example smoking, drugs, diet, stress) • medication (for example beta blockers, statins, paracetamol, inhalers) • mental state (for example anxiety, depression) **K3.7 Types of equipment used for measuring physiological states in adults:** • blood pressure (for example sphygmomanometer, cuff and stethoscope) • body temperature (for example thermometer) • breathing rate (for example observation) • pulse rate (for example manual or pulse oximeter) • weight/height (for example scales and measurements) • urinary output (for example catheter, measuring jug) • oxygen saturation (for example pulse oximeter) • blood sugar levels (for example glucometer)	o recorded (for example colour coded NEWS2 chart) o used (for example to respond to acute illness) o escalation (for example specialist intervention) • recognising and understanding cumulative errors and the effect that errors in measurement have on subsequent use of values in further processing • understanding accuracy or precision that is required in measurement for a particular purpose (GMC1)

Physiological measurements	

• monitoring elimination (for example observation charts)
 	
• nutrition and hydration (for example observation charts)
 	
K3.8 **How to check that each piece of equipment is in working order:**
 	
    • follow manufacturer's instructions
 	
    • visual checks (for wear and tear)
 	
    • report faulty equipment and remove from service if required
 	
K3.9 **The importance of recording results from physiological measurement tests:**
 	
    • how:
        o paper-based records
        o electronic records
 	
    • why:
        o track changes
        o inform others
        o informs treatments
 	
    • what:
        o regular readings
        o any deviations from regular readings
 	
K3.10 **The purpose of the NEWS 2012 and NEWS2 2017 system:**
 	
    • determines how ill an individual is
 	
    • informs the care they receive
 	
    • supports a system to standardise the assessment and response to acute illnesses
 	
K3.11 **How an early warning score is calculated and used:**
 	
    • physiological parameters:
        o respiration rate	

Physiological measurements

- oxygen saturation

- blood pressure

- pulse rate

- level of consciousness or new confusion

- temperature

- calculated (for example a score of 0, 1, 2 or 3)

- recorded (for example colour coded NEWS2 chart)

- used (for example to respond to acute illness)

- escalation (for example specialist intervention)

K3.12 Reasons for taking and testing venous and capillary blood and other specimens:

- monitor a new or pre-existing illness

- further investigation

- pre-operative checks

- clarification of diagnosis

- review treatment plan

K3.13 Procedures for taking and testing venous and capillary blood and other specimens:

- venous blood

- capillary blood

- other specimens:

  - urine, stool, sputum

Policy and good practice	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K3.14 Which policies and current good practices affect work practice when undertaking physiological measurements:
 	
    • consent
 	
    • infection control
 	
    • waste management
 	
    • health and safety
 	
    • data protection
 	
    • equality and diversity
 	
    • human rights
 	
    • safeguarding
 	
    • recording and reporting
 	
K3.15 Why these practices are important:
 	
    • complies with legislation
 	
    • respects individual's right to refuse care if they wish
 	
    • reduces the risk of infection
 	
    • correct disposal of waste products
 	
    • complies with health and safety requirements
 	
    • maintains confidentiality
 	
    • accurate/correct recording and reporting
	The student must be able to:
	
	S3.20 Apply current policy and good practice techniques when undertaking physiological measurement including:
	
	    • gaining consent
	
	    • maintaining privacy and dignity
	
	    • following infection control processes
	
	    • following waste management processes
	
	    • following health and safety guidance
	
	    • adhering to UK GDPR
	
	    • promoting equality and diversity
	
	    • observing and responding to any safeguarding concerns (if applicable)
	
	    • recording and reporting of results
	
	    • correct labelling of specimens
	
	    • listening actively and recording information accurately and concisely
	
	    • asking and responding to questions for clarification
	
	    • considering upper and lower bounds when appropriate
	
	    • using knowledge of context to find appropriate and accurate calculation for the recording of physiological measurements
	
	                 (GEC4, GEC6, GMC1, GMC2)

Occupational specialism – option A: Supporting the Adult Nursing Team

Knowledge and skills are set out side by side within their themed sections. The numbering is sequential throughout the performance outcome, from the first knowledge statement, following on through the skills statements. The 'K' and 'S' indicate whether the statement belongs to knowledge or skills.

The knowledge and skills have been aligned to the standards of proficiency for registered nurses set by the Nursing and Midwifery Council (NMC)

Mandatory content:

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

Performance outcome 2: Support individuals to meet activities of daily living

Performance outcome 3: Assist with skin integrity assessments and with the care and treatment of skin conditions

Glossary

Individual

A person who may require care, assessment, investigation, support or treatment

Patient

A person receiving care, support or treatment

Person centred

Focussing care on the needs, values and preferences of the individual and ensuring any clinical decisions are guided by these needs, values and preferences

Scope of role

Range of activities, duties, or responsibilities that an employee is reasonably expected to carry out or fulfil within the remit of his or her job or position

Performance outcome 1: Assist the adult nursing team with clinical skills

Guidelines, policy and service frameworks for adults	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.1 The importance of adhering to current legal policy and service frameworks when assisting with delegated clinical skills for adults:
 	
• compliance is a legal requirement
 	
• policies are in place to protect the individual and healthcare staff
 	
• lack of compliance could result in:
 	
   o harm to individuals
   o malpractice investigations
   o closure of service
   o loss of employment
   o prosecution
 	
K1.2 The relevance of current guidelines, standards, policies and frameworks, set by government, regulatory bodies and delivery partners to ensure core values of care are adhered to when assisting the adult nursing team with clinical skills:
 	
• government, regulatory bodies and delivery partners including:
 	
   o Department of Health and Social Care (DHSC)
   o Nursing and Midwifery Council (NMC)
   o Care Quality Commission (CQC)
   o Skills for Care (SfC)
   o Skills for Health
	The student must be able to:
	
	S1.17 Adhere to current legal policy and service frameworks when assisting health professionals with clinical skills for adults:
	
	• reading applicable text and using appropriate sources to apply into workplace practices:
	
	   o complying with health and safety regulations
	   o complying with safeguarding legislation (for example Care Act 2014)
	   o national standards (for example NHS standards)
	
	• compliance with the Nursing and Midwifery Council The Code – professional standards including:
	
	   o prioritising people
	   o practising effectively
	   o preserving safety
	   o promoting professionalism and trust
	
	• adherence to the NHS values:
	
	   o working together for individuals
	   o respect and dignity
	   o commitment to quality of care
	   o compassion
	   o improving lives
	   o everyone counts
	
	(GMC5)

Guidelines, policy and service frameworks for adults	
- guidelines, standards, policies and frameworks including: - Health and Care Act 2022 - Care Act 2014 - NHS constitution - Nursing and Midwifery Council Code and Standards - Care Certificate - Mental Health Act 2007 - for each of the above guidelines, standards, policies and frameworks: - who does it protect - who owns/regulates it - how does it protect people - the relevance of guidelines, standards, policies and frameworks when assisting the adult nursing team with clinical skills: - ensures a consistent standard of safe and high-quality person-centred care is provided to all individuals - ensures all those providing healthcare are trained and competent - failure to follow could result in a charge of negligence	

Routine clinical skills most relevant for adults	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.3 The range of clinical skills undertaken to promote and support wellbeing in relation to nutrition and hydration in adult nursing:
 	
• food and drink are provided, which are appropriate to the individual's condition and preferences (for example dietary needs, religious requirements)
 	
• dietary planning is undertaken in collaboration with individuals, wherever possible, and professional colleagues
 	
• appropriate equipment is provided to support individuals to be independent when eating and drinking
 	
• appropriate support is given with eating and drinking when using feeding techniques
 	
• fluid intake and output are monitored and recorded
 	
• food intake is monitored and recorded
 	
• individual's ability to swallow is monitored and assessed
 	
• potential effects of medicines on eating and drinking are considered
 	
K1.4 The range of clinical skills undertaken to promote and support wellbeing in relation to healthy bowel and bladder function in adult nursing:
 	
• dietary planning is undertaken (for example patients with continence issues, postsurgical patients)
 	
• faecal samples collected and analysed
 	
• urine samples collected and analysed
	The student must be able to:
	
	S1.18 Demonstrate the ability to carry out clinical skills for individuals including clinical assessments and reporting findings:
	
	• taking the following physiological measurements using the correct equipment and procedure to ensure accuracy, precision and any sampling errors are avoided:
	
	  o weight
	
	  o height
	
	  o body temperature
	
	  o blood pressure
	
	  o BMI
	
	  o respiration rate
	
	  o heart rate
	
	  o oxygen saturation
	
	• collecting and testing urine and faecal specimens
	
	• monitoring fluid intake and output using appropriate representation to reflect healthcare sector standard practice
	
	• correctly assessing the need for a simple wound dressing and appropriate escalation
	
	• dietary planning, including accurate physiological calculations for calorie intake
	
	• promoting adequate nutrition and hydration
	
	• accurately and precisely recording the physiological markers onto an observation chart

Routine clinical skills most relevant for adults	

• rectal examinations and administration of medicines (for example enemas and suppositories)
 	
K1.5 The range of clinical skills undertaken to promote and support wellbeing in relation to mouth care in adult nursing:
• oral care assessment is completed using a suitable tool (for example a risk assessment form)
• oral healthcare plan is devised
• daily mouth care delivered based on needs and preferences
 	
K1.6 The range of clinical skills undertaken to promote and support wellbeing in relation to mental health in adult nursing:
• promotion of individual's general health and wellbeing
• adherence to individual's mental healthcare plan
• recognition of key signs and symptoms of mental illness or distress
• knowledge of how to report safeguarding concerns
 	
K1.7 The range of clinical skills undertaken to promote and support wellbeing in relation to condition of skin, hair and nails in adult nursing:
• skin integrity assessment (body mapping) undertaken
• care plan devised to meet normal hygiene needs
• maintenance through good nutrition and hydration
• dressings, ointments or simple wound dressings applied as prescribed/needed
	• giving explanations to others in a clear and unambiguous way
	• responding effectively to questions from adult/audience/colleague
	
	(GEC1, GMC1, GDC4)
	
	S1.19 Support risk assessments for adults and escalate where appropriate:
	• effectively assisting with any of the following risk assessments:
	  o malnutrition screening tool (MST)
	  o Braden scale
	  o Waterlow score
	  o wound
	  o oral health assessment
	  o continence
	  o Bristol stool scale
	  o fluid balance
	  o nutrition assessment
	  o pain assessment
	  o mobility
	• identifying the risks
	• evaluating the risk and establishing suitable precautions
	• recording findings
	• reading, understanding and synthesising assessment findings (for example fluids, food, and nutrition intake)
	• reporting within scope of role (for example to supervisor/line manager)
	
	(GEC1, GEC5)

Routine clinical skills most relevant for adults	
- referral to podiatrist/dermatologist when required **K1.8 How effective communication skills, including ensuring the most appropriate communication techniques are adopted, support all routine clinical skills when assisting the adult nursing team:** - enhances the experience of the individual: - they feel listened to - have a clear understanding of their treatment - eases individual's anxiety - enables the individual to continue to use the services provided (for example routine check-ups, diagnosis, treatment) - enables the individual's needs to be understood - prevents against the potential harm of a misunderstanding (for example wrong dosage given) **K1.9 How the collection of specimens and undertaking individual observations in adult nursing supports a range of risk assessments and clinical assessments undertaken by registered professionals:** - Braden scale: - assesses skin integrity in terms of likelihood of an individual developing a pressure ulcer - supported by the observation of skin moisture levels and response to mild pressure being applied - Bristol stool scale: - assesses health in relation to stool type, using 7 types of stools	

Routine clinical skills most relevant for adults	
- o supported by the collection of faecal samples and observations of individual bowel movements - malnutrition screening tool (MST): - o assesses individuals who are malnourished, at risk of malnutrition, or obese - o supported by height and weight measurements to calculate BMI - Waterlow score: - o assesses risk of the development of a pressure sore in the individual - o supported by observation of the skin, monitoring mobility and continence levels - oral health assessment: - o assesses whether an individual has oral health problems and needs to be referred for dental treatment - o supported by observation of how an individual manages their daily mouth care routine - wound: - o assesses state of wound to prescribe appropriate treatment - o supported by skin integrity assessment - continence: - o assesses the causes of, and factors contributing to, urinary and faecal symptoms - o supported by appropriate dietary planning - fluid balance: - o assesses and interprets fluid and electrolyte balance	

Routine clinical skills most relevant for adults	
- supported by fluid intake and output monitoring - nutrition assessment: - assesses and identifies individuals who are at nutritional risk - supported by food chart and physiological measurements (for example BMI, weight) - pain assessment: - assesses pain levels to diagnose and determine suitable treatment - supported by a range of pain assessment tools - mobility: - assesses individual's physical function to determine appropriate handling and mobility aids - supported by use of appropriate moving and handling techniques	

Moving and handling adults	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K1.10 The fundamental principles of moving and handling individuals using evidence-based practice:** follow regulations and procedures involved in the Health and Safety at Work etc. Act 1974 and the Manual Handling Operations Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002	The student must be able to: **S1.20 Demonstrate safe practice when moving and/or positioning the individual for treatment or to complete clinical skills using appropriate moving and handling aids:** identifying whether the individual has an established moving and handling risk assessment in place, if so, the individual should be moved in accordance with this

Moving and handling adults

- establish whether the individual has a moving and handling risk assessment in place
- maintain the individual's privacy and dignity (for example curtain is closed when using hoist)
- the task:
  - what moving and handling is needed (for example transfer the individual from sitting to standing position)
- the individual's capabilities:
  - the capabilities of the handler (for example physical strength)
- the working environment:
  - equipment available (for example a hoist) or any potential changes needed to the environment
- the individual:
  - what are the needs of the individual (for example if bedbound other issues that need to be taken into account before moving the individual)

K1.11 How to safely move and handle individuals using the following moving and handling aids:

- wheelchairs
- walking aid/frame
- slide sheets
- hoists
- transfer board
- transfer belt
- sling

- explaining to the individual/colleagues, in a clear and in an unambiguous way, what is happening:
  - taking into account relevant factors (for example age, mental capacity, physical condition)
  - checking that the individual/colleague has understood the explanation
- following appropriate moving and handling techniques (for example knees bent, back straight)
- adhering to regulations and procedures within the Health and Safety at Work etc. Act 1974 and the Manual Handling Operations Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002
- ensuring individual's dignity is maintained (for example curtain closed when using hoist)
- ensuring moving and handling equipment is used correctly:
  - wheelchairs:
    - brakes applied
    - footrests in place
  - hoist:
    - ensuring correct sling is used
    - area free from obstructions
  - walking aids/frames:
    - correct height for individual
    - ensuring appropriate footwear is in place
  - slide sheets:
    - ensuring the fabric is still slippery
    - following risk assessment procedure

Moving and handling adults	

K1.12 The importance of adhering to agreed ways of working when using appropriate techniques to safely move and handle individuals relevant to their condition (for example general post-operative, bariatric, frailty of general mobility):
 	
• avoid any discomfort or injury to the individual
 	
• avoid any discomfort or injury to yourself
 	
• maintain an individual's privacy and dignity
 	
• make effective use of equipment
	○ transfer board:
	
	   ▪ ensuring correct board is used
	
	   ▪ checking weight of individual is compatible with board
	
	○ transfer belt:
	
	   ▪ ensuring belt is comfortably tight
	
	○ sling:
	
	   ▪ ensuring environment is clear of obstacles
	
	   ▪ following manufacturer's guidance for use of equipment
	
	(GEC1)

Equipment, resources and environment used in clinical skills for adults	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.13 When monitoring, recording and supporting the overall care and wellbeing of individuals, the range of equipment and resources used, where to source and how to check them:
 	
• equipment and resources used:
 	
  ○ medical devices:
 	
   ▪ manual and automatic blood pressure monitors (blood pressure)
 	
   ▪ tympanic thermometer (temperature)
 	
   ▪ pulse oximeter (oxygen saturation)
 	
   ▪ scales and tape measure (weight and height)
 	
   ▪ glucometer (blood sugar levels)
	The student must be able to:
	
	S1.21 Monitor and maintain the environment, equipment and resources when assisting with clinical skills for individuals:
	
	• ensuring safe use of equipment (for example moving and handling)
	
	• ensuring equipment is available and correctly located
	
	• maintaining equipment records
	
	• ensuring correct infection prevention and control procedures are adhered to
	
	• escalating any issues (for example faulty, unsafe) to line manager

Equipment, resources and environment used in clinical skills for adults

- o personal care equipment:
  - specialised mechanical beds
  - commodes
  - pressure relieving mattresses
  - sensor pads
- o individual personal care equipment (for example sensory aids):
  - walking aids
  - hearing aids
  - glasses
  - dentures
- where to source equipment and resources:
  - o storerooms
  - o medical equipment libraries
  - o external agencies
  - o procurement of equipment from other areas
- how to check equipment and resources:
  - o follow standard operating procedures
  - o complete calibration of equipment when required (weekly, monthly, yearly)
  - o check equipment/resources for any damage
  - o complete equipment check records

K1.14 The procedures of how to check emergency equipment (for example a resuscitation trolley):

- checked by registered professional
- daily checking requirements
- monthly checking requirements
- documentation to be completed

S1.22 Demonstrate the ability to perform first line calibration on clinical equipment:

- completing checks to the following clinical equipment whilst adhering to relevant standard operating procedures:
  - o automatic and manual blood pressure monitor
  - o tympanic thermometer
  - o pulse oximeter
  - o weighing scales
  - o glucometer
- identify issues concerning the calibration of instruments
- identifying the risks and issues associated with the use of digital devices and technology
- interpreting the language of digital clinical equipment
- following procedures to confirm the accuracy, precision and operational effectiveness of equipment
- identifying any equipment that does not meet calibration standards (for example thermometer is reading low when clinical signs suggest temperature should be higher) and taking action to prevent accidental use
- notifying supervisor of the status of equipment following calibration, seeking advice as necessary

(GMC1, GDC1)

Equipment, resources and environment used in clinical skills for adults	

K1.15 The different environments in which clinical skills in adult nursing are undertaken:
 	
• NHS hospital wards, outpatient units or specialist departments
 	
• the community:
 	
   o individual's home
 	
   o GP surgery
 	
   o nursing home
 	
• prison hospitals
 	
• voluntary or private sector hospitals, hospices and clinics
 	
K1.16 The range of checks to emergency equipment and why these checks are carried out:
 	
• range of checks to emergency equipment:
 	
   o resuscitation checklist
 	
   o calibration of relevant equipment in accordance with manufacturer's instructions
 	
   o defibrillator charged and working
 	
   o oxygen cylinder is full
 	
   o all equipment as detailed on checklist is present
 	
   o equipment is clean
 	
   o all perishables are in date
 	
• why checks are carried out:
 	
   o ensures equipment is working effectively
 	
   o ensures everything is available and located correctly
 	
   o ensures infection prevention compliance	

Performance outcome 2: Support individuals to meet activities of daily living

Activities of daily living	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:

The student must understand:

K2.1 The purpose and importance of supporting the individual with a range of activities of daily living:

- nutrition and hydration:
  - o principles of good nutrition and hydration (for example balanced diet, adequate hydration):
    - maintains wellbeing and support recovery
  - o the different types of diet (for example modified, high protein)
  - o alternative forms of nutrition and hydration:
    - percutaneous endoscopic gastrostomy (PEG) feeding
    - percutaneous endoscopic jejunostomy (PEJ) feeding
    - nasogastric (NG) feeding
    - total parenteral nutritional (TPN) feeds
    - intravenous infusion fluids
  - o methods of monitoring and recording nutrition and hydration intake:
    - food and drink record chart
  - o signs and symptoms of poor nutrition and inadequate hydration
  - o promoting good nutrition and hydration:
    - health promotion campaigns
    - current government guidelines

The student must be able to:

S2.10 Support or enable individuals to maintain good nutrition and hydration and record details:

- promoting current healthy nutrition and hydration initiatives to support individual to make healthy choices
- assessing ability to swallow under the guidance of a registered professional
- identifying needs (for example dietary requirements, specific eating equipment, likes/dislikes/preferences, barriers, support needs)
- completing the following documentation:
  - o food and drink chart
  - o nutritional plan
- recording data onto food and drink record chart, ensuring accuracy and precision is maintained
- demonstrating awareness of factors that may affect routine care plan (for example religious beliefs, eating disorders)
- making judgements about appropriate nutrition and hydration in response to analysis of data

(GMC1, GMC6)

S2.11 Support or enable individuals to maintain continence:

- ensuring regular toileting prompts to maintain independence

Activities of daily living	
- individual healthy options within a clinical or community setting - maintaining continence: - reminders and prompts to use the toilet - ensures appropriate environment for the individual - use of aids and adaptations - maintains the individual's privacy and dignity - mental and/or physical ability to use the toilet - personal hygiene (for example washing/bathing): - infection prevention - dignity and privacy - promoting independence - intimate care - checking skin integrity - personal appearance: - upholds and supports personal choice - supports independence - recognition of altered body image (for example loss of limb) - dressing and undressing - oral care: - correct care and fit of dentures - promotion of dental hygiene: - effective tooth brushing - flossing - regular visits to the dentist - oral health assessment	- ensuring appropriate equipment is available (for example pads, bed pans, commode next to bed) - providing appropriate mechanisms for communicating toileting needs (for example call bell) - providing individuals with pelvic floor exercises to help to strengthen the muscles surrounding the bladder **S2.12 Support or enable individuals to maintain good personal hygiene:** - appropriate washing and bathing of the body and hair: - being sensitive - maintaining individual's privacy and dignity - telling the individual what you are going to do - toiletry choices (for example, deodorant) - encouraging the individual's independence in washing and bathing whilst recognising where assistance is required - promoting oral hygiene: - demonstrating correct brushing and flossing techniques - completing oral health assessment **S2.13 Support or enable individuals to dress and undress:** - maintaining dignity (for example close door/curtain) - encouraging active participation - providing choice of clothing to align with individual's preferences (for example comfort, fastenings)

Activities of daily living	
- mobility: - encourages and supports independence - appropriate risk assessment (for example falls risk assessment) - aids and adaptations - repositioning - environmental factors - sleep and rest: - enhances recovery - improves physical and mental wellbeing - increases productivity - expressing sexuality: - gender expression: - respecting individual's style preferences (for example hairstyle, style of dress) - cultural preferences (for example physical contact, preference on gender of health worker providing care) - impact of certain conditions (for example dementia) on expression of sexuality - professional boundaries **K2.2 The different types of long-term conditions and their impact on activities of daily living:** - physical conditions (for example chronic pain, chronic fatigue, obesity, injury, pressure sores/ulcers): - impact: - unable to complete activities of daily living without support	- working appropriately with other team members to assess level of independence **S2.14 Support or enable individuals to be mobile (for example walking frames, walking stick, crutches):** - following appropriate moving and handling techniques in accordance with their mobility assessment - ensuring all necessary aids and equipment are available and appropriately measured for the individual **S2.15 Support or enable individuals to rest, sleep and keep safe:** - providing appropriate equipment (for example mask, ear plugs) - maintaining an appropriate environment (for example not too hot/too cold, not too light, not too noisy) - providing appropriate relaxation aids (for example books, music, relaxation exercises) - safeguarding (for example personal safety) **S2.16 Support or enable individuals to express their sexuality:** - encouraging and promoting individual preferences regarding: - how the individual chooses to dress - relationships (for example same sex) - how the individual chooses to identify (for example pronoun preferences, he, she, they)

Activities of daily living

- mental health conditions:
  - impacts:
    - may lack capacity to understand the importance of undertaking daily living activities as described in Mental Capacity Act 2005 plus Amendment 2019
    - may lack motivation or desire to undertake daily living activities
    - may lack cognition around personal safety when undertaking daily living activities
- sensory impairment:
  - impact:
    - unable to complete activities of daily living without support

K2.3   How to support or enable individuals to complete activities of daily living in line with their care plan, using a person-centred and enabling approach (for example how to correctly and appropriately support individuals with eating and drinking):

- factors to consider:
  - age groups
  - environment
  - religion (for example religious holidays, foods that can/cannot be eaten)
  - individual needs and goals
  - individual preference
  - social interaction
  - positive relationships
  - Health and Care Act 2022
    - individual has care/treatment that is personalised for them

S2.17   Appropriately manage situations in which individuals cannot do things for themselves:

- making relevant and constructive contributions to support person-centred care
- encouraging contributions from the individual (for example use of persuasive arguments to encourage)
- supporting with personal care needs (for example washing, dressing, using the toilet)
- supporting and promoting independence with eating and drinking
- supporting independence to manage individual's medication safely
- where necessary, communicating with family members/carers to gain information on individual preferences and log appropriately on care plan

(GEC2)

S2.18   Support individuals to manage own health and wellbeing, offering appropriate guidance within the scope of role, knowledge and responsibilities:

- giving explanations in a clear and unambiguous way taking into account relevant factors (for example age, mental capacity)
- communicating in a range of different formats appropriate to the individual (for example relevant language, braille)
- presenting information orally using non-digital and digital tools and other aids
- promoting independence (for example choices, decision making, consequences)

Activities of daily living	
	• signposting to appropriate support resources/services (GEC1, GEC2)

Role of carers in meeting the needs of adults	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.4   The different types of carers and their role in meeting the needs of individuals:
 	
  • types of carer:
    o informal carers:
      ▪ family
      ▪ neighbours
      ▪ friends
    o formal:
      ▪ health workers
 	
  • types of support:
    o advocacy
    o emotional support
    o advise on how to access financial support
    o promote independence
    o assist with activities of daily living
    o support to maintain an individual's wellbeing
 	
K2.5   The concept of informal carers and the general rights of carers when supporting individuals to meet activities of daily living:
 	
  • concept of informal carers:
	The student must be able to:
	
	S2.19 Advise carers on supporting an individual to manage their own condition within scope of role, knowledge and responsibilities:
	
	  • giving explanations in a clear and unambiguous way, taking into account the level and experience of the carer
	
	  • successfully and appropriately using a variety of information and collaborative elements as part of digital communication
	
	  • responding effectively to questions from carer
	
	  • working in partnership with the carer
	
	  • using appropriate language and terminology to meet the needs of the individuals
	
	(GEC1, GEC2, GDC3)
	
	S2.20 Provide appropriate care that helps individuals with advanced, progressive, and life-limiting conditions and those in end of life care to live as well as possible:
	
	  • ensuring the individual is kept as comfortable as possible:
	    o identifying signs of pain and communicating to registered professional

Role of carers in meeting the needs of adults	
- o any person who provides care on an unpaid basis - o are often family members or close friends or neighbours of the individual - o amount of care provided varies - o activities undertaken as part of the care provided varies • rights of informal carers: - o entitled to an assessment of their needs as a care giver - o may be entitled to financial support through benefits - o entitled to flexible working arrangements - o entitled to take unpaid leave to provide support in emergencies • general rights of carers: - o to be respected and not be abused - o to not be discriminated against - o to be treated in alignment with the Equality Act 2010	- o bed comfort (for example a specialist mattress) - o suitable environment (for example temperature, noise) • maintaining individual's wellbeing: - o providing social interaction (for example contact with staff, visitors) - o providing access to media (for example TV, phone) - o providing appropriate nutrition and hydration - o providing psychological support • discussing the care plan with the individual and/or carer/family and gaining consent • updating and adhering to the care plan • identifying religious and cultural beliefs and considering them (for example ensuring individuals know where to locate prayer rooms) • giving explanations to the individual in a clear and unambiguous way taking into account their level and experience • listening actively and recording information accurately and concisely (GEC1, GEC4, GEC6)

K2.6 The possible roles of informal carers and the importance of working in partnership with them, when supporting individuals to meet activities of daily living:

- role may include:
  - o providing personal care
  - o monitoring medication
  - o undertaking practical care tasks (for example shopping, laundry and cleaning)
  - o providing company and emotional support
  - o acting as a power of attorney in property and financial affairs

Role of carers in meeting the needs of adults	
- importance of working in partnership with informal carers: - need to recognise and value the support provided by the informal carer - ensure carers are involved in discussions about care being provided to the individual - develop a working relationship with the carer to ensure the best level of support possible is provided **K2.7 The symptoms and implications associated with frailty:** - deconditioning: - reduction in mobility - incontinence - increase in falls risk - loss of bone density and muscle mass - dementia/cognitive decline - mental health conditions (for example depression) - higher risk of developing infections **K2.8 The importance of early diagnosis in relation to dementia and other cognitive issues, why depression delirium and the normal ageing process may be mistaken for dementia and how other conditions may contribute to early onset dementia:** - similarities between the symptoms of depression and delirium: - hallucinations - lethargy/withdrawal - disturbed sleeping patterns - reduced ability to retain information - restlessness	

Role of carers in meeting the needs of adults	
- o distinctive changes in behaviour - similarities between the symptoms of the normal ageing process and dementia: - o disturbed sleeping patterns - o reduced ability to retain information - o reduction in mobility - o reduced appetite - o reduced sensory capacity - why early diagnosis of dementia and other cognitive issues is important: - o improves quality of life - o appropriate medication may slow down the progress of the disease - o early access to support services - o legal documentation can be arranged (for example lasting power of attorney (LPOA), advanced directive) - how other factors may contribute to early onset dementia: - o stroke - o lifestyle (for example alcoholism) - o acquired brain injury - o genetic conditions (for example Huntington's disease) **K2.9 The factors that impact on the care of the dying and the deceased to ensure most appropriate care is provided:** - pain management to relieve distress and discomfort - following agreed care plan, with regular reviews - recognition of religious and cultural beliefs - recognition of policies and procedures around death	

Role of carers in meeting the needs of adults	
- recognition of wishes regarding resuscitation and organ donation - recognition that care does not stop at point of death - providing care and support to the carer and family including emotional and practical bereavement support	

Performance outcome 3: Assist with skin integrity assessments and with the care and treatment of skin conditions

Skin physiology and pathophysiology	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K3.1   The function and structure of the skin:
 	
- the main functions of skin:
  - acts as a barrier for microbes
  - regulates the temperature of the body
  - prevents loss of essential body fluids
  - provides protection against penetration of mechanical, physical and hazardous substances
  - protection from harmful effects of the sun and radiation
  - excretes toxic substances with sweat
  - sensory organ for touch, heat and cold
  - vitamin D synthesis
- the structure of the skin is made up of 3 layers that provide different functions:
  - the epidermis:
    - provides a waterproof barrier and creates our skin tone
  - the dermis:
    - contains tough connective tissue, hair follicles and sweat glands
  - the hypodermis:
    - storage of fat that provides insulation, cushioning and also provides a protective layer
	The student must be able to:
	
	S3.7 Assist with skin integrity assessments, treatment and care of skin conditions, working within scope of role, knowledge and responsibilities:
	
	- ensuring the accuracy and precision that is required both in recording and interpreting skin integrity assessments
	- using appropriate technical terms
	- using appropriate assessment tools
	- applying knowledge of skin physiology and pathophysiology (function and structure) to objectively assess skin conditions
	- using technology as appropriate to carry out clinical interventions in preparation for reporting and/or interpretation
	- applying creams/lotions/ointment:
	  - steroid creams
	  - moisturisers
	  - water-based creams
	- applying and removing dressings where directed
	- skin conditions:
	  - psoriasis
	  - eczema
	  - cuts and abrasions
	  - burns
	  - dermatitis
	
	(GEC1, GEC4, GMC7)

Skin physiology and pathophysiology	

K3.2 **The pathophysiology of the skin ageing process and the factors affecting skin integrity:**
 	
• pathophysiology of the skin ageing process:
   o loss of elasticity
   o thinning
   o slower regeneration
   o loss of fat
   o reduced absorption of nutrients
 	
• factors affecting skin integrity:
   o lifestyle (for example diet, smoking)
   o environmental (for example outside working, pollen)
   o medical (for example medication, health conditions)
 	
K3.3 **Common skin conditions seen in individuals and the possible causes of skin conditions:**
 	
• common skin conditions:
   o irritant reactions
   o rashes
   o blisters
   o hyperkeratosis
   o dehydration
 	
• possible causes:
   o healthcare (for example hospital) acquired skin conditions (for example pressure injuries)
   o allergies
   o clinical conditions (for example psoriasis)
   o trauma (for example burns)	

Skin physiology and pathophysiology	

K3.4 **How pressure injuries develop, the common sites, early symptoms and the preventative measures to avoid the development of a pressure injury:**
 	
• how pressure injuries develop:
 	
   o a wound that develops when continuous pressure or friction is applied to one area of the body causing damage to the skin (for example being confined to bed with illness or after surgery)
 	
• common sites of pressure injuries:
 	
   o bony prominences (for example heels, elbows, sacrum, shoulders, noses)
 	
• early symptoms of pressure injuries:
 	
   o changes to the colour of the skin (redness in paler skin tones, blue/purple on darker skin tones)
 	
   o pain or itchiness in the area
 	
   o patch of skin feels warmer or cooler than other areas
 	
• preventative measures:
 	
   o adequate nutrition and hydration
 	
   o comprehensive skin assessment (Braden scale/Waterlow score)
 	
   o careful positioning
 	
   o use of equipment to relieve pressure (for example pressure mattresses)
 	
   o continence management (to prevent urine and faeces from coming into to contact with the skin)	

Skin integrity assessments	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K3.5 **How to carry out assessments of skin integrity and why it is important to do so:**
 	
    • recognise those at risk of compromised skin integrity (for example someone with poor nutrition or someone who is immunocompromised)
 	
    • how to carry out assessments of skin integrity:
 	
      o examine the skin looking for the following:
 	
        ▪ colour
 	
        ▪ temperature
 	
        ▪ texture
 	
        ▪ moisture
 	
        ▪ integrity
 	
        ▪ presence of wounds
 	
        ▪ skin damage
 	
      o outcome of skin assessments will be documented on the assessment tool chart (if Waterlow score or similar used)
 	
      o information relating to the actions to be taken as a result of the assessment are documented in the care plan and guidance provided about the following:
 	
        ▪ diet
 	
        ▪ fluids
 	
        ▪ positioning regime
 	
        ▪ any dressing required as a result of skin damage
	The student must be able to:
	
	S3.8 **Check skin integrity using appropriate assessment documentation and inform others:**
	
	    • undertaking Waterlow score or Braden risk assessment
	
	    • reading individual's clinical notes/care plan and acting accordingly
	
	    • organising findings and information logically
	
	    • using the appropriate technical language correctly, graphics and other tools to aid understanding (for example measurements, photos)
	
	    • providing accurate accounts of all elements on which skin integrity is based
	
	    • responding to questions after informing others about the findings
	
	    • completion of body map detailing the locations whereby skin damage is present
	
	    • accurate classification of skin damage in line with current guidelines (for example European Pressure Ulcer Advisory Panel (EPUAP))
	
	(GEC1, GEC2)
	
	S3.9 **Demonstrate the ability to provide the appropriate care to reduce the risk of pressure ulcers developing or deteriorating and record interventions:**
	
	    • regular turning/positioning
	
	    • supporting comfort and mobility to reduce risk of pressure ulcers developing and/or deteriorating (for example bed type, seats, cushions)

Skin integrity assessments

- why it is important to carry out assessments of skin integrity:

  - assess the effectivity of treatment plan

  - enables early recognition of skin damage

  - provides the opportunity to grade severity of existing damage (for example EPUAP grading)

  - alerts others of the results of the skin integrity assessment

  - frequent undertaking of skin integrity assessments reduces the risk of pressure ulcers developing or deteriorating

  - provides evidence (for example body mapping) of the results of the skin integrity assessment

- recognising the signs of a developing pressure ulcer and reporting appropriately

- expressing findings clearly and concisely

- using images and other tools to clarify complex information (for example photos)

- providing the appropriate level of detail to reflect the recording of the intervention (for example pressure area chart, care plan)

(GEC1, GEC3)

Treatment of skin conditions

Knowledge – What you need to teach	Skills – What you need to teach
The student must understand:	The student must be able to:

K3.6 **The types of treatment that can be used to care for skin and prevent or treat skin conditions:**
 	
- topical treatments (for example creams, ointments)
 	
- oral treatments (for example antihistamines, antibiotics)
 	
- dressings (for example cooling pads, hydrocolloid)
 	
- other therapeutic interventions (for example massage, phototherapy)
	S3.10 **Undertake and record interventions to treat and prevent skin conditions (for example repositioning of the individual) in line with their roles and responsibilities:**
	
	- repositioning the individual using appropriate moving and handling techniques
	
	- appropriately applying non-prescription topical treatments:
	
	  - steroid creams
	
	  - moisturisers

Treatment of skin conditions	

• specialist equipment (for example mattresses, cushions, heel pads, repose boots, pressure cushion)	○ water-based creams
	
	• applying and/or removing simple dressings:
	
	  ○ cooling pads
	
	  ○ hydrocolloid
	
	  ○ non-adhesive dressing (for example melolin)
	
	  ○ adhesive dressing
	
	• providing the appropriate level of detail to reflect the recording of the intervention (for example a pressure area chart or care plan)
	
	• expressing findings clearly and concisely
	
	• using images and other tools to clarify complex information (for example photographs)
	
	(GEC1, GEC3)
	
	S3.11 Demonstrate the ability to advise and discuss with both individuals and carers about how to prevent pressure injuries:
	
	• communicating effectively to the individual and/or carer, which areas of the individual's body they should be assessing for symptoms of pressure injuries (for example heels, elbows, sacrum, shoulders, noses)
	
	• communicating effectively to the individual and/or carer, the signs of pressure injury on the individual's body (for example discoloration, hot, itchy, open wound) and intervening promptly and appropriately
	
	• communicating simple techniques to prevent pressure injuries:
	
	  ○ regular repositioning
	
	  ○ ensuring clothes and medical devices against the skin are not too tight

Treatment of skin conditions	
	- signposting to appropriate services should they find anything - presenting information using non-digital and digital tools and other aids - providing supporting documentation in different formats (for example large font and braille) - speaking clearly and confidently using appropriate tone and register that reflects the individual and/or carer - providing the appropriate level of detail to support the individual and/or carer - responding effectively to questions from individual or carer (GEC1, GEC2, GEC6)

Occupational specialism – option B: Supporting the Midwifery Team

Knowledge and skills are set out side by side within their themed sections. The numbering is sequential throughout the performance outcome, from the first knowledge statement, following on through the skills statements. The 'K' and 'S' indicate whether the statement belongs to knowledge or skills.

The knowledge and skills have been aligned to the 'Maternity Support Worker Competency, Education and Career Development Framework' set by Health Education England.

Mandatory content

Performance outcome 1: Assist the midwifery team with clinical tasks

Performance outcome 2: Assist the midwife to provide care for mothers and support to parents at all stages, from antenatal, perinatal and postnatal

Performance outcome 3: Assist with the care of newborn babies by undertaking observations and measurements

Glossary

Continuity of care

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

Holistic care

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

Multidisciplinary team (MDT)

A diverse group of professionals collaborating to undertake the appropriate medical treatment, care and/or support for an individual

Partner

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

Practitioner

An appropriately qualified person in the practice of an occupation. They may be registered or unregistered

Scope of practice

Sets out the limits of responsibility and ensures individuals do not undertake work outside of training or competence

Scope of role

Range of activities, duties, or responsibilities that an employee is reasonably expected to carry out or fulfil within the remit of his or her job or position

Woman

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

Woman-centred care

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

Performance outcome 1: Assist the midwifery team with clinical tasks

Understanding pregnancy	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:

K1.1   The changes that occur to mother and foetus during each stage of pregnancy:

- first trimester:
  - conception (around 0 to 2 weeks)
  - physiological changes to the mother:
    - digestive
    - hormonal
    - cardiac output
    - respiratory rate
    - musculoskeletal
  - emotional changes to the mother:
    - lifestyle
    - wellbeing
    - hormonal changes
  - development of the foetus:
    - embedding into uterus
    - fully formed (around 12 weeks)
- second trimester:
  - physiological changes to the mother:
    - digestive
    - hormonal
    - cardiac output
    - respiratory rate
    - musculoskeletal
  - emotional changes to the mother:
    - lifestyle

S1.45   Support women and their partner by providing woman-centred care during each stage of pregnancy:

- speaking clearly and confidently to women and their partner:
  - organising ideas and information logically to provide reliable and quality advice in relation to public health and health promotion
  - the importance of a healthy diet and healthy lifestyle choices during pregnancy
  - the importance of emotional health and wellbeing
- listening actively and accurately record needs or concerns from women and their partner from:
  - different religious beliefs, cultures and practices
  - women and families with additional needs:
    - physical/learning disability
    - ethnic minorities and ethnic groups with potential higher risk of diabetes, high blood pressure (BP), sickle cell anaemia
    - refugee/asylum seekers
    - travelling communities (for example Roma people)
- selecting different sources to identify specific maternity interventions or

Understanding pregnancy	
■ wellbeing ■ hormonal changes ○ development of the foetus: ■ neurological ■ limbs ■ heart - third trimester: ○ physiological changes to the mother: ■ digestive ■ hormonal ■ cardiac output ■ respiratory rate ■ musculoskeletal ○ emotional changes to the mother: ■ lifestyle ■ wellbeing ■ hormonal changes ○ development of the foetus: ■ weight gain ■ brown fat storage ■ foetal lung maturation ■ alignment of foetal position to the cervix **K1.2 The differences between a normal and deviations from a normal pregnancy:** - normal (a woman with no complex/additional needs): ○ no health issues having an impact on pregnancy: ■ emotional within the normal range ■ mental within the normal range	safeguarding requirements based on the woman's individual needs - interpreting and responding to non-verbal cues to identify any possible signs of mental ill health and depression - communicating with sensitivity, compassion and respect with women during periods of temporary separation from their families - working in partnership to support women and/or families in difficult circumstances, bereavement and loss showing sensitivity, compassion and respect - responding to questions/feedback from midwife and parents - speaking clearly and confidently when escalating any concerns to the appropriate practitioner within the multidisciplinary team (GEC2, GEC4, GEC5, GEC6) **S1.46 Recognise and respond appropriately to any deviation from normal expected observations during each stage of the pregnancy:** - interpreting and responding to non-verbal cues to check on any deviation and deterioration in: ○ emotion: ■ sustained low mood ○ mental health: ■ lack of interest ■ negative language ■ no bonding with baby - physiological:

Understanding pregnancy

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- physiological within the normal range
  - no significant issues with previous obstetric history
  - normal foetal development:
    - usual experience of foetal movement
- deviations from a normal pregnancy (a woman with complex/additional needs):
  - health issues having an impact on pregnancy:
    - emotional outside the normal range
    - mental outside the normal range
    - physiological outside the normal range
  - multiple pregnancies (for example twins/triplets)
  - significant issues with previous obstetric history
  - history of pre-existing medical, social or health conditions
  - mother developing health issue unrelated to pregnancy
  - mother developing health issue related to pregnancy:
    - gestational diabetes
    - pre-eclampsia
    - deep vein thrombosis
    - infection
  - complex foetal development:
    - reduced foetal movement (RFM)

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- applying accuracy and precision for physiological measurements using observation charts:
  - modified early obstetric warning score (MEOWS) chart
- considering upper and lower boundaries to recognise and respond to any deviations from normal expected observations:
  - weight loss/gain
  - high/low body temperature
  - high/low heart rate
  - high/low BP
  - shortness of breath
- responding appropriately to key factors identified:
  - escalating any concerns to the midwifery team
  - providing advice on resources offline or online to support and empower women

(GEC2, GMC1, GMC10, GDC5)

S1.47 Escalate any concerns to the midwifery team during each stage of the pregnancy:

- speaking clearly and confidently on any concerns in a timely manner for deviations when identifying:
  - changes in emotion:
    - sustained low mood
  - changes in mental health:
    - lack of interest
    - poor self-care
    - expressing negative thoughts and language

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Understanding pregnancy	

K1.3   **The factors that can increase the risk of miscarriage and stillbirth at the different stages of pregnancy and how it can be confirmed:**
 	
   • early miscarriage (up to 13 completed weeks of pregnancy):
 	
     o foetal abnormality:
 	
       ▪ chromosomal disorders
 	
     o physiological:
 	
       ▪ embryo complications
 	
       ▪ hormonal changes
 	
     o lifestyle:
 	
       ▪ smoking
 	
       ▪ alcohol
 	
       ▪ substance misuse
 	
       ▪ high BMI
 	
     o confirmed miscarriage:
 	
       ▪ pain and/or vaginal bleeding although these can be incidental
 	
       ▪ presence/absence of foetal heart may also be used for diagnosis
 	
     o impact of social and cultural influences, individual circumstances, capabilities, behaviours and lifestyle choices on public health outcomes
 	
   • late miscarriage (14 weeks to 23 completed weeks of pregnancy):
 	
     o physiological/medical:
 	
       ▪ problems with the cervix or womb
 	
       ▪ infections
 	
       ▪ autoimmune disorders
 	
       ▪ pre-existing disease
 	
       ▪ external toxins or trauma
	▪ no bonding with baby
	
	▪ asking and responding to questions from the midwifery team as part of escalation process
	
	                (GEC2, GEC6)

Understanding pregnancy

- o lifestyle:
    - smoking
    - alcohol
    - substance misuse
    - high BMI
- o disease unrelated to pregnancy that had a negative impact
- o placental abnormalities
- o foetal abnormality:
    - chromosomal disorders
- o confirmed miscarriage:
    - pain and/or vaginal bleeding although these can be incidental
    - presence/absence of foetal heart may also be used for diagnosis
- o impact of social and cultural influences, individual circumstances, capabilities, behaviours and lifestyle choices on public health outcomes
- stillbirth (babies who are stillborn (born dead) at 24 weeks or later are registered as a stillbirth):
    - o placental abnormalities:
        - placental abruption
    - o maternal/foetal infection
    - o cord prolapse
    - o foetal distress
    - o uterine rupture
    - o trauma
    - o RFM:
        - refer to guidelines within Saving Babies' Lives: version 3
    - o lifestyle:

Understanding pregnancy

- smoking

- alcohol

- substance misuse

- high BMI

  o confirmed stillbirth:

  - pain and/or vaginal bleeding although these can be incidental

  - presence/absence of foetal heart may also be used for diagnosis

  o impact of social and cultural influences, individual circumstances, capabilities, behaviours and lifestyle choices on public health outcomes

  o identification of deviations from normal expected observations

K1.4 How to support bereaved families by directing them to further advice and support:

- importance of empowering women by creating a safe space and environment to acknowledge, reflect and talk about their stages of grief:

  o acts sensitively, compassionately and respectfully during times of bereavement or loss

- signpost to relevant services:

  o local and national support charities

  o charities that may support women who terminate pregnancy due to foetal abnormality

  o counselling services:

  - Stillbirth and Neonatal Death Society (SANDS)

  o mental health services

  o bereavement support services

Understanding pregnancy

- o memorial and burial service:

  - ▪ cremation

- o local GP

K1.5 The range of health promotion information that can be provided to mothers and their partners during pregnancy:

- smoking cessation:

  - o online support/resources (could vary in different trusts)

  - o over the counter:

    - ▪ GP

    - ▪ pharmacist

  - o smoking cessation midwives (not all trusts have them)

  - o specialist services

- drug and alcohol:

  - o online support/resources (could vary in different trusts)

  - o support from GP (based on referral)

  - o Alcoholics Anonymous (AA) or other support groups

  - o specialist services:

    - ▪ local authorities (for example Humankind)

K1.6 The effects smoking and alcohol can have on the foetus and the newborn:

- smoking and second-hand smoke:

  - o increased risk of cot death

  - o risk of stillbirth

  - o impact of social and cultural influences, individual circumstances, capabilities, behaviours and lifestyle choices on public health outcomes

Understanding pregnancy	
- drug and alcohol use: - increased risk during first trimester: - miscarriage - premature birth - low birthweight - potential risks during second and third trimester: - learning difficulties - behavioural problems - risks associated with heavy drinking: - foetal alcohol syndrome (FAS) - impact of social and cultural influences, individual circumstances, capabilities, behaviours and lifestyle choices on public health outcomes **K1.7 The importance of a healthy diet for mothers during pregnancy:** - vitamins and supplements (for example folic acid): - limit daily caffeine intake to 200 mg (for example 2 mugs of instant coffee) - avoid taking supplements with vitamin A - foods that should be avoided during pregnancy: - uncooked mould ripened soft cheese (for example brie, camembert) - unpasteurised milk (for example cow, goat, sheep) - raw or undercooked meat (for example liver, pate, game meats) - raw or partially cooked eggs (for example duck, goose, quail, eggs that do not have the British Lion stamp)	

Understanding pregnancy	
- fish (for example swordfish, marlin, shark or raw shellfish) **K1.8 What female genital mutilation (FGM) is and how it is classified:** - definition of FGM - classification (4 types) **K1.9 The importance of escalating concerns related to mother presenting with FGM:** - legal responsibility of reporting in the UK: - escalate concerns in a timely manner to the appropriate practitioner in the multidisciplinary team - safeguarding policy: - FGM safeguarding pathway - risk assessment: - female and other females in the family under 18 - adults at risk - escalate concerns to the appropriate practitioner in the MDT **K1.10 The potential impact that FGM has on pregnancy and childbirth:** - physical: - increased pain - type of delivery: - vaginal - caesarean section - instrumental: - forceps - risks of infection - emotional: - psychological:	

Understanding pregnancy

- post-traumatic stress disorder
  (PTSD)

- depression

- anxiety

  o presenting behaviours:

  - reluctant to having an internal
    examination

**K1.11 How to support women and families from
different population groups:**

- ways to support:

  o advise on the appropriate healthcare
  staff to talk to:

  - midwife

  - GP

  - health visitor

  o active listening, empathy and
  capturing changing needs or concerns
  to escalate where appropriate:

  - document needs in maternity notes

  o develop positive relationships through
  personalised care

  o vigilant for cues indicating
  safeguarding issues related to women
  and families:

  - clinical and psychosocial factors

  - signs of mental ill health and
    depression

  - signs of domestic violence

  o signpost women to local and national
  support systems

  o advise on the use of contraception
  and attending a sexual health clinic for
  younger and older mothers

- older mothers:

Understanding pregnancy	
- physiological implications: - additional monitoring and consultant led care for women over 40 - suggest specialist services: - National Childbirth Trust (NCT) - younger mothers: - suggest specialist services: - Brook - Family Nurse Partnership (FNP) - Shelter - suggest specialist online services: - Family Lives - Tommy's - Baby Buddy app - suggest specialist services for women and families with additional needs: - learning disability: - Advancing Care Excellence for Persons with Disabilities (ACED) - Mencap - physical disability: - ACED - mental health conditions: - National Institute for Health and Care Excellence (NICE) (for example advice and guidance) - perinatal mental health teams - ethnic minorities and ethnic groups with potential higher risk of diabetes, high BP and sickle cell anaemia: - Diabetes UK - refugee/asylum seekers	

Understanding pregnancy	

  o travelling communities (for example Roma people)
 	
  o identify specific maternity interventions or safeguarding requirements based on the woman's individual needs:
 	
    ▪ screening (for example the national screening programme)
 	
    ▪ identify women at high risk
 	
    ▪ risk assessment
 	
  • refer women and families with additional needs to appropriate practitioners within the midwifery team and MDT for support
 	
K1.12 The different considerations that may need to be given to support women in relation to religious beliefs, cultures and practices:
 	
  • diet:
 	
    o food and water restrictions:
 	
      ▪ kosher foods
 	
  • who can or cannot be present at birth
 	
  • language barriers:
 	
    o use of translators
 	
  • practices after birth:
 	
    o laying of hands
 	
    o male circumcision
 	
    o shaving the baby's head
 	
    o blessed white handkerchief
 	
    o whispering the words of Adhan in the baby's right ear
 	
  • medical interventions:
 	
    o blood transfusion
 	
K1.13 The underlying principles of different interventions used to aid conception:
 	
  • in vitro fertilisation (IVF):	

Understanding pregnancy

- o available to help couples with fertility problems, where the woman is under the age of 43, to have a baby

- o egg removal from woman's ovaries

- o fertilisation:

  - with sperm in laboratory

  - fertilised egg

  - embryo back to woman's uterus

- o how it can be carried out:

  - woman's eggs

  - partner's sperm

  - eggs and sperm from donors

- intracytoplasmic sperm injection (ICSI):

  - o type of IVF technique:

    - sperm injected into an egg to fertilise it

  - o who it is offered to:

    - women under the age of 43 trying to naturally conceive for a minimum of 2 years

  - o assessment:

    - ensure treatment is appropriate

    - screening tests

- donor insemination:

  - o alternative to ICSI (for example a sperm donor)

  - o benefits:

    - if woman has genetic disorder that could be passed to any children

    - can be used as part of IVF

- surrogacy:

  - o who may use it:

Understanding pregnancy	
- women with a medical condition where it is impossible or dangerous to give birth - same-sex couples - LGBTQIA+ community - how it works: - full or gestational - partial or straight/traditional **K1.14 How to identify the possible signs of mental ill health and depression:** - ways to identify: - observation - communication: - listening - questioning - contemporaneous record keeping (written at the time or shortly after the event occurs) - signs to consider: - feelings of prolonged sadness or low mood - expressed negative thoughts: - about self - others - changes in appetite: - loss of appetite - lack of interest or pleasure in activities - feelings of being unable to look after your baby - difficulty bonding with your baby - expressed thoughts of self-harm - expressed suicidal ideation	

Understanding pregnancy

- correct reporting procedures:
    - appropriate emergency response:
        - 999 call
- escalate concerns outside the scope of role to the appropriate practitioner within the midwifery team and MDT:
    - local:
        - call buzzer for maternity
    - fast bleep:
        - for a doctor/registrar to review
    - crash call:
        - emergency specialist team

K1.15 The potential negative impacts of mental ill health and depression on pregnancy, labour, birth and parenthood:

- pregnancy:
    - poor self-care
    - social isolation:
        - barriers to communication (for example language barriers)
    - pregnancy complication:
        - preterm delivery
    - discrimination and inequality:
        - negative stigma
        - poor self-image (for example low self-esteem)
- labour and birth:
    - adverse outcomes:
        - unable to access services
        - lack of self-care
- parenthood:

Understanding pregnancy	
- o breakdown in relationships between mother and baby: - bonding - o breakdown in relationships between mother and her support network: - friends - family - health professionals - o significant delays to child development: - physical - mental **K1.16 The agreed definition of terms used in maternity as outlined in appropriate maternity documentation:** - primigravida (first pregnancy) - multigravida (pregnant more than once) - multiparous (has given birth more than once) - grand multigravida (a pregnant woman who has had 4 or more previous pregnancies) - grand multipara (has given birth 5 times or more to a foetus over 24 weeks gestation) - Appearance, Pulse, Grimace, Activity, Respiration (APGAR) score, which is a physical assessment of infant following birth - antenatal (during pregnancy) - intrapartum (during labour) - postnatal (following birth of baby and placenta up to 6 weeks after) - fundus (top of the uterus) - lochia (blood loss following delivery)	

Understanding pregnancy

- spontaneous rupture of membranes (SROM) (when the membranes 'or woman's waters' break spontaneously)

- artificial rupture of membranes (ARM) (when the membranes 'or woman's waters' break artificially)

- prolonged labour (long labour)

- precipitate labour (quick labour)

- abdominal palpation (forms an aspect of the abdominal examination)

K1.17   The main physiological changes that can be measured in pregnancy:

- female reproductive system:
    - oestrogen and progesterone:
        - high progesterone levels
        - human chorionic gonadotropin (HCG)
        - cortisol
        - prolactin
    - uterus
    - cervix
    - vagina

- posture and joints:
    - curvature of back

- bodyweight:
    - weight gain or loss depending on stage of pregnancy

- gastrointestinal:
    - peristalsis

- effects of HCG on early pregnancy:
    - vomiting

- effects of hormones on pregnancy:
    - ptyalism (excessive saliva)

Understanding pregnancy	
- food cravings and pica - sensitivity of smell and taste - body temperature: - high or low - signs of infection/sepsis - respiratory changes: - respiratory rate: - breaths per minute increase slightly - shortness of breath - cardiovascular system (for example cardiac output): - blood glucose levels: - high levels can indicate diabetes - heart rate: - high heart rate - could indicate infection - could increase/indicate anxiety - blood pressure: - high BP could indicate pregnancy induced hypertension - pre-eclampsia - low BP could indicate dehydration - blood volume: - increased to allow compensation when the woman is compromised - exercise and blood flow - urinary output: - increase during pregnancy - skin: - linea nigra:	

Understanding pregnancy	
- darkening of line between the umbilicus and the pubic bone - mask of pregnancy: - chloasma, which is a brownish pigmentation of the skin over the face and forehead - stretch marks: - stretching of the skin over areas of the abdomen, thighs and breasts - sweat glands: - sweat more profusely than usual - oedema: - fluid retention that causes tissue to become swollen - breasts: - nipples: - areola darkens - blood vessels visible - Montgomery's tubercles (oil producing glands) - production of colostrum and breastmilk - size and feel: - feel full - tingle - tenderness - increase in size	

The midwifery team and the roles and responsibilities of a maternity support worker	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:

The student must understand:

K1.18 **The relevance of current guidelines, standards, policies and frameworks, set by government, regulatory bodies and delivery partners to ensure core values of care are adhered to when assisting the MDT with clinical tasks:**

- government, regulatory bodies and delivery partners:
    - o Department of Health and Social Care (DHSC)
    - o Nursing and Midwifery Council (NMC)
    - o Care Quality Commission (CQC)
    - o Skills for Care (SfC)
    - o Skills for Health (SfH)
    - o NHS
- guidelines, standards, policies and frameworks:
    - o Health and Care Act 2022
    - o Care Act 2014
    - o NHS constitution
    - o Nursing and Midwifery Council Code and Standards
    - o Care Certificate
    - o Better Births
    - o Saving Babies' Lives: version 3
- organisations that provide guidelines, standards, policies and frameworks:
    - o Royal College of Obstetricians and Gynaecologists (RCOG)
    - o National Institute for Health and Care Excellence (NICE)

The student must be able to:

S1.48 **Assist the midwifery team with delegated tasks:**

- preparation:
    - o the clinical area
- cleaning:
    - o birthing pool
    - o blood spillage
    - o clinical area
- resources, instruments and equipment:
    - o providing equipment in normal or emergency situations
    - o identifying and taking into account resources, instruments or equipment that require restocking and reordering to ensure efficient supply
    - o sterilising feeding equipment
    - o identifying faulty equipment
- processing and applying data entry accurately:
    - o test results
    - o contact details
    - o discharge and/or transfer information
- maintaining and storing documentation relating to care, in accordance with local guidance
- maintaining confidentiality and data protection, in accordance with legal requirements
- assisting midwives and doctors with instrumental deliveries:

The midwifery team and the roles and responsibilities of a maternity support worker

- o Royal College of Midwives (RCM)
- o Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK)

- the relevance of guidelines, standards, policies and frameworks when assisting the MDT with clinical tasks:
  - o ensures a consistent standard of safe, high-quality woman-centred care is provided
  - o ensures all those providing healthcare are trained and competent
  - o failure to follow could result in a charge of negligence

K1.19 The different specialised roles and responsibilities and the interventions practitioners undertake within the midwifery team:

- obstetricians:
  - o focus on high-risk pregnancies:
    - pre-eclampsia
    - induction of labour
    - breech presentation
    - diabetics
  - o medical emergencies and complications:
    - emergency caesarean sections
  - o advanced surgical procedures:
    - 3rd/4th degree tear repairs
    - caesarean sections
    - instrumental deliveries
- paediatricians:
  - o focus on neonate

- o laying up trolleys
- o opening packs
- o gathering equipment
- o disposing of equipment

- providing information to parents about immunisation programmes
- obtaining and testing urine samples using a:
  - o screw-top container
  - o urine dipstick
- ensuring accuracy and precision when calculating body mass index (BMI) using a:
  - o scale (for example a weighing scale)
  - o tape measure or stadiometer
  - o calculator (for example an NHS BMI healthy weight calculator)

  (GMC1, GMC2, GMC5, GMC10, GDC4)

S1.49 Support delegated clinical interventions within scope of practice:

- assisting the midwife during labour and birth:
  - o instrumental delivery
  - o caesarean section
- assisting with implementing care plans with confidence and fluency as instructed by the midwifery team
- following contemporaneous record-keeping conventions

  (GEC4, GMC2)

The midwifery team and the roles and responsibilities of a maternity support worker	
- o medical emergencies and complications when neonates need more intense care (for example resuscitation, drugs) - midwives: - o experts in normal pregnancy and birth - o provide emergency measures: ▪ shoulder dystocia ▪ breech presentation ▪ postpartum haemorrhage (PPH) ▪ neonatal life support - o provide care to all women during antenatal, intrapartum and in the postpartum period - o provide care and support to neonates: ▪ examination at birth ▪ systematic examination of the newborn ▪ infant feeding ▪ transition to extrauterine life - o education: ▪ from pre-conception to after the birth - children's nurse: - o works with sick, injured or disabled children - o neonatal nurse practitioner - o provides specialist care for neonates - anaesthetists: - o perioperative anaesthesia - o care for women who are critically ill - o pain management - o provide review:	

The midwifery team and the roles and responsibilities of a maternity support worker	
▪ antenatal for women with raised BMI that need epidural - healthcare assistants: ○ supports the midwifery team and the MDT with delegated general tasks ○ ensures a clean and safe working environment - maternity support worker (MSW): ○ supports the midwifery team and the MDT with delegated tasks: ▪ environmental changes in an emergency situation ▪ escalates concerns to the appropriate practitioner in the MDT ▪ asks and responds to questions from the midwifery team as part of escalation process ○ importance of acting sensitively, compassionately and respectfully when communicating with women during periods of temporary separation from their families ○ monitors, measures and records any changes in the mother and baby: ▪ physiological measurements using observation charts (for example MEOWS) ○ ensures a clean and safe working environment ○ only carries out tasks within scope of role ○ obtains feedback from mothers and partners to improve service and care given ○ the importance of courage and candour when reporting situations, behaviours or errors that could result	

The midwifery team and the roles and responsibilities of a maternity support worker	

in poor outcomes for women and their families:
 	
   ▪ wrong information documented in notes
 	
   ▪ tasks completed incorrectly or not in accordance with policy or guidelines
 	
• sonographer:
 	
   o specialist in the use of ultrasonic imaging
 	
   o records and reports data directly to the appropriate healthcare professional
 	
• midwife sonographer:
 	
   o specialist in obstetric ultrasonic imaging
 	
• health visitor:
 	
   o specialist nurse or midwife in 0 to 5 early years
 	
   o offers support, guidance and advice for the family
 	
   o monitors the child's development from 0 to 5 years
 	
• dietitian:
 	
   o offers dietary support and advice
 	
• physiotherapist:
 	
   o works with women before and after the birth
 	
   o supports with physical discomfort associated with pregnancy and following birth
 	
• nursery nurses:
 	
   o supports babies with additional needs in the postnatal period
 	
   o cares for babies in the neonatal unit	

The midwifery team and the roles and responsibilities of a maternity support worker	
- o provides advice and support for parents **K1.20 Scope of role within the midwifery team and the MDT where a maternity support worker (MSW) can:** - support within the context of maternity care - maintain and develop knowledge, skills and behaviours through training and education to include local mandatory training - assist the midwife with taking measurements and obtaining samples - carry out tasks under supervision of registered healthcare professionals within the MDT: - o assist to deliver, implement and evaluate care plans (postnatal/antenatal): ▪ offer comments or suggestions ▪ identify key factors that need to be taken into account when managing own time and workloads ▪ provide routine (universal) care - o support in emergency situations during labour and birth - o ensure tasks directed by the MDT are in line with guidance, standard operating procedures, policy and protocols **K1.21 The different responsibilities within their scope of role that can be carried out by an MSW in the midwifery team:** - share information with the midwifery team about the condition of mothers and babies - support women towards self-care and independence:	

The midwifery team and the roles and responsibilities of a maternity support worker	
- o health promotion - o public health promotion - o workshops - o woman-centred holistic care: ▪ hygiene - o personalised care - o continuity of care • cleaning and administrative tasks • venepuncture: - o taking blood samples for testing • clinical observations: - o temperature - o heart rate - o blood pressure - o respiratory rate • promote breastfeeding (for example The UNICEF UK Baby Friendly Initiative (BFI)) **K1.22** **The tasks that are out of scope of practice of a MSW within the midwifery and multidisciplinary teams:** • assessments and examinations: - o antenatal: ▪ abdominal palpation ▪ checking foetal heart rate ▪ interpretation of findings from clinical observations - o abdominal/speculum/vaginal - o uterine activity - o APGAR score - o postnatal or first hour of post-operative recovery:	

The midwifery team and the roles and responsibilities of a maternity support worker	
- assessing a woman's progress in postnatal recovery (for example palpate uterus) - initial newborn examination - auscultation of a foetal heart - applying and interpreting a cardiotocograph (CTG) - discharge and transfer: - care - postnatal examination of woman - administrative: - maternal history taking (for example booking) - obtaining consent for invasive procedures - treatments: - administration of any medication - diagnosing: - pregnancies - onset of labour - monitoring: - birth process - progress of pregnancies - maternal wellbeing - foetal wellbeing - clinical tasks and medical procedures: - drawing up of an injection - run through an intravenous infusion - attachment of a foetal monitor - foetal blood sampling - assisted delivery - birth of a baby	

The midwifery team and the roles and responsibilities of a maternity support worker	
- o episiotomy - o perineal repair - o insertion of a nasogastric tube - o removal of skin staples and sutures - mentoring or supervision: - o student midwives - o making decisions to delegate a clinical task **K1.23 The responsibilities of an MSW in antenatal and postnatal health education:** - public health promotion: - o immunisation for mother and baby - o vaccines - health promotion: - o forming positive relationships and bonding - o healthy lifestyle/diet - o monitoring foetal movements (refer to guidelines in Saving Babies' Lives: version 3) - o NHS apps to aid health promotion - o postnatal exercises: ▪ pelvic floor exercise - preparation for parenthood: - o infant feeding in accordance with local and national guidance: ▪ BFI - o breastfeeding - o preparing formula - o sterilising equipment - o physical, psychological and social needs	

The midwifery team and the roles and responsibilities of a maternity support worker	
- o accessing care and support - o antenatal classes to care for a newborn: - parentcraft - changing nappies - bathing - importance of ensuring validity of information sources: - o type: - journal - research - social media - o quality and reliability: - in line with local and national guidelines - well known - updated recently - ongoing/continuing care once discharged **K1.24 The importance of interpersonal skills when working in partnership with the MDT:** - allows for effective communication - facilitates collaboration - supports problem solving - supports the positive impact of continuity of care - ensures contemporaneous record keeping (written at the time or shortly after the event occurs) **K1.25 The principles of partnership working within the MDT:** - share expertise: - o handover of maternity notes - share resources	

The midwifery team and the roles and responsibilities of a maternity support worker	

• build team cohesion
 	
K1.26 The role of other individuals outside the midwifery team who may offer support during a birth:
 	
• partner:
   o encouragement
   o empathy
   o support
• family member:
   o encouragement
   o empathy
   o support
• friend:
   o encouragement
   o empathy
   o support
• doulas and birthkeepers (provide guidance and support to a pregnant woman):
   o pregnancy
   o labour
   o postnatal period
• therapists:
   o hypnotherapist
   o aromatherapist
   o chiropractor
 	
K1.27 Tasks that can be undertaken with appropriate training, supervision and support:
 	
• general tasks:
   o preparation:
     ▪ the clinical area
     ▪ ultrasound equipment	

The midwifery team and the roles and responsibilities of a maternity support worker	
- o cleaning: ■ birthing pool ■ beds ■ blood spillage ■ clinical area - o equipment: ■ identify and take into account equipment that requires restock and reorder ■ sterilise feeding equipment ■ identify faulty equipment - o data entry: ■ test results ■ contact details ■ discharge information ■ importance of maintaining and storing documentation relating to care, in accordance with local guidance ■ importance of legal requirements for maintaining confidentiality and data protection - o observe and support midwives and doctors with instrumental deliveries: ■ lay up trolleys ■ open packs ■ gather equipment ■ dispose of equipment • support mother and birthing partner: - o assist midwives and doctors: ■ performing ultrasound scans ■ transvaginal scans - o obtain samples:	

The midwifery team and the roles and responsibilities of a maternity support worker

- urine
- blood
  - record:
    - oral fluid intake
    - urine output
    - body temperature
    - heart rate
    - respiratory rate
    - blood pressure
    - BMI
  - support and assist mothers and families:
    - personal and oral hygiene
    - signpost to resources on preparation of formula milk
    - cup feed
    - postnatal exercises
- care of baby:
  - weighing
  - identification and security
  - wash and bathe
  - eye care
  - nappy change
  - report to midwife where appropriate
- neonatal jaundice:
  - blood sampling
  - transcutaneous bilirubin (TcB) measurement
- newborn blood spot test (heel prick sample)
- health:

The midwifery team and the roles and responsibilities of a maternity support worker	
- o promote healthy living: ▪ nutritional health ▪ smoking cessation ▪ drug and alcohol support services - o provide one-to-one information: ▪ breast and formula feeding ▪ parenting skills ▪ family adjustment **K1.28 The role that the midwifery team plays in the community prior to birth:** • provide routine holistic antenatal care: - o maintain positive relationships: ▪ women ▪ partners ▪ families • liaise with and maintain positive relationships with the MDT • provide education to women, partners and families: - o public health promotion - o health promotion - o local and national antenatal and newborn screening services	

The range of clinical interventions used to provide maternity support	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K1.29 **The purpose, preparation and positioning needed for supporting an ultrasound scan:**	**S1.50** **Prepare women and other individuals for interventions and procedures, as directed by the midwifery team:**
• purpose:	• other individuals:
o screening (for example the national screening programme):	o partner
▪ Edwards' syndrome	o family member
▪ Patau's syndrome	o friend
▪ Down's syndrome	• interventions:
o monitoring foetal development:	o ultrasound scans
▪ gestational age	o vaginal scans
▪ position	o venepuncture
▪ growth	o BMI
• preparation and positioning:	o monitoring urethral catheters
o importance of obtaining informed consent prior to any care given (verbal/written)	o obtaining urine samples
o encourage full bladder	o cannulation
o maintain privacy and dignity:	• preparing the environment for the required intervention
▪ maintain respect, empathy and compassion	• following local policies and procedures
o prepare environment	• asking and responding to questions in order to obtain informed consent prior to any care given:
o reassurance throughout procedure:	o verbal/written
▪ provide safe woman-centred care	o providing information in a clear and unambiguous way
▪ maintain a positive relationship	• supporting with positioning
▪ ask and respond to questions throughout procedure	• supporting with dressing:
o support with positioning	o providing clean comfortable and loose clothing (for example a theatre gown)
o support with dressing:	

The range of clinical interventions used to provide maternity support

- provide clean comfortable and loose clothing where appropriate
  - local policies and procedures

K1.30 The purpose, preparation and positioning needed for supporting transvaginal ultrasound scans:

- purpose:
  - screening:
    - to look at the cervix
  - diagnosis
- preparation and positioning:
  - importance of obtaining informed consent prior to any care given:
    - verbal/written
  - maintain privacy and dignity:
    - maintain respect, empathy and compassion
  - offer emotional and physical support
  - reassurance throughout procedure:
    - provide safe woman-centred care
    - maintain a positive relationship
  - support with positioning

K1.31 The purpose, preparation and positioning needed for carrying out a venepuncture:

- purpose:
  - screening:
    - blood type
    - antibodies
    - human immunodeficiency viruses (HIV)
    - hepatitis
    - sickle cell

- interpreting and responding to non-verbal cues to provide reassurance throughout procedure
- asking and responding to questions throughout procedure

(GEC1, GEC2, GEC6)

S1.51 Provide appropriate support to the midwife by preparing women for a caesarean section:

- asking and responding to questions in order to obtain informed consent prior to any care given:
  - verbal/written
  - providing information in a clear and unambiguous way
- maintaining privacy and dignity of woman by:
  - providing clean comfortable and loose clothing (for example a theatre gown)
  - supporting with hair removal where incision will be made
  - applying identification bracelet
- interpreting and responding to non-verbal cues when providing:
  - physical support:
    - positioning
  - reassurance throughout procedure
- opening packaging using aseptic technique for:
  - intravenous (IV) therapy
  - catheterisation
- supporting midwife:
  - counting required instruments accurately for the procedure

The range of clinical interventions used to provide maternity support

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-      ○ diagnosis
-      ○ monitoring
- preparation and positioning:
  - ○ importance of obtaining informed consent prior to any care given:
    - ▪ verbal/written
  - ○ explain the procedure
  - ○ obtain consent
  - ○ clean the skin
  - ○ prepare environment and equipment
  - ○ support with positioning
  - ○ maintain privacy and dignity:
    - ▪ maintain respect, empathy and compassion
  - ○ offer emotional and physical support
  - ○ reassurance throughout procedure:
    - ▪ provide safe woman-centred care
    - ▪ maintain a positive relationship
  - ○ ensure correct identity of woman
  - ○ ensure correct labelling of samples and forms
  - ○ ensure correct procedure for transport of sample to lab

K1.32 The purpose and preparation needed for carrying out a body mass index (BMI) calculation:

- purpose:
  - ○ monitoring
  - ○ identifies high BMI:
    - ▪ risk of early or late miscarriage/stillbirth
    - ▪ high BP

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- ○ ensuring accuracy and precision when weighing swabs to calculate accurate blood loss measurements
- ○ following contemporaneous record-keeping conventions

    (GEC1, GEC2, GEC4, GEC6, GMC1)

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The range of clinical interventions used to provide maternity support	
▪ thrombosis ▪ gestational diabetes ▪ premature births (before 37 weeks) - o identifies low BMI: ▪ low birth weight baby ▪ premature births (before 37 weeks) ▪ risk of early or late miscarriage/stillbirth • preparation: - o importance of obtaining informed consent prior to any care given: ▪ verbal/written - o explain the procedure - o confirmation of consent - o prepare environment and equipment - o maintain privacy and dignity: ▪ maintain respect, empathy and compassion - o offer emotional and physical support - o reassurance throughout procedure: ▪ provide safe woman-centred care ▪ maintain a positive relationship - o support with positioning - o ensure accuracy and precision when calculating BMI using a: ▪ scale (for example a weighing scale) ▪ tape measure or stadiometer ▪ calculator (for example an NHS BMI healthy weight calculator)	

The range of clinical interventions used to provide maternity support	

K1.33 The purpose, preparation and positioning needed for monitoring urethral catheters:
 	
• purpose:
 o control and aid the elimination of urine from the bladder
 o measure and record the urine output
 o regular monitoring is required to identify signs:
  ▪ infection
  ▪ trauma
  ▪ impaired renal function
• preparation and positioning:
 o importance of obtaining informed consent prior to any care given:
  ▪ verbal/written
 o explain the procedure
 o maintain aseptic technique when opening packaging and handling the catheter
 o confirmation of consent
 o prepare environment and equipment
 o maintain privacy and dignity:
  ▪ maintain respect, empathy and compassion
 o reassurance throughout procedure:
  ▪ provide safe woman-centred care
  ▪ maintain a positive relationship
 o support with positioning:
  ▪ catheter for drainage below the bladder
 	
K1.34 The purpose and preparation needed for obtaining urine samples:
 	
• purpose:	

The range of clinical interventions used to provide maternity support	
- monitoring - preparation and positioning: - importance of obtaining informed consent prior to any care given: - verbal/written - explain the procedure - confirmation of consent - maintain privacy and dignity: - maintain respect, empathy and compassion - offer emotional and physical support - reassurance throughout procedure: - provide safe woman-centred care - maintain a positive relationship - support with positioning - obtain urine samples using: - a screw-top container - a urine dipstick **K1.35 The purpose, preparation and positioning needed for supporting a cannulation:** - purpose: - access to blood vessels - administering medication - administering fluids - taking blood - preparation and positioning: - importance of obtaining informed consent prior to any care given: - verbal/written - explain the procedure - maintain aseptic technique	

The range of clinical interventions used to provide maternity support	
- confirmation of consent - maintain privacy and dignity: - maintain respect, empathy and compassion - offer emotional and physical support - reassurance throughout procedure: - provide safe woman-centred care - maintain a positive relationship - support with positioning **K1.36 The purpose, preparation and positioning needed for supporting a caesarean section and instrumental delivery:** - purpose: - when vaginal birth presents greater risk to mother and baby - carried out in emergency situations - planned: - elective/scheduled - preparation and positioning: - importance of obtaining informed consent prior to any care given: - verbal/written - maintain privacy and dignity: - provide a theatre gown - support with hair removal where incision will be made - identification bracelet - maintain respect, empathy and compassion - maintain aseptic technique when opening packaging: - IV and catheterisation - offer emotional and physical support	

The range of clinical interventions used to provide maternity support	

o reassurance throughout procedure:
     ▪ provide safe woman-centred care
     ▪ maintain a positive relationship
 o support with positioning
 o support midwife by:
     ▪ counting instruments required for the procedure
     ▪ weighing swabs to gain accurate blood loss measurements
     ▪ following contemporaneous record-keeping conventions	

Birthing environment	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
 K1.37 Why parental choice and following birth plans is important, including choices on a range of different birthing environments:
 • birthing environments:
    o home
    o environments not traditionally recognised:
      ▪ yurt
    o birthing pool
    o different effects:
      ▪ music
      ▪ lighting
      ▪ smells
      ▪ mood
	The student must be able to:
	
	 S1.52 Prepare the clinical area to ensure the birthing environment is fit for purpose as instructed by the midwifery team:
	 • preparing equipment:
	    o home:
	      ▪ birthing bean bag
	      ▪ birthing ball
	    o birthing pool:
	      ▪ home birth pool kit
	      ▪ non-abrasive sponge
	      ▪ sieve/strainer
	      ▪ reading temp
	      ▪ monitoring temp

Birthing environment

- different led units:
  - standalone midwifery
  - hospital-attached midwifery
  - hospital obstetric
- birthing equipment:
  - home:
    - birthing bean bag
    - birthing ball
  - birthing pool equipment:
    - home birth pool kit
    - non-abrasive sponge
    - sieve/strainer
    - reading temp
    - monitoring temp
- birth plans and parental choice:
  - duty of care by midwifery team if birthplace chosen is outside of guidance
  - high-risk pregnancy
  - types of pain relief:
    - gas and air
    - pethidine injections
    - epidural
  - choice of birth partner:
    - doula
    - independent midwife
  - positions for labour:
    - squatting
    - side lying
    - hands and knees
  - preferred method of delivery:

- cleaning and disinfecting birthing pool appropriately:
  - using correct detergents:
    - non-abrasive detergent
  - diluting and making up detergents
  - following local policy
- filling birthing pool to accurate depth:
  - to nipple line when seated
- checking correct temperature of the birthing pool:
  - between 36.5°C to 37.5°C

(GMC1)

S1.53 Prepare and maintain equipment used in clinical interventions in the birthing environment:

- maintaining equipment:
  - identifying and taking account of equipment that requires restocking and reordering
- identifying equipment that requires calibration before use:
  - foetal doppler
  - pulse oximeter
  - blood pressure monitor
- preparing equipment:
  - sterilising feeding equipment

(GMC1, GMC10)

S1.54 Clean and maintain the birthing environment as instructed by the midwifery team:

- cleaning and disinfecting appropriately, based on the birthing environment:

Birthing environment

- vaginal birth
- delivery by caesarean section
  - o decisions on the cord:
    - who cuts it
    - delayed clamping
    - lotus birth
  - o skin-to-skin contact with newborn:
    - positioning and attachment
  - o feeding choices

K1.38 The requirements to clean and maintain the birthing environment:

- clean and disinfect appropriately based on the birthing environment:
  - o correct detergents
  - o dilute and make up detergents
  - o follow local policy
- dispose of waste appropriately based on birthing environment
- methods of disposal:
  - o clinical waste:
    - blood
    - PPE
  - o general waste
  - o waste for incineration
- disposal of placental tissue and blood

K1.39 How to clean, fill and maintain the birthing pool to the correct temperature:

- cleaning:
  - o follow cleaning and disinfection guidelines
  - o correct equipment:

- o carrying out cleaning as per local policy:
  - cleaning and disinfection guidelines
- o using correct detergents
- o diluting and making up detergents
- disposing of waste appropriately, based on birthing environment:
  - o clinical waste
    - blood
    - PPE
  - o general waste

S1.55 Set up equipment as instructed by the midwifery team:

- foetal heartbeat:
  - o stethoscope:
    - Pinard
  - o foetal doppler
- blood pressure:
  - o sphygmomanometer
  - o blood pressure monitor
- oxygen saturations:
  - o pulse oximeter
- temperature:
  - o digital thermometer

(GDC1)

S1.56 Lay-up trolleys for instrumental deliveries:

- opening packs
- gathering equipment
- disposing of waste appropriately
- preparing delivery instruments:
  - o forceps:

Birthing environment

- non-abrasive detergent with non-abrasive sponge
  - sieve/strainer
- filling:
  - depth of water:
    - to nipple line when seated
- maintenance:
  - follow model guidelines
- temperature:
  - use the correct equipment:
    - reading temp
    - monitoring temp
  - correct temp:
    - between 36.5°C to 37.5°C

K1.40   The requirements to assist with preparing instrumental deliveries:

- prepare trolleys for instrumental deliveries
- open packs including sterile equipment
- gather correct equipment:
  - swabs
  - gloves
  - syringes
  - needles
- appropriate disposal of equipment:
  - swabs
  - linen
  - syringes
  - needles
- safe cleaning and storage of equipment

- Simpson
- Kielland
- Wrigley's
- Neville Barnes
  - ventouse suction cup:
    - silicone/metal/handheld
  - Kiwi cup
- safe cleaning and storage of equipment

Birthing environment	

K1.41 The checking requirements on emergency equipment:
 	
• blood pressure monitor
 	
• thermometer
 	
• scale
 	
• equipment to monitor foetal heartbeat
 	
• Sonicaid
 	
• cardiotocograph (CTG)
 	
• stethoscope:
    ○ Pinard
 	
• foetal doppler
 	
• Resuscitaire:
    ○ checked by midwife
 	
K1.42 Which equipment and resources are required to monitor physiological signs during labour:
 	
• blood pressure:
    ○ sphygmomanometer
    ○ Dinamap Carescape monitor
    ○ stethoscope
 	
• oxygen saturations:
    ○ pulse oximeter
 	
• body temperature:
    ○ digital thermometer
 	
K1.43 Which equipment and resources are required to monitor foetal heartbeat:
 	
• external measurements:
    ○ CTG
    ○ Sonicaid
    ○ Pinard
 	
• internal measurements:	

Birthing environment	

o foetal scalp electrode
 	
K1.44 Which equipment and resources are required for:
 	
• vaginal examination (VE):
  o gloves
  o lubricant
  o absorbent pad
• vaginal delivery:
  o cord clamps and scissors
  o vaginal examination pack:
    ▪ swabs
    ▪ placenta tray
    ▪ absorbent hand towel
• instrumental delivery:
  o forceps:
    ▪ Simpson
    ▪ Kielland
    ▪ Wrigley's
    ▪ Neville Barnes
  o ventouse suction cup:
    ▪ silicone/metal/handheld
  o Kiwi cup
• suture:
  o pre-prepared suture packs
  o sterile suture of practitioner's choice
  o adequate lighting source
  o stool to sit on
• maternal resuscitation:
  o location of crash trolley
  o contents of crash trolley:	

Birthing environment	
▪ endotracheal tubes ▪ intravenous fluids ▪ bag and mask ventilation ▪ oxygen and masks ▪ defibrillator - neonatal resuscitation: ○ Resuscitaire (equipment to have during labour and delivery procedures) ○ hat, towels and blankets ○ resuscitative oxygen and masks ○ suction	

Performance outcome 2: Assist the midwife to provide care for mothers and support to parents at all stages, from antenatal, perinatal and postnatal

Supporting parents to look after babies, including how to meet their hygiene and nutritional needs	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.1 **The importance of supporting parents and the techniques required to meet the hygiene and nutritional needs of babies in accordance with local and national guidance:**
 	
    • importance of obtaining informed consent prior to any care given:
        o verbal/written
    • feeding techniques:
        o breastfeeding:
            ▪ BFI
            ▪ position and comfort of mother and baby
            ▪ attachment of baby
        o use of a breast pump or hand express
        o assist with syringe feeding of expressed milk:
            ▪ sterilise feeding equipment
            ▪ cup and bottle feeding
            ▪ responsive feeding
        o safety procedures
    • signpost to resources on preparation of formula milk where necessary
    • changing nappies
    • bathing:
        o cord care
        o top and tail
	The student must be able to:
	
	S2.6 **Assist the midwife with teaching parents how to interact with and meet the needs of babies:**
	
	    • organising ideas when presenting information to provide reliable and quality advice in relation to:
	        o bathing:
	            ▪ clearly explaining the steps to topping and tailing
	        o environment:
	            ▪ warm room
	        o equipment:
	            ▪ bowl, basin or sink of warm water
	            ▪ towel
	            ▪ cotton wool/balls
	            ▪ fresh nappy
	            ▪ clearly explaining the frequency, safety procedures and appropriate time to bathe babies
	        o breastfeeding:
	            ▪ clearly explaining responsive feeding
	            ▪ safety procedures
	    • clearly explaining the safe parameters to reduce the risk to the neonate:
	        o transportation:
	            ▪ using a safe car seat
	        o sleeping:

Supporting parents to look after babies, including how to meet their hygiene and nutritional needs	
- o bathing frequency and appropriate time to bathe babies - o bathing safety procedures - o environment: ▪ warm room - o equipment: ▪ bowl/basin/sink of warm water ▪ towel ▪ cotton wool ▪ fresh nappy • physical interaction with newborn babies: - o importance of skin-to-skin contact: ▪ to initiate feeding - o benefits related to bonding and feeding: ▪ baby self-regulation (for example heart rate, breathing, temperature) - o importance of a suitable environment when feeding • importance of parental skills for the neonate: - o transportation: ▪ using a safe car seat - o sleeping: ▪ positioning to avoid cot death ▪ safe temperature and environment • importance of escalating any concerns to the appropriate practitioner within the MDT **K2.2 The requirements to inform and assist parents with family adjustments:** • maintain a woman-centred approach when dealing with: - o change:	▪ positioning to avoid cot death ▪ safe temperature and environment • demonstrating competence and confidence when signposting to antenatal and postnatal online and offline support resources: - o leaflets - o websites - o NHS/Baby Buddy apps • demonstrating validity of information sources through discussion: - o type: ▪ journal ▪ research ▪ social media - o quality and reliability: ▪ in line with local and national guidelines ▪ well known ▪ updated recently • gathering feedback from midwife and parents to inform service improvements (GEC1, GEC2, GEC4, GDC1, GDC5) **S2.7 Assist the midwife to:** • interpret and respond to non-verbal cues to provide reassurance to mothers and birthing partners • ask and respond to questions in order to obtain informed consent prior to any care given: - o verbal/written • provide information in a clear and unambiguous way

Supporting parents to look after babies, including how to meet their hygiene and nutritional needs

- new routine
- time management
  - psychological concerns/risk factors
  - stress:
    - birth trauma
    - anxiety as a new parent
  - debriefing and reflection:
    - referral to appropriate practitioner within the MDT
  - postnatal depression

K2.3   The importance of supporting the health and wellbeing of mothers and babies:

- nutritional:
  - healthy diet to avoid risk of long-term health issues:
    - obesity
    - raised cholesterol
    - high blood sugar
  - vitamins and supplements required in pregnancy for mother and baby:
    - folic acid
    - iron
    - vitamin D (breastfeeding mothers are advised to give their baby vitamin D)
    - vitamin K administered to a newborn:
      - newborn babies have low levels of this vitamin at birth (can be administered orally or by injection)
      - reduces the risk of haemorrhagic disease of the newborn

- work in partnership with families to provide support:
  - listening actively to the contribution of others
  - acting with sensitivity, compassion and respect when communicating with women during periods of temporary separation from their families
  - asking and responding to questions for clarification

(GEC1, GEC2, GEC6)

S2.8   Provide support and assistance to meet the baby's nutritional and hygiene needs in accordance with local and national guidance:

- asking and responding to questions in order to obtain informed consent prior to any care given:
  - verbal/written
- providing information in a clear and unambiguous way
- supporting and assisting with feeding choices:
  - breastfeeding:
    - position and comfort of mother and baby
    - attachment of baby
  - using a breast pump or hand express
  - syringe feeding of expressed milk
  - signposting to resources on preparation of formula milk
  - sterilising bottle feeding equipment:
    - with a brush/teat brush
- changing nappies
- bathing:

Supporting parents to look after babies, including how to meet their hygiene and nutritional needs

- o   nutritional needs for breast feeding
- physical (for example mother and baby postnatal exercises at home):
  - o   pelvic floor exercise
- mental health:
  - o   importance of seeking help if concerned about postnatal depression
  - o   importance of mental health for mother and baby
  - o   talking therapies
  - o   antidepressant medication as an option under the referral of a GP
  - o   mindfulness:
    - ▪   meditation
- importance of recognising and supporting physical and emotional health and wellbeing:
  - o   make every contact count through actively encouraging women and their families to talk about their health and wellbeing
- social:
  - o   safety at home:
    - ▪   visiting mothers and families to assess home conditions
    - ▪   risk assessment
  - o   safeguarding:
    - ▪   escalate concerns to the appropriate practitioner in the MDT
  - o   accessibility issues:
    - ▪   services to allow GP visits
    - ▪   online deliveries
    - ▪   additional support from health visitors

- o   cord care
- o   top and tail
- o   follow bathing safety procedures
- speaking clearly and confidently when escalating any concerns to the appropriate practitioner within the MDT

(GEC1, GEC2, GEC6)

S2.9   **Promote skin-to-skin contact between parent and baby:**

- clearly explaining the importance of a suitable environment
- clearly explaining the benefits related to bonding and feeding
- providing reliable and quality advice in relation to skin-to-skin contact

(GEC1, GEC2)

Supporting parents to look after babies, including how to meet their hygiene and nutritional needs	

• bleeding after birth (lochia):
 	
  o how to recognise normal appearance and expected levels of bleeding post-birth
 	
  o encourage a prompt report to the midwife if issues are suspected (for example losing blood in large clots)
 	
K2.4 How to support parents who may have experienced neonatal loss by assisting with photography to create memories:
 	
• follow confidentiality policies and procedures:
 	
  o consent to photos taken at the time
 	
• assist the midwife as required
 	
• support with cleaning and disinfecting area for photography where necessary
 	
• prepare suitable area to maintain privacy and dignity for parents	

Types of support needed by mothers pre- and post-birth and why these may be needed	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.5 The importance of a range of activities in situations which mothers pre- and post-birth cannot do for themselves:
 	
• importance of informed consent:
 	
  o importance of asking what, why and how:
 	
    ▪ verbal/written
 	
• provide reassurance, safe woman-centred care and maintain privacy and dignity
	The student must be able to:
	
	S2.10 Provide reassurance and maintain privacy and dignity to women:
	
	• asking and responding to questions in order to obtain informed consent prior to any care given:
	
	  o verbal/written
	
	  o providing information in a clear and unambiguous way
	
	• washing:

Types of support needed by mothers pre- and post-birth and why these may be needed

when providing assistance with elimination:

- o bathroom

- o using a bed pan for women who are bedbound

- o catheter care

- provide reassurance, safe woman-centred care and maintain privacy and dignity when providing assistance with post-operative care:

  - o dressing:

    - provide a theatre gown

    - bed pan

    - bathing

  - o monitoring wounds with dressings:

    - wound drainage (for example appearance, amount of fluid)

    - clean and dry

    - securely attached

  - o identifying signs and symptoms of infection with wound care:

    - sepsis

  - o measure and record the urine output

  - o assistance with mobility

  - o assistance with physiological measurements:

    - blood pressure

    - body temperature

    - heart rate

    - respiratory rate

  - o positioning

  - o reasonable adjustments:

  - o assisting women:

    - with bathing

    - using a bed pan

- dressing:

  - o providing clean, comfortable and loose clothing (for example a theatre gown)

- elimination:

  - o assisting women when using the bathroom

  - o providing equipment to women who are bedbound:

    - bed pan

                    (GEC1, GEC6)

S2.11   Manage situations appropriately in which women cannot do things for themselves:

- delivering the delegated postnatal care plan:

  - o prioritising the care required based on the context of the delegated care plan

  - o routine (universal) care:

    - bathing

  - o risk-associated care:

    - observing dressings for infection

  - o identifying key factors that need to be taken into account when managing own time and workload

- asking and responding to questions in order to obtain informed consent prior to any care given:

  - o verbal/written

  - o providing information in a clear and unambiguous way

- asking and responding to questions in order to meet the needs of the woman

Types of support needed by mothers pre- and post-birth and why these may be needed

- take blood pressure, using the woman's calf, in situations following a caesarean section

- provide reassurance, safe woman-centred care and maintain privacy and dignity when providing assistance with anti-embolic stockings:
  - measuring the correct size:
    - diameter of calf and thigh
  - applying and removing anti-embolic stockings:
    - stretch over knee
    - remove wrinkles
    - turn inside out
    - pull down to remove

- interpreting and responding to non-verbal cues to provide reassurance and maintain privacy and dignity

                    (GEC2, GEC6, GMC10)

S2.12 Monitor urinary output:

- asking and responding to questions in order to obtain informed consent prior to any care given:
  - verbal/written
  - providing information in a clear and unambiguous way

- ensuring accuracy and precision when measuring and recording the urine output

- accurately recording measurements in the appropriate documentation

                    (GEC1, GEC6, GMC1, GMC5)

S2.13 Provide appropriate care for women post-operatively:

- asking and responding to questions in order to obtain informed consent prior to any care given:
  - verbal/written
  - providing information in a clear and unambiguous way

- assisting with:
  - monitoring wounds with dressings:
    - wound drainage (for example appearance, amount of fluid)
    - clean and dry
    - securely attached
  - mobility

- interpreting and responding to non-verbal cues to provide reassurance and maintain privacy and dignity

Types of support needed by mothers pre- and post-birth and why these may be needed	
	• applying and removing anti-embolic stockings (GEC1, GEC2) **S2.14 Take measurements for anti-embolic stockings:** • asking and responding to questions in order to obtain informed consent prior to any care given: o verbal/written • ensuring accuracy and precision measuring the leg to calculate the correct size: o diameter of calf and thigh (GEC6, GMC1, GMC2) **S2.15 Undertake physiological measurements as directed by the midwifery team:** • asking and responding to questions in order to obtain informed consent prior to any care given: o verbal/written o providing information in a clear and unambiguous way • assisting women with positioning and making reasonable adjustments when taking: o blood pressure: ▪ taking blood pressure using the woman's calf in situations following a caesarean section o body temperature o heart rate o respiratory rate o accurately recording measurements in the appropriate documentation (GEC1, GEC6, GMC5)

Performance outcome 3: Assist with the care of newborn babies by undertaking observations and measurements

Observations, screening and measurements of newborn babies	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K3.1 The purpose of carrying out screening tests on newborn babies:
 	
• physical examination:
 	
   o newborn and infant physical examination (NIPE)
 	
   o time after birth:
 	
      ▪ examination within 72 hours
 	
      ▪ 6 to 8 weeks of age
 	
   o parts of the body examined:
 	
      ▪ eyes
 	
      ▪ heart
 	
      ▪ hips
 	
      ▪ testes
 	
   o other physical checks:
 	
      ▪ reflexes
 	
      ▪ top to toe
 	
   o purpose:
 	
      ▪ detect conditions that may need further testing or treatment
 	
   o who can carry this out:
 	
      ▪ paediatricians
 	
      ▪ specially trained midwife
 	
• heel prick test (newborn blood spot test):
 	
   o purpose:
 	
      ▪ early treatment improves newborn health
	The student must be able to:
	
	S3.20 Carry out routine observations (including physiological measurements where appropriate) on newborn babies, as directed by the midwifery team:
	
	• cord care:
	
	   o monitoring:
	
	      ▪ ensuring cord clamp is secure
	
	   o identifying any signs:
	
	      ▪ infection
	
	      ▪ oozing puss
	
	      ▪ redness
	
	      ▪ prolonged bleeding
	
	• eye care:
	
	   o identifying any signs of infection:
	
	      ▪ discharge
	
	      ▪ redness
	
	      ▪ swollen eyelids
	
	      ▪ bump or swelling
	
	      ▪ tenderness
	
	• oral hygiene:
	
	   o identifying any signs of infections:
	
	      ▪ look for white spots that indicate thrush
	
	• checking stools:
	
	   o identifying any signs of infection:
	
	      ▪ blood in stools

Observations, screening and measurements of newborn babies

- prevent severe disability or death
- to determine if baby has rare but serious health conditions:
  - sickle cell disease
  - cystic fibrosis
  - congenital hypothyroidism
  - other inherited diseases
  - who can carry this out:
    - midwife
- hearing test:
  - hearing screeners
  - time after birth:
    - soon after birth
    - within first few weeks
  - purpose:
    - early treatment improves newborn health
  - who can carry this out:
    - audiologist

K3.2   The purpose of key modules within the NHS screening programme for antenatal and newborn babies to train healthcare professionals:

- foetal anomaly screening programme (FASP):
  - screening available to eligible women in England
  - screening for baby being born with foetal anomalies:
    - Down's syndrome
    - Edwards' syndrome
    - Patau's syndrome
- NIPE:

- discharge
- identifying any signs and symptoms of neonatal jaundice:
  - yellowing of the skin:
    - facial
    - trunk
    - eyes
    - limbs
  - dark, yellow urine:
    - using a urine chart to identify hydration level
  - pale-coloured stools
- speaking clearly and confidently when escalating any concerns to the appropriate practitioner within the midwifery team

(GEC2)

S3.21   Recognise any deviations from normal expected observations in newborn babies and report these to the midwifery team:

- body temperature:
  - demonstrating competence and confidence when using a digital thermometer
  - reporting any deviations outside the upper and lower boundaries between 36.5°C to 37.5°C
- respiratory rate:
  - accurately observing respiratory rate
  - reporting any deviations outside the upper and lower boundaries range of 30 to 60 breathes per minute
- heart rate:
  - demonstrating competence and confidence when using a stethoscope

Observations, screening and measurements of newborn babies	
- reduce morbidity and mortality of children born with congenital abnormalities - covers 4 screening elements of physical examination: - eyes - heart - hips - testes - newborn hearing screening programme (NHSP): - identifies babies who have permanent hearing loss as early as possible - infectious diseases in pregnancy screening (IDPS): - for all staff involved in the National Health Service (NHS) IDPS programme in England - cessation of rubella susceptibility screening - newborn blood spot (NBS) screening programme: - screens newborn babies for some rare but serious conditions to mitigate potential risks - causes, incidence, effects and treatment for each of the 9 conditions: - sickle cell disease (SCD) - cystic fibrosis (CF) - congenital hypothyroidism (CHT) 6 inherited metabolic diseases - sickle cell and thalassaemia (SCT) screening programme: - identifies those at risk of having a baby with inherited blood disorders:	reporting any deviations outside the upper and lower boundaries of 100 to 160 beats per minute (GMC1, GDC1)

Observations, screening and measurements of newborn babies	
- sickle cell disease (SCD) - thalassaemia major **K3.3** **The purpose and requirements to carry out a newborn hearing test:** - type of tests: - automated otoacoustic emission (AOAE) usually used for a first test, not always accurate: - background noise - fluid - temporary blockage in ear - automated auditory brainstem response (AABR) usually used for a second test: - placing sensors - using soft headphones - purpose of tests: - identifies babies who have permanent hearing loss as early as possible - parents can get the support and advice they need right from the start **K3.4** **Which physiological measurements can be routinely observed/measured in newborn babies and how they should be undertaken:** - body temperature: - body thermometer: - digital - correct position: - armpit - forehead - normal range: - between 36.5°C to 37.5°C - respiratory rate:	

Observations, screening and measurements of newborn babies

- o using observations/auscultation:
  - even rise and fall of chest to measure respiratory rate
- o normal range:
  - 30 to 60 breaths per minute
- o appearance:
  - blue hands and feet due to poor peripheral circulation
  - texture of skin
  - rashes and spots
- heart rate:
  - o normal range:
    - 100 to 160 beats per minute
  - o no gaps in heart rate to rule out missed beats when auscultating
  - o assessed by auscultation or palpation
- oxygen saturation:
  - o using an oxygen saturation monitor:
    - mainly used in a neonatal intensive care unit (NICU)
  - o normal oxygen saturation level is over 95%
  - o appearance:
    - blue hands and feet due to poor peripheral circulation
  - o mucus membranes:
    - inside the mouth and tongue
- other observations:
  - o muscle tone:
    - poor (for example floppy/limp)
  - o reflexes:
    - grasping and sucking

Observations, screening and measurements of newborn babies

- o sleeping/wakeful periods: ▪ waking up for feeding - o check for normal healthy weight using a scale - o urine output of babies: ▪ the number of wet nappies • importance of escalating any concerns to the appropriate practitioner within the midwifery team **K3.5 The purpose and how to perform routine observations for cord care on a healthy baby:** • purpose: - o monitoring: ▪ ensure cord clamp is secure • requirements: - o cleaning • observable signs of infection: - o oozing puss - o redness - o prolonged bleeding **K3.6 The purpose and how to perform routine observations for eye care on a healthy baby:** • purpose: - o monitoring • requirements: - o cleaning • observable signs of infection: - o discharge - o redness - o swollen eyelids	

Observations, screening and measurements of newborn babies	

o   bump or swelling
 	
      o   tenderness
 	
K3.7 **The purpose and how to perform routine observations for oral hygiene on a healthy baby:**
 	
    • purpose:
 	
      o   monitoring
 	
    • requirements:
 	
      o   cleaning
 	
    • observable signs of infection:
 	
      o   look for white spots that indicate thrush
 	
K3.8 **The purpose and how to perform routine observations from checking stools on a healthy baby:**
 	
    • purpose:
 	
      o   monitoring
 	
      o   different types of stools
 	
    • requirements:
 	
      o   cleaning
 	
    • observable signs of infection:
 	
      o   constipation
 	
      o   blood in stools
 	
      o   discharge
 	
K3.9 **How to recognise and when to report potential signs of neonatal jaundice:**
 	
    • signs and symptoms to escalate:
 	
      o   yellowing of the skin:
 	
          • facial
 	
          • trunk
 	
          • eyes
 	
          • limbs	

Observations, screening and measurements of newborn babies

- - dark, yellow urine
  - pale-coloured stools
- different types:
  - physiological jaundice
  - obstructed jaundice
- types of treatment:
  - phototherapy (light therapy)
  - exchange transfusion
- escalate concerns that require intervention to the appropriate practitioner in the MDT:
  - appearance of yellow tinge in baby lasting longer than 14 days

K3.10 Which equipment is used for taking measurements of newborn babies and how to maintain it:

- equipment:
  - infant scale to measure weight
  - tape measure to measure head circumference
- maintenance:
  - report faulty equipment to appropriate department
  - follow manufacturer's instructions

K3.11 The expected normal range of physiological states in newborn babies and how and when to report deviations:

- heart rate:
  - normal range (0 to 1 month old):
    - 100 to 160 beats per minute
  - when to report deviations:
    - escalate any observations outside the normal range to the midwifery team

Observations, screening and measurements of newborn babies	
- body temperature: - normal range: - between 36.5°C to 37.5°C - when to report deviations: - escalate any observations outside the normal range to the midwifery team - respiratory rate: - normal range: 30 to 60 breaths per minute - when to report deviations: - escalate any observations outside the normal range to the midwifery team - oxygen saturation: - normal oxygen saturation level is over 95% - when to report deviations: - escalate any observations outside the normal range to the midwifery team **K3.12　The principle steps and resuscitation techniques for neonates:** - ensure the area is safe: - check for hazards - check for responsiveness: - movement - tactile stimulation - check their breathing: - look for chest movements - listen at the nose and mouth for breathing sounds - feel for air movement on your cheek	

Observations, screening and measurements of newborn babies

- prepare for and carry out rescue breaths if breathing is irregular/infrequent:

  - head in the neutral position

  - lift the chin

  - inflation

  - ventilation

- chest compressions:

  - rate/technique

K3.13 The factors that need to be considered for applying first aid techniques to neonates:

- emergency situations that would require first aid:

  - fever

  - seizures

  - choking

- location and collection of emergency equipment

- access local policy for activating emergency procedures

Safety and security of mothers and babies in the maternity environment	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:

K3.14 The steps required to identify babies to ensure a safe and secure maternity environment for mothers and babies:
 	
- identification of babies:
 	
   o printed identity bands:
 	
     ▪ mothers last name
 	
     ▪ male/female (registered at birth)
	S3.22 Identify individual babies following local procedure:
	
	- correct checking of identification:
	
	   o checking for accurate application of security tag (not all trusts will have them)
	
	   o ensuring identification is correct:

Safety and security of mothers and babies in the maternity environment

- date of birth

- time of birth

- baby NHS or hospital number

- multiple births labelled (for example twins/triplets)

  o handwritten labels prior to any transfers (some trusts use printed versions)

  o importance of identity bands

  o importance of maintaining and storing documentation relating to care, in accordance with local guidance

  o importance of legal requirements for maintaining confidentiality and data protection

K3.15 The relevant security procedures and protocols that ensure a safe and secure maternity environment for mothers and babies:

- lone working:

  o local policy

  o national policy

- emergency contact

- discharge of babies

K3.16 The risks and threats to the safety and security of mothers and babies in the maternity environment:

- abductions

- abandonment

- cyber attack

- infection risks

- male/female (registered at birth)

- date and time of birth

- baby NHS or hospital number

- mothers last name

  o using correct spelling when writing out labels by hand before any transfers

  o maintaining and storing documentation relating to care, in accordance with local guidance

  o maintaining confidentiality and data protection, in accordance with legal requirements

(GEC3)

S3.23 Adhere to all local security procedures and protocols:

- adhering to procedures and protocols for:

  o lone working

  o emergency contact

  o discharge of babies

S3.24 Raise concerns in respect of any risks, threats or signs of abuse to ensure the safety of mothers and babies in the maternity environment:

- mother:

  o interpreting and responding to non-verbal cues to identify signs of domestic abuse:

    - bruises

    - lacerations

    - depression

    - anxiety

    - weight loss/gain

- baby:

Safety and security of mothers and babies in the maternity environment	

K3.17 **How to recognise possible signs of domestic abuse to ensure a safe and secure maternity environment for mothers and babies:**
 	
• depression
• low mood
• anxiety
• weight loss/gain
• bruises and lacerations
• frequent admissions:
   o frequent unsolicited visits to maternity units
 	
K3.18 **The importance of safeguarding to ensure a safe and secure maternity environment for mothers and babies:**
 	
• provide emotional support to parents
• signpost to financial advice
• offer advice and support
• follow organisational, local and national guidelines and policies:
   o RCOG
   o NICE
   o RCM
• process for reporting a disclosure
• importance of maintaining privacy and dignity
• recognise, monitor and report:
   o signs of substance misuse
   o domestic violence
   o escalate concerns to midwifery team and the MDT
	o interpreting and responding to non-verbal cues to identify any signs of unexplained marks:
	      ▪ bruises and lacerations
	
	• selecting different sources of information presented by mother and baby in order to escalate all risks, threats and domestic abuse:
	   o clearly explaining to the appropriate practitioner within the maternity team and MDT
	   o ensuring the privacy and dignity of mother
	   o following own responsibilities regarding safeguarding
	   o following process for reporting a disclosure
	   o responding to questions for clarification
	   o raising concerns to the appropriate practitioner within the maternity team and MDT and supporting these with relevant and persuasive arguments
	
	(GEC2, GEC5, GEC6)

Safety and security of mothers and babies in the maternity environment	

K3.19 The principles of current guidelines related to sudden infant death syndrome (SIDS):
 	
• current guidelines:
 	
   o do's and don'ts to help prevent SIDS
 	
• seek medical help if baby is unwell
 	
• support services for bereaved families
 	
K3.20 The factors that impact on the care of the dying and deceased mother and/or baby to ensure most appropriate care is provided:
 	
• pain management to relieve distress and discomfort
 	
• follow agreed care plan, with regular reviews
 	
• recognition of religious and cultural beliefs
 	
• recognition of policies and procedures around death
 	
• recognition of wishes regarding resuscitation and organ donation
 	
• recognition that care does not stop at point of death
 	
• provide care and support to the carer and family including emotional and practical bereavement support
 	
• adhere to national and local guidelines in relation to end of life care:
 	
   o NICE guidelines	

Occupational specialism – option C: Supporting the Mental Health Team

Knowledge and skills are set out side by side within their themed sections. The numbering is sequential throughout the performance outcome, from the first knowledge statement, following on through the skills statements. The 'K' and 'S' indicate whether the statement belongs to knowledge or skills.

Mandatory content:

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

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

Performance outcome 3: Promote mental wellbeing

Glossary

Multidisciplinary team (MDT)

A diverse group of professionals collaborating to undertake the appropriate medical treatment, care and/or support for an individual

Patient

A person receiving care, support or treatment

Scope of practice

Sets out the limits of responsibility and ensures individuals do not undertake work outside of training or competence

Scope of role

Range of activities, duties, or responsibilities that an employee is reasonably expected to carry out or fulfil within the remit of his or her job or position

Service user

A person receiving or using healthcare services

Therapeutic community

A participative, group-based approach to long-term mental illness, personality disorders and drug addiction. The approach is usually residential, with the clients and therapists living together, but increasingly residential units have been superseded by day units

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

Roles and responsibilities of the mental health team	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.1 **The range of different environments that mental health workers may be required to work in:**
 	
  • the community:
 	
    o individual's home
 	
    o GP practice
 	
    o community mental health team
 	
    o leaving care
 	
  • residential:
 	
    o supported living
 	
    o therapeutic community
 	
    o in patient unit
 	
    o adult day service
 	
  • away from home:
 	
    o rehabilitation unit
 	
    o hospitals
 	
  • in a specialist location:
 	
    o prison
 	
    o school/college/university
 	
    o armed forces
 	
K1.2 **The importance of considering the range of individuals who are receiving care and support with mental health conditions:**
 	
  • children's, young people's and adolescent's services:
	The student must be able to:
	
	S1.29 **Assist the mental health team with clinical interventions, working within scope of role, knowledge and responsibilities:**
	
	  • applying knowledge of working in a range of different environments:
	
	    o the community
	
	    o residential
	
	    o away from home
	
	    o in a specialist location
	
	  • consider the care and support required for individuals with a range of needs (for example learning difficulties, age)
	
	  • working alongside colleagues in mental health/multidisciplinary team
	
	  • working within the limitations of their role:
	
	    o must be trained to assist in carrying out clinical intervention
	
	    o must be competent to assist in carrying out clinical intervention
	
	    o must be permitted to assist in carrying out clinical intervention
	
	  • attending team briefings/meetings
	
	  • promoting the importance of mental and physical health
	
	  • promoting the importance of own wellbeing
	
	  • at all times ensuring they are:
	
	    o organising ideas logically and coherently

Roles and responsibilities of the mental health team	
- o attachment style (for example the ability to form relationships with care givers, feeling safe and secure) - o puberty (for example regulation of emotions and decision-making ability) - o sexuality and gender (for example sense of self, confidence and self-esteem) - working age adults: - o relationships (for example breakdown of relationship or bullying) - o loss of or change in role (for example parenthood, becoming a carer or losing job) - o bereavement (for example loss of parent, child, partner or friend) - older people's services: - o retirement - o cognitive or physical health decline (for example loss of independence) - o victim of abuse, assault or neglect **K1.3 The considerations when providing care and support to individuals with learning disabilities:** - understanding life events (for example births, deaths) - ability to communicate and express feelings and needs (for example changes in sexuality or mental health) - additional challenges linked to their disability (for example problems understanding finances or independent living) - physical problems (for example mobility issues)	- o giving explanations to others, both orally and in writing, in a clear and unambiguous way taking into account the level and experience of the audience and the purpose - o using appropriate grammar and choice of vocabulary and correct spelling and punctuation - o speaking clearly and confidently using appropriate tone, pitch and register that reflects audience and purpose (GEC1, GEC2)

Roles and responsibilities of the mental health team	

K1.4 The organisational structures, roles and responsibilities in the mental health/multidisciplinary team:
 	
• mental health nurse:
   o delivery of therapeutic care
   o builds therapeutic relationship with the individual
   o advocate for the individual during care
   o medication monitoring
   o medication administration
   o carries out risk assessments
   o carries out risk management
   o care co-ordination for the individual
   o record keeping
   o supports engagement in therapeutic activities
 	
• psychiatrist:
   o diagnosis of the individual
   o medication prescribing and advice
   o medication referrals
   o Mental Health Act assessments
   o therapeutic relationship with the individual
 	
• general practitioner (GP):
   o signposts to advice and support
   o supplies education and advice
   o prescribes medication
   o therapeutic relationship with the individual
 	
• support worker:
   o delivery of therapeutic care	

Roles and responsibilities of the mental health team	
- o therapeutic relationship with the individual - o advocates for individual during care - o carries out risk assessment - o carries out risk management - o record keeping - o supports engagement in therapeutic activities - psychologist: - o completes psychological assessment - o completes psychological formulation - o builds therapeutic relationship with the individual - o delivery of talking therapies - o carries out risk assessment - o carries out risk management - o record keeping - o completes research/audit activity - o delivers and receives clinical supervision - psychological therapist: - o therapeutic relationship with the individual - o delivery of talking therapies as part of treatment - o carries out risk assessment - o carries out risk management - o record keeping - o delivers and receives clinical supervision - pharmacist: - o supplies specialist knowledge of medications	

Roles and responsibilities of the mental health team	
- o dispenses medications to the individual - o educates and advises about medications • specialist teams: - o dietitian - o occupational therapist - o health psychologist - o child psychologist - o speech and language therapists - o physiotherapists - o forensic teams - o natural therapies - o specialist learning disabilities nurses **K1.5 Understand the limitations within the scope of their role when performing delegated tasks:** • duties: - o duty of care (for example CQC standards) - o safeguarding (safety of the individual and safety of staff, Care Act 2014, Mental Capacity Act 2005 plus Amendment 2019, Health and Care Act 2022) - o seek and action advice from healthcare professionals • scope of role and limitations: - o must be trained to carry out the delegated task - o must be experienced to carry out the delegated task - o must be permitted to perform the delegated task	

Roles and responsibilities of the mental health team	
K1.6 **The importance of working in partnership with support organisations (for example children's mental health teams, drug and alcohol services, housing teams, domestic abuse services):** • utilises team skills • ensures health and wellbeing of the individual • provides holistic care • ensures effective communication • supports efficient care planning and recording • improves the quality of the service provision **K1.7** **The importance of team briefings and debriefings/reflective practice:** • discuss team concerns (for example health and safety concerns, team stress levels) • discuss individual concerns (for example wellbeing, stress triggers) • informs wider team of any changes (for example changes in individual's treatment) • share relevant information (for example sharing best practice, changes in practice) • evaluation of treatment for the individual (for example therapeutic treatment, medication treatment) • discuss own or team additional training needs (for example de-escalation techniques, conflict management, changes to legislation, changes to policy and procedures)	

Roles and responsibilities of the mental health team	
K1.8 **The importance of mental and physical wellbeing for individuals with mental health conditions that will enable them to:** • function in society (for example maintain employment) • maintain healthy relationships (for example social contact, professional relationships, personal relationships) • complete daily tasks (for example personal hygiene, physical appearance, cooking a meal) • maintain a healthy work–life balance (for example working too many hours) • have a lower risk of disease or illness (for example heart disease, cancer, common colds) • develop coping strategies (for example dealing with stress, dealing with anxiety) • develop confidence (for example feeling good about self) **K1.9** **Approaches to protecting own mental health and wellbeing in the role of a mental health support worker:** • work within the limits of your own role • peer support • professional support network • regular updates to training • work–life balance	

Health and safety in mental health settings	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K1.10 The purpose of national guidelines and policies (for example the Mental Capacity Act 2005 plus Amendment 2019, Deprivation of Liberty Safeguards/Liberty Protection Safeguards) and the impact they have on interventions: - purpose: - protection of: - liberty and freedoms of the individuals - the individual - vulnerable individuals - care giver - wider public - organisation or trust - impact: - rights of people using services (for example appealing a detention under the Mental Health Act 2007) - giving formal or informal support (for example assessing an individual's capacity to consent to an intervention) - the role of advocacy (for example access to a person with specialist knowledge) **K1.11 The importance of adhering to local polices and service frameworks to ensure health and safety for all when providing support and care to individuals with mental health conditions:** - policies: - information governance - confidentiality	**S1.30 Adhere to national guidelines, current national and local policy and service frameworks for mental health when undertaking any care or support for individuals:** - complying with health and safety regulations - complying with safeguarding legislation - following national guidelines and policies (for example Mental Capacity Act 2005 plus Amendment 2019, Deprivation of Liberty Safeguards/Liberty Protection Safeguards) - when required, providing supporting documentation in different formats (for example electronic or handwritten) - selecting main ideas/key information from written text/oral discussions and summarising concisely (orally or in writing) in style appropriate to audience and purpose - using appropriate technical terms (GEC2, GEC4)

Health and safety in mental health settings

- o   lone worker

- o   whistleblowing

- service frameworks:

  - o   organisational structure

  - o   management structure

  - o   multidisciplinary working

  - o   referral pathways

K1.12   How the following risk factors could impact on health and safety in mental health settings:

- risk of harm to self:

  - o   deliberate self-harm:

    - ▪   cutting

    - ▪   burning

    - ▪   scratching

    - ▪   eating disorders

    - ▪   overdose

    - ▪   swallowing items

  - o   suicidality:

    - ▪   planning

    - ▪   methods

    - ▪   level of intent

    - ▪   imminence

    - ▪   ligatures

    - ▪   ingestion of foreign objects

    - ▪   intentional overdose

- risk of harm to others:

  - o   violence

  - o   aggression

  - o   arson

  - o   abuse:

Health and safety in mental health settings	
- physical - emotional - sexual - exploitation - financial - risk of being harmed by others: - vulnerability to abuse: - physical - emotional - sexual - exploitation - financial **K1.13 The range of triggers in risk management:** - change in circumstances: - relationship breakdown or conflict - increased isolation - loss - grief - change in sleep or physical health - financial change/concern - relapse: - substance misuse - physical health deterioration - mental health deterioration **K1.14 How the environment can have a positive or negative impact on the individual and associated risk assessment and management:** - overriding risks: - age - gender	

Health and safety in mental health settings	
- o vocation - o physical health - o substance misuse - o risk to self - o risk to others (for example wider public, vulnerable people) - o impulsivity - o discontinuation of medication - o history of abuse - o armed services - risks linked to condition: - o suicidal planning - o suicidal intent - o suicidal thoughts - o psychotic symptoms (for example hearing voices, command hallucinations, delusional beliefs and paranoia) - o cognitive deficits associated with psychotic symptoms (for example poor problem orientation/solving, poor concentration, disinhibition, jumping to conclusions and bias) - o self-harm - o impulsivity **K1.15 The contributing factors affecting risk and their responsibility to assess and manage these risks:** - current risk factors: - o immediate risk - o suicidal planning - o suicidal intent - o suicidal thoughts	

Health and safety in mental health settings

- o psychotic symptoms:
    - ▪ hearing voices
    - ▪ command hallucinations
    - ▪ delusional beliefs
    - ▪ paranoia
    - ▪ cognitive deficits associated with psychotic symptoms (for example poor problem orientation/solving, poor concentration, disinhibition, jumping to conclusions, bias)
- current level of distress
- level of hopelessness
- stressors
- diagnosis
- life events
- physical health
- substance misuse
- age
- gender
- race and/or ethnicity
- armed services
- vocation
- access to means
- risk to others (for example wider public, vulnerable people)
- historical risk factors:
    - o previous self-harm
    - o previous suicide attempts
    - o previous substance misuse
    - o previous convictions and forensic history
    - o history of abuse:

Health and safety in mental health settings	
▪ from others ▪ towards others • previous hospitalisation • previous therapeutic interventions • family history of suicide • family history of depression • impulsivity • discontinuation of medication • poor compliance/engagement **K1.16 How to implement risk prevention and reduction strategies when providing care and support to individuals with mental health conditions:** • suicide behaviours that challenge: - o restrict dispensing of medication to reduce risk of overdose - o distraction strategies to help manage suicidal thoughts - o manage access to other means of completing suicide - o encourage use of harm reduction techniques - o use empathy and compassion to understand what need the individual is trying to meet by engaging in such behaviours • substance misuse: - o promote harm reduction techniques - o reduce access • self-neglect: - o promote the activities of daily living - o attend healthcare appointments • violence and aggression:	

Health and safety in mental health settings	
o de-escalation techniques o breakaway techniques o restraint	

Developing long-term effective and sustained relationships with individuals	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.17   The importance of developing effective and sustained relationships with individuals when providing care and support to individuals with mental health conditions to:
 	
• promote access to care and support
 	
• build trust between the individual and the community
 	
• increase the likelihood of positive outcomes
 	
• further develop effective and responsive services
 	
K1.18   The range of strategies than can be used, to develop and maintain effective and sustained relationships with individuals:
 	
• build positive relationships and trust:
 	
   o   therapeutic alliance
 	
   o   unconditional positive regard
 	
   o   reflective listening
 	
   o   display of genuine empathy
 	
   o   person-centred care
 	
• consistency in care and communication
 	
• transparency
	The student must be able to:
	
	S1.31 Provide appropriate holistic care and support to individuals with mental health conditions, based on knowledge and within scope of role and where applicable ensure they:
	
	• listen actively to contributions of others (for example people's opinions, wants and needs)
	
	• encourage contributions from other participants (for example advocates, family and/or carer's)
	
	• involve individuals in the development of person-centred care plans (for example what is important, what works well, support required)
	
	• enable individuals to meet self-care needs (for example independence, partnership working)
	
	• support individuals to express their emotional needs (for example distress, anxiety)
	
	• share any concerns with others, (for example line managers, supervisors)
	
	• maintaining professional boundaries with service users and staff
	
	(GEC6)

Developing long-term effective and sustained relationships with individuals

- collaborative care
- respond to individual feedback
- acknowledge risks to the therapeutic alliance (for example possible sources of an alliance rupture, disagreements)
- implement boundaries when appropriate

K1.19 **The range of possible barriers, which may exist to prevent building and sustaining effective relationships and associated strategies to overcome them:**

- individuals' emotions, thinking and behaviour (for example fear, paranoia, aggressive behaviour)
  o ensure positive/clear communication
  o provide opportunity to discuss their feelings, thoughts and subsequent behaviours and acknowledge them
  o remain calm
  o provide reassurance
  o ask open-ended questions to keep dialogue going
- language (for example jargon, spoken language or accent):
  o use of interpreting services/translating services
  o speak slowly and clearly
  o frequently check for understanding
- culture:
  o awareness of and sensitivity to cultural differences
- differing expectations of support:
  o collaborative care planning
  o consistent approach

S1.32 **Assist with collaborative risk assessment and risk management with individuals with mental health needs:**

- supporting the development of risk assessments (for example risk of violence and aggression, self-harm, suicide)
- following risk assessments in place to ensure the safety of individuals, self and others
- reviewing and monitoring risk assessment as situations change
- utilising dynamic risk assessment

S1.33 **Involve carers and family members in the risk assessment and management process ensuring they:**

- interpret and respond to any non-verbal cues (for example body language, mood)
- use appropriate grammar and choice of words in oral speech
- avoid use of jargon or technical terms
- respond to questions from a carer or family member
- give explanations in a clear and unambiguous way, taking into account the level and experience of the carer or family member
- ensure any changes are reported (for example deterioration in mental or physical state, side effects from medication)

(GEC1, GEC2)

S1.34 **Implement prevention and risk reduction strategies when providing care and support to individuals with mental health conditions:**

- monitoring the use of substances (for example alcohol, drugs)

Developing long-term effective and sustained relationships with individuals

- negative previous experiences of care/help:

  o open communication about previous experience and their concerns

  o acknowledgement of expectations of the relationship and the boundaries within the relationship

- sensory disorders (for example speech, hearing or sight)

  o provide choice of communication aids or support that match the needs and preferences of the individual

K1.20 How mental health conditions may affect an individual's emotions, thinking and behaviour:

- emotions:

  o fear

  o panic

  o anxiety

  o sadness

  o anger

  o joy

  o hopelessness

  o hopeful

  o optimism

  o pessimism

  o irritability

- thinking:

  o worry

  o paranoia

  o critical thinking

  o unhelpful thinking styles

  o emotional reasoning

- ensuring medication is taken as required (for example correct dose and time taken)

- encouraging positive coping skills

- encouraging wellbeing activities (for example exercise, healthy diet)

- applying physical intervention

S1.35 Adopt approaches and techniques to ensure the protection of own mental health and wellbeing:

- recognising the need for 'time-out'

- using wellness action plans (WAPs)

- holding regular one-to-one supervisions

- discussing any support required (for example additional training needs)

- knowing where to go for additional support (for example counselling, GP)

S1.36 Overcome barriers that may exist to prevent building and sustaining effective relationships and make relevant and constructive contributions to move discussion forward:

- considering any negative previous experiences, and setting expectations of support:

  o discussing fears and concerns

  o acknowledgement of expectations of the relationship and boundaries within the relationship

  o using collaborative care planning

  o having a consistent approach

- communicating effectively and utilising specialism communication services where required:

  o avoiding use of jargon/slang (for example use non-clinical terminology)

Developing long-term effective and sustained relationships with individuals

- o catastrophising

- o jumping to conclusions

- behaviour:

  - o avoidance

  - o over dependence

  - o reassurance seeking

  - o poor engagement

  - o seeking attention

  - o intoxication

  - o behaviour that challenges:

    - aggression

    - challenging interpersonal communication

    - self-harm

K1.21 The importance of sources of additional support to build relationships with individuals:

- inclusion of carers, family or social network (for example help to normalise mental health problems)

- multidisciplinary working (for example sharing relevant information across services)

- guidance and support of peers and/or supervisors (for example sharing best practice)

- use of specialist services (for example cultural services, religious services, drug and alcohol services, equality, diversity and inclusion specialists)

- o using assistive technology and other communication aids where appropriate

- o referring to specialist services (for example sign language or translation services required)

- o using non-verbal communication (for example gestures to imitate actions such as eating or drinking)

- o using a quiet space, free from distractors

- o ensuring positive/clear communication and information sharing

- o using active listening

- o making relevant and constructive contributions to move discussion forward

- adjusting communication and support style to meet the cultural needs of the individual:

  - o promoting active involvement from the individual about their cultural requirements

- acknowledgement of the individual's mental health condition and responding appropriately to subsequent feelings, thoughts and behaviours:

  - o remaining calm

  - o providing reassurance

  - o providing opportunities to discuss thoughts, feelings and behaviours

(GEC1)

Developing long-term effective and sustained relationships with individuals	
K1.22 How attachment disorders may impact on developing effective and sustained relationships when providing care and support to individuals with mental health conditions: • secure (for example can form and maintain relationships) • preoccupied (for example emotionally dependent on others) • fearful/avoidant (for example low trust in self and others) • dismissive (for example self-reliant, problems trusting others)	**S1.37 Identify and respond to the possibility that mental health conditions may affect an individual's emotions, thinking and behaviour ensuring they:** • ask questions to test understanding • encourage contributions from other participants • listen actively to contributions of others (GEC1, GEC6) **S1.38 Recognise when additional support may be needed to build effective relationships with individuals, access and make use of this support ensuring they:** • encourage contributions from other participants • ask questions to test understanding • listen actively to contributions of others • seek additional training (for example conflict management) • access resources (for example communication aids) (GEC1, GEC6)

Strategies for developing enhanced communication skills	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.23 Why a range of strategies exist to communicate with individuals who have mental health conditions:
 	
• keep questions open ended:
 	
   o helps the individual open up
	The student must be able to:
	
	S1.39 Use a range of communication strategies that are appropriate to individuals with mental health needs:
	
	• verbal communication strategies:
	
	   o telephone

Strategies for developing enhanced communication skills

- allows the individual space to talk
- correct environment:
  - free of distractions
  - non-judgemental space
  - adequate lighting and ventilation
- listen carefully:
  - shows respect
  - repeat back to show understanding
- non-verbal communication strategies:
  - use of body language
  - facial expressions
  - space between communicators
- visual communication strategies:
  - signs and/or symbols
  - illustrations/pictures
  - web pages

K1.24 Communication can be either verbal or non-verbal and the strengths and limitations of both:

- verbal:
  - face-to-face communication
  - phone calls
  - video calls
  - presentations
- non-verbal communication:
  - body language
  - eye contact
  - personal space
  - facial expression
  - written or pictorial forms of communicating

- face to face
- video chat
- written communication strategies:
  - emails
  - reports/care plans
  - text
- non-verbal communication strategies:
  - use of body language
  - facial expressions
  - space between communicators
- visual communication strategies:
  - signs and/or symbols
  - illustrations/pictures
  - web pages

S1.40 Apply specific communication skills to build and sustain effective relationships with individuals with mental health needs, carers and other healthcare professionals within scope of role:

- communicating in a clear and unambiguous way, tailoring language and technical information to the audience
- selecting the most appropriate way of presenting data, using images and other tools (for example visualisations or infographics) to clarify complex information where applicable
- asking appropriate questions to test understanding based on the task required (for example use of probing questions to get information)
- actively or critically listening to the individual's contributions

Strategies for developing enhanced communication skills

K1.25 The impact of a range of barriers on communication in the mental health setting:

- conflicting opinions:
  - level of insight
  - care plans
  - hospital admission
- past experiences:
  - positive/negative experiences of interventions
  - breaches of confidentiality
  - traumatic experiences in life as an adult or as a child
- delusions
- hallucinations:
  - visual
  - auditory or verbal, which may include command hallucinations
- confusion:
  - physical health conditions
  - cognitive impairment
  - organic diagnosis
  - poor memory and concentration
- heightened emotions:
  - affects information processing
  - ability to retain information
  - ability to make decisions
- stereotypes and assumptions:
  - stigma
  - racism
  - cultural
  - misogyny or sexism

- responding to the individual's questions, using a tone and register that reflects the audience
- speaking clearly and confidently, using appropriate tone and register
- displaying appropriate body language (for example engaged, open)
- giving explanations to others, both orally and in writing
- using technical language correctly and other tools to aid understanding
- organising ideas logically and coherently
- responding to questions of individual
- applying routine skills with confidence and fluency to solve technical problems

(GEC1, GEC2, GEC3, GEC6)

S1.41 Proactively use appropriate communication strategies to manage behaviour that challenges and poses a risk to self, individuals or others:

- communication strategies:
  - reducing confusion and distress
  - addressing important needs (for example physical, medical, emotional, care needs)
  - providing reassurance to the individual
- using distraction techniques (for example offer a drink to rehydrate, offer a different environment)
- remaining calm
- using simple short sentences
- using any aids to communication
- using appropriate touch
- using appropriate grammar and choice of words in oral speech

Strategies for developing enhanced communication skills

- ethnocentrism or racial intolerance
- heteronormativity or belief in traditional gender roles
- medication:
  - side effects
  - beliefs about medication
  - compliance
- substance misuse:
  - intoxication
  - withdrawal
  - relapse
- environment:
  - noise
  - confidentiality and privacy
  - interruptions
- personality clashes:
  - too similar
  - too different
  - overfamiliarity
- unrealistic expectations:
  - timescales
  - outcomes
  - responsibilities
  - boundaries
- issues of power or control:
  - non-collaborative care
  - manipulation
  - individual's historical experiences
  - managing boundaries
  - response to authority figures

- interpreting and responding to non-verbal cues in style that reflects the type of communication
- providing the appropriate level of detail to reflect audience and purpose

(GEC2, GEC3)

S1.42 Observe and record an individual's verbal and non-verbal communication recognising how it may be relevant to the individual's condition ensuring they:

- participate in communication:
  - first meeting review
  - group sessions
  - individual support sessions
  - group intervention sessions
  - hospitalisation
- interpret and respond to non-verbal cues (for example agitation, fidgeting, pacing)
- select fact from opinion
- listen actively and record information accurately and concisely
- document all observations and conversations within the care plan
- report any concerns (for example severe agitation, threats of self-harm)

(GEC2, GEC4)

S1.43 Recognise when additional support may be needed to communicate effectively with individuals and how to access and make use of this support:

- requesting clarification where appropriate
- listening actively to contributions of others
- encouraging contributions from other participants and other members of the wider team:

Strategies for developing enhanced communication skills	
- cultural differences: - beliefs about treatment and support - presentation of symptoms - overload: - feeling overwhelmed - autism spectrum disorder (ASD) - specific mental health conditions (for example post-traumatic stress disorder PTSD) - organisational dynamics: - service demand - availability - resources	- use of interpreters - use of translators - use of equipment (for example picture cards, Makaton) (GEC4, GEC6)

K1.26 How to implement proactive approaches to manage individuals who demonstrate challenging behaviour when providing care and support to individuals with mental health conditions:

- hallucinations or suspicious thoughts/beliefs:
  - proactive approach:
    - display empathy for how difficult it must be to have these experiences and beliefs
    - supervision and clinical discussion with a senior clinician about how best to support the individual
    - provide information to the individual explaining their symptoms to improve insight and understanding following supervision from a senior clinician
    - explanation of support worker role in advance of the meeting to reduce suspicion and sense of threat

Strategies for developing enhanced communication skills	
- individual with withdrawn behaviour: - proactive approach: - initial appointment at home - contact between appointments to increase engagement - individual with low mood/depression: - proactive approach: - appointment at a time where the individual is more likely to engage - provide written material to help individual retain information - reduced length of appointments - show empathy and understanding for how difficult it must be - normalise experiences **K1.27** **Why individuals may require additional support when communicating with the mental health team and how to access and make use of this support:** - barriers to communication: - sensory impairment - mobility - location - individual requests - spoken language - literacy - learning disability - cultural expectations - additional support: - Skype - use of interpreter services - Braille	

Strategies for developing enhanced communication skills	
- sign languages - written - pictorial/visual - telephone	

Reporting and recording in mental health settings	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K1.28 The different ways of reporting and recording in mental health settings:** - incident reporting: - fill out local incident reporting form - inform (verbally or written) line manager - de-escalation: - record in clinical notes - fill out local incident reporting form - safeguarding: - report to correct safeguarding agency (child or adult) - inform local safeguarding team of incident and actions taken - self-harm/suicidal behaviours: - record method, severity, treatment needed and intent of actions - suicidal tendencies: - record in clinical notes - record daily in clinical notes - activities of daily living:	The student must be able to: **S1.44 Observe, record and report changes in the mental health of individuals when providing care and support and be able to select different sources to gather information for a particular purpose ensuring they:** - interpret and respond to non-verbal cues - select fact from opinion - follow note-taking conventions including when taking minutes/notes - listen actively and record information accurately and concisely - apply routine skills with confidence and fluency to solve technical problems (GEC2, GEC4) **S1.45 Observe, measure, record and report on physiological health of individuals receiving care and support:** - physiological measurements: - heart rate - oxygen saturation levels - blood pressure - body temperature

Reporting and recording in mental health settings	

o observation by staff, friends or family:
 	
  ▪ self-reported by the individual
 	
  ▪ record daily in clinical notes
	o weight
	
	o height
	
	o body mass index (BMI)
	
	• they must ensure they:
	
	  o use correct grammar, spelling and punctuation
	
	  o use images and other tools to clarify complex information
	
	  o use a style that reflects the type of communication and purpose (for example formal/informal/external communication/internal communication/creative/in response to a brief)
	
	  o understand the accuracy or precision that is required in measurement for a particular purpose
	
	  o apply routine skills with confidence and fluency to solve technical problems
	
	(GEC3, GMC1, GMC2)

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

Understanding of the main types of mental health conditions	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.1 **The symptoms of the main types of mental health conditions and how these conditions may affect an individual both positively or negatively:**
 	
• mood disorders:
   o depression and low mood:
     ▪ reduced motivation
     ▪ negative thinking style
     ▪ hopelessness
     ▪ helplessness
     ▪ suicidal ideation
     ▪ changes to diet
     ▪ changes to sleep
     ▪ self-harm
     ▪ poor hygiene
   o mania:
     ▪ high or euphoric mood for a prolonged period
     ▪ impulsive
     ▪ risk-taking
     ▪ reduced need for sleep
     ▪ poor concentration
     ▪ hallucinations or delusions
     ▪ sexual disinhibition
   o postnatal depression:
     ▪ reduced motivation
	The student must be able to:
	
	S2.6 **Assist the mental health team with clinical interventions relating to mental health conditions working within scope of role, knowledge and responsibilities:**
	
	• expressing ideas clearly and concisely
	
	• providing the appropriate level of detail to reflect audience and purpose
	
	• applying routine skills with confidence and fluency to solve technical problems
	
	(GEC3, GMC2)

Understanding of the main types of mental health conditions	
▪ negative thinking style ▪ hopelessness ▪ helplessness • personality disorders: ○ emotionally unstable personality disorder (EUPD) ○ dependent ○ narcissistic ○ avoidant ○ antisocial ○ histrionic ○ schizotypal ○ schizoid • anxiety disorder: ○ panic: ▪ acute physical responses (panic attacks) ▪ thoughts of dying or catastrophe ▪ safety behaviours ▪ avoidance ○ obsessive compulsive disorder: ▪ preoccupation with obsessive thoughts ▪ compulsive behaviours to manage anxiety related to obsessive thoughts ▪ belief that something bad will happen if you do not act, think or feel a certain way ▪ feelings of heightened responsibility ▪ safety-seeking behaviours ▪ avoidance	

Understanding of the main types of mental health conditions	
- social anxiety disorder: - fear of negative social evaluation - avoidance of situations that cause anxious feelings - safety behaviours - can occur with and without panic attacks - psychotic disorders: - first episode of psychosis: - hallucinations (for example visual, auditory, tactile, olfactory, gustatory) - delusional beliefs - paranoia - thought disorder (for example difficulties communicating or forming coherent thoughts) - thought broadcasting, thought insertion, ideas of reference - reduction in holistic functioning - drug-induced psychosis: - psychotic symptoms occur as the result of substance use and remain after the effects of the substance have ended - can resolve without the need for treatment within a few days once drug taking has stopped - eating disorders: - anorexia: - preoccupation with weight and appearance - BMI of less than 17 - high level of anxiety	

Understanding of the main types of mental health conditions	
- engages in forms of calorie restriction - attempts ways of burning calories (for example over-exercising, laxative use) - risk of medical complications (for example heart problems, amenorrhea) - changes to hair, skin and teeth - bulimia: - cycles of binging and purging - less likely to be underweight than in anorexia - feelings of guilt and shame - binge eating disorder: - periods of binge eating - more likely to be overweight - feelings of guilt and shame - substance-related disorders: - addiction: - physical dependence - psychological dependence - unable to stop - failing to carry out commitments due to use - withdrawal syndrome: - collection of physical or psychological symptoms triggered by stopping the use of a substance - substance specific - can be fatal - cognitive disorders: - dementia:	

Understanding of the main types of mental health conditions	
- progressive neurological condition - memory loss, confusion and impaired cognitive abilities - potential aggression - developmental disorders: - attention deficit hyperactivity disorder (ADHD) (affects attention, organisation and impairs functioning) - conduct disorder (patterns of antisocial behaviour in people under 18 years) - trauma: - complicated grief: - symptoms of grief persist over 2 years - ongoing difficulties managing symptoms of grief or avoidance of grieving - post-traumatic stress disorder: - occurs following a stressful or overwhelming situation in which a person's life, safety or physical integrity was at risk or perceived to be at risk - flashbacks - nightmares - hyperarousal and hypervigilance - difficulties with mood - avoidance and safety behaviours - sleep difficulties **K2.2** **The different classification systems used to understand mental health conditions:** - Diagnostic and Statistical Manual of Mental Disorders (DSM)	

Understanding of the main types of mental health conditions

• International Classification of Diseases (ICD)	

Understanding of treatment options for mental health conditions	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.3 The factors in choosing a particular treatment option for an individual:
• diagnosis
• duration of condition
• severity of symptoms
• previous treatment and its effectiveness
 	
K2.4 The strengths and limitations of the main interventions that can be used in the treatments of mental health conditions:
• therapeutic interventions (for example talking therapies – cognitive behavioural therapy (CBT), cognitive analytic therapy (CAT) and guided self-help, counselling)
   o strengths:
      ▪ very individual-centred and individualised
      ▪ flexibility in treatment delivery (for example face to face, telephone, video conferencing software, group settings, virtual reality or avatar)
      ▪ can be delivered by non-medical professionals (for example counsellors, psychological therapists)
   o limitations:
	The student must be able to:
	
	S2.7 Assist registered practitioners with therapeutic interventions, working within scope of role, knowledge and responsibilities:
	• applying knowledge of mental health conditions and treatments
	• where applicable asking and responding to questions for clarification
	• collecting, generating or identifying data
	• helping to establish immediate care needs
	• supporting with medication
	• signposting to social prescribing
	• helping with talking therapies:
	   o CBT
	   o CAT
	   o guided self-help
	   o counselling
	• promoting a care programme approach (CPA)
	• helping with psychodynamic therapy
	• supporting with psychosocial interventions for psychoses
	• guidance in family therapy or family systems therapy sessions

Understanding of treatment options for mental health conditions

- requires higher level of motivation from the individual
- therapies available depend on specific staff skills
- waiting lists

• medication (for example antidepressants, antipsychotics, mood stabilisers, minor tranquilisers):

   o strengths:
   - can be given in conjunction with other therapies
   - wide range of options and delivery methods (for example tablet, liquid or injection)
   - can have a rapid onset and rapid results

   o limitations:
   - requires a doctor or non-medical prescriber to commence and monitor
   - possible side effects
   - potential risk (for example overdose, dependency, addiction, withdrawal)

• support from charitable organisations (for example, Mind, Samaritans):

   o strengths:
   - can be easily accessed (for example online, phone call, meeting)
   - does not need to be prescribed
   - specific to individuals' group need
   - may have less rigorous monitoring

   o limitations:
   - not delivered within organisational policies and procedures

(GEC6)

S2.8 Assist registered practitioners to implement strategies to support individuals with mental ill health, ensuring the communication style reflects the type of communication and purpose:

• anger management support strategies:

   o helping the individual to understand anger triggers
   o promotion of relaxation techniques
   o promotion of countdown techniques
   o removing themselves from the situation

• suicidal thoughts strategies:

   o promotion of breathing techniques
   o removing themselves from dangerous areas or situations contacting support services
   o speaking to someone they trust
   o avoiding drugs and alcohol
   o safety plan

• preparation for treatment:

   o medication
   o talking therapies
   o support programmes:
   - AA
   - 12 steps
   - for drug addiction
   o group therapy
   o classes:
   - anger management
   - anxiety
   - stress

Understanding of treatment options for mental health conditions	

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- potential lack of confidentiality in a group setting

- requires participation from the individual (for example public speaking, talking about experiences in a group setting)

K2.5　Their role supporting the mental health team, the benefits of early interventions when working with individuals:

- improves long-term prognosis

- reduces severity of presentation

- reduces length of treatment

- may change diagnosis (for example low mood not developing to clinical depression)

- allows people to maintain their current lifestyle more easily (for example social, economic, relationships)

- reduces hospital admissions

- reduces chronicity of mental health concern

- speedier return to wellness and resuming previous trajectory of life

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- o medical supervision

- o complementary therapies

- o recreational groups

- o guided self-help

- o Eye Movement Desensitisation and Reprocessing (EMDR)

- o educational groups

S2.9　Adhere to national guidelines, current national and local policy and service frameworks for mental health when undertaking any delegated tasks:

- complying with health and safety regulations

- complying with safeguarding legislation

- following national guidelines and policies (for example Mental Capacity Act 2005 plus Amendment 2019, Deprivation of Liberty Safeguards (DoLS))

- when required, providing supporting documentation in different formats:

  - o using correct grammar, spelling and punctuation

  - o selecting main ideas/key information from written text/oral discussions and summarising concisely (orally or in writing) in style appropriate to audience and purpose

  - o using appropriate technical terms

　　　　　　　　　　(GEC2, GEC3, GEC4)

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Performance outcome 3: Promote mental wellbeing

Promote mental wellbeing	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:

The student must understand:

K3.1 Characteristics that make up an individual's mental wellbeing and the differences between them:

- characteristics that make up a person's wellbeing:
  - social factors (for example education, income, where you live)
  - physical factors (for example engaging in physical activities, illness, disease or injury)
  - emotional factors (for example self-respect, self-esteem, being able to regulate and express emotions)
- factors that contribute to the characteristics of wellbeing:
  - feelings of being safe
  - sense of purpose and/or role
  - sense of self
  - feelings of confidence
  - attending to activities of daily living (ADL)
  - flexibility of thinking
  - ability to cope with adverse events
  - perception of physical health
  - ability to interact with others

K3.2 The different types of mental health conditions:

- mood disorder (for example bipolar, seasonal affective disorders)

The student must be able to:

S3.12 Assist the mental health team to carry out clinical interventions relating to mental wellbeing working within scope of role, knowledge and responsibilities:

- considering characteristics of an individuals' wellbeing (for example social, physical and emotional factors):
  - adapting support/communication style to meet individual needs
  - promoting active involvement from the individual
- communicating effectively:
  - ensuring positive/clear communication and information sharing
  - using active listening
  - asking questions to test understanding
  - organising and recording information logically and coherently
- promoting sense of purpose/confidence/resilience:
  - providing reassurance
  - building an effective relationship
  - setting realistic, achievable and measurable goals
  - expressing unconditional positive regard
- promoting a safe environment:
  - building trust
  - giving the individual space to talk without judgement

Promote mental wellbeing

- anxiety disorders (for example generalised anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder)

- personality disorders (for example paranoid, antisocial)

- psychotic disorders (for example schizophrenia, psychosis)

- eating disorders (for example bulimia, anorexia)

- attachment disorders (for example reactive attachment disorder, disinhibited social engagement disorder)

K3.3   The student must understand factors that can influence the mental wellbeing for different groups:

- different groups:

  o younger people (up to the age of 18)

  o working age adults (aged between 18 to 65)

  o older people (over the age of 65)

  o prisoners

- influencing factors:

  o the need to develop and maintain new relationships (for example friendship or sexual relationships)

  o becoming more independent (for example moving jobs or house)

  o healthy sexual interactions (for example consensual sex, safe sex)

  o poor work–life balance (for example healthy balance between work and non-work activities)

  o sleep hygiene (for example getting enough sleep)

  o providing person-centred care

(GEC1)

Promote mental wellbeing	
- diet and exercise (for example regular exercise and healthy eating) - changes in status (for example marriage, children, promotion) - coping with loss (for example loss of family member, loss of friend, loss of spouse or partner) - changing roles (for example position in career, from carer to being cared for) - social isolation (for example not seeing friends or having a strong friendship group) - physical health (for example regular exercising within means) - rehabilitation or recovery (for example from addiction, from a physical disability, from a mental health condition) **K3.4 The different factors that help to identify individuals at risk of poor mental wellbeing:** - severe or long-term stress - drug and alcohol misuse - unemployment or losing job - social isolation or loneliness - homelessness or poor housing - social disadvantage, poverty or debt - experiencing discrimination and stigma **K3.5 Examples of good practice in dealing with those at risk or with poor mental wellbeing:** - gather accurate and detailed information - active listening - non-judgemental approach - open and honest conversations	

Promote mental wellbeing	
- remain person-centred (what matters to the individual) - think holistically - record accurately - respond to risk information - work collaboratively with the individual - report risks issues in line with local and national policies and procedures - consider safeguarding - seek advice if needed	

Strategies to promote mental wellbeing	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K3.6 The needs of people with mental ill health and those supporting them at key life stages or transitions (for example when they first develop mental health problems, if they go into psychiatric care, care over the long-term):** - normalise symptoms - signpost to relevant documentation (for example handbooks, leaflets) - de-stigmatise condition or symptoms - signpost to relevant support services (for example community teams, therapist, support groups) **K3.7 How mental ill health can impact on their life, family, friendships, ability to work and participate actively in society:** - the need to take time off work to recover:	The student must be able to: **S3.13 Assist registered practitioners to implement appropriate and individual strategies to promote mental and physical wellbeing, ensuring they:** - provide guidance on the building of the individual's self-efficacy to manage their own treatment - provide clear information about an individual's care team (for example care team members' names, telephone numbers, address, opening hours) - provide details of the relapse prevention plan: - printed copy given to the individual - copy shared with family (if the individual consents) - collaborative

Strategies to promote mental wellbeing	
- the need to change career or job (for example unable to work shifts or operate heavy machinery due to sedating medication) - unable to maintain friendships: - lack of motivation - anxiety - unreliability - changeable mood - difficulties attending social occasions - feeling of stigma about the illness: - keeping it a secret - shame - societal and cultural beliefs about the illness - changes to family dynamics: - children becoming carers - difficulties managing transitions during periods of ill health (for example adolescents/young adults wanting more independence when parents may need to monitor treatment adherence) - financial instability: - being unable to work and earn money - costs of travelling to hospital - debt (for example gambling whilst in a manic state) - difficulties in maintaining stable accommodation - changing accommodation: - moving away from social support - losing friendships due to distance	- individualised - discuss relapse indicators and agree an action plan - offer family therapy - signpost to information (for example book, blogs, websites, carers centres) - give crisis support information (for example useful telephone numbers, where to go for help) - discuss medication (for example safe storage procedures, prescriptions and delivery from the pharmacy, medication boxes) - ensure the route back into treatment is clear and accessible - promote relaxation techniques - understand anger triggers - discuss medication - support with anxiety techniques - support with money management - support with social interactions - support with healthy lifestyle (for example healthy diet) - support with exercise and fitness **S3.14 Use and promote a recovery-based approach for individuals with mental health conditions, ensuring they:** - use appropriate grammar and choice of words in oral speech - interpret and respond to non-verbal cues - use a style that reflects the type of communication - provide the appropriate level of detail to reflect audience and purpose

Strategies to promote mental wellbeing

o feeling unsafe or less safe

K3.8 Different coping strategies and skills that can be used by the individual:

- talking to others

- writing down thoughts

- thought challenging

- distraction techniques

- mindfulness techniques

- meditation techniques

- exercise

- specific deliberate self-harm reduction techniques:

  o ice cubes

  o elastic bands

  o drawing on body with red pen

  o buddy box – a box with things to do, positive reminders (for example a colouring book, herbal teas, stress ball, photo of loved one/pet, favourite CD, magazine)

  o safety plan

K3.9 The different sources of specialist support available to individuals:

- peer support

- recovery colleges

- specialist mental health teams:

  o early intervention in psychosis (EIP)

  o community treatment teams (CTT)

  o child and adolescent mental health services (CAMHS)

  o drug and alcohol services

  o psychologists

(GEC2, GEC3)

S3.15 Use an appropriate approach to support individuals and/or carers/families to manage the individual's condition:

- making relevant and constructive contributions to move discussions

- adapting contributions to discussions to suit audience and purpose

- responding to questions/feedback using a style that reflects the type of communication

(GEC6)

S3.16 Promote a recovery-based and holistic approach enabling the individual to manage their condition, including coping strategies and skills, ensuring they:

- make relevant and constructive contributions to move discussion forward

- adapt contributions to discussion to suit audience and purpose

- promote coping strategies and skills:

  o talking to others

  o writing down thoughts

  o thought challenging

  o distraction techniques

  o mindfulness techniques

  o meditation techniques

  o exercise

(GEC6)

Strategies to promote mental wellbeing

o equipment and communication aids (for example translating and interpreting services, Makaton, picture exchange communication system (PECS), communication boards)

o psychiatric liaison

o speech and language therapy (SALT)

o occupational therapy

o advocacy services

o chaplaincy

o talking therapies

o autism service

o learning disability services

K3.10 What a recovery-based and holistic approach when supporting individuals involves and the advantages:

- considers the needs of the person as a whole (for example mental, physical, social, emotional, financial, environmental, spiritual)

- individualised (for example individual needs are met, every person's idea of recovery is different)

- collaborative goals can be set

- progress towards goals is regularly reviewed

- recovery from mental ill health is the focus of the care

- a good management plan can help to get things back on track following a setback or relapse

K3.11 How to support carers and their families to manage the individual's condition:

- build individual's self-efficacy to manage their own treatment:

S3.17 Take an active approach in supporting and empowering the individual to actively participate in society and manage their condition, including during change and transitions, recognising the impact of mental ill health on themselves and/or carers/families:

- listening actively and recording information accurately and concisely

- interpreting and responding to non-verbal cues

- asking questions to test understanding

- supporting the individual to manage their condition during change and transitions, recognising the impact of mental ill health on them and others:

  o loss and grief

  o becoming a parent

  o changes in physical health

  o changes in emotional health

  o changes in employment (for example promotion, loss of job)

  o moving (for example out of home, care)

  o pregnancy

  o prison sentence, release from prison

  o work support, work training

  o divorce

  o leaving a domestic violence situation, abusive relationship

  o family conflict

  o environment changes (for example from home to hospital)

(GEC1, GEC2, GEC4)

Strategies to promote mental wellbeing	
- o provide clear information about the individual's care team (for example care team members' names, telephone numbers, address, opening hours) - provide details of the relapse prevention plan: - o printed copy given to individual - o copy shared with family (if individual consents) - o collaborative - o individualised - discuss relapse indicators and agree an action plan - offer family therapy - signpost to information (for example books, blogs, websites, carers centres) - crisis support information (for example useful telephone numbers, where to go for help) - medication (for example safe storage procedures, prescriptions and delivery from the pharmacy, medication boxes) - ensure the route back into treatment is clear and accessible	

Occupational specialism – option D: Supporting the Care of Children and Young People

Knowledge and skills are set out side by side within their themed sections. The numbering is sequential throughout the performance outcome, from the first knowledge statement, following on through the skills statements. The 'K' and 'S' indicate whether the statement belongs to knowledge or skills.

Mandatory content:

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

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

Performance outcome 3: Support parents, families and carers to meet the needs of the children and young people

Glossary

Duty of care

A legal obligation to always act in the best interest of individuals and others – do not act or fail to act in a way that results in harm; act within your competence and do not take on anything you do not believe you can safely do

Family-centred care

A collaborative approach to decision making involving the family and one or more healthcare professionals or agencies

Multi-agency

The collaboration of several separate healthcare agencies

Multidisciplinary teams (MDT)

A diverse group of professionals collaborating to undertake the appropriate medical treatment, care and/or support for an individual

Patient

A person receiving care, support or treatment

Person centred

Focussing care on the needs, values and preferences of the individual and ensuring any clinical decisions are guided by these needs, values and preferences

Proxy consent

The process that authorises a person to make decisions on behalf of a child, young person, or an adult at risk, who is unable to consent to a medical intervention due to their age or lack of intellectual maturity

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

Guidelines, legal policy and service frameworks for children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.1 **The purpose of the guidelines, legal policies and service frameworks and how they relate to assisting with clinical tasks and treatment for children and young people:**
 	
• the Children Act 1989/2004:
 	
   o purpose:
 	
     ▪ to provide parameters for local authorities to have improved official controls over any interventions in the best interest of children and young people
 	
   o its relevance when assisting with clinical tasks:
 	
     ▪ the duty of safeguarding children and young people
 	
   o what was included in the update:
 	
     ▪ clear guidelines on how a child should be protected and taken care of by law
 	
     ▪ clarification on parental responsibility
 	
     ▪ encouragement to services and organisations to work in partnership with parents
 	
     ▪ reinforcement that all people and organisations involved with children have safeguarding responsibilities
 	
   o reason the act was updated:
 	
     ▪ the act was revised mainly as a consequence of the Victoria Climbié case
	The student must be able to:
	
	S1.17 **Adhere to current legal policy and service frameworks when assisting health professionals with clinical tasks for children and young people by:**
	
	• reading applicable text and using appropriate sources to apply into workplace practices:
	
	   o demonstrating compliance with health and safety regulations
	
	   o demonstrating compliance with the Children Act 1989/2004
	
	   o demonstrating compliance with the Mental Capacity Act 2005 plus Amendment 2019 (in relation to children and young people)
	
	   o demonstrating compliance with safeguarding legislation in relation to children and young people (for example escalating any safeguarding issues identified)
	
	   o compliance with national standards (for example NHS standards)
	
	• adherence to the NHS values:
	
	   o working together for individuals
	
	   o respect and dignity
	
	   o commitment to quality of care
	
	   o compassion
	
	   o improving lives
	
	   o everyone counts

Guidelines, legal policy and service frameworks for children and young people

- the Mental Capacity Act 2005 plus Amendment 2019 (in relation to children and young people)
  - o purpose:
    - to provide a framework stipulating who must be consulted in the decision-making process and when
  - o the rights of children and young people at different ages:
    - the act only applies to young people aged 16 or over as it is assumed from this age that young people have capacity to make decisions about their health and wellbeing
  - o its relevance when assisting with clinical tasks:
    - from the age of 16, unless they lack capacity, young people have the right to:
      - consent to, or refuse, clinical treatment (for example R v Cambridge Health Authority ex parte B)
      - refuse parents the right to access their medical record (for example Gillick test of competence/Fraser guidelines)
      - deny a clinician consent to share information with their parents (for example Gillick test of competence/Fraser guidelines)
  - o some young people, such as those with mental health issues, learning difficulties or brain injury, are considered to be lacking capacity

- adhering to guidance on the rights of the child or young person at different ages
- adhering to legal policy on consent and proxy consent
- parental responsibility
- acting in the child or young person's best interests

(GMC5)

Guidelines, legal policy and service frameworks for children and young people	

K1.2 The various rights of children and young people:
 	
• United Nations Convention on the Rights of the Child (UNCRC) 1989 (for example life survival and development and how this relates to the ability to consent to treatment)
 	
• how rights change at different ages:
 	
   o pre-cognitive decision making:
 	
      ▪ by parent or legal guardians (for example Alder Hey v Evans (2018) EWHC 308 (Fam), Great Ormond Street Hospital v Yates (2017) EWHC 972 (Fam) and Kings College Hospital NHS Foundation Trust v Thomas (2018) EWHC 127 (Fam))
 	
   o adolescents and young people:
 	
      ▪ have more influence on the management of their treatment (for example R v Cambridge Health authority ex parte B)
 	
K1.3 The key principles of safeguarding children and young people:
 	
• the paramountcy principle:
 	
   o the welfare of the child comes first
 	
• the 4 guiding principles from the early years foundation stage (EYFS):
 	
   o a unique child
 	
   o positive relationships
 	
   o enabling environments
 	
   o learning and development
 	
• the principles of safeguarding set out by the Children Act 1989/2004:
 	
   o allowing children to remain safe in their environments	

Guidelines, legal policy and service frameworks for children and young people	
- o promoting the welfare of children - importance of early intervention to protect children and young people - safeguarding is the responsibility of all practitioners involved in the care of children and young people **K1.4 How national safeguarding policy informs local ways of working:** - national (for example Working Together to Safeguard Children 2018, the national safeguarding review panel): - o duty of care responsibility for all those working in children and young people clinical settings - o actions taken to protect children and young people from harm - local (for example safeguarding boards, work-based child protection policies): - o duty of care for all those working with children and young people in inclusive universal clinical settings - o actions taken to protect children and young people from harm **K1.5 The importance of gaining valid consent when assisting with clinical tasks and treatment for children and young people, including when it is appropriate to gain proxy consent:** - the importance of gaining valid consent: - o protects the child or young person's rights against unwanted medical interventions (for example Gillick consent/Fraser guidelines) - o safeguards the child or young person's rights to autonomous decision making around medical interventions and clinical tasks (for	

Guidelines, legal policy and service frameworks for children and young people	
example Gillick consent/Fraser guidelines) o removes the risk of patient violation • when is it appropriate to gain proxy consent: o when a parent or guardian has considered what the child or young person would consent to if they were able to **K1.6 What is meant by parental responsibility, and how this relates to supporting clinical tasks:** • meaning of parental responsibility: o the legal term for the rights, responsibilities and authority a parent has for a child or young person • how parental responsibility relates to supporting clinical tasks: o responsibility to decide whether or not a child has medical treatment o parents have a statutory right to access the health records of their child, but children who are mature enough need to be asked prior to parents seeing their record o not all parents have parental responsibility **K1.7 What is meant by 'acting in the best interests' of children and young people and how this relates to supporting clinical tasks:** • principle of acting in the child or young person's best interests: o all decisions are made with the aim of encouraging the child's happiness, security, mental health and emotional development	

Guidelines, legal policy and service frameworks for children and young people	
- how acting in the child's best interest relates to supporting clinical tasks: - may influence a parent's decision in whether or not a clinical assessment or medical intervention takes place - ensures the parent considers the long-term positive and negative impact of any medical interventions on the child or young person's development	

Routine clinical tasks most relevant for children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K1.8 How routine clinical tasks are used to support the overall care and wellbeing of children and young people, in a range of different settings, for the following areas:** - nutrition and hydration: - weighing of the child or young person: - to ensure they fall within expected parameters - to remain vigilant to any concerns (for example safeguarding issues or underlying health concerns) - specimens collected to conduct nutritional assessments: - faecal - urine - appearance of child or young person inspected for indicators of poor nutrition and hydration:	The student must be able to: **S1.18 Carry out delegated clinical tasks for children and young people, including clinical assessments by:** - collecting data through taking physiological measurements, ensuring the accuracy and precision required is met through use of correct equipment and procedure: - weight - height - temperature - blood pressure - width measurement - respiration rate - heart rate - oxygen saturation level - using tools for clinical assessment to identify measurements outside of normal

Routine clinical tasks most relevant for children and young people

- tone of the skin for elasticity (for example pinch test)

- the fontanelle (infants) for signs of dipping

- check whether eyes appear sunken

- check condition of hair (for example does it appear dry/brittle)

  o where nutrition and hydration are considered crucial to child or young person's care or current health records, nursing assessment records are kept for:

  - fluid input/output in 24-hour period to identify deficiencies (for example fluid balance chart)

  - types/amounts/times food and drink are consumed by child or young person to ensure they meet a balanced nutritional diet (for example food diaries)

- physiological measurements:

  o check and record measurements (for example observation charts):

  - height

  - weight

  - temperature

  - blood pressure

  - width measurement

  - respiration rate

  - heart rate

  - oxygen saturation levels

  o use tools to identify anything outside of normal range:

  - body mass index (BMI)

  - completing growth charts

range considering upper and lower bounds:

  o body mass index (BMI)

  o growth charts

  o PEWS

- collecting and testing of specimens:

  o urine samples

  o faecal samples

- monitoring and recording fluid intake/outputs with accuracy:

  o recording fluid input/output on a fluid balance chart

  o calculating the fluid balance

  o recognising the positive and negative fluid balances indicators:

  - positive (for example could indicate an issue with kidneys) more fluid is being taken in than is being expelled

  - negative (for example could indicate diabetes) more fluid is coming out than is going in

- using technology effectively across a range of commonly used devices (for example digital blood pressure monitor and pulse oximeter)

- supporting with tissue viability risk assessments and correctly applying a simple wound dressing as required:

  o following infection control procedures:

  - using correct handwashing/hand hygiene techniques

  - correct use of PPE

  - correct use of waste disposal

Routine clinical tasks most relevant for children and young people	
- paediatric early warning system (PEWS) - bowel and bladder care and assessment: - bowel care and assessment: - collection of faecal samples to check for signs of ill health (for example colour/consistency) - listen for the presence of bowel sounds (for example using a stethoscope) - medication provided to support bowel movement - bladder care and assessment: - collection of urine samples to indicate signs of dehydrations or ill health (for example colour to indicate hydration levels or tested for signs of infection) - mental health assessment and encouragement of mental wellbeing: - mental health assessment: - interact with the child or young person - assesses levels of engagement (for example a child or young person with mental illness may be less likely to engage) - escalate any signs of mental ill health - signpost child, young person, their parent or carer to mental health services where appropriate (for example child and adolescent mental health services (CAMHS)) - mental health wellbeing:	- correct use of cleaning and disinfection techniques - positioning child or young person correctly prior to application of wound dressing - cleaning and sterilising the wound prior to dressing - selecting the correct size dressing appropriate to the wound - applying dressing using correct techniques - dietary planning: - signposting to or offering a variety of culturally appropriate foods considering (for example halal, vegan): - balance - moderation/portion control - variety - nutritional value - sufficiency appropriate to age/size of the child or young person - accurately calculating required calorie intake - using food diaries to capture food intake and review plans - identifying/recording any signs of poor nutrition and hydration: - checking appearance of child or young person for visible indicators - promoting adequate nutrition and hydration: - using tools to provide dietary advice and guidance to child, young person, their parent or carer (for example healthy eating plate/5 A Day)

Routine clinical tasks most relevant for children and young people

- encourage participation (for example social activities)
- signpost child, young person, their parent or carer to community projects/groups or services that have positive impacts on mental wellbeing

- mouth care:
  - visual assessment of general condition
  - support with and encourage general oral hygiene:
    - tooth brushing advice
    - guidance on the risk of consuming sugary foods/drinks
  - signpost child, young person, their parent or carer to wider network of service:
    - dentist
- condition of skin:
  - visual observations and test of skin condition:
    - appears a healthy uniform colour
    - check for lesions
    - check for rashes including blanching test
    - check for abrasions
- condition of nails:
  - visual observation:
    - uniform texture
    - check they have not become brittle
    - check for signs of bleeding or swelling

(GMC1, GMC2, GMC5, GDC1)

S1.19. Support risk assessments for children and young people and escalate where appropriate by:
- effectively carrying out an individual risk assessment where delegated:
  - identifying the risks:
    - moving and handling
    - slips, trips and falls
    - challenging or aggressive behaviours
    - burns or scalds (water and hot surfaces)
    - equipment such as bed or bed rail (for example climbing, jumping, getting stuck)
    - infection (for example COVID 19)
    - self-harm
  - evaluating the risk and establishing suitable precautions
  - recording findings
- reading, understanding and synthesising assessment findings (for example fluids, food and nutrition intake), escalating where appropriate
- reporting findings to relevant person within the organisation

(GEC5)

Routine clinical tasks most relevant for children and young people	

■ check for signs of thickness or thinning of nails
 	
   ● condition of hair:
       ○ visual observation:
          ■ distribution (for example there are no areas without growth)
 	
K1.9   **How to use effective communication skills and techniques when carrying out all routine clinical tasks in supporting the overall care and wellbeing of children and young people in a range of different settings:**
 	
   ● listening skills:
       ○ display active listening skills
   ● non-verbal communication skills:
       ○ use appropriate body language (for example get down to their level when talking to the child or young person)
       ○ use appropriate facial expressions
       ○ use appropriate gestures
   ● verbal communication skills:
       ○ provide clear explanations and the opportunity for the child or young person to ask questions
       ○ adapt communication style where required
       ○ discuss one topic at a time to aid understanding and digestion of information
       ○ use simple language to ensure understanding
       ○ maintain appropriate boundaries
   ● written communication skills:
       ○ provide age appropriate written brochure/documents/books	

Routine clinical tasks most relevant for children and young people	
- visual communication skills - picture exchange communication, using appropriate images to convey the message **K1.10** **The purpose of reasonable adjustments and a range of ways they can be applied for children and young people in the health setting:** - purpose of reasonable adjustment: - removes barriers to ensure clinical tasks can be carried out with ease - reduces the barriers to receiving effective care - enables the clinical task to be carried out effectively - application of reasonable adjustment for children and young people: - verbal and non-verbal communication (for example interpreter, Makaton) - physical (for example wheelchair ramp, adjustable bed) **K1.11** **How the collection of specimens and undertaking of a child or young person's observations supports the range of risk assessments and clinical assessments undertaken by registered professionals:** - Braden risk assessment: - assesses skin integrity in terms of likelihood of a patient developing a pressure ulcer - supported by the observation of skin moisture levels and response to mild pressure being applied - Bristol stool scale: - assesses health in relation to stool type, using 7 types of stools	

Routine clinical tasks most relevant for children and young people	
- o supported by the collection of faecal samples and observations of patient's bowel movements - Waterlow score: - o assesses risk of the development of a pressure sore in the child or young person - o supported by observation of the skin, monitoring mobility and continence levels - oral health assessment: - o assesses whether a child or young person has oral health problems and needs to be referred for dental treatment - o supported by observation of how an adult manages their daily mouth care routine - wound: - o understand how wounds heal - o assesses state of wound to identify any signs of infection: - swelling - redness - pus forming around the wound - o prescribe appropriate treatment: - aseptic non-touch technique - moist wound healing - application and use of appropriate wound care supplies (for example dressings, medical adhesive tape) - o supported by skin integrity assessment (for example Braden Q and Glamorgan scales) - continence:	

Routine clinical tasks most relevant for children and young people	
- o assesses the causes of, and factors contributing to, urinary and faecal symptoms - o supported by appropriate dietary planning - fluid balance: - o assesses and interprets fluid and electrolyte balance - o supported by fluid intake and output monitoring - nutrition assessment: - o assesses and identifies children and young people who are at nutritional risk - o supported by food charts, physiological measurements and tools for identifying measurements outside normal range (for example BMI, weight) - pain assessment: - o assesses pain levels to diagnose and determine suitable treatment - o supported by a range of pain assessment tools (for example Face, Legs, Activity, Cry, Consolability (FLACC) scale and Wong-Baker Faces Pain Rating Scale) - mobility: - o assesses child or young person's physical function to determine appropriate handling, positioning and mobility aids (for example wheelchairs, crutches, frames and specialist chairs) - o supported by use of appropriate moving and handling techniques	

Moving and handling children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.12 The importance of using the correct techniques for the moving and positioning of children and young people, including a range of appropriate moving and handling techniques and equipment:
 	
• importance of correct moving and handling techniques:
 	
   o reduces the risk of injury to staff
 	
   o ensures the correct support is applied appropriately for the age of the child to reduce risk
 	
   o ensures risk assessments are adhered to and compliant with regulations (for example task, individual, load, environment (TILE) risk assessment, falls risk assessment)
 	
   o establishes safer working environment
 	
   o minimises musculoskeletal problems
 	
   o maintains the dignity and privacy of the child or young person
 	
• a range of correct moving and handling techniques:
 	
   o never lift above shoulder height
 	
   o keep a firm grip
 	
   o lift load close to your body
 	
   o bend knees and keep a straight back
 	
• a range of correct moving and positioning equipment:
 	
   o hoist
 	
   o slide sheet and transfer boards
 	
   o lifting cushions
	The student must be able to:
	
	S1.20 Demonstrate safe practice when moving and/or positioning children or young people for treatment or completing clinical tasks, using appropriate moving and handling aids:
	
	• giving explanation to the child or young person and colleagues in a clear and unambiguous way, taking into account relevant factors:
	
	   o age
	
	   o mental capacity
	
	   o physical condition
	
	   o any reasonable adjustments
	
	   o communication abilities and any potential barriers
	
	• maintaining dignity of child or young person
	
	• protecting physical privacy (for example keeping patient appropriately covered)
	
	• completing pain assessment prior to any manual handling to ensure the child is not in any pain
	
	• following appropriate moving and handling techniques:
	
	   o establishing moving and handling risk assessment is completed, detailing how move should be carried out
	
	• ensuring moving and handling aids are used correctly:
	
	   o wheelchairs:
	
	      ▪ brakes applied
	
	      ▪ footrests in place

Moving and handling children and young people	

o   wheelchairs
 	
o   walking aid/frame
 	
o   stand aid
 	
K1.13   The student must understand the key considerations of moving and handling, including a range of moving and handling techniques and the appropriate equipment:
 	
• key considerations in moving and handling children and young people:
 	
  o   the task:
 	
    ▪   what moving and handling is needed (for example transfer the child from sitting to standing position)
 	
  o   the child or young person's capabilities
 	
  o   the capabilities of the handler (for example physical strength)
 	
  o   the working environment:
 	
    ▪   equipment available (for example hoist)
 	
    ▪   any potential changes to the environment
 	
  o   the child or young person as an individual:
 	
    ▪   previous experience
 	
    ▪   potential fears
 	
    ▪   any complex care needs (for example equipment or machinery attached to the child or young person)
 	
    ▪   daily needs/requirements of care specific to the child or young person
 	
    ▪   whether the child is independent, requires some assistance or is fully dependent
	o hoist:
	
	  ▪ correct sling is used
	
	  ▪ area free from obstructions
	
	o walking aid/frames:
	
	  ▪ correct height for individual
	
	  ▪ ensuring appropriate footwear is in place
	
	o slide sheets:
	
	  ▪ ensuring the fabric is still slippery
	
	  ▪ following risk assessment procedure
	
	o transfer board:
	
	  ▪ ensuring the transfer takes place in a reasonable space free from obstacles
	
	  ▪ ensuring the surface transferred to and from are as close together as possible, with any brakes applied to equipment where applicable
	
	  ▪ ensuring that no more than 1/3 of the transfer board surface is unsupported on either transfer surface
	
	  ▪ ensuring part of the transfer board is always placed between the individual's body and the surface they are transferring from
	
	  ▪ ensuring correct manual handling techniques are used to prevent injury when positioning, moving, and handling children and young people
	
	o standing aid:
	
	  ▪ ensuring feet are placed correctly in the right position

Moving and handling children and young people	
- their communication abilities and any potential barriers - a range of correct moving and handling techniques: - never lift above shoulder height - keep a firm grip - lift load close to your body - bend knees and keep a straight back - a range of moving and positioning equipment: - hoist - slide sheet and transfer boards - lifting cushions - wheelchairs - walking aid/frames - stand aid	- lowering the lever without causing contact with the child or young person and the lever - ensuring the sling is attached correctly - ensuring child or young person has a strong grip before lifting begins - lifting cushion: - ensuring the child or young person is positioned correctly prior to use - ensuring the child or young person has the correct posture (for example arms folded) - continuing to support the child or young person from behind and continuing throughout use, altering position where necessary (GEC1)

Equipment, resources and environment used in clinical tasks for children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K1.14 The purpose of a range of equipment that can be used when assisting with clinical tasks for children and young people:** - purpose of equipment used for monitoring: - thermometer: - to check temperature - digital blood pressure monitor: - to check blood pressure - oximeter:	The student must be able to: **S1.21 Monitor and maintain the environment, equipment and resources when assisting with clinical tasks for children and young people by:** - ensuring safe and correct use of all equipment - ensuring equipment is available and correctly located - ensuring the equipment is serviceable

Equipment, resources and environment used in clinical tasks for children and young people

- ▪ to check the percentage of haemoglobin saturated with oxygen
  - o weighing scales:
    - ▪ to check weight
- • purpose of personal care equipment:
  - o commodes:
    - ▪ provides an alternative to using the toilet (for example where child or young person's mobility prevents them using a toilet)
  - o pressure relieving devices:
    - ▪ to prevent the risk of developing pressure ulcers
  - o incontinence pads/nappies:
    - ▪ precaution against urinary incontinence
  - o catheter/stoma:
    - ▪ to empty the bladder/urinary diversion
  - o nocturnal enuresis alarms:
    - ▪ retraining the bladder
- • purpose of patient's personal care equipment:
  - o walking aids (for example frames, sticks, crutches):
    - ▪ to aid walking, postural stability or support
  - o hearing aids:
    - ▪ to amplify sound and improve hearing
  - o glasses:
    - ▪ to correct and improve the vision

- • ensuring correct infection prevention and control procedures are adhered to

Equipment, resources and environment used in clinical tasks for children and young people	
K1.15 Where to source equipment or resources depending on their requirements: • medical and health databases: o for specific healthcare information (for example National Institute for Health and Care Excellence (NICE), Royal College of Paediatrics and Child Health (RCPCH)) o for studies and research papers for child or young person • storerooms: o for on-site equipment requirements • external agencies: o for further information and guidance to support the child or young person • members of the multidisciplinary team: o for a professional opinion, referral, equipment or resources **K1.16 The importance of selecting an appropriate environment for carrying out clinical tasks, including how to maintain the safety of the environment:** • importance of selecting an appropriate environment: o ensures patient safety and comfort o reduces the risk of infection o avoids accident or injury o ensures there is a clean, private room • how to maintain the safety of the environment: o follow infection control procedures o follow correct waste management procedures o carry out health and safety audits	

Equipment, resources and environment used in clinical tasks for children and young people	
- check and prepare all equipment prior to undertaking the task - safe and correct storage of equipment and medical products following local policies (for example medical gases and sharps) - ensure correct usage of equipment - ensure all staff are trained and competent, only using equipment once training has been undertaken	

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

Wider network, multidisciplinary teams and roles and responsibilities in supporting the care of children and young people in therapeutic, clinical and care settings	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.1 **How the role of the children and young people's practitioner works with the wider network of professionals to support the care of children and young people:**
 	
• follow safeguarding procedures:
 	
  o report to management/safeguarding officer
 	
  o record word for word the safeguarding issue
 	
  o completion of safeguarding form
 	
• gain consent from child, young person, parent or carer to share appropriate information with other multidisciplinary teams for treatment or further care
 	
• maintain duty of care at all times
 	
• participate in multi-agency shared communication
 	
• adhere to child protection guidance and regulation
 	
• develop care and assessment plans
 	
• escalate issues as appropriate within scope of own role
 	
• follow policies and procedures in relation to child safety
 	
K2.2 **The range of issues that must be escalated when support is required from the wider network of multidisciplinary teams:**
 	
• child protection services:
	The student must be able to:
	
	S2.48 **Show adherence to current legal policy and service frameworks when providing care or support for children and young people by:**
	
	• following safeguarding procedures
	
	• following child protection frameworks
	
	• adhering to assessment plans
	
	• ensuring shared communication across and between multidisciplinary teams, asking and responding to any questions where necessary
	
	• appropriately escalating any issues
	
	(GEC1, GEC3, GEC4)

Wider network, multidisciplinary teams and roles and responsibilities in supporting the care of children and young people in therapeutic, clinical and care settings	
- change in child or young person's wellbeing or condition - disclosure from anyone (for example child, colleague) regarding potential abuse - mental health team: - unusual change in the child or young person's behaviour - physiotherapist: - issue with child or young person's mobility - hospital nutritionist: - physiological measurements outside of normal range - change to child or young person's physical condition (for example showing symptoms related to poor nutrition or hydration) - relevant specialist: - referral/advice relating to an ongoing condition (for example dentist/optician) - local GP: - more information about child or young person's medical history - to have something added to medical record	

Strategies to support children and young people before, during and after clinical or therapeutic procedures	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.3 **A range of therapeutic play/distraction techniques and the purpose of their use with children and young people in the health setting:**
 	
    • a range of therapeutic play/distraction techniques:
        o role play
        o puppetry
        o music
        o performance/dance
        o crafts or art
        o building blocks
        o stories
        o light box
        o messy play
        o guided imagery
 	
    • the purpose of therapeutic play (for example music, painting, role play):
        o to comfort and/or relax the child or young person
        o to aid self-expression
        o to support child from birth to their transition into adulthood
        o understand their medical condition, treatment and its impact on their daily life
 	
    • the purpose of distraction techniques (for example use of a light box, puppetry, messy play, guided imagery, use of music and headphones):
	The student must be able to:
	
	S2.49 **Provide care and support to children and young people using appropriate strategies and interventions before, during and after clinical or therapeutic procedures:**
	
	    • before the procedure:
	        o explaining procedure in a clear and unambiguous way
	        o presenting information orally using digital and non-digital tools
	        o providing information in appropriate format (for example pictures, diagrams, verbally or in writing)
	        o explaining their role in the decision making to consent to the procedure
	        o discussing the benefits/risks in an organised and logical way to support child or young person's understanding
	        o discussing alternatives to the procedure
	
	    • during procedure:
	        o providing positive reinforcement (for example praise)
	        o using distraction techniques (for example talking about positive things, use tools such as light box, puppetry and messy play)
	
	    • after procedure:
	        o explaining self-management/aftercare or ongoing treatment and what (assistive devices) or who (multidisciplinary team) may be involved in this

Strategies to support children and young people before, during and after clinical or therapeutic procedures	
- to direct the child or young person's attention away from pain or discomfort - to lessen the child or young person's anxiety **K2.4 The positive impact of therapeutic play and distraction techniques on the child or young person:** - supports the child or young person's wellbeing - reduces the risks of psychological trauma - makes the child or young person more co-operative during procedures - builds a positive and trusting relationship between the child or young person and healthcare professionals - reduces the need for drugs and sedation **K2.5 The range of ways to promote and empower independence and self-help before, during and after the child or young person's clinical procedure:** - before a procedure: - provide knowledge to the child or young person around the procedure (for example organise workshops, share video of children or young people with similar conditions) - make the child or young person feel involved in decision making (for example gaining consent for procedure) - reach agreement (for example provide choice) - during a procedure: - maintain the self-esteem of child or young person (for example encourage	- providing positive reinforcement (for example praise) - explaining reasons for procedure and any future procedures (GEC1, GEC2) **S2.50 Demonstrate effective use of therapeutic play and learning to support children and young people before, during and after clinical or therapeutic procedures:** - supporting the child or young person using a therapeutic play activity - selecting appropriate support tool from a variety of resources to clarify complex information (for example images, story boards, puppetry, blogs, story book and video/multimedia tools) - encouraging contribution from the child or young person - listening actively to the child or young person and recording concerns accurately and concisely - adapting discussion with the child or young person appropriately, taking into account relevant factors: - age - mental capacity - any reasonable adjustments - communication abilities and any potential barriers (GEC3, GEC4, GEC6)

Strategies to support children and young people before, during and after clinical or therapeutic procedures	

independent self-care where appropriate)
 	
    o   encourage involvement in the procedure (for example carried out with them, not for them)
 	
    o   provide knowledge of current and any future procedures
 	
    o   therapeutic touch and supportive holding encourages co-operation (for example builds confidence)
 	
  • after a procedure:
 	
    o   encourage and introduce self-management of aftercare or ongoing treatment (for example educate on assistive devices)
 	
    o   positive reinforcement (for example appropriate praise)
 	
    o encourage ongoing support from multidisciplinary teams (for example Children and Adolescent Mental Health Services (CAMHS), respiratory physiotherapy, community teams)	

Communication strategies and techniques when providing care and support to children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.6 **The communication techniques and strategies that can be utilised before, during and after a clinical procedure:**
 	
  • verbal communication techniques/strategies:
	The student must be able to:
	
	S2.51 **Demonstrate the use of appropriate communication techniques with children and young people:**
	
	  • giving explanations to the child or young person, in a clear and unambiguous way

Communication strategies and techniques when providing care and support to children and young people	
- o use simple repetitive language - o display active listening - o provide clear explanation, an opportunity for the child or young person to ask questions and adapt communications style where required - o discuss one topic at a time - o ask questions to test their understanding and digestion of information - o give child or young person time to respond - o build on the child or young person's responses - o use positive re-enforcement (for example praise) - non-verbal communication techniques/strategies: - o use a full range of appropriate expressions, body language and gestures - visual communication techniques/strategies: - o use of imagery, storyboards and pictures to convey a message - written communication techniques/strategies: - o use of appropriate written brochures/documents/books (for example age appropriate) - o use of digital tools (for example iPads/smart phones/use of applications)	taking into account their age and level of understanding - speaking clearly and confidently using appropriate tone and register that reflects the child or young person - asking questions to test understanding - actively listening to responses and building on what the child/young person says - using positive re-enforcement - expressing ideas clearly and concisely, orally or in writing using communication aids where appropriate (for example digital tools, imagery, story boards, picture communications systems and brochures) - using appropriate expressions, body language, gestures - having discussion with child or young person and supporting with relevant and persuasive arguments (GEC1, GEC2, GEC3, GEC6) **S2.52 Implement strategies to deal with barriers to communication when working with children and young people:** - adapting communication strategy to suit the barrier - actively listening to the child or young person's contribution - interpreting and responding to non-verbal cues from the child or young person - expressing ideas clearly and concisely, orally or in writing - providing the appropriate level of detail to suit the child or young person, using an appropriate choice of words and language

Communication strategies and techniques when providing care and support to children and young people	
K2.7 **The importance of adapting their communication strategy or technique to ensure it is age appropriate for the child or young person:** • to meet the varied needs of children and young people at different ages and different stages of development • to increase the engagement of the child • to make the child feel more relaxed • to make the child or young person feel more satisfied with the interaction **K2.8** **A range of possible communication barriers in providing care for children and young people:** • language barrier • emotional barrier • hearing loss • speech difficulties • age of the child **K2.9** **How emotional immaturity may impact communication with a child or young person:** • child or young person may struggle to express their emotions • child or young person may need additional attention when information is communicated to them • child or young person may require additional support and further explanation with simple tasks someone of a similar age could manage independently • child or young person more easily overwhelmed • child or young person may struggle to accept difficult information	• repeating information patiently where necessary and summing up the key points of discussion • using a variety of resources to clarify information (for example images, story boards, puppetry, blogs) (GEC2, GEC3, GEC6)

Communication strategies and techniques when providing care and support to children and young people	
K2.10 **How a learning disability may impact on a child or young person's ability to communicate:** • child or young person may have difficulty processing new or complicated information communicated to them • could cause communication skills to be limited, creating feelings of frustration in the child or young person • severe learning disability can prevent the child or young person being able to communicate at all • learning disability can make it more difficult to involve the child or young person in discussions and decisions about their clinical care and treatment **K2.11** **How impaired motor skills may impact on a child or young person's ability to communicate:** • may struggle with written communication • may incur or experience speech difficulties (for example stroke, cerebral palsy) **K2.12** **How impaired cognitive skills may impact on a child or young person's ability to communicate:** • may have difficulty concentrating on a conversation and become easily distracted • may have problems dividing attention between talking and performing another activity, which could be misinterpreted as socially hostile behaviour • may interpret verbal communication very literally, which could lead to misunderstanding and conflicts	

Developing positive relationships with children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:

Knowledge – What you need to teach

The student must understand:

K2.13 **The importance of developing positive relationships with children and young people and the benefits this can have in the healthcare setting:**

- more likely the child or young person will feel comfortable and respond appropriately
- child or young person is more engaged in the process and has an improved experience
- increased chance of positive treatment outcome for the child or young person
- ensures that children and young people are safeguarded and receive the care and support needed
- facilitates the development of more accurate care plans
- a consistent and sensitive relationship is needed, to ensure that babies form a secure attachment or bond
- positive relationships are essential for healthy development
- positive relationships ensure secure attachment and the child or young person is better able to manage their own feelings and behaviours

K2.14 **Key strategies that can be used to develop positive relationships with children and young people:**

- communicate effectively considering age appropriate language
- maintain confidentiality as appropriate

Skills – What you need to teach

The student must be able to:

S2.53 **Demonstrate the ability to develop positive relationships with children and young people when providing care and support:**

- asking questions for clarification
- listening actively and recording appropriate information accurately and concisely
- encouraging contributions from child or young person
- adapting contribution to discussion to suit child or young person
- providing positive re-enforcement
- using communication, digital and play aids where appropriate

(GEC4, GEC6)

S2.54 **Respond appropriately to any recognised limitations in mental, cognitive and motor skills capacity in children and young people:**

- providing information in different formats to aid the child or young person's understanding:
  - digital format
  - non-digital format
  - use of communication support tools
- providing information at the appropriate level of detail to suit the child or young person's capacity to understand
- giving positive reinforcement
- encouraging active participation from the child or young person

Developing positive relationships with children and young people

- set consistent boundaries and honour commitments by doing what you say you will do for the child or young person

- bond through play activities

- resolve any conflicts or disagreements

- show respect and courtesy (for example acknowledging child or young person's opinions)

- value and respect individuality

- monitor the effects of strategies used on child or young person's behaviour and respond appropriately

K2.15 The importance of listening to the voice of the child, young person, parent or carer and how to make them feel heard:

- importance of listening to the voice of the child or young person:

  o ensure person-centred practice

  o adhere to professional responsibilities (for example duty of care, informed consent)

  o gain a positive relationship with the child or young person

  o gain an understanding of how they feel about a given situation

  o show respect

  o meet their needs (for example food preferences and comfort)

- importance of listening to the voice of the parent or carer:

  o establish positive partnership working with parents/carers

  o benefit from parents/carers knowledge and experience related to the child or young person

- repeating information as necessary, using a different method where appropriate (for example written communication)

(GEC1, GEC2)

Developing positive relationships with children and young people	
- o the parent/carer is an advocate for the child or young person - o ensure person-centred practice - o ensure the most appropriate treatment/intervention for the child or young person - how to make all groups feel heard: - o participate in active listening - o acknowledge concerns - o acknowledge fears - o observe and respond to non-verbal cues **K2.16 The importance of supporting children and young people in the context of their social and educational needs:** - social needs: - o ensures development of physical and mental wellbeing - o enables social interaction - o supports self-awareness - o develops emotional maturity - o develops empathy - o encourages positive social skills - o supports motivation - educational needs: - o ensures the child or young person has appropriate access to educational provision in line with the national curriculum - o ensures progression against national benchmarks - o raises child or young person's self-esteem	

Developing positive relationships with children and young people	
- reassessment of the child's educational needs (for example does the child need a statement) **K2.17 The barriers that exist to building and maintaining relationships with children and young people:** - insufficient staffing levels (for example holidays, sickness) - lack of information (for example relevant information about the child or young person not shared) - lack of communication (for example talking to parent/carer but not the child) - workload pressures on healthcare team (for example too many tasks in time given) - the risk of passing on personal opinion/own experiences with child or young person to colleagues (for example negative comments in handover) - lack of privacy (for example the child or young person might be inhibited in their communication due to embarrassment) **K2.18 The internal and external factors that contribute to barriers when dealing with children and young people:** - internal factors: - physical conditions (for example physical participation requirements) - mental conditions (for example neurodiversity, feelings of isolation) - personality conflicts (for example difference in personal attitude of the child or young person and healthcare worker) - previous trauma (for example sexual assault by person of trust) - external factors:	

Developing positive relationships with children and young people

- environment (for example location, setting too clinical)

- cultural beliefs/norms/values (for example body language can have different meaning in different cultures)

- impact of parents/carers (for example could hold different beliefs)

- lifestyle (for example friendship groups)

K2.19 Different strategies that can be used to overcome barriers:

- ensure there is enough time for the task

- ensure the correct information is in place to support any clinical tasks or therapeutic procedures:

  - X-rays

  - clinical notes

- help to alleviate stress:

  - reassure

  - split of large tasks

  - have a clear plan in place

- ensure clear and good communication:

  - breakdown complicated sentences

  - avoid medical terminology

- make use of communication aids where applicable:

  - hearing aids

  - communication boards

- ensure comfortable and welcoming environment:

  - light and airy

  - soft furnishings

- ensure the dignity and privacy of the child or young person is maintained:

Developing positive relationships with children and young people

o   select treatment environment carefully
 	
    o   knock before entering treatment room
 	
• ensure that empathy is shown to child or young person:
 	
    o   listen
 	
    o   validate their feelings
 	
• be aware of conflicts (for example children or young person may be afraid of authority)
 	
K2.20 How a range of conditions and treatments may negatively impact the development of positive relationships with children or young people:
 	
• conditions:
 	
    o   physical (for example cancer, diabetes, epilepsy)
 	
    o   mental conditions (for example depression)
 	
• treatments:
 	
    o   chemotherapy
 	
    o   invasive procedures
 	
    o   surgery
 	
    o   medication
 	
• impact of conditions on relationships:
 	
    o   behaviour that challenges (for example attention deficit hyperactivity disorder (ADHD) or autism)
 	
    o   lack of understanding (for example learning disabilities)
 	
    o   anxiety and fear (for example cancer)
 	
• impact of treatments on relationships:
 	
    o no desire to communicate/feeling too tired or ill to communicate (for example chemotherapy)	

Developing positive relationships with children and young people

- o feeling violated due to invasive procedures

- o anxiety and fear of being alone (for example before/after surgery)

- o fear of becoming addicted (for example to prescribed medication)

K2.21 **What is meant by a child or young person lacking mental capacity and the associated limitations in building positive relationships:**

- meaning:

  - o a child or young person who is unable to make decisions for themselves

- reasons for lack of capacity:

  - o under 16 years

  - o mental impairment (for example learning disability)

- limitations in building positive relationships:

  - o ability to understand information about their situation

  - o ability to retain information long enough to make a decision

  - o ability to consider information to make a reasoned decision

  - o ability to communicate their decision

K2.22 **The range of resources available to support and develop effective relationships with children and young people:**

- therapeutic play (for example drawing, puppetry)

- professional support (for example youth worker, support worker)

- specialist support (for example translator, signer/interpreter)

- assistive technology (for example communication aids, mobile apps)

Anatomy, physiology and pathophysiology of children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.23 The key physiological developments within each life stage of the child or young person:
 	
• key developments in birth and infancy (0 to 2 years):
 	
   o reflexes
 	
   o gross motor skills
 	
   o perceptions
 	
• key developments in early childhood (3 to 8 years):
 	
   o gross and fine motor skills
 	
   o communication and language skills flourish
 	
• key developments in adolescence (9 to18 years)
 	
• understanding the health needs and risks of adolescents:
 	
   o early adolescence (9 to 14 years):
 	
     ▪ puberty begins
 	
     ▪ growth spurt
 	
     ▪ increased sexual interest
 	
     ▪ development of moral thinking
 	
     ▪ intellectual interests expand
 	
   o middle adolescence (15 to 18 years):
 	
     ▪ puberty is completed
 	
     ▪ physical growth slows for females
 	
     ▪ growing capacity for abstract thought
 	
     ▪ emotional and social development
 	
     ▪ development of moral reasoning
	The student must be able to:
	
	S2.55 Support children and young people to recover from a common childhood illness working within scope of role, knowledge and responsibilities:
	
	• monitoring illness by taking physiological measurements (for example temperature, hydration intake) accurately and precisely
	
	• administering appropriate treatment effectively and appropriate dosage for age/weight (for example paracetamol)
	
	• encouraging good nutrition and hydration
	
	• following appropriate infection control procedures
	
	• using technology as appropriate to carry out clinical interventions in preparation for reporting and/or interpretation
	
	• using distraction techniques and therapeutic play to comfort the child
	
	• using knowledge of anatomy, physiology and pathophysiology when supporting children and young people
	
	(GMC1, GMC5)
	
	S2.56 Support children and young people with a physical or learning disability, working within scope of role, knowledge and responsibilities:
	
	• physical disability:
	
	   o encouraging child or young person to be as independent as possible
	
	   o making use of appropriate aids and adaptations

Anatomy, physiology and pathophysiology of children and young people

○ late adolescence (18+):

- physical development slows, cognitive development increases

- increased emotional stability

- rationalisation of life plans and goals

K2.24 The ways in which the development of the 'well' and 'sick' child may differ:

- physically:

  ○ abnormal physical stature

  ○ gaunt appearance

- intellectually:

  ○ may be less advanced due to prolonged stays in hospital

- linguistically:

  ○ linguistic skills may be limited or underdeveloped

- emotionally:

  ○ feelings of frustration due to limitations

- socially:

  ○ may be withdrawn/not wanting to interact

- spiritually:

  ○ attitudes to religion

- morally:

  ○ distorted understanding of the consequences of their actions

K2.25 The effects of sickness on a child's development compared to that of a 'well child':

- may cause child or young person to regress

- mental health may be negatively impacted (for example depression, anxiety)

○ supporting with any therapeutic activity (for example drawings, listening to music)

○ liaising with other professionals for guidance on specific support available for child or young person

○ use of effective aids and equipment (for example wheelchair)

- learning disability:

  ○ speaking to the child or young person in a clear and unambiguous way, taking into account the level of understanding

  ○ encouraging independence and inclusion

  ○ liaising with other professionals for guidance on specific support available for child or young person

- providing information in different formats to aid the child or young person's understanding (for example pictures)

- using knowledge of anatomy, physiology and pathophysiology when supporting children and young people with a physical or learning disability

(GEC2)

Anatomy, physiology and pathophysiology of children and young people

- disruption to sleep pattern (for example due to chronic pain)

- friendships affected (for example losing touch due to long stays in hospital)

- impact on school attendance due to illness

- physical limitations due to the child or young person being in chronic pain

K2.26 **The concept of development milestones and how they may be impacted by illness:**

- development milestones:

  o birth to 2 years

  o 3 to 8 years

  o 9 to 18 years

- how development milestones are impacted by illness:

  o regression due to emotional changes

  o neural pathways interruption due to pain, resulting in cognitive delay or interruption

  o behavioural difficulties due to anxiety, fear or uncertainty

  o social changes (for example may become withdrawn or boisterous)

  o long periods of hospitalisation can affect social development, through lack of interaction with peers

  o long periods of hospitalisation can affect learning potential

  o psychological distress, resulting in emotional difficulties

K2.27 **The key changes brought about by puberty among adolescents:**

- signs and principle changes during puberty in males:

Anatomy, physiology and pathophysiology of children and young people	
- o begins between ages of 12 to 16 years - o testicles and penis begin to grow - o more facial hair - o thickness of pubic hair - o wet dreams - o voice breaks - o growth spurt - o emotional changes due to hormones - signs and principle changes during puberty in females: - o breasts begin to grow - o pubic hair thickens - o vaginal discharge - o slight weight gain - o change in physical size - o widening of hips - o begins between ages of 10 to 14 - o growth spurt - o onset of menstruation - o emotional changes due to hormones **K2.28 The various impacts that illness or treatment can have on adolescence development:** - musculoskeletal injuries and diseases can damage physical and emotional development - sexually transmitted diseases can lead to chronic pain and infertility - injuries or scars that have a cosmetic effect (for example cause self-esteem and confidence issues)	

Anatomy, physiology and pathophysiology of children and young people

- hormonal imbalance can cause a wide range of diseases and developmental issues

- medication and radiation can impact brain development and mental health

- chronic illness and pain can impact on adolescent's mental and social development

- mental health illness can make adolescents vulnerable to educational difficulties, discrimination and risk-taking behaviours

- immunosuppressants to prevent organ rejection can slow down puberty

- chemotherapy treatment can impact on growth

K2.29 Strategies that can be used to support children and young people to develop, maintain and recover from a range of common childhood illnesses/conditions:

- common childhood illnesses/conditions:

  o asthma

  o eczema

  o croup

  o coughs/colds/ear infections

  o gastrointestinal conditions

  o measles

  o mumps

  o rubella

  o chicken pox

- strategies to help develop, maintain and recover:

  o control of temperature with paracetamol, tepid water baths, appropriate clothing

Anatomy, physiology and pathophysiology of children and young people	
- keep hydrated - offer reassurance - keep comfortable with pain relief - encourage good nutrition - help combat spread of infection, through ventilation, cleaning and handwashing - keep the child stimulated with activities that can be done in bed **K2.30 Functional changes in the child or young person associated with disease or injury:** - regression in development (for example head injury, space occupying lesions and syndromes affecting cognitive capacity) - incontinence (for example spinal injury and inflammatory bowel disorders) - loss of mobility (for example car accident, cerebral palsy) - emotional problems (for example anxiety) - impact to mental health (for example developing ADHD) - chronic pain and discomfort (for example rheumatoid arthritis) **K2.31 Strategies that can be used to support children and young people suffering from physical or learning disability:** - physical: - encourage child or young person to be independent - consider physical access needs (for example wheelchair ramp) - make use of appropriate aids and adaptations	

Anatomy, physiology and pathophysiology of children and young people	
- o support with any therapeutic activity (for example drawings, listening to music) - o liaise with other professionals for guidance on specific support available for child or young person - learning disability: - o make any reasonable adjustments (for example allow extra time for completion of task) - o encourage independence and inclusion - o ensure communication is on the child's level of understanding (for example using appropriate language) - o liaise with other professionals for guidance on specific support available for child or young person	

How to support activities of daily living relevant to children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K2.32 The importance of supporting the child or young person to maintain good nutrition and hydration including strategies to support:** - importance: - o to maintain growth, development, wellbeing and support recovery - strategies to support: - o ensure principles of good nutrition and hydration are adhered to (for example healthy diet, adequate hydration)	The student must be able to: **S2.57 Support or enable children and young people to maintain good nutrition and hydration and record details:** - promoting current healthy nutrition and hydration initiative to support child or young person to make healthy choices - identifying needs of the individual, child or young person (for example dietary requirements, specific eating equipment, likes/dislikes/preferences, barriers, support needs)

How to support activities of daily living relevant to children and young people

- ensure there is a culturally appropriate menu (for example kosher, halal and vegan)
- ensure consumption is supervised where required (for example eating disorders such as anorexia)
- ensure appropriate diet is adhered to appropriate to the needs (for example modified, high protein)
- ensure appropriate supporting aids are used (for example percutaneous endoscopic gastrostomy (PEG) and nasal gastric tubes)
- ensure symptoms of poor nutrition and inadequate hydration are acted on accordingly
- promote good nutrition and hydration via:
  - health promotion campaigns
  - current government guidelines
  - healthy options within a clinical or community setting
  - support parent, carers and children to understand nutritional labelling

K2.33 The importance and appropriate strategies for supporting the child or young person to maintain continence:

- importance:
  - maintain the individual's privacy and dignity
- strategies to maintain:
  - reminders and prompts to use the toilet
  - support younger children and their families with toilet training

- collecting and generating data
- recording data onto food and drink record chart, ensuring accuracy and precision is maintained (for example a food and drink chart, nutritional plan)
- making judgements about appropriate nutrition and hydration including considering probabilities, risks and other factors

(GMC5)

S2.58 Support or enable children and young people to maintain continence:

- giving reminders and prompts to use the toilet including appropriate mechanisms for communicating toilet need (for example a call bell)
- using appropriate aids and equipment (for example pads)
- respecting privacy where possible
- placing commode next to bed

S2.59 Support or enable children and young people to maintain good personal hygiene:

- washing and bathing:
  - maintaining dignity of child or young person
  - asking what help is required
  - telling the child or young person what you are going to do
- oral hygiene:
  - supervising teeth brushing and flossing
  - demonstrating correct brushing and flossing technique
  - completing oral health assessment

How to support activities of daily living relevant to children and young people

K2.34 appropriate environment for the child or young person

- o appropriate environment for the child or young person
- o use of aid and adaptations

K2.34 The importance of practicing and promoting good personal hygiene to the child or young person:

- importance:
  - o maintain dignity and privacy
  - o infection prevention (for example hand and respiratory hygiene)
  - o promote independence
  - o preserve skin integrity
- strategies to promote:
  - o reminders and prompts to bathe
  - o educate on correct bathing techniques including the importance of drying skin to avoid breakdown from moisture
  - o appropriate environment for the child or young person
  - o use aids and adaptations
  - o provide toilet facilities and adaptations that make them suitable for use

K2.35 The importance and appropriate strategies for supporting the child or young person to maintain good oral health:

- importance:
  - o prevention of tooth decay and gum disease
  - o prevent oral thrush and mouth ulcers
- strategies to support:
  - o demonstration and promotion of correct technique for the brushing of teeth

S2.60 Support or enable children and young people to dress and undress by:

- maintaining dignity of child or young person (for example close door/curtain and provide private space)
- encouraging active participation, asking questions to test understanding
- encouraging child or young person to learn to do activity for themselves where possible (for example putting on own socks and shoes)
- allowing choice of clothing (for example individual choice, comfort, fastening)

S2.61 Support or enable children and young people to be mobile (for example walking frames, walking stick, crutches):

- following risk assessment (for example task, individual, load, environment (TILE))
- establishing support needed for movement (for example staff to walk with the child or young person)
- planning regularity of mobility (for example every hour)
- ensuring appropriate aids are available (for example crutches)

S2.62 Support or enable children and young people to rest, sleep and keep safe:

- using appropriate aids and equipment (for example mask, ear plugs)
- maintaining appropriate environment (for example too hot/too cold, light/noise)
- safeguarding (for example personal safety)

S2.63 Support or enable children and young people to express their sexuality:

- supporting the child or young person to dress according to their preferences

How to support activities of daily living relevant to children and young people

o demonstration and promotion of correct technique for the flossing of teeth

o encourage regular visits to the dentist

o provide oral health assessments

K2.36 The associated considerations when assisting a child or young person with dressing and undressing:

- some tasks will be more sensitive than others

- uphold and support personal choice (for example have a few items of clothing available)

- support independence where applicable (for example do not do task for, do it with, be patient)

- encourage child or young person to learn to do activity for themselves where possible (for example putting on own socks and shoes)

- recognition of altered body image (for example loss of limb)

- support the physically disabled child (for example easy to wear clothing, elastic waist bands)

- consider any previous trauma that may affect the child when dressing and undressing (for example previous sexual assault)

K2.37 Strategies to support the mobility of children and young people:

- follow risk assessment (for example TILE)

- support needed for movement (for example staff to walk with the child or young person)

- encourage independence (for example walking by self where possible)

- encouraging independence where possible

S2.64 Support the child or young person to develop and maintain skills for everyday living, including opportunities to play, learn and relax:

- play:

o identifying the child or young person's needs by asking questions and choosing appropriate form of play in accordance with child or young person's preferences

o encouraging child or young person's engagement in play

- learn a new skill:

o supporting the child or young person's active participation

o using positive reinforcement to encourage child or young person to succeed

- relax:

o using appropriate relaxation techniques (for example reading, listening to music, relaxation exercises)

o using appropriate communication skills to relax child or young person (for example soothing tone)

(GEC2)

How to support activities of daily living relevant to children and young people	

• plan regularity of mobility (for example every hour)
 	
• ensure appropriate aids are available (for example crutches)
 	
K2.38 The importance of sufficient sleep, rest and relaxation to the mental and physical wellbeing of the child or young person:
 	
    • increased sleep requirements compared to that of adults (for example school children recommended 9 to 11 hours)
 	
    • relaxation eases muscle tension and chronic pain
 	
    • improved physical recovery
 	
    • improved concentration
 	
    • increased energy levels
 	
    • increased productivity
 	
    • improved behaviour (for example less restless)
 	
    • improved memory
 	
K2.39 The strategies that can be used to support the child or young person's expression of sexuality:
 	
    • accept child or young person's preferred gender expression
 	
    • education on gender expression
 	
    • education on LGBT lifestyles
 	
    • consideration of preferred pronouns (for example he, she, they)
 	
    • respect style personal preferences in relation to:
 	
        o dressing
 	
        o personal grooming (for example shaving/hair style)	

How to support activities of daily living relevant to children and young people	

K2.40 **The impact of common childhood illnesses on a child or young person's activities of daily living and how the child or young person can be supported during these times:**
 	
• loss or reduction of independence (for example going to the toilet, bathing):
   o support options:
      ▪ attend to support child at regular arranged intervals
      ▪ assist with the removal of clothes as required
      ▪ assist with positioning (for example on toilet)
 	
• loss of appetite:
   o support options:
      ▪ encourage to eat breakfast
      ▪ encourage the drinking of water 30 minutes before a meal
      ▪ provide food at regular intervals
      ▪ consider lighter food options for stomach complaints (for example soups and avoidance of dairy)
 	
• social isolation:
   o support options:
      ▪ encourage engagement (for example conversation, games)
      ▪ use techniques to raise child or young person's self-esteem (for example use of positive reinforcement)
      ▪ encourage alternative digital methods of staying in contact with friends and family (for example use of Skype)	

Transitions for children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K2.41 The difference between expected and unexpected transitions:	**S2.65 Support children and young people through transitions such as between services or leaving care:**
• expected transitions experienced by all children and young people:	• following good practice and guidance to support child or young person through transitions (for example between services or leaving care):
o physical (for example change to the child or young person's environment such as having a new health team)	o NICE guidance
o emotional (for example missing a parent, change of healthcare setting)	• providing appropriate information, advice and guidance to child or young person to support shared or independent decision making
o intellectual (for example moving between key educational stages)	• adhering to primary care clinician plan and ensuring they are communicated logically and coherently
• transitions experienced by some children or young people:	• selecting main information from plan and summarising concisely in style appropriate to the child or young person
o physiological (for example a change to child or young person's medical condition, diagnosis of a disability)	• responding to questions/feedback from members of the multidisciplinary team
o cognitive (for example sitting for examinations)	(GEC2, GEC4)
o physical (for example a loss of body part, obesity, dwarfism)	
o personality (for example fleeting attention)	
o psychological (for example depression due to illness)	
o emotional immaturity	
o emotional (for example moving into long-term care, leaving care)	
o physical (for example loss of limb)	
• unexpected transitions:	
o physiological (for example deterioration or improvement to child or young person's health condition)	

Transitions for children and young people	

○ emotional (for example sudden separation from parents)
 	
       ○ sudden challenges (for example diagnosis of a life-threatening condition)
 	
K2.42 **The potential effects of transitions on the development of the child or young person:**
 	
   • emotional (for example changes in child or young person's behaviour)
 	
   • mental health issues (for example depression, anxiety causing delays in brain development)
 	
   • fear of the unknown (for example might isolate, withdraw from contact, causing development delays)
 	
   • sense of loneliness
 	
   • missing peers
 	
   • depression
 	
   • feeling insecure
 	
   • long lasting negative impact on life
 	
K2.43 **The strategies that can be used to support children and young people through transitions:**
 	
   • care plan in place to effectively support communication:
 	
       ○ ensure care plan clearly details child or young person's needs or preferences
 	
   • provide appropriate information, advice and guidance (for example understandable formats, full information provided)
 	
   • ensure resources are in place (for example any equipment needed, medication)	

Transitions for children and young people

- direct questioning to encourage child or young person towards independent decision making

K2.44 When and how to signpost to other services at different stages of transition:

- when to signpost:
    - actions to take before transition:
        - establish services needed (for example for diabetes or asthma)
        - prepare child or young person (for example provide leaflets and information)
        - consider resources (for example transport, facilities available)
    - actions to take during transition:
        - observe changes in care needs (for example brain injury due to oxygen starvation) and refer to services as required
    - actions to take after transition:
        - establish additional needs (for example care support – care agency)
        - establish additional support (for example physiotherapy)
        - establish any additional resources (for example any equipment required for occupational therapy)
- how to signpost:
    - before transition:
        - send to learning centres
        - early help centres/early intervention teams
        - share leaflets
    - during transition:

Transitions for children and young people

▪ provide appropriate information, advice and guidance
 	
▪ support child or young person to reach an independent decision
 	
o after transition:
 	
  ▪ send to parenting sessions with parents/carers
 	
  ▪ provide opportunities based on the child or young person's interests
 	
  ▪ home visits to support if required
 	
  ▪ regular health check-ups	

Long-term and life-limiting conditions and end of life care for children and young people

Knowledge – What you need to teach	Skills – What you need to teach
The student must understand:	The student must be able to:

K2.45 **The differences between long-term and life-limiting conditions and the impact of these on the development of children and young people:**
 	
• long-term conditions:
 	
  o any condition that lasts 6 months or longer (for example asthma, diabetes, cancer)
 	
• life-limiting conditions:
 	
  o a condition where there is no reasonable hope of a cure and the child or young person will not reach adulthood (for example AIDS, organ failure)
 	
• impacts:
	S2.66 **Provide appropriate care and support that helps children and young people during the end of life phase or with life-limiting conditions:**
	
	• ensuring child or young person is kept as comfortable as possible:
	
	  o effective pain management (for example medication)
	
	  o positioning in a way that is comfortable (for example using pressure relieving devices and techniques)
	
	  o suitable environment (for example temperature, noise)
	
	• maintaining child or young person's wellbeing:

Long-term and life-limiting conditions and end of life care for children and young people	
- child or young person's understanding of long-term and life-limiting implications: - can cause depression - impact on social development (for example self-removal from social opportunities) - low self-esteem - impact on emotional development - effects of medication and treatment: - normal growth could be affected - disruptions to sleep - general physiological effects: - pain - fatigue - mood disorders **K2.46 The impact of long-term hospitalisation on children and young people:** - missed or reduced education: - impact on intellectual development - missed social opportunities: - impact on social development - being confined to bed could lead to underdeveloped musculoskeletal system: - impact on physiological development - fear, stress and anxiety: - impact on emotional development **K2.47 The factors that impact on the care of the dying and deceased child or young person to ensure most appropriate care is provided:** - provide information to the child or young person, taking into account their age and level of understanding	- providing social interaction (for example contact with staff, visitors) - providing access to media (for example TV, phone) - providing appropriate nutrition and hydration - ensuring a care plan is adhered to and kept updated - giving explanations to the child or young person in a clear and unambiguous way taking into account the level and experience of the individual, using technical language correctly - responding to questions from the child or young person/parent/carer for clarification - using images and other tools to clarify complex information and adapting communication style where necessary - listening actively and recording information accurately and concisely - correct use of mobility aids and equipment (for example wheelchair) (GEC1, GEC3, GEC6)

Long-term and life-limiting conditions and end of life care for children and young people	
- pain management administered to relieve distress and discomfort - adherence to agreed care plan, with regular reviews - recognition of religious and cultural beliefs - recognition of wishes of parent/carer regarding resuscitation and organ donation - recognition that care does not stop at the point of death - provide care and support to the carer and family including emotional and practical bereavement support - adherence to national and local guidelines in relation to end of life care: - NICE guidelines	

Performance outcome 3: Support parents, families and carers to meet the needs of the children and young people

Role of families and carers in the care and support of children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K3.1 **The importance of the parent/child bond and the key principles and the stages of attachment:**
 	
• importance of the parent/child or young person bond:
 	
   o key to developing the child or young person's mental health and resilience
 	
• attachment theory:
 	
   o stages of attachment
 	
   o stranger anxiety (for example the child's response to the arrival of a stranger)
 	
   o separation anxiety (for example their level of distress when separated from the primary caregiver, the level of comfort needed on their return)
 	
   o social referencing (for example the level at which they look at their primary caregiver to determine how they should respond to something new (secure base))
 	
• key principles:
 	
   o safe haven (for example the child's reliance on the primary caregiver to comfort)
 	
   o secure base (for example the primary caregiver as the dependable foundation to which the child can turn if help or comfort is needed)
 	
   o proximity maintenance (the child's need to be near the primary caregiver)
	The student must be able to:
	
	S3.16 **Support the clinical team with clinical interventions in the care and support of children and young people, working within scope and responsibilities of role, and using knowledge of families and carers roles:**
	
	• using appropriate strategies to achieve a partnership with families and carers such as:
	
	   o supporting and listening to the family's choices
	
	   o encouraging where possible the child or young person's active involvement and contribution to discussions and the delivery of their care
	
	   o working in collaboration with the family to reach medically appropriate decisions which meet the needs of all involved
	
	   o listening actively and recording information accurately and concisely onto appropriate documentation (for example care plan)
	
	(GEC4, GEC6)
	
	S3.17 **Assist with teaching parenting skills:**
	
	• methods of teaching:
	
	   o giving explanations in a clear and unambiguous way, taking into account the level and experience of the parent or carer

Role of families and carers in the care and support of children and young people

o separation distress (for example the child's unhappiness when separated from the primary care giver)

K3.2   The strategies that can be used to promote the parent/child or young person bond:

- encourage parent/carer to spend time with the child

- signpost parent to appropriate educational provision

- work with parent/guardian to build confidence and empower them to parent effectively

K3.3   The principles of a range of parenting skills that can be used to strengthen the parent/child/young person bond:

- parents to moderate their expectations of development or behaviour

- be approachable

- show affection and appreciation

- treat the child or young person with respect

- give the child or young person your full attention when with them

- acknowledge their feelings

- set consistent boundaries

- remind them that they are loved unconditionally

K3.4   The importance and appropriate strategies to achieve a partnership with families and carers to deliver holistic family-centred care:

- importance:

  o improves communication between families and carers

  o improves engagement between families and carers

o successfully using a variety of information, collaborative elements as part of digital communication

o responding to questions from parent/carer

- parenting skills:

  o moderating expectations on development and behaviour

  o being approachable

  o showing affection and appreciation

  o treating the child or young person with respect

  o giving the child or young person your full attention when with them

  o acknowledging their feelings

  o setting consistent boundaries

  o reminding the child or young person that they are loved unconditionally

(GEC1, GDC3)

Role of families and carers in the care and support of children and young people	
- o can improve patient and family outcomes - o increases patient and family satisfaction - o builds on child and family strengths - o increases professional satisfaction - o can decrease future healthcare costs through getting families and carers on board with treatment plan - o leads to more effective use of healthcare resources - strategies: - o support and listen to the family's choices - o work in collaboration with the family to reach medically appropriate decisions which meet the needs of all involved - o respect the diversity of the family (for example cultural and care preferences) - o encourage family participation in the delivery of the child or young person's care - o encourage where possible the child or young person's active involvement in discussions and the delivery of their care **K3.5** **The principal considerations that must be given to the child or young person and their family when there are alternative living arrangements:** - alternative living arrangements: - o foster care - o supported living - o different family structures/blended families	

Role of families and carers in the care and support of children and young people	
- displaced family (for example child is in hospital in a location away from home) - residential care - considerations: - ensure the child or young person's wellbeing - safeguarding - appropriate and immediate reporting of any concerns - signpost the family to the appropriate services (for example financial, counselling) - who is the child's legal guardian in the circumstances - the rights of the biological family in the circumstances - other emotional or physical support requirements	

Shared decision-making strategies	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K3.6** **The importance of family-centred care when making shared decisions to deliver the child or young person's healthcare needs and the key approaches that can be used to achieve this:** - importance: - helps the child or young person and their family feel supported and in control of the situation	The student must be able to: **S3.18** **Use known strategies to implement shared decision making whilst taking into account 'the voice' of children and young people, their parents or carers, in relation to support provided:** - listening actively and recording information accurately and concisely - listening to 'the voice' of the child or young person, selecting fact from opinion

Shared decision-making strategies	
○ decreases the risk of misunderstandings and frustrations ○ child or young person and their family feels empowered to make informed choices and reach a collaborative decision about the best care plan ○ enables care to be tailored to the needs of the child or young person - key approaches: ○ ensure decision making is always family-centred and caters to their specific needs ○ use the SHARE approach (seek, help, assess, reach, evaluate): ▪ seek participation from child or young person and their family ▪ help them explore treatment options ▪ assess their values and preferences ▪ reach a mutual decision ▪ evaluate the decision ○ follow NICE guidelines	- encouraging all parties to engage and contribute to the decision-making process - making joint decisions using the SHARE approach (seek, help, assess, reach, evaluate) - expressing opinions and supporting these with relevant and persuasive arguments (GEC6)

Promoting health and wellbeing in children and young people	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K3.7　The importance of national and global immunisation programmes for the health and wellbeing of children and young people and how they can be promoted effectively:** - purpose: ○ protects against illness	The student must be able to: **S3.19　Deliver holistic support when working in partnership with families and carers:** - listening actively to the contributions of families and carers - acting upon the wishes of the family or carer wherever possible

Promoting health and wellbeing in children and young people

- o prevents spread of disease
- o prevents mass epidemics/pandemics
- strategies to promote:
  - o actively encourage immunisation
  - o talk through any concerns
  - o educate about the benefits
  - o signpost to additional sources of support and information where necessary:
    - leaflets
    - books
    - talks
    - websites
    - videos
    - blogs

K3.8 The purpose and methods of promoting good nutrition and a healthy diet for the health and wellbeing of children and young people, including methods to support and encourage breastfeeding:

- purpose of promoting good nutrition and a healthy diet:
  - o a nutrient-dense diet supports health, immunity and development
- methods of promoting good nutrition and a healthy diet:
  - o educate about healthy options:
    - balanced diet (for example adequate fibre in diet)
  - o signpost to appropriate resources:
    - healthy eating workshops
    - leaflets
    - books

- signposting to the relevant services (for example extended health and social services)
- responding to any questions

(GEC1)

S3.20 Support parents, families and carers to meet the needs of the child or young person including promoting the importance of family-centred care:

- educating on the benefits of family-centred care (for example improving family communication, improving outcomes for child or young person)
- offering advice and support on how to manage the child or young person's condition:
  - o asthma
  - o eczema
- actively encouraging the family to have a shared discussion about concerns
- engaging with the family to reach suitable solutions for any concerns raised

S3.21 Promote awareness with families and carers on how to maintain and contribute to health and wellbeing of children and young people:

- actively encouraging the use of public health strategies in relation to immunisation, nutrition, healthy diet, mental health, self-harm and other safeguarding issues:
  - o immunisation:
    - talking through any concerns
    - educating about the benefits
    - signposting to additional sources of support and information where

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Promoting health and wellbeing in children and young people

- useful websites

- dietitian

- talks

  o educate on the benefits of good nutrition

  o inform about the relevant schemes (for example free meals and vouchers for eligible children and young people)

  o recognise and promote food diaries as an important assessment tool in tracking that child or young person is eating a balanced diet

- purpose of promoting breastfeeding:

  o breast milk is the most complete form of nutrients for babies under 6 months old

  o it encourages bonding and attachment between parent and infant

- methods to support and encourage breastfeeding:

  o make suitable facilities available for expressing (for example comfortable surroundings, private room)

  o make suitable equipment available for expressing (for example breast pump, bottles)

  o make suitable facilities available for the storing of milk (for example fridges, cool areas)

K3.9 The importance of physical activity on the health and wellbeing of children and young people and how this can be promoted effectively:

- importance:

  o strengthens musculoskeletal system

  o strengthens the heart

necessary (for example leaflets, books, talks)

  o physical activity:

- educating about the benefits

- actively encouraging participation without forcing the child or young person

- working with the child or young person and their family to find an appropriate form of physical activity that suits their preferences

- where appropriate, sharing ideas with the family on what they can do at home to support the child or young person's physical development

  o oral care:

- advising family about the benefits of good oral hygiene

- advising the family about appropriate strategies they can use to maintain the child or young person's oral health:

  - reminders and prompts to practice good oral hygiene (for example teeth cleaning)

  - talking about oral hygiene with the child or young person after meals

- educating the child or young person on the best techniques to use

  o nutrition, healthy diet:

- educating family about the benefits of good nutrition and the healthy options available

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Promoting health and wellbeing in children and young people

- o can combat obesity

- o ability to raise child or young person's self-esteem

- o enables social interaction with other children and young people

- strategies to promote:

- o work with the child or young person and their family to find an appropriate form of exercise that suits their preferences

- o where appropriate, share ideas with the family on what they can do at home to support the child or young person's physical development

- o encourage but do not force child or young person's participation

K3.10 The importance of oral care on the health and wellbeing of children and young people and how this can be promoted effectively:

- importance:

- o prevents tooth decay

- o prevents gum disease

- o prevents tooth loss

- o creates positive self-esteem

- strategies to promote:

- o advise family about benefits of good oral hygiene

- o advise the family about appropriate strategies they can use to maintain child or young person's oral health:

- ▪ reminders and prompts to practice good oral hygiene (for example teeth cleaning)

- ▪ talk about oral hygiene with the child or young person after meals

- ▪ educating families and carers on completing and reviewing food diaries

- ▪ signposting to relevant resources or professionals where necessary (for example leaflets, workshops or dietitians)

- ▪ responding appropriately to any questions raised

- o mental health, self-harm and other safeguarding issues:

- ▪ educating family on the potential indicators (for example acting withdrawn, unexplained cuts)

- ▪ educating family on how to develop positive self-esteem in the child or young person

- ▪ educating on awareness campaigns (mental health awareness day)

- ▪ signposting to relevant services

- ▪ advising family on what to do if they have any concerns regarding their child or young person (for example how to support, suitable health and social care services to contact)

S3.22 Promote awareness amongst families of how to ensure bonding and attachment with children and young people:

- encouraging parent/guardian to spend time with the child

- responding to any questions from the family

- signposting parent to appropriate educational provision

- working with parent/guardian to build confidence and empower them to parent effectively

Promoting health and wellbeing in children and young people	
- o educate child or young person on the best techniques to use **K3.11 The importance of mental health awareness for the health and wellbeing of children and young people and how this can be promoted effectively:** - importance of mental health awareness: - o increases the chances of early intervention (for example signs can be spotted sooner) - o awareness reduces stigma, meaning child or young person is more willing to talk about their feelings - strategies to promote: - o educate family on how to develop positive self-esteem in the child or young person - o encourage child or young person to talk about their feelings - o educate on awareness campaigns (for example mental health awareness day) - o educate family on signs of mental ill health - o know where and how to escalate concerns - o knowledge of safeguarding policy and setting's procedure - o knowledge of relevant services to signpost family to if they have concerns about their child or young person **K3.12 The importance of self-harm awareness on the health and wellbeing of children and young people and how this can be promoted effectively:** - importance of self-harm awareness:	

Promoting health and wellbeing in children and young people	
- o increases understanding - o allows open conversation which can help prevent child or young person self-harming - o educates and break down myths (for example only certain types are affected by self-harm) - strategies to promote self-harm awareness: - o share resources: - blogs - videos - leaflets - books - useful websites - o educate on signs and symptoms of self-harm (for example unexplained cuts) - o educate on awareness campaigns (for example self-harm awareness day) - o know where and how to escalate concerns - o knowledge of safeguarding policy and setting's procedure - o knowledge of relevant services to signpost child or young person to **K3.13 The importance of protecting children and young people from abuse and neglect and the strategies to effectively promote this:** - importance: - o it is the duty of anyone working with children or young people to safeguard them appropriately	

Promoting health and wellbeing in children and young people

- o taking effective safeguarding steps can break the cycle of future abuse and neglect

- strategies to promote:

  - o educate parent/carers (for example parent/carer training programmes)

  - o escalate any safeguarding concerns via setting's safeguarding policy

K3.14 The importance of public health strategies and how to effectively promote them:

- importance:

  - o public health strategies have a positive impact on the reduction of preventable disease and death, aiding and prolonging life

  - o reduces future costs and strain on healthcare services

  - o they can be used to promote:

    - healthy choices and living

    - disease outbreak prevention

    - measures to ensure public safety

- strategies to promote:

  - o educate child or young person and family on relevant campaigns (for example Change4Life, 5 A Day)

K3.15 The importance of promoting the services offered by extended health and social care services and the strategies used to effectively do this:

- importance:

  - o services offered can put children, young people and their families in touch with beneficial support resources that sit outside of the clinical remit

- strategies to promote:

Promoting health and wellbeing in children and young people	
- education and discussion on the variety of services available (for example educating on substance misuse, smoking cessation services and education on viruses such as HIV/hepatitis) - support child, young person or their family to use service, helping to eliminate barriers - encourage self-referral through signposting	

Occupational specialism – option E: Supporting the Therapy Teams

Knowledge and skills are set out side by side within their themed sections. The numbering is sequential throughout the performance outcome, from the first knowledge statement, following on through the skills statements. The 'K' and 'S' indicate whether the statement belongs to knowledge or skills.

Mandatory content

Performance outcome 1: Carry out a range of therapeutic techniques to support allied health professionals (AHPs)

Performance outcome 2: Assist with the therapy support process and provide advice to help individuals develop and improve their health and/or develop or maintain skills for daily living

Performance outcome 3: Prepare and maintain the therapeutic environment, equipment and resources for use

Glossary

Allied health professionals

The allied health professions (AHPs) comprise 14 distinct occupations including: art therapists, dietitians, drama therapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, diagnostic and therapeutic radiographers, and speech and language therapists

Individual

A person who may require care, assessment, investigation, support or treatment

Patient

A person receiving care, support or treatment

Scope of practice

Sets out the limits of responsibility and ensures individuals do not undertake work outside of training or competence

Scope of role

Range of activities, duties, or responsibilities that an employee is reasonably expected to carry out or fulfil within the remit of his or her job or position

Service user

A person receiving or using healthcare services

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

Roles and responsibilities of a therapy support worker	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.1   **The diversity of work undertaken by senior healthcare therapy support workers in supporting a range of allied health professionals, including:**
 	
• art, music and drama therapists:
   o build confidence in working in groups
   o support patients to engage in therapeutic tasks during sessions
   o promote expression of emotions/difficulties through the use of art or drama techniques by creating and maintaining a therapeutic, containing environment
 	
• chiropodists/podiatrists:
   o provide essential assessment, evaluation and foot care
   o work in both the community and acute settings
   o promote mobility
   o prevent and correct misalignment
 	
• dietitians:
   o support with dietary and nutritional intake
   o support nil by mouth patients
   o promote healthy diets
 	
• occupational therapists:
   o support activities of daily living therapies (for example kitchen practice, washing and dressing)
	The student must be able to:
	
	S1.26 **Recognise and respect the particular shared functions of AHPs across the health and social care setting and request clarification and ask questions to test understanding where appropriate:**
	
	• carrying out therapeutic assessments
	
	• supporting with activities for daily living (for example being able to make meals, personal care, overall health and wellbeing)
	
	• supporting in social participation
	
	• health promotion and education
	
	• working collaboratively (for example care planning, discussing treatment options, sharing relevant information)
	
	                         (GEC1)
	
	S1.27 **Support the therapy team with therapeutic tasks and interventions working within scope of role, knowledge and responsibilities:**
	
	• providing support with mobility
	
	• supporting independent living
	
	• supporting with diet and nutrition
	
	• helping to manage anxiety
	
	• helping with personal and social integration
	
	• supporting speech and language and communication difficulties

Roles and responsibilities of a therapy support worker	
- o enable and promote independence both physical and mental - o prescribe equipment and resources to enable and promote independent living - operating department practitioners: - o provide person-centred care and preparing specialist equipment and drugs - o prepare all the necessary equipment and instruments for operations and providing these to the surgical team during the operation - o support the patient throughout their time in the recovery ward, assessing vitals and fitness for return to the ward - o responsible for preparing the operating theatre and maintaining communication between the surgical team, operating theatre and wider hospital - orthoptists: - o investigate, diagnose and treat defects of binocular vision and abnormalities of eye movement - o work independently as well as part of a multidisciplinary team - osteopaths: - o take a holistic view of the structure and function of the body to diagnose and treat a wide variety of medical conditions - o use a number of non-invasive treatments to restore bodily equilibrium (for example touch, physical manipulation, stretching and massage)	

Roles and responsibilities of a therapy support worker	
- paramedics: - senior ambulance service healthcare professionals called to an accident or a medical emergency - competent in the use of high-tech equipment (for example defibrillators, spinal and traction splints and intravenous drips) as well as administering oxygen and drugs - physiotherapists: - support individuals with mobility issues - promote independence - prescribe equipment and resources - prosthetists: - provide gait analysis and engineering solutions to patients with limb loss - competent to design and provide prostheses that replicate the structural or functional characteristics of the patient's absent limb - orthotists: - complete gait analysis and engineering solutions for patients with problems of the neuro-muscular and skeletal systems - competent to design and provide orthoses that modify the structural or functional characteristics of the patient's neuro-muscular and skeletal systems - radiographers: - use equipment to take scans of the body - use relevant equipment and materials (for example ultrasonography	

Roles and responsibilities of a therapy support worker	

machine, echocardiography machine, X-ray)
 	
 • speech and language therapists:
 	
     o specialists in either communicating or swallowing techniques
 	
     o prescribe thickeners and medication
 	
     o prescribe equipment and resources
 	
     o assess sensory deficits or strengths and support communication strategies that align with these
 	
 K1.2   **The diversity of emerging roles for senior healthcare therapy support workers who provide support across the allied health sectors or who undertake specific types of support work:**
 	
 • acupuncture:
 	
     o acupuncture practitioners insert fine needles in certain sites in the body for therapeutic or preventative purpose
 	
     o acupuncture is used to treat a wide range of health conditions (for example migraines, tension headaches, dental pain, joint pain, post-operative pain)
 	
 • animal assisted therapy (AAT):
 	
     o AAT is a guided interaction between a person and a trained animal
 	
     o AAT is used as a therapeutic treatment for dementia, anxiety and schizophrenia
 	
 • Alexander technique:
 	
     o used by trained staff to show individuals how to improve their posture and movement
 	
     o believed to help decrease tension in the body and help to relieve problems (for example back pain, neck ache,	

Roles and responsibilities of a therapy support worker	

sore shoulders and other musculoskeletal problems)
 	
 • reflexology:
 	
    o a complementary therapy that applies gentle massage or pressure to the feet along meridian lines and designated points
 	
    o modern reflexology is based on the principle that the foot has 'reflex' points that correspond to the various structures and organs throughout the body
 	
 K1.3 The key characteristics of a range of settings when carrying out therapeutic techniques to support AHPs:
 	
 • hospitals:
 	
    o benefits:
 	
        ▪ access to equipment and resources
 	
    o challenges:
 	
        ▪ issues with space and access for appointments
 	
        ▪ need for quick discharges
 	
 • community settings:
 	
    o benefits:
 	
        ▪ working in partnership with existing care provision
 	
    o challenges:
 	
        ▪ access to resources or space and risk
 	
 • individual's homes:
 	
    o benefits:
 	
        ▪ familiar environment for the individual
 	
    o challenges:	

Roles and responsibilities of a therapy support worker	
- lack of space or additional distractions - risk assessment would need to be undertaken - lack of availability of required resources - specialist units: - benefits: - access to equipment and resources - challenges: - clinical environment - secure settings (for example prisons, secure hospitals): - benefits: - safe environment for staff - challenges: - limited equipment due to safety protocols - schools: - benefits: - young people can often be more relaxed in the environment - challenges: - access to space - additional safety checks **K1.4 The need and importance of completing clinical risk assessments and management plans for activities when supporting the therapy team:** - identify potential risks: - risk of harm to self or others - potential environmental risks - safeguarding:	

Roles and responsibilities of a therapy support worker	
- o adults at risk - o learning difficulties - o mental health issues - o children and young people who may be emotionally, physically, sexually abused - o report and record environmental risks - o hazards in the home - help reduce risk: - o provision of equipment - o provision of help (for example carers) - promote best practice: - o ongoing continuing personal development (CPD) - promote a person-centred approach - record informed consent: - o consent should be recorded at beginning of treatment and subsequently sought verbally and documented at each session - record equipment and resources assessments: - o checks in line with manufacturer's instructions - o record equipment and resources maintenance in line with manufacturer's instructions - support local policy and procedures: - o ensure risk assessments and management plans are completed in line with local policy and procedures	

Roles and responsibilities of a therapy support worker	

K1.5   **The role of the therapy support worker in supplying information and advice as a delegated task to the individual during their intervention:**
 	
   • having honest discussions about treatment and associated goals
 	
   • discusses what the individual would like to achieve from the treatment
 	
   • helps the individual to understand their condition in more detail discussing any needs or areas for concern
 	
K1.6   **The organisational structures that exist in therapy teams and the associated roles and responsibilities of each member of the wider team:**
 	
   • therapy organisational structure:
      o operations manager
      o team manager
      o clinical lead
      o therapist
      o therapy workers
      o therapy support workers
 	
   • roles and responsibilities of team members:
      o operations manager:
         ▪ overseeing of the service
         ▪ service development
         ▪ management of systems and process
         ▪ decision making in regard to service provision
      o team manager:
         ▪ overseeing the management of the team employees (for example annual leave and rotas)	

Roles and responsibilities of a therapy support worker	
- undertaking service led development and changes - chairing meetings - authorising care plans - authorising costed service o clinical lead: - overseeing therapy specific work (for example clinical supervisions) - complex face-to-face interventions - chairing meetings - authorising lower-level/lower-cost services/equipment - attending management meetings o therapist: - face-to-face interventions and assessments - provision of equipment and therapy support plans - clinical risk assessments - supporting students o therapy worker: - face-to-face interventions and assessments - provision of equipment and therapy support plans - clinical risk assessments - usually supported by a senior therapy worker o support worker: - delivery of therapeutic care - therapeutic relationship - advocate for service user - risk assessment	

Roles and responsibilities of a therapy support worker	
▪ risk management ▪ record keeping o nurses: ▪ medication monitoring ▪ medication administration ▪ physiological measurement ▪ pressure care management ▪ risk assessment ▪ risk management ▪ care co-ordination ▪ record keeping ▪ prescribing of equipment and resources o mental health nurse: ▪ therapeutic relationship ▪ advocate for service user ▪ medication monitoring ▪ medication administration ▪ risk assessment ▪ risk management ▪ care co-ordination ▪ record keeping o psychiatrist: ▪ diagnosis ▪ medication prescribing ▪ Mental Health Act assessments o social workers: ▪ assess care and support needs ▪ provide care packages ▪ provide information and advice	

Roles and responsibilities of a therapy support worker	
- monitor social situation - signpost - GP: - referral - signpost - education and advice - prescribing - psychologist: - psychological assessment - psychological formulation - therapeutic relationship - delivery of talking therapies - risk assessment - risk management - record keeping - psychological therapist: - therapeutic relationship - delivery of talking therapies - risk assessment - risk management - record keeping - pharmacist: - specialist knowledge of medications - dispensing medications - education and advice - specialist teams: - dietitian - occupational therapist	

Roles and responsibilities of a therapy support worker	

K1.7 Understand the duties and limitations within the scope of their role when performing delegated tasks:
 	
• duties:
   o duty of care
   o safeguarding (for example safety of the individual, safety of self and safety of staff)
   o seek and action advice from healthcare professionals
 	
• scope of role and limitations:
   o must be trained to carry out the delegated task
   o must be experienced in carrying out the delegated task
   o must be permitted to perform the delegated task
 	
K1.8 The diverse range of therapeutic tasks and interventions a therapy support worker will routinely be expected to carry out:
 	
• support individuals to follow exercise and treatment programmes:
   o hydrotherapy
   o mobility
 	
• demonstrate the use of mobility aids (for example walking sticks and crutches):
   o correct use of equipment
   o maintenance
   o environmental limitations
 	
• help individuals to use aids and equipment including assistive technology (for example walking sticks, crutches, bed rails, bath step, hoist, communication aids):
   o correct use of AI (artificial intelligence)	

Roles and responsibilities of a therapy support worker	
- o use of environmental controls - help children with disabilities to take part in school and play activities: - o adapting the environment - o use of equipment and resources offering support - o use of de-escalation strategies - demonstrate how equipment can be used at home: - o safe use of equipment - o how the equipment can be adapted for home use - demonstrate to individuals how to use feeding tubes: - o hygiene - o safe disposal - support people who have difficulties with producing/using speech: - o using communication aids - o using picture cards - o Makaton - support individuals with difficulties or relapses in their mental health: - o referrals to specialist teams - o discussion around treatment options - support individuals with first episodes of mental ill health: - o referrals to specialist teams - o discussion around treatment options - support engagement in therapeutic tasks or interventions - support people with cognitive or memory difficulties:	

Roles and responsibilities of a therapy support worker	

o visual prompts
 	
    o assistive technology
 	
K1.9 **The standard approaches to identify, assess, manage, rehabilitate or maximise an individual's function in line with policies and procedures:**
 	
  • identify:
    o initial holistic assessments
    o previous support offered (for example what worked well, what did not work well)
    o areas for development
    o referrals
 	
  • assess:
    o baseline assessment
    o observation exercises
    o additional observations (for example mobility, speech)
 	
  • manage:
    o development and maintenance of care plan
    o ongoing discussion with individual about treatment
 	
  • rehabilitate:
    o monitor management of treatment
    o monitor effectiveness of treatment
    o review progress
    o adapt treatment	

Therapy techniques and interventions	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.10 How a number of different therapy support interventions are used to support physical and mental wellbeing:
 	
• targeted therapy support (for example to address a communication disorder)
 	
• producing information for patients on diet and nutrition
 	
• organising and running an exercise session
 	
• organising a play session for children with complex physical needs
 	
• promotion of equipment to assist the individual with their independence
 	
• supporting behavioural activation or graded exposure tasks to assist in reducing anxiety and independent living skills
 	
K1.11 The importance of following standard approaches to particular interventions and the consequences of failing to follow standard approaches:
 	
• minimises potential for error
 	
• increases patient and staff safety
 	
• improves experience
 	
• higher success rate
 	
• lower level of relapse
 	
• consequences:
 	
    o harm to individual
 	
    o legal action
 	
    o loss of employment
 	
    o loss of license to practise
	The student must be able to:
	
	S1.28 Assist with delegated therapeutic tasks, or interventions, as appropriate to the role:
	
	• providing targeted therapy support to address a communication disorder
	
	• producing information for patients on diet and nutrition
	
	• organising and running an exercise session
	
	• when the student is assisting with delegated therapeutic tasks, or interventions, they must:
	
	    o speak clearly and confidently using appropriate tone and register that reflects audience and purpose
	
	    o use appropriate grammar and choice of words in oral speech
	
	    o respond to questions/feedback from colleagues/clients/customers
	
	(GEC2)
	
	S1.29 Perform tasks within limits of own competence and seek guidance when tasks fall outside of own competencies:
	
	• asking and responding to questions for clarification
	
	• encouraging contributions from other participants
	
	• summing up key points of discussion
	
	(GEC6)

Therapy techniques and interventions

K1.12 The factors of different approaches available across therapy interventions and the associated theory:

- medical approach:
  - targets disease and disability (for example cancer, heart disease)
  - uses screening, medication and medical procedures
  - medical profession take responsibility for treatment and care
- behavioural change approach:
  - to change individual's behaviour and attitudes to follow a healthier lifestyle (for example stop smoking, exercise, healthy eating, looking after their teeth)
  - health professionals take responsibility for encouraging individuals to adopt healthier lifestyles
- educational approach:
  - provides individuals with information, knowledge and resources to increase their understanding of health issues
  - support is also given to assist individuals to make changes and decisions about their health (for example referral to stop smoking services or dietitian)
  - professional responsibility to raise health issues with individuals for their best interest
- person-centred approach:
  - supports the individual to identify what they want to gain from the approach
  - encourages independence and autonomy

S1.30 Follow standard approaches to manage, rehabilitate or maximise an individual's function:

- following appropriate policies and procedures:
  - using appropriate technical terms
  - listening actively and recording information accurately and concisely
  - requesting clarification where appropriate

(GEC4)

S1.31 Use therapy techniques to enable individuals to meet optimum potential in relation to either or both physical and mental wellbeing:

- supporting an elderly person to be as independent as possible (for example providing mobility aids)
- working on exercises with a patient recovering from knee surgery
- supporting an individual suffering from voice loss with voice strengthening techniques
- providing a patient with advice on food choices from a hospital menu
- supporting an individual with social interactions (for example going to the shop, socialising)
- providing an individual with guidance on health eating and exercise
- supporting an individual to express their emotions using art equipment or musical instruments

Therapy techniques and interventions

- individuals have a right to control their own health

- societal change approach:

  - puts health on the political agenda to improve health on a social and environmental level

  - public health campaigns to improve the nation's health (for example screening programmes, immunisation, breast and cancer awareness)

K1.13 The requirement of therapy support to enable individuals to meet optimum potential during rehabilitation by:

- promoting independence

- empowering the individual

- developing skills to assist with recovery (for example physical, social, life)

- monitoring their progress (for example care planning)

- individuals managing their condition (for example being able to manage their diet to support recovery)

- reviewing effectiveness of therapeutic treatment

K1.14 When and why there may be a need to adapt techniques to meet the needs of individuals and promote participation:

- adapt play techniques to support children:

  - when:

    - individuals having problems with mobility

    - learning difficulties

    - hearing or sight problems

  - why:

    - promote interaction

S1.32 Adapt therapeutic tasks, or interventions in relation to individual's specific needs:

- using play techniques when supporting children (for example sand play, water play, sensory play)

- changing the environment and setting to suit the individual's needs (for example accessibility to the environment, light or temperature changes, noisy environments, additional distractions)

- changing a session length (for example individuals who suffer from fatigue due to medication or illness)

- changing the time of the session due to individual's circumstances (for example cultural or religious reasons)

- ensuring at all times the student will:

  - use appropriate technical terms

  - respond to questions/feedback from colleagues/clients/customers

  - use appropriate grammar and choice of words in oral speech

  (GEC2, GEC4)

S1.33 Recognise the impact different factors can have on the therapeutic task, clinical task or therapeutic intervention and adapt as appropriate providing the appropriate level of detail to reflect audience and purpose:

- factors that can impact task or intervention:

  - mental or physical capacity

  - health condition

  - learning disability

  - overall wellbeing

- potential impacts:

  - problems concentrating

Therapy techniques and interventions

- ▪ promote independence
- ▪ promote learning

- change the environment and setting to suit the individual's needs:
  - o when:
    - ▪ wheelchair access (for example problems with wheelchair users accessing environment)
    - ▪ hearing difficulties (for example loud spaces which could affect individuals with hearing problems)
    - ▪ mental health issues (for example problems with open spaces)
  - o why:
    - ▪ promote engagement
    - ▪ promote interaction

K1.15 When using particular therapeutic interventions there are precautions that need to be considered to ensure the safety of the individual:

- using the correct equipment (for example correct hoist or walking aid)

- maintenance of the equipment (for example checking equipment in line with local policy and manufacturers guidance)

- accurate planning (for example making sure location of treatment has easy access for a wheelchair user)

- risk assessment (for example identifying risks with equipment or environment)

- lone working policy and procedures (for example following local lone worker policies and procedures)

- updating individuals care/therapy plan (for example updating care plan to show changes in mobility)

- o problems retaining information
- o difficulties understanding information
- o inability to physically complete a task
- o difficulties engaging with intervention

- ways to adapt:
  - o altering the height of crutches
  - o making the seat back of a wheelchair narrower for a child
  - o changing the screen colour for an individual with a sight impairment
  - o reducing steps and simplifying instructions of a task for a person with dementia

(GEC3)

Therapy techniques and interventions

- evaluating the environment (for example making sure the environment is safe and easy to access)

- pre-existing conditions (for example any physical or mental conditions which could affect the therapeutic intervention)

K1.16 **How physical or mental conditions can impact on the use of a particular therapeutic intervention:**

- change of session length (for example shortening the length of a session for an individual who has had a relapse in their mental health)

- consideration of pain management and fatigue (for example tailoring the intervention for an individual who is recovering from an illness or operation)

- frequency of intervention (for example changing from weekly interventions to fortnightly in line with changes to care plan following treatment)

- willingness to engage (for example lack of individual engagement in therapeutic activity following relapse in mental health)

K1.17 **Factors that would indicate the need to escalate concerns to the relevant supervisor:**

- changes in the individual's physical or mental health

- issues or concerns with equipment or resources

- safeguarding concerns

- incorrect record keeping

- changes in risk

Using equipment and devices for therapeutic techniques and interventions	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K1.18 The function of a range of equipment, kit and devices available across therapy support:
 	
• mobility aids:
 	
   o function of equipment:
 	
     ▪ designed to help people who have problems moving around enjoy greater freedom and independence
 	
   o range of equipment:
 	
     ▪ sticks
 	
     ▪ crutches
 	
     ▪ walkers
 	
     ▪ wheelchairs
 	
• orthotic equipment:
 	
   o function of equipment:
 	
     ▪ used to treat various conditions of the foot and ankle
 	
   o range of equipment:
 	
     ▪ braces
 	
     ▪ insoles
 	
     ▪ ankle-foot orthoses (AFOS) are devices that cover the ankle, foot, and the leg below the knee
 	
     ▪ knee-ankle-foot orthoses (KAFOS) are similar to AFOS but also cover the knee joint
 	
• raisers/hoists:
 	
   o function of equipment:
 	
     ▪ helps the individual get out of bed or chairs more easily
	The student must be able to:
	
	S1.34 Select appropriate equipment, kit or devices to use for a specific therapeutic task or intervention:
	
	• considering task requirements
	
	• considering external factors
	
	• selecting appropriate equipment:
	
	   o mobility aid
	
	   o play equipment for children
	
	   o assistive technology
	
	   o hoist or raiser
	
	S1.35 Use appropriate equipment, kit and devices for therapeutic tasks, or interventions in a safe and effective manner ensuring:
	
	• manufacturer's guidelines are followed
	
	• equipment is up to date with maintenance checks required and has an up-to-date service sticker on it
	
	• that equipment has been appropriately cleaned to infection control guidelines
	
	• equipment is appropriate for service user through assessment
	
	S1.36 Provide appropriate equipment to individuals to support therapy tasks and fit this equipment to meet individual's needs:
	
	• adapting crutches or walking sticks to an individual's height
	
	• securing cushioned bumpers over bed rails (for example to prevent gaps or hard surfaces)
	
	• applying coloured tape on the edge of a white bath step (for example to support for someone who has visual difficulties)

Using equipment and devices for therapeutic techniques and interventions

- helps transfer the individual
  - o range of equipment:
    - chair raisers
    - bed raisers
    - overhead hoists
    - ceiling hoists
    - mobile hoists
- toileting equipment:
  - o function of equipment:
    - help maintain dignity and independence in the home
  - o range of equipment:
    - toilet tissue aids
    - commode cushions
    - commode pans
    - commodes
- hand therapy equipment:
  - o function of equipment:
    - recovery from injury of the hand or wrist
    - recovery from hand surgical operations
  - o range of equipment:
    - splints
    - supports
    - weights
    - exercise equipment (for example balls, bars, grasps)
- art or music equipment:
  - o function of equipment:
    - to promote creativity and recovery with mental and physical conditions

- adding words or phrases to a communication aid (for example particular words, phrases or dialect specific to the individual)

S1.37 **Demonstrate how to use specific equipment safely and effectively to meet an individual's needs ensuring they ask questions to test understanding:**

- bath seat:
  - o how to charge equipment
  - o how to safely transfer onto it
- hoist:
  - o how to adapt settings
  - o how to fit a sling appropriately
- communication aid:
  - o how to speak to the aid
  - o how to add words and phrases
- wheeled/standard walking frame:
  - o how to hold the equipment
  - o how to position the equipment
  - o how to check the environment is safe for use (for example no steps or obstacles)
- bed rail bumpers:
  - o how they can be raised and lowered

(GEC1)

S1.38 **Identify when equipment or its use is unsafe or not suitable for individuals need:**

- identifying visible wear and tear to equipment that could make it unsafe for use (for example frayed straps on a hoist, worn hinges on bed rail)

Using equipment and devices for therapeutic techniques and interventions

- o   range of equipment:
    - musical instruments (for example guitar, percussion, ukuleles)
    - chalk
    - charcoal
    - collage items
    - crayons
    - drawing items
    - eraser
    - journal
    - loose paper
- play equipment:
    - o   function of equipment:
        - helps children interact and deal with emotional distress and trauma
    - o   range of equipment:
        - sandpits
        - toys
        - books
        - dress up clothing
        - games
- assistive technology:
    - o   function of equipment:
        - the use of technology to support the individual mentally or physically
    - o   range of equipment:
        - hearing aids
        - prosthetic devices, and orthotic device

K1.19   How to use equipment, kit and devices safely and effectively:

- follow manufacturer's usage instructions

- identifying visible damage to equipment (for example loose wheels on a walking frame, worn handgrips on a walking stick)
- completing checks to clinical equipment following relevant standard operating procedures
- identifying issues concerning the calibration of instruments
- identifying the risks and issues associated with the use of digital devices and technology
- identifying changes in individual's needs (for example reduced movement, increased mobility)

Using equipment and devices for therapeutic techniques and interventions	
- ensure training is up to date - complete visual safety checks (for example wear and tear) - complete checks to clinical equipment following relevant standard operating procedures - identify issues concerning the calibration of instruments - identify the risks and issues associated with the use of digital devices and technology - follow correct procedures to confirm the accuracy, precision and operational effectiveness of equipment - identify any equipment that does not meet calibration standards and take action to prevent accidental use - ensure equipment, kit and devices are checked by registered professionals - complete daily checking requirements - complete monthly checking requirements - complete relevant documentation before, during or after use **K1.20 How equipment can be adapted to meet individual's needs:** - adapt crutches or walking sticks to an individual's height - secure cushioned bumpers over bed rails (for example to prevent gaps or hard surfaces) - apply coloured tape on the edge of a white bath step (for example to support for someone who has visual difficulties) - add words or phrases to a communication aid (for example particular words, phrases or dialect specific to the individual)	

Using equipment and devices for therapeutic techniques and interventions	

K1.21 The range of equipment available and factors that would dictate its suitability to use:
 	
• stand aid hoists:
   o when to use the equipment:
     ▪ supporting capable individuals in general transfers and toileting
   o when to avoid using the equipment:
     ▪ when supporting individuals who may be unable to follow instructions to safely use this type of equipment due to physical or cognitive impairment
 	
• hoist:
   o when to use the equipment:
     ▪ when client is non-weight bearing
   o when to avoid using the equipment:
     ▪ when client can weight bear
     ▪ weight limits could affect usage on larger patients
 	
• wheeled mobility aids:
   o when to use the equipment:
     ▪ supporting individuals with mobility and transportation
   o when to avoid using the equipment:
     ▪ limitations in the area to be used
     ▪ individuals with involuntary movements or severe extensor tone
 	
• bed rails:
   o when to use the equipment:
     ▪ supporting individuals to safely remain in bed
   o when to avoid using the equipment:	

Using equipment and devices for therapeutic techniques and interventions	
- concerns over patient's safety - bath seats: - when to use the equipment: - supporting individuals with personal hygiene - when to avoid using the equipment: - when patient is unable to safely use equipment. **K1.22 Who to approach to gain authorisation for use of specialist equipment in line with local policies and procedures when completing delegated tasks:** - lead therapist - line manager - team leader - supervisor - senior members **K1.23 The limitations, benefits and associated risks linked with specific equipment used in a therapy setting:** - full hoist: - limitations: - individuals are no longer able to stand and this limits their abilities - large pieces of equipment that take up a lot of space in someone's home - benefits: - allow individuals who are immobile to be able to get out of bed, access the community and other areas of their homes - risks: - fatal errors	

Using equipment and devices for therapeutic techniques and interventions

- ▪ misuse of equipment with potential injury
- ▪ equipment not maintained
- • wheeled mobility aids:
  - o limitations:
    - ▪ size of the equipment relevant to the environment
    - ▪ weight of the client
    - ▪ need to be used on flat surfaces
  - o benefits:
    - ▪ maximise independence
    - ▪ reduced risk of falls when used correctly
  - o risks:
    - ▪ risk of falls if not used appropriately
- • assistive technology:
  - o limitations:
    - ▪ individuals may feel monitored especially if using GPS tracker devices
    - ▪ individuals have to pay for this service depending on the financial benefits they receive
  - o benefits:
    - ▪ reminders can be set for medication
    - ▪ telecare can attend and help individuals without needing to involve paramedics
    - ▪ reduced hospital admissions
  - o risks:
    - ▪ can be relied upon too much
    - ▪ individuals may overuse this and press alarms when not appropriate

Using equipment and devices for therapeutic techniques and interventions	
- communication aids: - limitations: - require careful assessment for individual use - can be targeted at the wrong level - need to be reassessed and reviewed regularly - benefits: - allows service users to be supported to engage in communication - can be used across a number of settings - can support engagement in other interventions or assessments so that needs can be well assessed - risks: - targeted at inappropriate level or perceived as patronising can impact on engagement and therapeutic relationship - potential of replacing personal interaction.	

Health and safety in the therapy environment	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K1.24 How to assist with the completion of a risk assessment and their relevance to the associated therapeutic task and setting: - how to assist: - provide accurate patient information	**S1.39 Assist with the completion of risk assessments that are relevant to therapeutic task and setting ensuring they:** - identify the hazards - decide who might be harmed and how

Health and safety in the therapy environment

- o complete delegated tasks (for example update care plans)
- o be aware of limitations of role
- relevance to the task:
- o identify hazards (for example anything that may cause harm)
- o decide who may be harmed, and how
- o assess the risks and take appropriate action
- o make a record of the findings
- o review the risk assessment

K1.25 The purpose of national guidelines and the potential implications if these are not followed:

- purpose of national guidelines:
- o maintain good and safe professional practice
- o sets out legal requirements
- o documented guiding principles
- potential implications:
- o criminal charges could be brought against the therapist/assistant/care home/trust
- o disciplinary action
- o loss of job for misconduct
- o bad practice could result in patient suffering or even death
- o trust could be sued

- evaluate the risks and decide on precautions
- record findings and implement them
- review assessments and update if necessary
- use appropriate grammar and choice of vocabulary and correct spelling and punctuation

(GEC1)

S1.40 Adhere to all required national guidelines for the particular area of therapy support:

- code of conduct specific to the particular area of therapy support (for example occupational therapy, physiotherapy, dietitian)
- NICE guidelines
- RCOT Practice Guidelines (Royal College of Occupational Therapists)

Performance outcome 2: Assist with the therapy support process and provide advice to help individuals develop and improve their health and/or develop or maintain skills for daily living

The therapy support process	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.1 The stages in the therapy support process:
 	
• assessment:
 	
   o beginning of the support process
 	
   o initial assessment
 	
   o ascertain the individual's difficulties and goals
 	
   o establish a baseline for intervention through person-centred individualised care planning
 	
• advice:
 	
   o provide standardised advice set out by the service (for example leaflets, advice on exercises or signposting to other agencies)
 	
   o unbiased
 	
   o service specific
 	
• evidence base
 	
• intervention/therapy sessions:
 	
   o developed for the individuals needs
 	
• possible home practice:
 	
   o home exercises
 	
   o kitchen/cooking practice
 	
   o specific to the goal setting
 	
   o specific to the therapy plan
 	
   o promote independence
 	
• progress review:
	The student must be able to:
	
	S2.15 Encourage individuals, carers and families to be involved in the care plan for individuals undergoing therapy support:
	
	• encouraging carers and families to join in with group exercise sessions
	
	• involving carers and families in group discussion with individual's consent
	
	• offering encouragement and support when completing exercises
	
	• helping to monitor individuals progress and willingness to undertake task outside of designated therapy session
	
	• using appropriate grammar and choice of words in oral speech
	
	(GEC1)
	
	S2.16 Encourage individuals to be independent and self-reliant, promoting self-management and skills for everyday life ensuring they:
	
	• offer clear guidelines of requirement of the therapeutic task or intervention (for example using help sheets, videos, instruction)
	
	• speak clearly and confidently using appropriate tone and register that reflects audience and purpose
	
	• positive feedback
	
	• non-judgemental attitude
	
	• discuss achievable goals

The therapy support process

- review at each stage
- checks goals are achievable (for example specific, measurable, achievable, realistic, and timely (SMART))
- assess whether more or fewer sessions may be appropriate
- assess if an adaptation to the goal/outcome would be appropriate
- outcome measurement:
  - supports review of goals and progress
- discharge or referral:
  - once the individual has achieved their goal
  - advice to maintain their abilities
  - areas of progression

K2.2   The use and importance of care plans in the therapy support process:

- use:
  - record any changes
  - development of goals
  - monitors progress
  - identifies barriers
- importance:
  - log of patient history
  - document risks
  - standardisation of care
  - person centred
  - legal requirement
  - accountability

- agree on achievable goals

(GEC2)

S2.17   Promote the development of skills for everyday life using appropriate tone and register that reflects audience and purpose:

- supporting individuals to access or return to employment after an injury or illness
- supporting individuals to return to their home following a lengthy treatment
- supporting individuals with social interaction
- supporting individuals to return to hobbies following an illness or injury (for example fishing, playing a musical instrument, playing a sport, sewing)

(GEC2)

S2.18   Support or facilitate individual and/or group sessions to promote independence, social integration and recovery ensuring that at all times they organise ideas and information logically:

- recovery groups (for example arts and crafts, mindfulness sessions, music or drama groups)
- relaxation sessions (for example mindfulness, yoga)
- group therapy discussion
- cooking classes
- socialising with friends (for example shopping, going to the pub or a cafe)

(GEC2)

The therapy support process	

K2.3 **The links between social integration and recovery as part of the therapy support process and ways to enable the individual to achieve social goals through:**
 	
• promotion of health and wellbeing:
   o physical exercise, promoting routine and downtime to reduce stress
   o advice on alcohol intake and healthy eating
   o supporting with coping strategies for anxieties
• signposting access to social activities:
   o exercise groups
   o community groups
   o volunteering
   o hobbies and leisure activities
• signposting access to support resources
   o sources of funding available
   o dedicated spaces
   o online groups
• socialising with friends
• specific activities that are meaningful to the individual (for example going to the pub, shopping)
• recovery groups (for example arts and crafts, mindfulness sessions, music or drama groups)
 	
K2.4 **The benefits for the individual of encouraging:**
 	
• self-management:
   o coping strategies (for example breathing technique)
   o good sleep hygiene
	S2.19 **Demonstrate a knowledge of group dynamics and effective use of oneself and interpret and respond to non-verbal cues while working:**
	
	• understanding diversity of individuals in a group (for example age, gender, beliefs)
	• working together as a group towards a shared goal (for example improving general fitness)
	• understanding potential conflicts (for example differences in opinion, needs or ability)
	• understanding individuals body language and willingness to participate
	
	S2.20 **Encourage individuals to engage in the community and access activities in line with their treatment goals:**
	
	• encouraging participation in sporting activities or community group
	• encouraging active participation in group discussions
	• encouraging discussion with family and friends
	• encouraging developing or learning new skills (for example singing in a group, learning how to draw)
	• encouraging autonomy in accessing activities

The therapy support process	
- making time for leisure activities and socialising - limiting alcohol intake - healthy eating - resilience: - having realistic expectations - effective planning - flexibility - having strong relationships - using coping strategies (for example breathing technique) - personal development: - learning from experiences - reflection - realistic goal setting **K2.5 The different techniques used to avoid relapses during the therapy support process:** - realistic goal planning - develop individual coping strategies - managing health needs - medication management **K2.6 Ways in which patients can be supported with skills for everyday living:** - involvement in therapy practice: - kitchen and cooking practice - washing and dressing practice - travel training - stairs/mobility practice - practice with communication aids - make use of equipment/resources: - mobility aid for walking	

The therapy support process	

o   communication aid
 	
        o   toileting equipment
 	
    • encourage participation in daily skills groups
 	
    • provide advice and tailored exercise plan
 	
K2.7   **The benefits of encouraging individuals to engage in the community and access activities as part of the therapy support process:**
 	
    • allows carers and families to join in with group exercise sessions as well as the individual
 	
    • encourages participation in sporting activities or community groups enhancing physical and mental wellbeing
 	
    • allows opportunities to provide advice and information about local activities that may be adapted for their specific needs (for example wheelchair basketball or sensory shopping mornings for people with autism)
 	
    • encourages participation in support groups
 	
    • promotes the development of coping strategies
 	
    • allows opportunities for signposting to additional local activities and resources	

Providing advice as part of the therapy support process	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.8 **The importance of providing appropriate advice in line with care plans and their role in supplying this advice:**
 	
    • increases collaboration in care planning
 	
    • increases the chances of a positive outcome
 	
    • honest discussions about treatment, goals and concern
 	
K2.9 **The different types of advice that may be provided as part of the therapy support process:**
 	
    • advise on food choices when working as a dietitian assistant
 	
    • advise on strategies to help with voice loss when working as a speech and language assistant
 	
    • advise on exercise techniques to maximise mobility when working as a physiotherapy assistant
 	
    • advise on use of minor aids (for example bath lift) to support with personal care needs as an occupational therapy assistant
 	
    • advise on thickened fluids or softer diets when working as a speech and language therapy assistant
	The student must be able to:
	
	S2.21 **Provide appropriate advice and support and make relevant and constructive contributions to move discussion forward in line with care plans and in consultation with the therapy team and registered professionals:**
	
	    • advising on an appropriate exercise programme
	
	    • advising on meal or dietary choices
	
	    • signposting to advice about substance misuse (for example alcohol, smoking, drugs)
	
	    • supporting an individual with housing or benefit claims
	
	    • advising on additional services that could benefit an individual's overall health and wellbeing (for example group activities, creative activities)
	
	                        (GEC6)

Measuring progress as part of the therapy support process	
Knowledge – What you need to teach	**Skills – What you need to teach**

The student must understand:
 	
K2.10 The purpose of baseline measurements at the start of intervention:
 	
• helps measure the effectiveness of treatment
 	
• provides a starting point for treatment and goal setting
 	
• supports development of treatment plans
 	
• supports the development of goals
 	
K2.11 Anticipated outcomes following a specific intervention:
 	
• improving mobility following an operation (for example walking or movement)
 	
• improving independence following a disability (for example washing or toileting skills)
 	
• management of a condition (for example fatigue or pain levels)
 	
K2.12 The purpose of the different defined outcome measures in their role:
 	
• Australian Outcome Measures for Occupational Therapists (AusTOMs):
 	
   o used to demonstrate change over time in the individual's progress
 	
• Canadian Occupational Performance Measure (COPM):
 	
   o evidence-based outcome measure
 	
   o person centred
 	
   o focusses on individuals setting and evaluating goals
 	
• Therapy Outcome Measure (TOM):
 	
   o cross-disciplinary outcome measure
	The student must be able to:
	
	S2.22 Measure and record the progress individuals make against defined outcomes:
	
	• Australian Outcome Measures for Occupational Therapists (AusTOMs):
	
	   o used to demonstrate change over time in the individual's progress
	
	• Canadian Occupational Performance Measure (COPM):
	
	   o evidence-based outcome measure
	
	   o person centred
	
	   o focus on individuals setting and evaluating goals
	
	• Therapy Outcome Measure (TOM):
	
	   o cross-disciplinary outcome measure
	
	   o evaluate abilities and difficulties of the individual
	
	• Assessment of Motor and Process Skills (AMPS):
	
	   o analyse the quality of the individual's performance
	
	   o analyse the quality of the engagement in activities
	
	• Barthel index:
	
	   o assesses a patient's ability to perform activities of daily living (ADLs)

Measuring progress as part of the therapy support process	
- evaluates abilities and difficulties of the individual - Assessment of Motor and Process Skills (AMPS): - analyses the quality of the individual's performance - analyses the quality of the engagement in activities - Barthel index: - assesses a patient's ability to perform ADLs **K2.13** **The different ways to monitor and report progress of the individual and evaluate the effectiveness of the intervention:** - formal discussion with the individual using an outcome measure - informal discussion with the individual around their feelings and understandings of their progress - activity analysis - reflection **K2.14** **The different factors that influence the decision of when to refer and/or discharge patients:** - attendance at reviews - review of outcome measures - goal achievement - change in individual's needs - change in individual's medication - change in individual's mobility - reaching potential - unable to meet the therapy outcomes	**S2.23** **Analyse and evaluate the effectiveness of therapy support provided to individuals, with the individual with carers and family and with the therapy team and registered professionals ensuring they:** - listen actively and record information accurately and concisely - select different sources to gather information for a particular purpose - listen actively to contributions of others (GEC4, GEC5, GEC6)

Performance outcome 3: Prepare and maintain the therapeutic environment, equipment and resources for use

Therapeutic environment	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand: **K3.1 How to assess an environment to ensure it is suitable for the undertaking of therapeutic tasks:** • consideration of the space required for an exercise intervention • if the environment provides for any privacy requirements • access to and suitability of equipment within the environment **K3.2 How to prepare the environment for use and monitor and maintain to ensure it is suitable for undertaking of therapy support including:** • clean the environment • set up equipment • temperature of the environment • maintenance of equipment • health and safety of the environment	The student must be able to: **S3.10 Assess whether an environment is suitable for the undertaking of a specific therapy support task or intervention, considering a range of factors:** • consideration of the space required for an exercise intervention • if the environment provides for any privacy requirements • access to and suitability of equipment within the environment **S3.11 Monitor and maintain the environment to ensure it is suitable for the undertaking of therapy support tasks or interventions including facilitating any cleaning requirements in line with local policies and procedures or setting up of specialist equipment (for example mobility aids, communication aids, toileting equipment, hoist, wheeled mobility aids, bed rails, bath seats):** • cleaning the environment • setting up equipment • temperature of the environment • maintenance of equipment • health and safety of the environment

Management of equipment, kit and devices	
Knowledge – What you need to teach	**Skills – What you need to teach**
The student must understand:	The student must be able to:
K3.3 **How to maintain and monitor equipment, kit and devices to ensure they are always suitable for use:** • use in line with the manufacturer's guidelines • maintenance in line with the manufacturer's guidelines • cleaning • appropriate storage • regular testing • communication with community equipment stores **K3.4** **The impacts of not maintaining adequate stock of equipment and resources in line with local policies and procedures:** • therapy sessions being delayed • risk of wrong equipment being used • health and safety compromised **K3.5** **Why equipment must be checked for faults and the associated fault reports completed:** • ensures equipment is working effectively • ensures everything is available and located correctly • avoids harm to self or service user • ensures faulty equipment is not reused • ensures all faults are reported in line with local policies and procedures	**S3.12** **Monitor and maintain equipment, kit and devices relevant to the role (for example mobility aids, communication aids, toileting equipment, hoist, wheeled mobility aids, bed rails, bath seats) and where applicable, understand issues concerning the calibration of instruments ensuring they:** • use in line with the manufacturer's guidelines • complete maintenance in line with the manufacturer's guidelines • clean regularly • store appropriately • communicate with community equipment stores • carry out service checks • regularly test equipment, kit and devices • ensure equipment is fully charged • keep up-to-date inventory records (GMC1) **S3.13** **Carry out safety checks on equipment (for example mobility aids, communication aids, toileting equipment, hoist, wheeled mobility aids, bed rails, bath seats) using appropriate technical terms and understand issues concerning the calibration of instruments:** • following manufacturer's usage instructions • ensuring training is up to date • completing visual safety checks (for example wear and tear)

Management of equipment, kit and devices	

K3.6 How to escalate that equipment is required in line with local policies and procedures and who to inform if it does not meet the need:

- update assessment and record clinical reasoning

- inform supervisor who may wish to order required equipment

- report any stock concerns to the relevant person, in line with organisational policies and procedures

- record any stock concerns according to organisational procedures

K3.7 How to escalate that equipment is not required or does not meet need of the individual:

- update assessment and record clinical reasoning

- inform supervisor who may wish to remove equipment

- report concerns to the relevant person, in line with organisational policies and procedures

- record concerns according to organisational procedures

K3.8 The importance of management of equipment, kit and devices in line with local policies and procedures. This understanding must include potential implications of incorrect usage:

- cleaning and storing of equipment (for example equipment failure or malfunction)

- maintenance and safety checks on equipment (for example equipment faults)

- completing checks to clinical equipment following relevant standard operating procedures

- identifying issues concerning the calibration of instruments

- following correct procedures to confirm the accuracy, precision and operational effectiveness of equipment

- identifying any equipment that does not meet calibration standards and taking action to prevent accidental use

- checked by registered professional

- daily checking requirements

- monthly checking requirements

- relevant equipment documentation to be completed before, during or after use

(GEC4, GMC1)

S3.14 Ensure adequate stocks of equipment and resources are available to allow therapy support to be provided and where applicable provide supporting documentation in different formats:

- marking off equipment that has been checked out

- completing regular inventories

- taking individual responsibility for reporting and reordering when stocks get low

- communicating orders with other members of the team to ensure duplicates do not happen

(GEC2)

S3.15 Report faults with equipment appropriately, including escalating any concerns with the relevant supervisor:

- completing relevant digital or physical fault reporting documentation

Management of equipment, kit and devices	

K3.9 The local policy and procedures for ordering and accessing equipment and resources:
 	
• documentation required
 	
• who can order equipment
 	
• who can access and use equipment
	• escalating concerns to supervisor
	
	• escalating concerns to carers if equipment is used outside of a therapeutic environment (for example in the home, community setting)
	
	• escalating concerns to the manufacturer:
	
	   o recording concerns on individual case records
	
	   o using appropriate technical terms and correct grammar, spelling and punctuation and communicating a fit-for-purpose solution in an appropriate format
	
	(GEC3, GEC4)

Section 5: Glossary

Allied health professionals

The allied health professions (AHPs) comprise 14 distinct occupations including: art therapists, dietitians, drama therapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, diagnostic and therapeutic radiographers, and speech and language therapists

Assessment mode

The assessment mode is how an assessment is made available and/or administered to students. For example, a written examination can be administered to students via an onscreen platform or via a traditional paper-based document

Continuity of care

A continuous relationship with a care provider or small group of care providers.

Duty of candour

Legal obligation to be open and honest with individuals and/or their families about incidents as promptly as possible

Duty of care

A legal obligation to always act in the best interest of individuals and others. Not act or fail to act in a way that results in harm. Act within your competence and not take on anything you do not believe you can safely do

Family

The people identified by individuals who are significant and important to them

Family-centred care

A collaborative approach to decision making involving the family and one or more healthcare professionals or agencies

Holistic care

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

Individual

A person who may require care, assessment, investigation, support or treatment

Integrated service

Various health services collaborating as a multidisciplinary team, enabling them to offer responsive, easily accessible services that meet the population's health needs

Interagency working

The collaboration of several separate healthcare agencies

Midwifery team

Practitioners providing care for a woman and her newborn infant, partner and family throughout the continuum of her maternity journey

Multi-agency

The collaboration of several separate healthcare agencies

Multidisciplinary teams (MDT)

A diverse group of professionals collaborating to undertake the appropriate medical treatment, care and/or support for an individual

Partner

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

Patient

A person receiving care, support or treatment

Person-centred care

Focussing care on the needs, values and preferences of the individual and ensuring any clinical decisions are guided by these needs, values and preferences

Practitioner

An appropriately qualified person in the practice of an occupation. They may be registered or unregistered

Provider

The centre delivering the technical qualification

Proxy consent

The process that authorises a person to make decisions on behalf of a child, young person, or an adult at risk, who is unable to consent to a medical intervention due to their age or lack of intellectual maturity

Scope of practice

Sets out the limits of responsibility and ensures individuals do not undertake work outside of training or competence

Scope of role

Range of activities, duties, or responsibilities that an employee is reasonably expected to carry out or fulfil within the remit of his or her job or position

Series

Assessments that must be attempted in the same assessment window, both paper A and paper B of the core examination

Service user

A person receiving or using healthcare services

Student

The person studying the technical qualification ('The student must…')

Therapeutic community

A participative, group-based approach to long-term mental illness, personality disorders and drug addiction. The approach is usually residential, with the clients and therapists living together, but increasingly residential units have been superseded by day units

Tutor

The individual delivering the technical qualification

Woman

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

Woman-centred care

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

Section 6: Additional information

Annual monitoring visits

Our quality assurance team will monitor all approved TQ providers on an ongoing basis. All providers delivering the TQ will be quality assured at least once a year to ensure that they are delivering in line with required standards. Annual monitoring reviews will be carried out either face-to-face or remotely by quality assurers appointed, trained and monitored by us. Providers will be allocated a quality assurer upon approval. Our quality assurers will complete a report following each annual review to record and share their findings.

There are additional requirements for the approval of the Dental Nursing occupational specialism. Additional checks will also be completed during the annual monitoring review. Further information regarding the requirements for approval, and subsequent quality assurance activities, can be found in the provider guidance for approval and annual monitoring review (AMR) document.

Guided learning hours (GLH)

Guided learning is the activity of a student being taught or instructed by – or otherwise participating in education or training under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

For these purposes, the activity of participating in education or training shall be treated as including the activity of being assessed, if the assessment takes place under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.

Total qualification time (TQT)

TQT is an estimate of the minimum number of hours that an average student would require in order to complete a qualification.

TQT comprises:

- the GLH for the qualification
- an estimate of the number of hours a student will likely spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but not under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training

Essential skills

While completing this qualification, students may develop the knowledge, understanding and essential skills employers look for in employees. These range from familiar 'key skills', such as team working, independent learning and problem solving, to more tricky-to-measure skills, such as:

- appropriate workplace behaviour and dress
- appropriate interpersonal skills
- communicating with professional colleagues/peers and/or hierarchical seniors
- supporting other aspiring employees
- personal manners
- understanding work practices and how different roles and departments function within an organisation

Recognition of prior learning (RPL)

RPL may be applied to the core component only.

Providers may, at their discretion, recognise prior learning if they are satisfied that the evidence provided meets the qualification's requirements.

For more information, please refer to the Recognition of Prior Learning (RPL) Credit Accumulation and Transfer (CAT) Policy on the NCFE website.

Qualification 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 providers. We will also take all reasonable steps to protect students' interests.

An operational end date will only show on the regulator's qualification database and on our website if a decision has been made to withdraw a qualification. After this date, we can no longer accept student registrations.

This qualification has external assessments, which can only be taken up to the last assessment date set by us. No external assessments must be permitted after this date, so students must be entered in sufficient time. Please visit the NCFE website for more information.

Staffing requirements

Providers delivering any of our qualifications must:

- have a sufficient number of appropriately qualified/experienced tutors to deliver the technical qualification to the volume of students they intend to register
- ensure that all staff involved in delivery are provided with appropriate training and undertake meaningful and relevant continuing professional development (CPD)
- implement effective processes to ensure all delivery is sufficient and current; this should include standardisation to ensure consistency of delivery
- provide all staff involved in the delivery process with sufficient time and resources to carry out their roles effectively

Core staffing requirements

Staff involved in the delivery of the core component must be able to demonstrate that they have (or are working towards) the relevant occupational knowledge and/or occupational competence in health, at the same level or higher as the qualification being delivered. This may be gained through experience and/or qualifications.

Occupational specialism staffing requirements

Staff involved in the delivery of the occupational specialism content must be able to demonstrate that they have (or are working towards) the relevant occupational knowledge and/or occupational competence in the relevant occupational specialism area, at the same level or higher as the qualification being delivered. This may be gained through experience and/or qualifications.

Occupational specialism staffing requirements for Dental Nursing

Additional roles and responsibilities are required for the Dental Nursing occupational specialism, as follows:

Role	Primary responsibility	Registered with the GDC
Tutor	Responsible for the delivery of the qualification content in line with the qualification requirements.	Y
Internal provider assessor	Responsible for assessing the students against the internally marked assessment requirements for both the e-journal and the OSCE. The tutor may fulfil this role for these assessments as part of the occupational specialism assessments for Dental Nursing. More detail is provided in the tutor guidance.	Y
External NCFE assessor	Responsible for the assessment of the structured observation which is one of the occupational specialism assessments for Dental Nursing and is completed during the students' industry placement.	Y
Internal quality assurer	Responsible for the providers internal quality assurance processes and to oversee the quality of assessments and assessment practices.	Y
Industry placement mentor/supervisor	Responsible for providing direct supervision of the student when in industry placement. This supervision may be delegated to other GDC registrants; however, the named registrant will continue to be accountable overall for the student during the industry placement. The GDC registrant undertaking the supervision/mentorship of the student must be adequately indemnified to do so.	Y
Employer	Responsible for: • providing an occupationally competent and knowledgeable workplace mentor/supervisor who is accountable for the student • providing a clinical environment/workplace that is safe and appropriate • ensuring that the student has exposure to the necessary breadth of patients/procedures	Y

Resource requirements

Providers must ensure that the student has access to the necessary materials, resources and workspaces for delivery and assessment of mandatory knowledge and skills. The following lists are not exhaustive. Please refer to the qualification content for a more detailed indication of the required resources.

General:

- computer

- internet

- audio/visual recording equipment

Core component:

- documents/patient information in braille

- hearing loops

- reader pens

- digital recorders

Occupational specialism – Dental Nursing:

Providers must have somewhere that they can demonstrate the setup of a dental surgery, where dental materials and equipment, covering all procedures mentioned within the skills element of the occupational specialism, are available to students. Please note that providers do not have to recreate an actual working dental surgery.

Providers may wish to engage with local providers to see and understand the wide range of dental surgery types and equipment.

Resources should include:

- somewhere providers can demonstrate the setup of a dental surgery, including storage areas, decontamination area, areas to process manual and digital radiographs

- materials and equipment to cover all procedures covered within the skills element of the occupational specialism

- resources to support disinfection, decontamination and infection control procedures, including how to dispose of clinical and domestic waste

- resources to assess and manage medical emergencies – actual medical drugs are not required; simulation of the drugs is permitted for example, simulation by picture

- resources to support oral health promotion, information on health risks, basic dietary advice; for example, toothbrushes, inter dental cleaning aids, leaflets

- personal protective equipment (PPE) – goggles, masks, apron, gloves

- audio equipment to play an audio file to students (required for the case study assessment)

- simulated patients

- anatomical models, such as teeth and skulls, would also be useful to support delivery

Occupational specialism – Supporting Healthcare core:

- copy of local authority safeguarding procedure
- ID card
- example code of conduct
- general cleaning equipment and products
- walking stick
- walking frame
- personal protective equipment (PPE):
  - gloves
  - apron
  - surgical mask
  - visor/eye goggles or eye protection
- gauntlets
- spillages kit
- handwashing equipment
- clinical waste kit
- cleaning schedules templates
- sling
- slide sheets
- banana board
- wheelchair
- hoist
- workplace risk assessment materials/template
- fluid chart
- food charts
- care plan template
- observation chart templates
- weighing scales
- local policies and procedures
- Makaton resources
- wellbeing leaflets and media:
  - smoking cessation
  - healthy eating
  - substance misuse
- lockable cabinet

- development tools (for example CPD log, diary, journal or development plan)

- stethoscope

- thermometer

- pulse oximeter

- watch with second hand

- manual and automatic blood pressure (BP) monitors

- physiological charts (for example elimination charts (urine/bowel), BP chart, weight chart, temperature chart)

- copy of local reporting procedures

- bed and bed sheets

- transfer belt

- transfer board

- dipstick testing equipment:

  o glucose

  o ketone

  o proteins

  o pH

  o white blood cells

  o red blood cells

- peak flow monitor

- resources to maintain privacy and dignity (for example blanket, screen)

- specimen tubes and labels

Occupational specialism – Supporting the Adult Nursing Team:

- manikin

- pocket mask

- cleaning wipes

- personal protective equipment (PPE):

  o gloves

  o apron

  o surgical mask

  o visor/eye goggles or eye protection

- weighing scales

- tape measure or stadiometer

- thermometer

- equipment maintenance log template

- automatic blood pressure monitor

- stethoscope

- pulse oximeter

- Bristol Stool chart

- observation chart template

- body mass index (BMI) chart

- dressing pack including hydrocolloid and cooling pads

- calculator

- wheelchair

- hoist

- walking frame

- slide sheets

- workplace risk assessment materials/template

- suitable handwashing sinks (elbow operated taps)

- appropriately coloured disposable bins/bags

- ultraviolet (UV) light machine and associated hand gels

- 70% alcohol gels/swabs

- nutrition and hydration equipment:
  - thickener for fluids
  - cups
  - plate guards and other aids/adaptations

- food and drink chart

- pads

- bed pan

- commode

- personal hygiene equipment:
  - deodorant
  - soap
  - nail clippers

- mouth care packs (for example oral swabs/water)

- walking frame

- walking stick or crutches

- sleep mask

- ear plugs

- care plan template

- medical photography photos

- Braden risk assessment tool

- moisturisers/water-based creams

- Waterlow risk assessment tool

- pressure relieving support tools (for example cushions)

- pressure area chart

- bed and bed sheets

- specimen collection equipment

Occupational specialism – Supporting the Midwifery Team:

- sphygmomanometer

- digital thermometer

- pulse oximeter

- observation charts (for example modified early obstetric warning score (MEOWS))

- automatic blood pressure monitor

- manikin

- weighing scale

- tape measure or stadiometer

- calculator (for example an NHS BMI healthy weight calculator)

- bottles

- sterilisation equipment

- neonatal feeding cup

- brush

- teat brush

- teats

- powdered formula

- breast pump

- syringe for feeding expressed milk

- towels

- basin/clean sink

- baby bath

- cotton balls

- clean nappy/clothing

- screw-top container

- urine dipstick

- urine chart
- birth pool
- birth pool liner
- hose
- pump
- non-slip waterproof floor sheet
- tap connectors
- thermometer (air, water, body)
- sieve/strainer
- adaptor
- non-abrasive detergents
- non-abrasive sponge
- birthing bean bag
- birthing ball
- forceps (Simpson, Kielland, Wrigley's, Neville Barnes)
- ventouse suction cup
- 2- or 3-tier stainless steel trolley
- Kiwi cup
- Pinard stethoscope
- foetal doppler
- clean loose-fitting clothing (for mother)
- anti-embolic stockings
- bed pan
- cord clamp
- baby manikin
- newborn scale
- observation charts such as newborn early warning trigger and track (NEWTT)
- security tags
- identification bracelets
- labels
- pen
- catheter
- packaging
- sterile gloves
- bed and bed sheets

Occupational specialism – Supporting the Mental Health Team:

- note/meeting taking templates
- wellness action plans
- picture cards
- Makaton resources
- Mental Capacity Act 2005 plus Amendment 2019
- Deprivation of Liberty Safeguards

Occupational specialism – Supporting the Care of Children and Young People:

- specimen bottles
- peak flow meters
- first aid kit and bandages
- diet plans
- dental kits:
  - staining tablet
  - fluoride toothpaste
  - dental floss
  - toothbrush
- timer (set to 2 minutes)
- washing/personal hygiene materials (for example soap shower gel shampoo)
- handwashing equipment
- Waterlow risk assessment tool
- Bristol Stool chart
- Braden scale
- BMI chart
- growth chart template
- paediatric early warning system (PEWS) tool
- workplace method of recording documentation
- PPE:
  - gloves
  - apron
  - surgical mask
  - visor/eye goggles or eye protection
- automatic blood pressure monitor
- stethoscope

- thermometer

- sphygmomanometer

- pulse oximeter

- observation charts

- scales

- calculator

- tape measure or stadiometer

- hoist

- slide sheets

- walking aid/walking frame

- crutches

- wheelchair

- tools for therapeutic play

- art/craft materials

- puppets

- building blocks

- light box

- music

- story boards:

  o sleep aids (eye mask and ear plugs)

- food diary template

- pen/paper/writing materials/digital writing equipment

- access to relevant policies and procedures (for example NICE guidelines, health and safety regulations, Children Act 1989/2004)

- pressure relieving tools and equipment (for example mattress pads and cushions)

- care plan template

- digital tools for presenting information

- access to public health strategies

- bed and bed sheets

Occupational specialism – Supporting the Therapy Teams:

- sand toys

- water toys

- crutches

- bed rails

- cushions for bed rails

- toilet frame

- bath step

- coloured tape

- bath chair

- hoist

- wheeled walking frame

- walking stick

- fault recording documentation

- bed and bed sheets

- suitable range of art equipment and musical instruments

- wheelchair

- communication aids

- toileting equipment (for example toilet frame)

- walking support rails

- ability/resource to alter screen colour (for example digital functionality/coloured screen overlay)

Customer Support team

Our Customer Support team will support you with approvals, registrations, moderation, external assessment, results and general queries.

Fees and pricing

Fees will be made available to eligible and approved providers.

Training and support for providers

Our Provider Development team's primary purpose is to support providers and teaching teams in the delivery of this qualification. There are a number of ways in which we can do this, which include:

- providing bespoke one-to-one support with the delivery staff
- delivering face-to-face events at numerous locations throughout the country
- facilitating delivery and CPD webinars
- signposting you to teaching and learning resources
- providing you with delivery updates on the technical qualification

The variety of support available includes:

- content structure
- teaching strategies
- special educational needs (SEN) guidance
- quality assurance
- assessment preparation and blended learning

Should you wish to discuss your teaching and delivery requirements, please e-mail: provider.development@ncfe.org.uk.

Useful websites and sources of information

Core component

Health and Safety Executive (HSE): www.hse.gov.uk

Health & Care Professions Council (HCPC): www.hcpc-uk.org

Care Quality Commission (CQC): www.cqc.org.uk

General Medical Council (GMC): www.gmc-uk.org

Resuscitation Council (UK): www.resus.org.uk

General Dental Council (GDC): www.gdc-uk.org

Nursing & Midwifery Council (NMC): www.nmc.org.uk

Ofsted: www.gov.uk/government/organisations/ofsted

Information Commissioners Office (ICO): www.ico.org.uk

National Health Service (NHS): www.nhs.uk

Make Every Contact Count (MECC): www.makingeverycontactcount.co.uk

National Institute for Care and Excellence (NICE) guidance: www.nice.org.uk/guidance

Department of Health & Social Care (DHSC): www.gov.uk/government/organisations/department-of-health-and-social-care

UK Health Security Agency – GOV.UK: www.gov.uk/government/organisations/uk-health-security-agency

Office for Health Improvement and Disparities – GOV.UK: www.gov.uk/government/organisations/office-for-health-improvement-and-disparities

Kings Fund: www.kingsfund.org.uk

NHS Long Term Plan: www.longtermplan.nhs.uk

Royal College of Nursing (RCN): www.rcn.org.uk

Royal College of Midwives (RCM): www.rcm.org.uk

Institute of Health Visiting (IHV): https://ihv.org.uk

The Health Foundation: www.health.org.uk

NHS Careers: www.healthcareers.nhs.uk

Dental Nursing

Delivering better oral health: an evidence-based toolkit for prevention: www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

General Dental Council Standards for the Dental Team: www.gdc-uk.org/information-standards-guidance/standards-and-guidance/standards-for-the-dental-team

The Safe Practitioner: A framework of behaviours and outcomes for dental professional education – Dental Nurse: www.gdc-uk.org

General Dental Council Scope of Practice: www.gdc-uk.org/information-standards-guidance/standards-and-guidance/scope-of-practice

Health and Safety at Work etc. Act 1974: www.legislation.gov.uk/ukpga/1974/37/contents

Health and Safety (First Aid) Regulations 1981: www.hse.gov.uk/firstaid/legislation.htm

Control of Substances Hazardous to Health 2002: www.hse.gov.uk/coshh

Hazardous Waste (England and Wales) Regulations 2005: www.legislation.gov.uk/uksi/2005/894/contents/made

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013: www.hse.gov.uk/riddor

Personal Protective Equipment (Enforcement) Regulations 2018: www.legislation.gov.uk/uksi/2018/390/contents/made

The Fire Precautions (Workplace) (Amendment) Regulations 1999: www.legislation.gov.uk/uksi/1999/1877/made

Ionising Radiation Regulations 2017 (IRR 2017): www.legislation.gov.uk/uksi/2017/1075/contents/made

Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017): www.legislation.gov.uk/uksi/2017/1322/contents/made

Health Technical Memorandum 01-05: Decontamination in primary care dental practices: www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices

Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste: www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste

Care Quality Commission: www.cqc.org.uk

Supporting Healthcare core

Social care institute for excellence – Safeguarding and charities: www.scie.org.uk/safeguarding/charities

Care Certificate standard – 'Duty of Care': www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-3.pdf

'Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England': www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf

Care Certificate standard – 'Work in a Person-Centred Way': www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-5.pdf

Care Certificate standard – 'Handling Information': www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-Certificate/Care-Certificate-Standards/Standard-14.pdf

Care Quality Commission (CQC) – Duty of candour: www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour

Skills for Health – Infection prevention and control: www.skillsforhealth.org.uk/resources/service-area/30-infection-prevention-and-control

National Institute for Care and Excellence – Infection prevention and control: www.nice.org.uk/guidance/qs61

Helen Sanderson Associates: www.helensandersonassociates.co.uk

The Kings Fund: www.kingsfund.org.uk/publications/physical-and-mental-health?gclid=EAIaIQobChMIkfKczIbl6QIVYIBQBh2VrgXBEAAYASAAEgKOZ_D_BwE

National Institute for Care and Excellence (NICE) guidance: www.nice.org.uk/guidance

Royal College of Nursing: https://rcnlearn.rcn.org.uk

Health and Safety Executive – Moving and handling in health and social care: www.hse.gov.uk/healthservices/moving-handling.htm

National Health Service (NHS): How to move, lift and handle someone else: www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/how-to-move-lift-and-handle-someone-else/

National Health Service (NHS): Making decisions for someone else (Mental Capacity Act): www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/

National Health Service (NHS): Care and support plans: www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/care-and-support-plans/

NHS England: National Early Warning Score (NEWS): www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/

Resuscitation Council UK – Guidelines: Adult basic life support and automated external defibrillation: www.resus.org.uk/library/2015-resuscitation-guidelines/adult-basic-life-support-and-automated-external

Option A: Supporting the Adult Nursing Team

Nursing and Midwifery Council (NMC): www.nmc.org.uk

Health and Care Professions Council (HCPC): www.hcpc-uk.org

National Institute for Health and Care Excellence (NICE): www.nice.org.uk

Royal College of Nursing: www.rcn.org.uk

International Council of Nurses: www.icn.ch

National Health Service (NHS): www.nhs.uk

NHS England: www.england.nhs.uk

Change4Life: www.nhs.uk/change4life

NHS apprenticeships, traineeships and cadet schemes: www.healthcareers.nhs.uk/career-planning/study-and-training/apprenticeships-traineeships-and-cadet-schemes

NHS Confederation - Acronym Buster: www.nhsconfed.org/acronym-buster?l=l

Nursing Times: www.nursingtimes.net

Care Quality Commission (CQC): www.cqc.org.uk

GOV.UK: www.gov.uk

Mental Capacity Act 2005: www.legislation.gov.uk/ukpga/2005/9/contents

Mental Capacity (Amendment) Act 2019: www.legislation.gov.uk/ukpga/2019/18/enacted

Department of Health & Social Care (DHSC): www.gov.uk/government/organisations/department-of-health-and-social-care

Health and Safety Executive (HSE): Moving and handling in health and social care: www.hse.gov.uk/healthservices/moving-handling.htm

World Health Organization (WHO): www.who.int

Medical Research Council (MRC): www.mrc.ukri.org

Option B: Supporting the Midwifery Team

National Institute for Health and Care Excellence (NICE): www.nice.org.uk

NHS England: www.nhs.uk

Better Births: www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Saving Babies' Lives: version 3: www.england.nhs.uk/long-read/saving-babies-lives-version-3

NHS Constitution for England: www.gov.uk/government/publications/the-nhs-constitution-for-england

Royal College of Midwives (RCM): www.rcm.org.uk

Royal College of Obstetricians & Gynaecologists (RCOG): www.rcog.org.uk

UNICEF UK Baby Friendly Initiative (BFI): www.unicef.org.uk/babyfriendly

Skills for Care (SfC): www.skillsforcare.org.uk/Home.aspx

Nursing & Midwifery Council (NMC): www.nmc.org.uk

Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBRRACE-UK): www.npeu.ox.ac.uk/mbrrace-uk

Skills for Health (SfH): www.skillsforhealth.org.uk

Midwives Information and Resource Service (MIDIRS): www.midirs.org

World Health Organization (WHO): www.who.int

The Kings Fund: www.kingsfund.org.uk/publications/physical-and-mental-health?gclid=EAIaIQobChMIkfKczIbl6QIVYIBQBh2VrgXBEAAYASAAEgKOZ_D_BwE

The Practising Midwife: www.practisingmidwife.co.uk

British Journal of Midwifery: www.magonlinelibrary.com/journal/bjom

Option C: Supporting the Mental Health Team

National Health Service (NHS): www.nhs.uk

Mental Health Foundation: www.mentalhealth.org.uk

Mind: www.mind.org.uk

World Health Organization (WHO): www.who.int

Samaritans: www.samaritans.org

Option D: Supporting the Care of Children and Young People

Health and Safety Executive (HSE): www.hse.gov.uk

Health & Care Professions Council (HCPC): www.hcpc-uk.org

Care Quality Commission (CQC): www.cqc.org.uk

General Medical Council (GMC): www.gmc-uk.org

Resuscitation Council (UK): www.resus.org.uk

National Health Service (NHS): www.nhs.uk

National Institute for Care and Excellence (NICE) guidance: www.nice.org.uk/guidance

Royal College of Nursing - Nursing Children & Young People – Understanding fluid homeostasis in infants and children: part 1: journals.rcni.com/nursing-children-and-young-people/understanding-fluid-homeostasis-in-infants-and-children-part-1-ncyp.2018.e947

Royal College of Nursing - Standards for Assessing, Measuring and Monitoring Vital Signs in Infants, Children and Young People: www.rcn.org.uk/professional-development/publications/pub-005942

National Health Service (NHS) - Live well/Eat well/5-a-day: www.nhs.uk/live-well/eat-well/why-5-a-day/

Children and Young People: Consent to treatment: www.nhs.uk/conditions/consent-to-treatment/children/

National Health Service (NHS) - How to care for a disabled child: www.nhs.uk/conditions/social-care-and-support-guide/caring-for-children-and-young-people/how-to-care-for-a-disabled-child/

Wong-Baker Faces Foundation: www.wongbakerfaces.org

Royal College of Paediatrics and Child Health – Growth charts: www.rcpch.ac.uk/resources/growth-charts

Cambridgeshire and Peterborough Clinical Commission Group – Childhood Illnesses: www.cambscommunityservices.nhs.uk/advice/childhood-illnesses

The National Child Traumatic Stress Network – What is child trauma?: www.nctsn.org/what-is-child-trauma

Rainbow Trust – Support for families: www.rainbowtrust.org.uk/support-for-families

The Sick Children's Trust: www.sickchildrenstrust.org/about-us

The Chaos and the Clutter – Supporting a Family whose Child is in Hospital: www.thechaosandtheclutter.com/archives/supporting-a-family-whose-child-is-in-the-hospital

WellChild: www.wellchild.org.uk

Case law:

Alder Hey Children's NHS Foundation Trust v Evans [2018] EWHC 308 (Fam): www.judiciary.uk/wp-content/uploads/2018/02/alder-hey-v-evans.pdf

Great Ormond Street Hospital v Yates [2017] EWHC 972 (Fam): https://www.judiciary.uk/wp-content/uploads/2017/05/gosh-v-yates-and-gard-20170411-1.pdf

Kings College Hospital NHS Foundation Trust v Thomas [2018] EWHC 127 (Fam): www.judiciary.uk/wp-content/uploads/2018/01/kings-college-hospital-nhs-foundation-trust-v-haastrup-1.pdf

Regina v Cambridge Health Authority Ex PARTE 'B' (A Minor) [1995] EWCA Civ 43: www.bailii.org/ew/cases/EWCA/Civ/1995/43.html

Option E: Supporting the Therapy Teams

Mind: www.mind.org.uk

NHS CBT: www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt

Recovery College: www.recoverycollegeonline.co.uk

NHS self-help guides: web.ntw.nhs.uk/selfhelp/

Young Minds: www.youngminds.org.uk

Anna Freud National Centre for Children and Families: www.annafreud.org/on-my-mind/

Royal College of Occupational Therapists: www.rcot.co.uk

Chartered Society of Physiotherapy: www.csp.org.uk

Royal College of Speech & Language Therapists (RCSLT): www.rcslt.org

British Dietetic Association (BDA) – the Association of UK Dietitians: www.bda.uk.com

Royal College of Podiatry: rcpod.org.uk

The Society of Radiographers (SoR): www.sor.org

The British Association of Prosthetists and Orthotists (BAPO): www.bapo.com

The British Association of Art Therapists (BAAT): www.baat.org

Mental Health Foundation: www.mentalhealth.org.uk

World Health Organization (WHO): www.who.int

Samaritans: www.samaritans.org

National Health Service (NHS): www.nhs.uk

Learning resources

We offer a wide range of bespoke learning resources and materials to support the delivery of this qualification, which include:

- schemes of work
- tutor delivery guides

For more information on the resources being developed for this qualification. Please check the qualification's page on the NCFE website.

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 our employment practices and in access to qualifications. A copy of our Diversity and Equality Policy is available on the NCFE website.

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Our qualifications and associated assessments are designed to be accessible, inclusive and non-discriminatory. We regularly evaluate and monitor the 6 diversity strands (gender, age, race, disability, religion, sexual orientation) throughout the development process as well as throughout the delivery, external quality assurance 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.

Access Arrangements and Reasonable Adjustments Policy

This policy is aimed at anyone who uses our products and services and who submits requests for access arrangements and reasonable adjustments. Students who require access arrangements and reasonable adjustments should discuss their requirements with their tutor.

The most up-to-date version of the policy can be found on the NCFE website, where providers can find details of how to request an access arrangement and reasonable adjustment.

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Owner: Content Solutions Manager

Change history record

Version	Description of change	Approval	Date of Issue
v4.0	**The following amendments have been made to this qualification specification following annual review.**	May 2024	08 May 2024
	General changes:		
	• website hyperlinks have been updated or replaced, where required • reference to 'continuous professional development' has been amended to 'continuing professional development'		
	Amendments made to Section 1:		
	• information regarding specification updates and amends has been added		
	Amendments made to Section 2:		
	• in the GLH and TQT section, TQT has been updated for the Core component • in the technical qualification components section, wording has been aligned to make the requirements of the qualification clear • the employer set project – 'subject content to be assessed' section has been updated to include core knowledge and core skills		
	Amendments made to Section 3:		

- English, mathematics and digital competencies mapping have been updated and are reflected across the TQ specification

Amendments made to the Core components sections:

- in A2.3, reference to 'different ages' has been updated to 'different age groups' and 'gender' has been added as a new bullet point
- in A3.1, reference to 'Manual Handling Operations Regulations 1992, as amended' has been updated to include 'as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002'
- in A2.4 and A5.5, reference to 'machine learning' has been removed
- in A6.2, 'Freedom of Information Act 2000' has been added as an example
- in A6.3, reference to 'presenting complaint' has been updated to 'health status', 'history of presenting complaint' has been removed, 'drug history' has been updated to 'medication/treatment history'
- in A11.2, reference to 'vulnerable adults' has been updated to 'adults at risk'
- in A11.3, reference to 'in their home' has been removed and now reads 'adults receiving care'
- in A11.4, reference to 'forced marriage' has been moved under 'domestic', and reference to 'violence and cruelty' have been removed, discriminatory abuse has been added to the bulleted list
- in core B, 1.8, the bullet point under carbohydrates has been updated to read 'the most basic carbohydrate is a monosaccharide – monosaccharides are composed of carbon, hydrogen and oxygen'

Amendments made to the Supporting Healthcare occupational specialism section, including:

- in K1.7, reference to 'stoma care' has been added
- in K1.10, reference to 'changes in' has been removed before 'sleep pattern' and 'personal hygiene' and reference to 'for example, self-neglect' has been removed
- in S1.35, a new bullet point 'use of pain assessment tools (for example visual analogue scale (VAS) numeric rating scale (NRS))' has been added
- S1.39 has been updated to 'promote physical health and mental wellbeing through providing opportunistic advice within scope of role, knowledge and responsibilities'
- in S1.39, reference to 'physical and mental wellbeing' has been updated to 'physical health and mental wellbeing'

- in K3.4, 'use of blood sugar meter, lancet and test strip (for example for blood sugar testing**)**' has been added as a new bullet point
- S2.17 has been updated to 'Work with health professionals on clinical and therapeutic tasks and interventions working within scope of role, knowledge and responsibilities including:'
- in S3.16, reference to 'blood pressure recording device' has been updated to 'blood pressure monitor'

Amendments made to the Adult Nursing occupational specialism section, including:

- in S3.8, reference to 'grading' has been removed and now reads as 'accurate classification of skin damage in line with current guidelines (for example**,** EPUAP)'
- in K1.10 and S1.20, reference to 'Manual Handling Operations Regulations 1992' has been updated to include 'as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002'
- in K1.11, the bulleted list has been updated to include transfer board, transfer belt and sling
- **i**n K1.13 and S1.22, reference to 'manual and automatic blood pressure machines' have been updated to 'manual and automatic blood pressure monitors'
- S1.17 has been updated to 'Adhere to current legal policy and service frameworks when assisting health professionals with clinical skills for adults'
- S2.18 has been updated to 'Support individuals to manage own health and wellbeing, offering appropriate guidance within the scope of role, knowledge and responsibilities'
- S2.19 has been updated to 'Advise carers on supporting an individual to manage their own condition within scope of role, knowledge and responsibilities'
- S3.7 has been updated from 'Assist with skin integrity assessments, treatment and care of skin conditions, working within scope of role, knowledge and responsibilities' and '(function and structure)' has been added to a sub-bullet

Amendments made to the Supporting the Midwifery Team occupational specialism section, including:

- in the glossary, the definition of a multidisciplinary team and a practitioner has been updated
- in K1.2, reference to 'complex needs' has been updated to 'complex/additional needs'
- in K1.9, reference to 'vulnerable adults' has been updated to 'adults at risk'
- in K1.17, reference to 'production of breastmilk' has been added

	- in K1.18, reference to 'HEE' has been removed - in K1.19, reference to 'registered practitioner' and 'nursing associates' has been removed - K1.22 has been updated to 'the tasks that are out of scope of practice of a MSW within the midwifery and multidisciplinary teams' - K1.26 has been updated to read 'doulas and birthkeepers (provide guidance and support to a pregnant woman)' - in K1.37, reference to 'lotus birth' has been added - K3.12 has been updated to remove 'electrical equipment' and reference to 'movement' and 'tactile stimulation' have been added and bullet points have been reordered - in S3.21, reference to a 'Pinard' has been removed - in both K3.17 and S3.24, reference to 'blood spots' has been removed, and amended to 'bruises and lacerations' **Amendments made to the Supporting the Mental Health Team occupational specialism section, including:** - in the glossary, the definition of a multidisciplinary team has been updated - in K1.24, examples of verbal communication have been amended to including 'face-to-face communication', 'phone calls', 'video calls' and 'presentations' - in S3.14, reference to 'apply knowledge to' has been updated to 'use and promote' - S1.29 has been updated to 'Assist the mental health team with clinical interventions, working within scope of role, knowledge and responsibilities' - S2.6 has been updated to 'Assist the mental health team with clinical interventions relating to mental health conditions working within scope of role, knowledge and responsibilities' - S2.7 has been updated to 'Assist registered practitioners with therapeutic interventions, working within scope of role, knowledge and responsibilities:' - S3.12 has been updated to 'Assist the mental health team to carry out clinical interventions relating to mental wellbeing working within scope of role, knowledge and responsibilities' **Amendments made to the Supporting the Care of Children and Young People occupational specialism section, including:** - in the glossary, the definition of a multidisciplinary team and proxy consent has been updated		

- S1.17 has been updated to 'Adhere to current legal policy and service frameworks when assisting health professionals with clinical tasks for children and young people by:'
- S2.55 has been amended to 'Support children and young people to recover from a common childhood illness working within scope of role, knowledge and responsibilities' and 'use knowledge of anatomy, physiology and pathophysiology' has been added as an additional bullet point
- S2.56 has been amended to 'Support children and young people with a physical or learning disability, working within scope of role, knowledge and responsibilities:' and 'use knowledge of anatomy, physiology and pathophysiology when supporting children and young people with a physical or learning disability' has been added as an additional bullet point
- S3.16 has been updated to 'Support the clinical team with clinical interventions in the care and support of children and young people, working within scope and responsibilities of role, and using knowledge of families and carers roles:'

Amendments made to the Supporting the Therapy Teams occupational specialism section, including:

- S1.27 has been updated to 'Support the therapy team with therapeutic tasks and interventions working within scope of role, knowledge and responsibilities'
- in K1.4, reference to 'vulnerable adults' has been updated to 'adults at risk'
- S1.29 has been updated to read 'perform tasks within limits of own competence and seek guidance when tasks fall outside of own competencies'
- S1.30 has been updated to remove the 'for example' and 'following appropriate policies and procedures' has been included as a bullet point
- in S1.31, 'for example' has been removed, and '(for example providing mobility aids)' has been added
- S1.34 has been updated to remove 'identify' and replace it with 'select' and additional bullet points have added, including 'consider task requirements', 'consider external factors', 'select appropriate equipment'
- in S1.37, reference to a 'Zimmer' has been replaced by 'standard walking frame'
- in S1.38, reference to a 'Zimmer' has been replaced by 'walking frame'
- in K1.18, reference to 'bottom wipers' has been replaced with 'toilet tissue aids' and reference to

	'commode chairs' and 'bariatric commodes' have been removed **Amendments made to Section 5:** • in the glossary, the definition of a multidisciplinary team, proxy consent and practitioner has been updated **Amendments made to Section 6:** • in the resource requirements section, reference to 'slip sheet' has been removed • in the resource requirements section, reference to 'Zimmer frame' has been updated to 'wheeled walking frame' • in the resource requirements section, reference to 'manual and automatic blood pressure (BP) machines' has been amended to 'manual and automatic blood pressure (BP) monitors' • information on how to access the access arrangements and reasonable adjustments policy has been updated		
v5.0	**The following amendments have been made to this qualification specification following annual review.** **General changes:** • abbreviations and spelling, punctuation and grammar (SPaG) updates • references to NHS Improvement and NHS England have been removed or updated • website hyperlinks have been updated or replaced, where required • references to 'Liberty Protection Safeguards (LPS)' have been updated to include 'Deprivation of Liberty Safeguards (DoLS)' **Amendments made to Section 1:** • information regarding threshold competence for Dental Nursing has been updated **Amendments made to Section 2:** • objective section has been updated regarding threshold competence for Dental Nursing • the section regarding assessment conditions for the ESP has been updated and further information added **Amendments made to the Core components sections:** • in A1.6, content has been updated to 'type of opportunities…' and a bullet point has been updated to 'registration with professional bodies'	17 April 2025	23 April 2025

- in A2.12, a new sub-bullet 'diagnostic imaging support' has been included
- in A2, new content has been included 'A2.15 The types of leadership styles within the healthcare sector and how they can be used within different roles'
- in A6.4, new sub-bullets 'DNAR' and 'DNACPR' have been included
- in A7.4, content has been updated to 'The responsibilities of employers and employees to ensure that appropriate SOPs are accessed and applied for a given activity' and bullet points have been updated
- in A7.7, a new bullet point 'ensuring safety of the user' has been included
- in A9.2, a bullet point 'physical ticks' has been removed, a new bullet point 'body language (for example, twitching or tensing) has been added and a bullet point has been updated to 'changes to skin appearance'
- in A11.9, content has been updated to 'What is meant by radicalisation, identifying signs of radicalisation and the purpose of the Prevent duty guidance: England and Wales 2023
- in A11.10, sub-bullets 'reduces conflicts within the workplace' and 'respectful approaches to conflict resolution' have been included
- in B1.13, a bullet point has been updated to 'each nucleotide is formed from a pentose sugar, a nitrogen-containing organic base and a phosphate group'

Amendments made to the Dental Nursing occupational specialism section, including:

- references to 'safe beginner' and previous learning outcomes have been removed and information regarding the GDC's Safe Practitioner Framework have been included
- gateway content K1.66 has been updated to 'How to raise concerns about own or others' health and wellbeing, behaviour or professional performance'
- in K1.2, a bullet point has been updated and a new bullet point 'GDC Guidance on professional indemnity and insurance cover – Dental professionals have a legal responsibility to ensure appropriate indemnity or insurance cover is in place' has been included
- in S1.67, a new bullet point 'working in accordance with environmental and sustainability guidance' has been included
- in K1.35, references to 'facial' have been updated to 'craniofacial'

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- in K1.43, a new sub-bullet point, 'dental implant placement could cause infection, nerve or tissue damage' has been updated
- in K1.55, content has been updated to 'How patients' protected characteristics, medical, cultural and social history can impact on dental treatment and how care is given:' and new bullet points have been included
- in K1.66, content has been updated to 'How to raise concerns about own or others' health and wellbeing, behaviour or professional performance, including:'
- in PO1, new content has been included 'K1.67 Strategies for managing personal wellbeing when coping with challenges in the workplace:'
- in S1.81, content has been updated to 'Support a dental professional when carrying out routine and acute primary dental procedures and treatment plans (for example, carrying out routine and orthodontic assessments, doing fillings, scaling teeth, making crowns, bridges and dentures, taking teeth out), by:'
- in S1.88, a bullet point has been updated to 'respecting protected characteristics'
- in PO1, new content has been included 'S1.96 Support own and others' health and wellbeing to ensure professional standards are maintained:'
- in K2.1, content has been updated to 'A range of common oral conditions, their presentation, causes and evidence-based methods for prevention:' and new sub-bullets have been included
- in K2.9, a bullet point 'makes appropriate referrals in a timely manner' has been updated
- in K2.13, a bullet point 'ensures insight into up-to-date knowledge and skills (for example, emerging technologies, changes in evidence-base and safe practice, dealing with medical emergencies)' has been updated
- in PO2, new content has been included 'K2.15 Dental healthcare provision funding options:'
- relationships to GDC learning outcomes mapping have been updated throughout

Amendments made to the Supporting Healthcare (core) occupational specialism section, including:

- in the 'mandatory content' section, new guidance has been included 'The Supporting Healthcare occupational specialism includes a mandatory core section which must be completed by all students. The core content contains underpinning knowledge and skills which students will require, regardless of which option is taken under the Supporting Healthcare occupational specialism.'

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- In K1.4, a bullet point 'CQC fundamental standards of care' has been updated
- in K1.5, bullet points and sub-bullets have been updated to include BLS
- in K1.13, a new bullet point 'review of prescribed medication requirements/dosage' has been included
- in S1.28, a new sub-bullet 'performing the sequence of steps for BLS adhering to guidelines and policies of the Resuscitation Council UK' has been included
- in S1.29, a new bullet point 'sanitisation and disinfection' and sub-bullets have been included
- in S1.31, new sub-bullets have been included
- in S1.38, sub-bullets under 'contributing and recording' have been updated
- in K2.6, a sub-bullet 'administration of medication' has been included
- in S2.17, a sub-bullet has been updated to 'making relevant and constructive contributions to lead and move discussions forward' and a new sub-bullet 'reporting and recording relevant information for discharge and/or transfer between services' has been included
- in S2.20, a sub-bullet has been updated to 'safe use of technology, maintaining safety, security, privacy, personal agency (for example electronic information password protected)'
- in S2.22, content has been updated to 'Use feedback to develop and improve self and others including:'
- in K3.1, a bullet point has been updated to include the unit of measurement 'mmol/L'

Amendments made to the Supporting the Adult Nursing Team (option A) occupational specialism section, including:

- in K1.2, bullet points in relation to BLS have been removed

- in S1.17, a bullet point 'perform the sequence of steps for basic life support adhering to guidelines and policies of the Resuscitation Council UK' has been removed
- in S1.18, a bullet point has been updated to 'collecting and testing urine and faecal specimens'
- in K2.4, the sub-bullets under 'types of support' have been updated
- in S2.20, content has been updated 'Provide appropriate care that helps individuals with advanced, progressive, and life-limiting conditions and those in end of life care to live as well as possible:' and a new sub-bullet 'providing psychological support' has been included

- in K3.6, a bullet point 'specialist equipment' has been updated to remove 'pressure ring' and include 'pressure cushion' as an example

Amendments made to the Supporting the Midwifery Team (option B) occupational specialism section, including:

- in K1.15, the sub bullets 'psychosis' and 'infant admission for hypoglycaemia and infection' have been removed
- in K1.17, the sub-bullet 'odema' has been moved under 'skin' and a new sub-bullet 'fluid retention that causes tissue to become swollen' has been included
- in K1.18 a sub-bullet 'Saving Babies' Lives: version 3' has been included and any other references to this document have been updated to include 'version 3'
- in K1.27, sub-bullet points under 'neonatal jaundice' have been updated and 'newborn blood spot test' has been included as a bullet point
- in S1.45, bullet points have been updated
- in S1.48, bullet points and sub-bullet points have been updated and a new sub-bullet 'providing information to parents about immunisation programmes' has been included
- in S2.6, a bullet point has been updated to 'demonstrating competence and confidence when signposting to antenatal and postnatal online and offline support resources:'
- in PO3, new content has been included 'K3.20 The factors that impact on the care of the dying and deceased mother and/or baby to ensure most appropriate care is provided:'

Amendments made to the Supporting the Care of Children and Young People (option D) occupational specialism section, including:

- in K1.11, a sub-bullet has been updated to 'application and use of appropriate wound care supplies (for example dressings, medical adhesive tape)'
- in S1.18, bullet points have been updated
- in K2.10, content has been updated to 'How a learning disability may impact on a child or young person's ability to communicate:'
- in S2.65, a bullet point has been updated to 'providing appropriate information, advice and guidance to child or young person to support shared or independent decision making'
- in S2.66, content has been updated to 'Provide appropriate care and support that helps children and young people during the end of life phase or with life-limiting conditions:'

- in K3.7, content has been updated to 'The importance of national and global immunisation programmes for the health and wellbeing of children and young people and how they can be promoted effectively'
- in K3.11, content has been updated to 'The importance of mental health awareness for the health and wellbeing of children and young and how this can be promoted effectively'

Amendments made to the Supporting the Therapy Teams (option E) occupational specialism section, including:

- in K2.3, a bullet point 'signposting access to social activities' has been updated and a new bullet 'signposting access to support resources' has been included
- in K2.7, content has been updated to 'The benefits of encouraging individuals to engage in the community and access activities as part of the therapy support process:' and bullet points have been updated
- in S3.12, the bullet points have been updated
- in S3.13, a bullet point has been updated to 'completing visual safety checks (for example wear and tear)'

Amendments made to Section 5:

- 'Continuity of care' has been updated to remove specific references to maternity support

Amendments made to Section 6:

- useful website and sources of information section has been updated to include a link to the GDC's Safe Practitioner Framework