



Level 2 Technical Certificate in Medical Administrative Support (6519-20-020)

[Sample]

Synoptic Assignment Pack

Introduction

General information about the structure of the assessment pack.

Candidate section

- Candidate guidance
- Assignment and tasks

Tutor section

- Tutor guidance
- Guidance on tasks
- Guidance on assessment conditions
- Exemplars of candidate work
- Guidance on marking
- Marking grid
- Mark sheet
- Feedback form

CANDIDATE SECTION

Candidate guidance

General guidance

This is a formal assessment that you will be marked and graded on. You will be marked on the quality and accuracy of the work you produce. It is therefore important that you carry out your work to the highest standard you can. You should show how well you know and understand the subject and how you are able to use your knowledge and skills together to complete the tasks.

This is an assessment of your abilities, and the work must be all your own work. You will be asked to sign a declaration that you have not had any help with any aspects of the assessment.

Plagiarism

Plagiarism is the failure to acknowledge sources properly and/or the submission of another person's work as if it were the candidate's own. Plagiarism is not allowed in this assignment.

This is an assessment of your abilities, so the work must be all your own work and carried out under the conditions stated. You will be asked to sign a declaration that you have not had any outside help with the assessment.

Your tutor is allowed to give you some help understanding the assignment instructions if necessary, but they will record any other guidance you need and this will be taken into account during marking.

Where research is allowed, your tutor must be able to identify which work you have done yourself, and what you have found from other sources. It is therefore important to make sure you acknowledge all sources and clearly reference any information taken from them.

Timings and planning

You should take care when planning to make sure you have divided the time available between tasks appropriately. You should check your plan is appropriate with your tutor.

If you have a good reason for needing more time, you will need to explain the reasons to your tutor and agree a new deadline date. Changes to dates will be at the discretion of the tutor, and they may not mark work that is handed in after the agreed deadlines.

Health and Safety

You must always work safely, in particular while you are carrying out practical tasks.

You must always follow any relevant Health and Safety regulations and codes of practice.

If your tutor sees you working in a way that is unsafe for yourself or others, they will ask you to stop immediately, and tell you why. Your tutor will not be able to reassess you until they are sure you are ready for assessment and can work safely.

Presentation of work

Presentation of work must be neat and appropriate to the task.

You should make sure that each piece of work is clearly labelled with your name and the assignment reference.

All electronic files must be given a clear file name that allows your tutor to identify it as your work.

Written work eg reports may be word processed but this is not a requirement.

Assignment

You work as an Administration Assistant for the Mabelann Health Centre which operates from a brand new purpose built facility and provides a wide range of clinics and medical services for the people of Truro and the surrounding rural area. The doctors, nurses and staff take pride in offering the highest standard of patient-centred health care.

The health centre has an expanding team and has recently appointed an apprentice administrative assistant (see staff directory).

You have been asked to put together a welcome pack which should include information on:

- the roles and responsibilities of the primary health care team at the centre
- skills and qualities required as an administrative assistant
- health, safety and hygiene requirements
- dealing with patients at reception
- receiving and sending patient specimens for analysis

The health centre is promoting a cancer awareness day at the end of the month and you have been asked to update a document entitled 'Cancer - An Overview' (see attached) correcting any errors and adding additional text where indicated.

New patients join the health centre all the time and this morning Mr Clive Mitchell came to reception to join the practice list. He has completed the GMS1 form and also handed in a note (see attached) from his previous GP giving a summary of his medical history, which you need to use to complete a patient profile. Clive has just moved to the area to support his elderly frail mother, Mrs Ruby Mitchell, who has been struggling to cope since the death of her husband.

You have been asked by the GP diabetes specialist to draft a referral letter in respect of Mrs Mitchell using the written notes provided (see attached) to request an outpatient appointment.

In addition prepare notes to accompany Mrs Mitchell's copy of the referral letter, explaining the meaning of the medical terms as underlined by the GP.

Tasks

Task 1:

Prepare the induction pack for the apprentice.

Conditions of assessment:

This task should be taken under controlled conditions.

What must be handed in for marking:

You must submit

- Welcome pack

You must save your file as 'welcomepack(your candidate number)' for submission.

Task 2:

Recall, update, add to and correct errors in the 'Cancer - An Overview' document.

Conditions of assessment:

This task should be taken under controlled conditions.

What must be handed in for marking:

You must submit

- Revised 'Cancer - An Overview' document

You must save your file as 'canceroverviewfinal(your candidate number)' for submission.

Task 3:

Recall and complete the 'patient profile' template for Mr Clive Mitchell.

Conditions of assessment:

This task should be taken under controlled conditions.

What must be handed in for marking:

You must submit

- Completed 'patient profile' template

You must save your file as 'mitchellc(your candidate number)' for submission.

Task 4:

Recall the letterhead template and draft a referral letter for Mrs Ruby Mitchell accompanied by the required explanatory notes.

Conditions of assessment:

This task should be taken under controlled conditions.

What must be handed in for marking:

You must submit

- A draft referral letter
- Explanatory notes

You must save your files as 'referralmitchellr(your candidate number)' and 'referralmitchellrnotes(your candidate number)' for submission.

Staff Directory

Clinician/Team Member	Specialisms	Email address
Dr Geoff Kingsley MB BS, DCH, DRCOG, MRCGP	(Senior Partner) Diabetes and respiratory disease	gkingsley@nhs.net
Dr Vinod Mistry BSC, MB, ChB	Joint injections, minor surgery, child health, travel vaccination/antimalarial, and immunisations (Gujarati speaker)	vmistry@nhs.net
Dr Clio Morley BSc, MB, MRCGP	Family planning, cardiology and palliative care	cmorley@nhs.net
Dr James May MB, BS, DFFP, DRCOG, MRCGP	Obstetric care, family planning and minor surgery	jmay@nhs.net
Dr Stefan Schuh MRCGP, DRCOG, DFFP	General medical services and is involved in teaching medical students	sschuh@nhs.net
Dr Mary Pratt BM, BS, DRCOG, DCH, DFFP, MRCGP	Women's health and paediatrics	mpratt@nhs.net
Dr Alysha Donaghy MBChB, MRCGP, MScDRCOG	Paediatrics and elderly medicine	adonaghy@nhs.net
Dr Linda Johnstone MBmb, ChB, MRCGP, DCH, DRCOG, DFFP	ENT and community gynaecology	ljohnstone@nhs.net
Dr Stuart McKay MBChB, MRCGP, MScDRCOG	General medicine, orthopaedics/sports injuries	smckay@nhs.net
Dr Bethany Nicholls MB, BS, DCH, FRCS	Musculoskeletal medicine	bnicholls@nhs.net
Mrs Joan Black RGN	Nurse Practitioner leading a team of 4 practice nurses	jblack@nhs.net
Mr Aston Buckle RGN	Practice Manager	abuckle@nhs.net
Mrs Lesley Dennis RGN	Assistant Practice Manager	ldennis@nhs.net
Mrs Sara Sayer	HR Manager	ssayer@nhs.net
Mrs Deborah Jenkinson	Medical Secretary	djenkinson@nhs.net
Mrs Karen Cosgrove	Reception Office Manager leading a team of 8 receptionists	kcosgrove@nhs.net
You	Administrative Assistant	
Miss Petra Howard	Administrative Assistant (newly appointed apprentice)	phoward@nhs.net

Please:

- use an appropriate font and format
- replace all occurrences of indications to signs
- number the pages
- add an automatic filename and path
- use initial capitals for the headings of the 4 common types of cancer
- save appropriately

Emphasise this heading

Cancer – An Overview

NP

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs. Cancer sometimes begins in one part of the body before spreading to other areas. This process is known as metastasis.

L/c

There are over 200 different types of Cancer, each with its own methods of diagnosis and treatment.

Spotting signs of cancer

Indent this section

Changes to your body's normal processes or symptoms that are out of the ordinary can sometimes be an early sign of cancer.

For example, a lump that suddenly appears on your body, unexplained bleeding or changes to your bowel habits, are all symptoms that need to be checked by a doctor.

In many cases, your symptoms will not be related to cancer and will be caused by other, non-cancerous health conditions. However, it is still important for you to see your GP so that they can investigate your symptoms.

Reducing your risk of cancer

Making some simple changes to your life style can significantly reduce your risk of developing cancer. For example, healthy eating, taking regular exercise and not smoking will help lower your risk.

How common is cancer?

Cancer is a very common condition. In 2011, almost 331,500 people ^{in the UK} were diagnosed with cancer.

More than 1 in 3 people will develop some form of cancer during their lifetime.

Breast cancer

Breast cancer is the most common type of cancer in the UK. In 2011, just under 50,000 women were diagnosed with invasive breast cancer. Most women who get it (eight out of ten) are over 50, but younger women, and in rare cases, men, can also get breast cancer.

If it is treated early enough, breast cancer can be ^{prevented} stopped from spreading to other parts of the body.

In the UK, the 4 most common types of cancer are:

Lung cancer

Lung cancer is one of the most ^{serious} and ^{common} types of cancer. Around 44,500 people are diagnosed with the condition every year in the UK.

There are usually no signs or symptoms in the early stages of lung cancer, but many people with the condition eventually develop symptoms including:

- a persistent cough
- coughing up blood
- persistent breathlessness
- unexplained tiredness and weight loss
- an ache or pain when breathing or coughing

Add bullets and change line spacing

Prostate cancer

Prostate cancer is the most common cancer in men in the UK, with over 40,000 new cases diagnosed every year.

Prostate cancer usually develops slowly, so there may be no signs you have it for many years.

Symptoms often only become ~~extremely~~ apparent when your prostate are large enough to affect the urethra (the tube that carries urine from the bladder to the penis).

When this happens, you may notice things like an increased need to urinate, straining while urinating and a feeling that your bladder has not fully emptied.

u/c These symptoms should not be ignored, but they do not mean you definitely have prostate cancer. It is more likely that they are caused by something else, such as benign prostatic hyperplasia (also known as bph or prostate enlargement).

Bowel cancer

Bowel cancer is a general term for cancer that begins in the large bowel. Depending on where the cancer starts, bowel cancer is sometimes called colon or rectal cancer

Cancer can sometimes start in the small bowel (small intestine), but small bowel cancer is much rarer than large bowel cancer.

Bowel cancer is one of the most common types of cancer diagnosed in the UK, with around 40,000 new cases diagnosed every year. Statistics show that about 1 in every 20 people in the UK will develop bowel cancer in their lifetime.

Add the following text

In 2011, these types of cancer accounted for over half (53%) of all new cases.

Cancer treatment

Surgery is the primary treatment option for most types of cancer, because solid tumours can usually be surgically removed.

Two other commonly used treatment methods are chemotherapy (powerful cancer-killing medication) and radiotherapy (the controlled use of high-energy X-rays).

The stage of a cancer describes the size of a tumour and how far it has spread from where it originated. The grade describes the appearance of the cancerous cells.

If you are diagnosed with cancer, you may have more tests to help determine how far it has progressed. Staging and grading the cancer will allow the doctors to determine its size, whether it has spread and the best treatment options.

Cancer stages

Emphasise table and add shading appropriately

Different types of staging systems are used for different types of cancer. Below is an example of one common method of staging:

Stage	Meaning
Stage 0	Indicates that the cancer is where it started (in situ) and has not spread
Stage I	The cancer is small and has not spread anywhere else
Stage II	The cancer has grown, but has not spread
Stage III	The cancer is larger and may have spread to the surrounding tissues and/or the lymph nodes (part of the lymphatic system)
Stage IV	The cancer has spread from where it started to at least one other body organ; also known as "secondary" or "metastatic" cancer

Cancer grades

The grade of a cancer depends on what the cells look like under a microscope. In general, a lower grade indicates a slower-growing cancer and a higher grade indicates a faster-growing one. The grading system that is usually used is as follows:

Grade	Meaning
Grade I	Cancer cells that resemble normal cells and are not growing rapidly
Grade II	Cancer cells that do not look like normal cells and are growing faster than normal cells
Grade III	Cancer cells that look abnormal and may grow or spread more aggressively

Note

(NHS No: 689 340 170)

Clive Mitchell (DOB 01/01/1957) has a history of hypertension, type 2 diabetes and has recently complained of a burning sensation in his feet.

His health has been stable for the last 10 years and he has been prescribed the following medications:

metformin 500mg, bd

glyburide 5mg, om

desipramine 25mg,

enalapril 5mg, om

Father died of a heart attack and his mother and sister both have type 2 diabetes.

New contact details: 6 Sunny View, Truro, TR1 4JJ, 01872 272727

email: cmitchell@freemail.co.uk

(07786111072)

Written notes for referral letter

Patient's name:	Mrs Ruby Mitchell
Next of kin:	Mr Clive Mitchell
Condition:	<p><u>Diabetes</u> related <u>glaucoma</u></p> <p>Sight impairment</p> <p>History of <u>hyperglycaemia</u> with episodes of <u>hypoglycaemia</u></p> <p><u>Chronic</u> depression</p> <p><u>Osteoporosis</u> with <u>kyphosis</u></p>
Context:	<p>Morale poor</p> <p>Living alone – struggling to cope</p> <p>Widowed 6 months ago</p> <p>Feels health is worsening</p> <p>Has visited health centre twice recently – both patient and family are concerned about her health and its deterioration</p> <p>May need assistance due to sight impairment</p>
Medication:	<p>At her last appointment betaxolol eye drops <u>bd</u> were prescribed for her glaucoma and also diazepam <u>2mg</u> bd because of worry and distress at her situation</p> <p>Her diabetes is currently controlled by diet</p>
Request:	<p>Opinion on the patient</p> <p>Appointment as appropriate with Mr Ross Fenwick FRCS, Consultant <u>Ophthalmic</u> Surgeon at Royal Hospital, Truro, Cornwall TR1 3ZZ</p>
Patient details:	<p>Aged 80, born 20 May 1936, home address: 14 Primrose Hill, Truro, TR1 3NT</p> <p>NHS No: 234 566 890</p>

TUTOR SECTION

Tutor guidance

This synoptic assessment is designed to require the candidate to make use of the knowledge, understanding and skills they have built up over the course of their learning to tackle problems/tasks/challenges.

This approach to assessment emphasises to candidates the importance and applicability of the full range of their learning to practice in their industry area, and supports them in learning to take responsibility for transferring their knowledge, understanding and skills to the practical situation, fostering independence, autonomy and confidence.

Candidates are provided with a set of tasks. They then have to draw on the knowledge and skills and independently select the correct processes, skills, materials, and approaches to take.

During the learning programme, it is expected that tutors will have taken the opportunity to set shorter, formative tasks that allow candidates to be supported to independently use the learning they have so far covered, drawing this together in a similar way, so they are familiar with the format, conditions and expectations of the synoptic assessment.

You should explain to candidates what the Assessment Objectives are and how they are implemented in marking the assignment, so they will understand the level of performance that will achieve them high marks.

The candidate should not be entered for the assessment until the end of the course of learning for the qualification so they are in a position to complete the assignment successfully.

Please refer to the tolerance guidance on page 15 for Task 2 'Cancer – An Overview'.

Guidance on tasks

Time

The recommended time allocated for the completion of the tasks and production of evidence for this assessment is **four hours**. Candidates should be required to plan their work and have their plans confirmed for appropriateness in relation to the time allocated for each task.

Resources

Candidates will need access to word processing software. Centres must provide the recall documents needed to complete the tasks, as detailed in the relevant task instructions, and must ensure that candidates have access to them.

Health and safety

Candidates should not be entered for assessment without being clear of the importance of working safely, and practice of doing so. The tutor must immediately stop an assessment if a candidate works unsafely. At the discretion of the tutor, depending on the severity of the incident, the candidate may be given a warning. If they continue to work unsafely however, their assessment must be ended and they must retake the assessment at a later date.

Observation

Where the tutor is required to carry out observation of performance, detailed notes must be taken of the quality of performance along with any other aspects of performance that will support a judgement of the marks to be awarded (eg measurements to confirm accuracy/tolerances).

The tutor should refer to the marking grid to ensure appropriate aspects of performance are recorded. These notes will be used for marking and moderation purposes and so must be detailed and accurate.

Tutors should ensure that any supporting evidence including eg photographs or video can be easily matched to the correct candidate, are clear, sufficiently well-lit and showing the areas of particular interest for assessment (ie taken at appropriate points in production, showing accuracy of measurements where appropriate).

If candidates are required to work as a team, each candidate's contribution must be noted separately. The tutor may intervene if any individual candidate's contribution is unclear or to ensure fair access (see below).

Preparation

Candidates should be aware of which aspects of their performance will give them good marks in assessment. This is best carried out through routinely pointing out good or poor performance during the learning period, and through formative assessment. Candidates should be encouraged to do the best they can and be made aware of the difference between these summative assessments and any formative assessments they have been subject to. They may not have access to the marking grids.

Guidance on assessment conditions

The assessment conditions that are in place for this synoptic assignment are to:

- ensure the rigour of the assessment process
- provide fairness for candidates
- give confidence in the outcome.

They can be thought of as the rules that ensure that all candidates who take an assessment are being treated fairly, equally and in a manner that ensures their result reflects their true ability.

The conditions outlined below relate to this summative synoptic assignment. These do not affect any formative assessment work that takes place. Formative assessment will necessarily take a significant role throughout the learning programme where support, guidance and feedback (with the opportunity to show how feedback has been used to improve outcomes and learning) are critical. This approach is not, however, valid for summative assessment. The purpose of summative assessment is to confirm the standard the candidate has achieved as a result of participating in the learning process.

Authentication of candidate work

Candidates are required to sign declarations of authenticity, as is the tutor. The relevant form is included in this assignment pack.

The completion of the final evidence for the tasks that make up this synoptic assignment must be completed in the specified conditions. This is to ensure authenticity and prevent malpractice as well as to assess and record candidate performance for assessment in the practical tasks. Any aspect that may be undertaken in unsupervised conditions is specified.

Candidates can rework any evidence that has been produced for this synoptic assignment during the time allowed. However, this must be as a result of their own review and identification of weaknesses and not as a result of tutor feedback. Once the evidence has been submitted for assessment, no further amendments to evidence can be made.

Candidate evidence must be kept secure to prevent unsupervised access by the candidate or others. Where evidence is produced over a number of sessions, the tutor must ensure learners and others cannot access the evidence without supervision. This might include storing written work or artefacts in locked cupboards and collecting memory sticks of evidence produced electronically at the end of each session.

Accessibility and fairness

Where the candidate has special requirements, tutors should refer to the separate guidance document.

Tutors can provide clarification to any candidate on the requirements of any aspect of this synoptic assignment. Tutors should not provide more guidance than the candidate needs as this may impact on the candidate's grade. Guidance must only support access to the assignment and must not provide feedback for improvement. Any clarification and guidance should be recorded fully and must be taken into account along with the candidate's final evidence during marking and must be made available for moderation. Tutors must not provide feedback on the quality of the performance or how the quality of evidence can be improved. This would be classed as assessor malpractice. Tutors should however provide general reminders to candidates throughout the assessment period that they must check their work thoroughly before submitting it to be sure that they are happy with their final evidence as it may not be worked on further after submission.

It is up to the marker during marking to decide in what area, if any, the guidance provided suggests the candidate is lacking, the severity of the issue, and how to award marks on the basis of this full range of evidence. The marker must record where and how guidance has had an impact on the marks given, so this is available should queries arise at moderation or appeal.

Example

A tutor should intervene if a candidate has taken a course of action that will result in them not being able to submit the full range of evidence for assessment. However this should only take place once the tutor has prompted the candidate to check that they have covered all the requirements. Where the tutor has to be explicit as to what the issue is, this is likely to demonstrate a lack of understanding on the part of the candidate rather than a simple error.

The tutor should do their best to refrain from providing guidance if the candidate is thought to be able to correct the issue without it, and a prompt would suffice. In other words only the minimum support the candidate actually needs should be given, since the more guidance provided, the larger the impact on the marks awarded.

Both prompts and details of the nature of any further guidance must be recorded and reviewed during marking and moderation.

A tutor may not provide guidance that the candidate's work is not at the required standard or how to improve their work. In this way, candidates are given the chance to identify and correct any errors on their own, providing valid evidence of knowledge and skills that will be credited during marking.

Tutors should ensure that candidates' plans or completion of the tasks distribute the time available appropriately and may guide candidates on where they should be up to at any point in a general way. Any excessive time taken for any task should be recorded and should be taken into account during marking if appropriate

All candidates must be provided with an environment and resources that allows them access to the full range of marks available.

Where candidates have worked in groups to complete one or more tasks for this synoptic assessment, the assessor must ensure that no candidate is disadvantaged as a result of the performance of any other team member. If a team member is distracting or preventing another team member from fully demonstrating their skills or knowledge, the tutor must intervene.

Exemplars of candidate work

The following are **exemplars** of how candidates could present their work related to the tasks that are part of this assignment.

Task 1

Candidates should submit an induction pack including information on:

- The roles and responsibilities of the primary health care team, eg
 - GPs, practice nurses, community nurses, midwives, practice manager, secretaries and receptionists, and a definition of primary health care
- The skills and qualities required as an administrative assistant, eg
 - skills and qualities, communication methods and techniques, ways of promoting a professional image, patient confidentiality
- An awareness of health, safety and hygiene, eg:
 - how to maintain health and safety in the medical workplace and how this protects self, colleagues, patients and visiting personnel (Health and Safety at Work Act)
 - preventing transmission of infectious diseases
- Dealing with patients at reception, eg
 - patient registration, record keeping, appointment systems and processes, processing, issuing and security of prescriptions, incoming and outgoing mail
- Receiving and sending patient specimens for analysis, eg
 - types of specimens
 - safe handling
 - pathology- sections, personnel and examples of tests

Task 2

CANCER – AN OVERVIEW

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs.

Cancer sometimes begins in one part of the body before spreading to other areas. This process is known as metastasis.

There are over 200 different types of cancer, each with its own methods of diagnosis and treatment.

SPOTTING SIGNS OF CANCER

Changes to your body's normal processes or symptoms that are out of the ordinary can sometimes be an early sign of cancer. For example, a lump that suddenly appears on your body, unexplained bleeding or changes to your bowel habits, are all symptoms that need to be checked by a doctor.

In many cases, your symptoms will not be related to cancer and will be caused by other, non-cancerous health conditions. However, it is still important for you to see your GP so that they can investigate your symptoms.

REDUCING YOUR RISK OF CANCER

Making some simple changes to your lifestyle can significantly reduce your risk of developing cancer. For example, healthy eating, taking regular exercise and not smoking will help lower your risk.

HOW COMMON IS CANCER?

Cancer is a very common condition. In 2011, almost 331,500 people in the UK were diagnosed with cancer.

More than 1 in 3 people will develop some form of cancer during their lifetime.

In the UK, the 4 most common types of cancer are:

Breast Cancer

Breast cancer is the most common type of cancer in the UK. In 2011, just under 50,000 women were diagnosed with invasive breast cancer. Most women who get it (8 out of 10) are over 50, but younger women, and in rare cases, men, can also get breast cancer.

If it is treated early enough, breast cancer can be prevented from spreading to other parts of the body.

Lung Cancer

Lung cancer is one of the most common and serious types of cancer. Around 44,500 people are diagnosed with the condition every year in the UK.

There are usually no signs or symptoms in the early stages of lung cancer, but many people with the condition eventually develop symptoms including:

- a persistent cough
- coughing up blood
- persistent breathlessness
- unexplained tiredness and weight loss
- an ache or pain when breathing or coughing

Prostate Cancer

Prostate cancer is the most common cancer in men in the UK, with over 40,000 new cases diagnosed every year.

Prostate cancer usually develops slowly, so there may be no signs you have it for many years.

Symptoms often only become apparent when your prostate is large enough to affect the urethra (the tube that carries urine from the bladder to the penis).

When this happens, you may notice things like an increased need to urinate, straining while urinating and a feeling that your bladder has not fully emptied.

These symptoms should not be ignored, but they do not mean you definitely have prostate cancer. It is more likely that they are caused by something else, such as benign prostatic hyperplasia (also known as BPH or prostate enlargement).

Bowel Cancer

Bowel cancer is a general term for cancer that begins in the large bowel. Depending on where the cancer starts, bowel cancer is sometimes called colon or rectal cancer.

Cancer can sometimes start in the small bowel (small intestine), but small bowel cancer is much rarer than large bowel cancer.

Bowel cancer is one of the most common types of cancer diagnosed in the UK, with around 40,000 new cases diagnosed every year. Statistics show that about 1 in every 20 people in the UK will develop bowel cancer in their lifetime.

In 2011, these types of cancer accounted for over half (53%) of all new cases.

CANCER TREATMENT

Surgery is the primary treatment option for most types of cancer, because solid tumours can usually be surgically removed.

Two other commonly used treatment methods are chemotherapy (powerful cancer-killing medication) and radiotherapy (the controlled use of high-energy X-rays).

The stage of a cancer describes the size of a tumour and how far it has spread from where it originated. The grade describes the appearance of the cancerous cells.

If you are diagnosed with cancer, you may have more tests to help determine how far it has progressed. Staging and grading the cancer will allow the doctors to determine its size, whether it has spread and the best treatment options.

CANCER STAGES

Different types of staging systems are used for different types of cancer. Below is an example of one common method of staging:

Stage	Meaning
Stage 0	Indicates that the cancer is where it started (in situ) and has not spread
Stage I	The cancer is small and has not spread anywhere else
Stage II	The cancer has grown, but has not spread
Stage III	The cancer is larger and may have spread to the surrounding tissues and/or the lymph nodes (part of the lymphatic system)
Stage IV	The cancer has spread from where it started to at least one other body organ; also known as "secondary" or "metastatic" cancer

CANCER GRADES

The grade of a cancer depends on what the cells look like under a microscope. In general, a lower grade indicates a slower-growing cancer and a higher grade indicates a faster-growing one. The grading system that is usually used is as follows:

Grade	Meaning
Grade I	Cancer cells that resemble normal cells and are not growing rapidly
Grade II	Cancer cells that do not look like normal cells and are growing faster than normal cells
Grade III	Cancer cells that look abnormal and may grow or spread more aggressively

Task 3

MABELANN HEALTH CENTRE

PATIENT PROFILE

NAME:	Clive Mitchell
NHS NUMBER:	689 340 170
DATE OF BIRTH:	DOB 01/01/1957
GENDER:	Male
ADDRESS:	6 Sunny View, Truro, TR1 4JJ
MOBILE:	07786111072
HOME:	01872 272727
EMAIL:	Cmitchell@freemail.co.uk
BACKGROUND INFORMATION:	His health has been stable for the last 10 years
HISTORY OF PRESENT ILLNESS:	Has a history of hypertension, type 2 diabetes and has recently complained of a burning sensation in his feet
FAMILY HISTORY:	Father died of a heart attack and his mother and sister both have type 2 diabetes
CURRENT PRESCRIPTIONS:	metformin 500mg, bd glyburide 5mg, om desipramine 25mg enalapril 5mg, om

Task 4

MABELANN HEALTH CENTRE
HEALTH VILLAGE
TRURO
CORNWALL
TR1 3YY

01872 260600

Website: Mabelannhealthcentre@truro.co.uk

Our ref GK/(your initials)

NHS No 234 566 890

(Today's date)

Mr Ross Fenwick
Consultant Ophthalmic Surgeon
Royal Hospital
TRURO
Cornwall
TR1 3ZZ

Dear Mr Fenwick

Mrs Ruby Mitchell DOB 20.05.1936
14 Primrose Hill TRURO Cornwall TR1 3NT

I should be grateful if you would see this lady, who has been living alone since she was widowed six months ago and is struggling to cope. She and her family feel that her health is deteriorating and the worry is affecting her morale.

Mrs Mitchell has diabetes related glaucoma, with some sight impairment. She has a history of hyperglycaemia with episodes of hypoglycaemia. She suffers from chronic depression and osteoporosis with kyphosis.

At her last appointment betaxolol eye drops bd were prescribed for her glaucoma and also diazepam 2mg bd because of worry and distress at her situation. Her diabetes is currently controlled by diet.

I should be grateful for your assessment and opinion on her treatment.

Yours sincerely

Geoff Kingsley, MB BS, DCH, DRCOG, MRCGP
General Practitioner

Task 4

Glossary notes to accompany Mrs Mitchell's copy of the referral letter

Term	Meaning
diabetes	A condition where levels of glucose in the blood are not controlled in the normal way. The body is unable to produce the hormone insulin, which helps glucose enter the body's cells, or the insulin it produces does not work properly.
glaucoma	Disease causing damage to the optic nerve (eye nerve), which affects sight
hyperglycaemia	Condition of too much sugar in the blood
hypoglycaemia	Condition of too little sugar in blood
chronic	Describes a condition which is lasting, ongoing
osteoporosis	Condition of loss of bone density, associated with ageing
kyphosis	Condition of curvature of the spine, which makes the top of the back look more rounded or hunched than normal
bd	Twice a day
mg	Milligrams
ophthalmic	Pertaining to the eye

Tolerance Guidance for AO3

Revised 'Cancer - An Overview' document	Number of errors ____
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Marking scheme

- ♦ no more than **15** errors overall in the above documents = **Band 1**
- ♦ no more than **10** errors overall in the above documents = **Band 2**
- ♦ no more than **6** errors overall in the above documents = **Band 3**

Total number of errors ____	Band 1/ Band 2/ Band 3
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Marking guidance

Please see the centre guidance document **Guidance for assessment of City & Guilds technical qualifications, including grading and use of marking grids** for detailed guidance on using the following marking grid.

Marking grid

For any category, 0 marks may be awarded where there is no evidence of achievement.

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
15	AO1 Recall of knowledge relating to the qualification LOs <ul style="list-style-type: none"> Does the candidate seem to have the full breadth and depth of taught knowledge across the qualification to hand? How accurate is their knowledge? Are there any gaps or misunderstandings evident? How confident and secure does their knowledge seem? 	(1-3 marks) Recall shows some weaknesses in breadth and/or accuracy. Hesitant, gaps, inaccuracy	(4-6 marks) Recall is generally accurate and shows reasonable breadth. Inaccuracy and misunderstandings are infrequent and usually minor. Sound, minimal gaps	(7-9 marks) Consistently strong evidence of accurate and confident recall from the breadth of knowledge. Accurate, confident, complete, fluent
		Examples of types of knowledge expected: breadth and depth of medical terminology, abbreviations and specialisms, format and layout of medical documents, knowledge of systems and procedures, awareness of legal, health and safety and NHS requirements in a healthcare environment.		
		Limited range of knowledge from across the qualification with confusion in some areas. Some facts recalled but with limited relevance.	Good range of knowledge from across the qualification used with some confidence. Examples given were mostly relevant and adequately detailed.	In-depth and detailed knowledge across the whole qualification range, showing a high degree of confidence and accuracy.

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
15	A02 Understanding of concepts theories and processes relating to the LOs <ul style="list-style-type: none"> Does the candidate make connections and show causal links and explain why? How well are theories and concepts applied to new situations/the assignment? How well chosen are exemplars – how well do they illustrate the concept? 	(1-3 marks) Some evidence of being able to give explanations of concepts and theories. Explanations appear to be recalled, simplistic or incomplete. Misunderstanding, illogical connections, guessing,	(4-6 marks) Explanations are logical. Showing comprehension and generally free from misunderstanding, but may lack depth or connections are incompletely explored. Logical, slightly disjointed, plausible	(7-9 marks) Consistently strong evidence of clear causal links in explanations generated by the candidate. Candidate uses concepts and theories confidently in explaining decisions taken and application to new situations. Logical reasoning, thoughtful decisions, causal links, justified
		Examples of understanding expected: organisational hierarchy, job roles and responsibilities, team work and diversity, impact and implications of legal, health and safety and NHS requirements, importance of key processes and systems in a healthcare environment.		
		Limited responses which refer to some key processes and systems. Few links established. Few or no exemplars offered with some confusion as to relevance. Very limited application attempted.	Coherent responses which demonstrated reasonable understanding of most key processes and systems. Adequate links were established. Good attempt at application which had some weaknesses. A range of relevant exemplars offered.	Comprehensive and concise responses which demonstrated clear understanding of key processes and systems. Links were consistently identified in the context of the brief provided. Relevant exemplars were well chosen and clearly illustrated the processes.
15	A03 Application of practical/ technical skills <ul style="list-style-type: none"> How practiced/fluid does hand eye coordination and dexterity seem? How confidently does the candidate use the breadth of practical skills open to them? How accurately/ successfully has the candidate been able to use skills/achieve practical outcomes? 	(1-3 marks) Some evidence of familiarity with practical skills. Some awkwardness in implementation, may show frustration out of inability rather than lack of care. Unable to adapt, frustrated, flaws, out of tolerance, imperfect, clumsy.	(4-6 marks) Generally successful application of skills, although areas of complexity may present a challenge. Skills are not yet second nature. Somewhat successful, some inconsistencies, fairly adept/ capable.	(7-9 marks) Consistently high levels of skill and/or dexterity, showing ability to successfully make adjustments to practice; able to deal successfully with complexity. Dextrous, fluid, comes naturally, skilled, practiced,
		Examples of skills expected: speed and accuracy of keyboarding, use of formatting and editing techniques, application of word processing, proofreading and file management to produce business and medical documents to a professional standard.		

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
		Please refer to the Tolerance Guidance on page 25 for the required marking of producing medical documents.		
		Candidate demonstrated lack of confidence in practical skills. Documents produced with limited accuracy and weaknesses in presentation. Errors have impacted on the meaning of the content.	Candidate demonstrated reasonable confidence in practical skills. Documents produced to a good standard of accuracy and presentation. Occasional errors did not impact on the overall meaning of the content.	Candidate demonstrated strong confidence in practical skills. Documents produced to a high standard of accuracy and presentation. Few or no errors. Candidate conveyed the meaning of the content unambiguously.
20	AO4 Bringing it all together - coherence of the whole subject <ul style="list-style-type: none"> Does the candidate draw from the breadth of their knowledge and skills? Does the candidate remember to reflect on theory when solving practical problems? How well can the candidate work out solutions to new contexts/problems on their own? 	<p>(1-4 marks)</p> <p>Some evidence of consideration of theory when attempting tasks. Tends to attend to single aspects at a time without considering implication of contextual information.</p> <p>Some random trial and error, new situations are challenging, expects guidance, narrow. Many need prompting.</p>	<p>(5-8 marks)</p> <p>Shows good application of theory to practice and new context, some inconsistencies.</p> <p>Remembers to apply theory, somewhat successful at achieving fitness for purpose. Some consolidation of theory and practice</p>	<p>(9-12 marks)</p> <p>Strong evidence of thorough consideration of the context and use of theory and skills to achieve fitness for purpose.</p> <p>Purposeful experimentation, plausible ideas, guided by theory and experience, fit for purpose, integrated, uses whole toolkit of theory and skills.</p>
		Examples of bringing it all together: applying knowledge, skills and understanding to a particular brief, relevant to the role of administrative support in a healthcare environment.		
		Candidate made some attempt to draw from the breadth of knowledge and skills required to meet the brief. Candidate provided little evidence of key processes and systems. Documentation produced was not well presented and contained errors.	Candidate made a reasonable attempt to draw from the breadth of knowledge and skills required to meet the brief. Candidate provided some evidence of key processes and systems. Documentation produced was well-presented and contained few errors.	Candidate successfully integrated the breadth of knowledge and skills required to meet the brief. Candidate provided strong evidence of key processes and systems. Documentation produced was presented to a high standard and contained few or no errors.

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
15	A05 Attending to detail/perfecting <ul style="list-style-type: none"> Does the candidate routinely check on quality, finish etc and attend to imperfections/omissions How much is accuracy a result of persistent care and attention (eg measure twice cut once)? Would you describe the candidate as a perfectionist and wholly engaged in the subject? 	<p>(1-3 marks)</p> <p>Easily distracted or lack of checking. Insufficiently concerned by poor result; little attempt to improve. Gives up too early; focus may be on completion rather than quality of outcome.</p> <p>Careless, imprecise, flawed, uncaring, unfocussed, unobservant, unmotivated.</p>	<p>(4-6 marks)</p> <p>Aims for satisfactory result but may not persist beyond this. Uses feedback methods but perhaps not fully or consistently.</p> <p>Variable/intermittent attention, reasonably conscientious, some imperfections, unremarkable.</p>	<p>(7-9 marks)</p> <p>Alert, focussed on task. Attentive and persistently pursuing excellence. Using feedback to identify problems for correction.</p> <p>Noticing, checking, persistent, perfecting, refining, accurate, focus on quality, precision, refinement, faultless, meticulous.</p>
		Examples of attending to detail: to produce business and medical documents to a professional standard, paying attention to detail, time management and fitness for purpose.		
		Documentation produced was poorly presented and contained errors. Limited or no evidence the candidate proofread for accuracy, omission or inconsistency.	Documentation produced was satisfactory but contained some errors. Some evidence the candidate proofread for accuracy, omission or inconsistency.	Documentation produced to a high standard and contained few or no errors. Strong evidence the candidate proofread for accuracy, omission or inconsistency.
0	A06 Identify and use knowledge from other sources – research <ul style="list-style-type: none"> Does the candidate identify and use a wide range of appropriate sources effectively? How critically is information appraised, for plausibility, suitability and relevance? How purposefully is information used? 	<p>(1 mark)</p> <p>Uncritical use of a few basic sources. Referencing lacking or inappropriate. Lack of interpretation/ consideration in use, referencing minimal.</p> <p>Limited, uncritical, unfocussed, no clear purpose, cut and paste.</p>	<p>(2 marks)</p> <p>Use of sources is generally good, possibly inconsistent or critical appraisal is somewhat under-developed. Evidence of generally consistent referencing.</p> <p>Fitful, unexceptional, partially considered, reasonably reliable, sometimes straying from the aim.</p>	<p>(3 marks)</p> <p>Broad and appropriate use of sources. Clear referencing and acknowledgement where appropriate. Information gathered is appropriate and used effectively.</p> <p>Broad/deep, relevant, considered, well chosen, purposeful, interpreted.</p>

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
0	A07 Originality and creativity <ul style="list-style-type: none"> Does the candidate respond to the brief in an original way? Are ideas/ materials etc used in a creative novel, experimental way? Are creative, unconventional approaches taken in applying skills/ processes to meet a challenge? 	N/A		
		N/A	N/A	N/A
		Designs and solutions to problems follow conventional routes. Some evidence of experimentation or novel thought. Unimaginative, uses existing/ conventional ideas, safe.	Evidence of creativity/ originality/ experimentation, but may be incompletely developed or lacking in clear intention. Somewhat original, beginnings of an idea, partially developed, lacking in confidence; avoiding risk, falling back on convention.	Opportunities for creativity are identified and tackled with originality and imagination. Takes risks/ experimental Original, creative, unique, unconventional, risky, fully developed, inspired.
		N/A		
		N/A	N/A	N/A

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
20	A08 Communication/ Presentation/ Documentation <ul style="list-style-type: none"> How well are formally produced pieces of work (writing, drawings, posters etc) structured, laid out, presented, communicated? Does the candidate use logical and well structured writing that is coherent and easy to follow? How appropriate and well presented are the chosen communication methods and formats? 	<p align="center">(1-4 mark)</p> <p>Format choices are limited to a basic 'tool kit' and sometimes inappropriate. Some evidence of attempts to use structure and layout to aid communication.</p> <p>Somewhat disorganised/ unstructured, informal, basic.</p>	<p align="center">(5-8 marks)</p> <p>Some successful use of conventional formats, but some content may be lacking, eg in logical/coherent approach.</p> <p>Reasonably successful, conveys message quite well.</p>	<p align="center">(9-12 marks)</p> <p>Appropriate choice of methods, layout, styles and conventions maximise communication. Written style and structure/composition is coherent and logical.</p> <p>Professional, organised, well structured, easy to follow, even complex ideas.</p>
		Examples of communication: appropriate use of communication methods such as: written – routine letters, notes, information leaflets, notices, messages electronic - emails, messages, templates and files		
		Candidate produced generally unstructured documentation with limited success at communication. Little evidence of logical and well-structured writing. Some inappropriate communication techniques which lacked coherence.	Candidate produced generally well-structured documentation with some success at communication. Reasonable evidence of logical and well-structured writing. Generally appropriate communication techniques which achieved the required outcome.	Candidate produced consistently well-structured and clear documentation with significant success at communication. Good evidence of logical and coherent writing. Well-chosen and effective communication techniques which achieved the required outcome.

Declaration of Authenticity

Candidate name

Candidate number

Centre name

Centre number

Candidate:

I confirm that all work submitted for this synoptic assignment is my own, and that I have acknowledged all sources I have used.

Candidate signature

Date

Tutor:

I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate's work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.

Tutor/assessor signature

Date

Assessment feedback form

Task / AO		Feedback	
Candidate name		Candidate number	
Tutor name		Date of assessment	

Assessor signature and date: